


A Case Study of Clinical Songwriting in Music Therapy to Address Emotional
Expression Among an Individual with Parkinson's Disease and their Family Caregivers

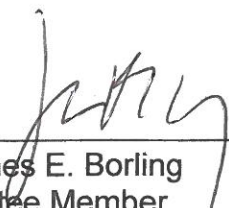
by


Jennifer L. Christy

A thesis submitted to the faculty of Radford University
in partial fulfillment of the requirements for the degree of
Master of Science in the Department of Music

© 2017, Jennifer L. Christy


Dr. Patricia J. Winter
Thesis Advisor
04/18/2017
Date


Mr. James E. Borling
Committee Member
4/18/17
Date


Dr. Joseph P. Scartelli
Committee Member
4/18/17
Date

Abstract

This case study explored the influence of clinical songwriting in music therapy on the emotional expression among an individual with Parkinson's disease and his family caregivers. The clinical songwriting approach involved variations of techniques including song collage, song augmentation, and original songwriting to evaluate elements of emotional expression such as physical contact, verbal interaction, eye contact, use of emotion words, body language, facial expressions, behaviors such as laughing or crying, and vocalizations. Data were gathered through video recordings of weekly music therapy sessions, participant-written songs, and semi-structured exit interviews. Each of these data sources were evaluated for elements of emotional expression. Results indicated that emotional expression, as defined for this study, was mostly unaffected by the clinical songwriting process in music therapy. Salience emerged as participants demonstrated greater depth within interpersonal interactions, an increased understanding of the internal processes of other participants, a stronger sense of empowerment within music making experiences, and an increased ability to communicate concepts that may have been otherwise difficult to discuss.

Jennifer L. Christy, M.S.
Department of Music, 2017
Radford University

Acknowledgements

It has been an incredibly intense and exhausting 11 months, but here we finally are. This note of thanks is the finishing touch on this thesis project. I have learned so much, both personally and professionally. This thesis and the music therapy program at Radford University have hugely impacted my life and I would like to personally thank those who have been a significant part of my growth through the program.

I would first like to thank my thesis advisor, Dr. Trish Winter, not only for her countless hours dedicated to helping me write this thesis, but also her commitment to my growth and development as a student researcher and student music therapist. Our relationship flourished in my three years at RU and I am a better person, researcher, and clinician because of it. She provided me with all the encouragement and tools that I needed to fully succeed and I am incredibly thankful for her support. A similar thank you goes to Ms. Julie Neal for helping me to hone my clinical skills through this process. I improved immensely as a clinician thanks to her wonderful guidance and supervision.

I would also like to thank my parents for their endless support, encouragement, and sympathetic ear. They are always there for me and I know I would never have made it this far if not for them and their unconditionally endless faith in me. Finally, I would like to thank my friends Emily Mathis and Erin Maute. I thank Emily, for being a wonderful friend in solidarity through this program, and Erin, for keeping me smiling and cheering me on through it all. I do not know what I would have done without their support. Words cannot express my appreciation for all of these individuals and the influence that they have had on my development over the past three years. I can only thank them all from the bottom of my heart.

Table of Contents

Abstract.....	ii
Acknowledgements.....	iii
Table of Contents	iv
List of Figures	vi
Chapter 1 – Introduction.....	1
Epoché.....	2
Chapter 2 – Review of Literature.....	4
Etiology and Symptomology.....	4
Traditional Treatment Methods	7
Non-Traditional Treatment Methods	13
Clinical Songwriting in the Treatment of Parkinson’s Disease	27
Purpose of Present Study	32
Chapter 3 – Methodology	34
Participants	34
Materials	35
Design.....	36
Procedure	37
Handling of data.....	41
Chapter 4 – Case Narrative.....	46
Overview	46

Background Information	46
Session 1	49
Session 2	50
Session 3	56
Session 4	58
Session 5	63
Session 6	65
Session 7	71
Session 8	76
Session 9	80
Session 10	83
Session 11	87
Session 12	96
Session 13	99
Semi-structured Interviews.....	103
Personal Process and Identifying Researcher Bias	111
Chapter 5 – Discussion.....	115
Conclusion	120
Implications for Future Research	120
References.....	122
Appendices.....	136

List of Figures

Figure 1. Songwriting process	41
Figure 2. Data evaluation process	44
Figure 3. Total occurrence of codes over all data sets for all sessions	11919

Chapter 1 – Introduction

Parkinson's disease (PD) is a progressive, neurodegenerative disease involving a variety of motor and non-motor symptoms (Sontheimer, 2015). PD is idiopathic in that its cause is unknown and it is currently without a cure (Parkinson's Disease Foundation [PDF], 2015). Ultimately, PD can be debilitating. As such, it is necessary for those diagnosed with PD to participate in a variety of medicinal and therapeutic treatment methods (Bloem, de Vries, & Ebersbach, 2015; Bötzel & Kraft, 2010; Murdoch, 2010). Participation in these treatment methods does not eradicate symptoms or the disease itself (Palfreman, 2015; Sontheimer, 2015). Therefore, current medical interventions assist with maintaining functionality for as long as possible.

Regardless of treatments, which are focused on maintenance of functioning, those diagnosed with PD will show a decrease in functioning over time. Current treatment methods primarily assist with managing symptoms and slowing the progression of the disease. However, Parkinson's disease will significantly impact the way in which diagnosed individuals live their lives as it includes physical manifestations as well as possible socioemotional manifestations such as depression, anxiety, or withdrawal from preferred activities (Palfreman, 2015; PDF, 2015; Sontheimer, 2015).

In order to address these concerns, diagnosed individuals and their families may seek psychotherapy or alternative therapies such as music therapy. According to the American Music Therapy Association (2015), music therapy 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" (para. 1). Similarly, Bruscia (2014) describes music therapy as

“a reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music experiences and the relationship formed through them as the impetus for change” (p. 36). Essentially, music therapy is an established health profession involving the use of music experiences within a therapeutic relationship to address client needs that may be cognitive, communicative, emotional, physical, social, or spiritual in nature. This means that participation in music therapy can address the cognitive, communicative, and physical needs of those with PD as well as emotional, social, or spiritual needs, which often indirectly result from the disease.

Despite the current focus on the management of physical and cognitive symptoms of PD, and given the current incurable state of this disease, it is essential for those with PD to address the emotional, social, or spiritual needs that accompany this diagnosis. These emotional, social, or spiritual needs may present themselves as the need to participate in activities in a safe environment without feeling that it is necessary to hide symptoms, the need to communicate honestly with family members regarding the difficulty of the experience with PD, or even the need to understand the disease in a larger, more spiritual context. This research project is intended to evaluate a specific music therapy intervention, referred to as clinical songwriting, which may address emotional expression between an individual with PD and the individual’s family caregivers.

Epoché

It is important to note the personal biases of the Student Researcher (SR), who is also the student music therapist, and author of this text, and to understand her passion for neurology and neurodegenerative diseases as well as music and music therapy.

Throughout this project, it was important to identify how these passions could be used to improve care for individuals with Parkinson's disease.

A thorough review of literature revealed that minimal research currently exists regarding the treatment of Parkinson's disease outside of the realms of those treatment milieus that address cognitive, communicative, and physical functioning. While the disease remains incurable, it is essential for there to be effective treatment methods that can address all of the needs of individuals with PD, including any socioemotional issues that may occur as an indirect result of this difficult disease process.

Music therapy is one approach that can provide additional supports to address needs outside of the physical realm, as it can provide deeply moving emotional catharsis, opportunities for relationship development, and opportunities for social engagement for those who may have limited opportunities for this type of activity. Therefore, the SR wanted to focus on facilitating emotional expression, through music therapy, for individuals with PD.

In order to eliminate initial bias, data was not analyzed from any specific theoretical position, as the intent of the study was to determine if songwriting was helpful and which techniques may or may not be helpful for the participants within a clinical songwriting context.

Chapter 2 – Review of Literature

Etiology and Symptomology

Parkinson's disease is a chronic neurodegenerative disease that primarily manifests as often sporadic and asymmetric motor symptoms such as tremors, muscle rigidity, postural instability, slow execution of movement referred to as bradykinesia, speech impairments, and freezing of gait (Bloem et al., 2015; Dai, Lin, & Lueth, 2015; Elefant, Baker, Lotan, Krogstie Lagesen, & Olve Skeie, 2012; Hariz, Limousin, & Hamberg, 2016; Palfreman, 2015; PDF, 2015; Przedborski, et al., 2000; Sontheimer, 2016; Tomaino, 2012; Toosizadeh, et al., 2015; Yoo, et al., 2015). Secondly, PD can manifest as non-motor symptoms such as difficulty with verbal memory, changes in executive function, sleep disturbances, and mood changes (Elefant et al., 2012; Sontheimer, 2015; Tanner, et al., 2015).

PD involves the loss of nigral dopaminergic neurons in the central nervous system (Dai et al., 2015; Yoo et al., 2015; Ziegler & Corkin, 2013) and extensive damage to the substantia nigra portion of the brain (Palfreman, 2015) more commonly referred to as the “black matter,” which is located in the basal ganglia. This loss of dopaminergic neurons in the substantia nigra results in significantly reduced dopamine within the striatum, which is the primary cause of the vast majority of motor impairments attributed to PD (Przedborski, et al., 2000). As the basal ganglia is primarily responsible for motor movement, this damage to its dopamine-producing neurons leads to the previously mentioned motor symptoms such as muscle tremors, rigidity, postural instability, and bradykinesia. Although the cause of death of the neurons is ultimately

unknown, it is currently believed to be caused by a dysfunction of the mitochondria within the nigral dopaminergic neurons (Sontheimer, 2015).

PD can be very difficult to treat due to a variety of factors. Symptoms can be significantly varied across the diagnosed population (PDF, 2015). Additionally, symptoms manifest as a result of faulty neurological processes that control physical functioning, rather than the physical functioning itself. Therefore, treatment must involve alterations of the neurological processes involved in motor functioning instead of only addressing motor function mechanics such as muscle strength and coordination.

PD is the second most common neurodegenerative disease, affecting 1.5 million people within the United States, primarily elder Caucasian males (PDF, 2015; Sontheimer, 2015; Toosizadeh et al. 2015). The average age of onset is 55-60 years old, though in rare cases it can occur in young adults and even teens (Palfreman, 2015; PDF, 2015; Sontheimer, 2015). Probable risk factors of developing PD have become apparent, including age, exposure to pesticides such as Rotenone, rural living and consistent drinking of water from an untreated source, genetics and family history of PD, as well as the presence of Gaucher disease which involves a mutation of beta-glucocerebrosidase (Geman & Costin, 2015; Sontheimer, 2015).

Parkinson's disease can be characterized by four progressive stages: early pre-motor stage, early PD, moderate PD, and advanced PD (Palfreman, 2015; PDF, 2015; Sontheimer, 2015). In the early pre-motor stage, individuals will often experience constipation, loss of the olfactory sense, anxiety, restless leg syndrome, and a subtle change in executive functioning. As the disease progresses to early PD, individuals will often begin to experience tremors, muscle rigidity, gait abnormalities, and bradykinesia.

In the moderate stage of PD, treatment becomes less effective and those diagnosed often develop dyskinesia. Patients in this stage frequently report experiences with depression, withdrawal, and feelings of isolation. Finally, patients become significantly disabled both physically and cognitively in the advanced stage of PD. On average, those with PD live approximately 15 years following diagnosis. Therefore, it may become necessary for patients to seek hospice care during this stage.

Other sources characterize PD by five progressive stages, simply referred to as stages 1-5. In the first stage, symptoms are mild and occur only hemilaterally. Symptoms in this stage typically do not inhibit the individual's daily life, though there may be small changes in body posturing, ambulation, and affect. The second stage involves the worsening of symptoms and those symptoms becoming ambilateral, particularly tremors and muscle rigidity. Independence is still very achievable in this stage, though activities of daily living (ADLs) may become more challenging. During stage three, individuals with PD often demonstrate increased difficulty regarding postural balance and bradykinesia. Individuals are still able to maintain independence through this stage, though symptoms are significantly worse, making falls far more common and completing ADLs quite challenging. Symptoms become severe and quite inhibitive during the fourth stage, likely requiring the individual to need assistance with stability during ambulation. At this stage, it is important that the individual lives with a caretaker in order to receive help with ADLs. The fifth and final stage is debilitating, as individuals may be unable to stand or walk, even with assistance. A caretaker is necessary at all times during this stage, as both motor and non-motor symptoms become far more apparent in this stage, as the individual may also experience severe

cognitive symptoms such as delusions or hallucinations (National Parkinson Foundation, 2017).

Traditional Treatment Methods

Traditionally, treatment of PD involves a combination of pharmacological and non-pharmacological interventions. While pharmaceuticals work to minimize the manifestations of parkinsonian symptoms, non-pharmacological treatment methods of PD tend to focus on the maintenance of physical, cognitive, and communicative functioning. These non-pharmacological treatment methods typically include physical therapy, speech-language pathology, and/or occupational therapy. Although all of these treatment modalities are essential following PD diagnosis, the unfortunate reality is that Parkinson's disease is currently incurable and is not consistently manageable through these methods of treatment. Individuals must manage this disease for the entirety of their lives following diagnosis. Participating in treatment methods focused on the maintenance of functioning is essential for those with PD. However, other aspects of the disease such as spirituality, personal relationships, or issues with depression and/or anxiety must also be taken into consideration by clinicians and addressed simultaneously with the physical, cognitive, and communicative goals of treatment.

It is important to note that an essential component of treatment includes an integrative and collaborative network of care. Multidisciplinary integrative treatment is associated with fewer hospital admissions, greater maintenance of functioning, and reduced risk of death for individuals with neurodegenerative diseases (Cordes, Florence, Schimmel, Holstein, & Meininger, 2015; Rice & Johnson, 2013).

Pharmacological treatment methods. Pharmaceutical interventions for individuals with PD are beneficial, but can also lead to various negative side effects including nausea, vomiting, hallucinations, confusion, psychosis, dry mouth, dizziness, worsening of glaucoma, low blood pressure, and spontaneous, involuntary movements referred to as dyskinesia (PDF, 2015). Other side effects may include aimless behaviors referred to as punding, which can occur as a result of dopamine replacement treatment (Yoo et al., 2015). These behaviors encompass repetitive and complicated activities, which are ultimately unproductive, such as tidying, sorting, cleaning, hoarding, or altering technical equipment.

Symptoms often respond well to treatment with dopamine agonists in the early pre-motor stage of PD (PDF, 2015; Sontheimer, 2015). These dopamine agonists include medications such as Pramipexol, Ropinirole, and Rotigotine. These medications are different from standard pharmacological treatment methods in that they directly stimulate dopamine receptors and therefore imitate the effects of dopamine without the need to cross the Blood-Brain Barrier (BBB) and be converted into dopamine within the brain. In the early PD stage, however, treatment often involves dopamine replacement pharmaceuticals such as levodopa, which requires the brain to convert substances within the medication into dopamine, meaning it must be able to cross the BBB.

Levodopa is the primary pharmaceutical intervention used for early, moderate, and advanced PD. This medication is often combined with a medication referred to as carbidopa, which reduces the amount of levodopa converted into dopamine within the bloodstream. This allows a greater amount of the levodopa to reach the brain instead of being absorbed within the gastrointestinal tract, thereby also negating the side effects of

nausea and vomiting from levodopa. As this addition of carbidopa allows for more of the medication to reach the brain, it ultimately reduces the needed dosage of levodopa in order to effectively manage parkinsonian symptoms (PDF, 2015). The combination of these medications is available on the market as Sinemet, and is widely used. Another popular form of levodopa medication is referred to as Stalevo (Hauser, 2004). This medication combines levodopa and carbidopa with entacapone. The addition of entacapone allows for an even greater amount of the levodopa to reach the brain, essentially prolonging the effectiveness of the levodopa and ultimately allowing patients to consume the medication less frequently.

The previously mentioned dopamine agonists can also be used to reduce levodopa dosage and prolong its effectiveness. Issues arise with dopamine agonists as the stimulation of dopamine receptors is not isolated within the parts of the brain implicated in PD. This stimulation of dopamine receptors within the entirety of the brain can result in general confusion, bouts of tiredness during the day, and even hallucinations (Sontheimer, 2015). Additionally, the use of dopamine agonists to supplement levodopa has been linked to reduced impulse control, leading patients to be more likely to engage in unhealthy behaviors such as compulsive gambling, eating, or shopping, as well as risky sexual behavior (O Claassen, Kanoff, & Wylie, 2013; Sontheimer, 2015).

Although levodopa is highly effective in treating motor symptoms of PD throughout patients' progression into early, moderate, and advanced stages of the disease, it still manifests difficult side effects. Levodopa can be accompanied by the impairment of voluntary movements referred to as dyskinesia (Koch, 2010), which is

strikingly similar to the symptoms of PD, leading to side effects similar to those that initially required the medication to be consumed in the first place. Patients are also required to consume a multitude of pharmaceuticals throughout each day and the effectiveness of those pharmaceuticals is inconsistent. There are other methods of treatment, which should be given significant consideration as supplementary or even substitutional to levodopa medication, particularly Deep Brain Stimulation (DBS).

Surgical treatment methods. Deep Brain Stimulation is an FDA-approved surgical procedure involving the implantation of an electronic device within the brain to treat essential tremor (Basiago & Binder, 2016; Hariz et al., 2016). The device consists of two thin wires referred to as the stimulating electrodes. These electrodes are placed in the subthalamic nucleus or the globus pallidus internus within the basal ganglia in each hemisphere of the brain and are connected to a small battery, which is positioned in the patient's chest (Palfreman, 2015).

Neurosurgeons remain unsure exactly how and why DBS is an effective treatment of parkinsonian symptoms; however, the simplest explanation that can be offered is that continuous electrical stimulation above 130 Hz and between 2-4 V of amplitude in these parts of the brain manages to disrupt, disorient, or alter the corrupted neuronal messages that impair physical functioning (Benabid, et al., 1991; Bötzel & Kraft, 2010; Palfreman, 2015). Although it is risky and costly, this procedure has been found to significantly reduce muscle rigidity, tremors, and bradykinesia in patients, allowing for a sizeable reduction or even elimination of the need for levodopa medication. Additionally, it has been found to reduce or eliminate cramps and pain, improve movement and proprioceptive skills, improve speech motor program

maintenance, as well as improve autonomic function (Basiago & Binder, 2016; Hariz et al., 2016; Jones et al. 2010).

Side effects of DBS often emerge as issues with balance and oral motor function, but many individuals with PD remain highly satisfied with results after undergoing DBS despite side effects they may experience, indicating that the benefits often immensely outweigh the drawbacks (Frost, Tripoliti, Hariz, Pring, & Limousin, 2010; Hariz et al., 2016; Palfreman, 2015). As such, DBS has been found to be one of the most highly effective treatment methods for individuals with PD. One caveat to consider is that balance issues are a common result of DBS and can contribute significantly to the risk of falling for individuals who have undergone this operation. Additionally, individuals may experience oral motor complications, arising due to accidental stimulation of the dorsal premotor cortex, an area involved in the planning and execution of oral motor movement. This may increase the need for communication-centered treatment methods (Murdoch, 2010; Narayana et al., 2009).

Before DBS, neurosurgeons offered irreversible operations to PD patients: the thalamotomy, in which part of the thalamus on either side of the brain was removed, as well as the pallidotomy, in which either side of the globus pallidus internus was removed (Palfreman, 2015). Each of these operations effectively eliminated cardinal parkinsonian symptoms, but only temporarily and on one side of the body due to the impossibility of removing the thalamus or globus pallidus internus in their entirety. As previously stated, these operations are irreversible, making any side effects a life-long consequence, such as difficulty retaining new motor skills (Palfreman, 2015). Although these operations have become obsolete following the FDA-approval of DBS in 2002,

there continues to be individuals with PD who have undergone these operations, including well-known actor Michael J. Fox.

Despite the vast selection of treatment methods for physical, cognitive, and communicative symptoms of PD, there are many other areas of functioning, that must be addressed in non-pharmacological treatment interventions. PD patients are never without symptoms or side effects of medication and surgery. These side effects sometimes include manifestations relating to mental health, such as with DBS. Because DBS stimulates regions of the midbrain, an area involved in the regulation and modulation of emotions, side effects can include depression and even suicide (Sontheimer, 2015). Even without the consideration of side effects from surgeries and medication, treatment methods are inconsistent in their efficacy, and ultimately PD is a life-changing diagnosis.

Among those diagnosed with PD, 50-80% report experiencing mental health concerns such as depression, anxiety, and insomnia (Sontheimer, 2015). Although the root cause of these concerns is unclear, they are important to consider in the treatment of PD. In general, if parkinsonian symptoms are wholly managed, this represents a significant success in neurological treatment and is, unfortunately, atypical. Additionally, non-motor symptoms remain mostly untreatable. Therefore, studies of medicinal and surgical treatments indirectly emphasize the need for a multidimensional approach to treatment for individuals with PD that can assist in remediation of symptoms in all domains of functioning and in coping with the intense emotional journey that accompanies a Parkinson's diagnosis.

Non-Traditional Treatment Methods

Therapeutic treatment of PD should involve methods identified as particularly effective in improving neurological functioning, while simultaneously providing a creative outlet for patients to express the difficulties they experience relating to their disease process. Engaging in music-making experiences is significantly neurologically involved, as it requires increased interplay between the left and right hemispheres of the brain as well as increased activity in the cortical and subcortical areas of the brain, ultimately leading to increased development and improvement of a multitude of neurological processes (de l'Etoile & LaGasse, 2013; Tomaino, 2012). The unique impact that music experiences have on these neurological processes makes music an especially effective medium through which to treat neurological disorders like Parkinson's disease (Tomaino, 2012). Therefore, music therapy (MT) can be a particularly effective treatment modality in neurological and physical rehabilitation. Although music therapists cannot cure PD, it is a form of therapy that can address many of the direct symptoms that make this disease disabling as well as indirect socioemotional results of living with PD (Elefant et al., 2012; Haneishi, 2001; Swedberg Yinger & Lapointe, 2012; Tomaino, 2012).

Music experiences are a significant part of the human experience for nearly all cultures worldwide. Music-making allows for creative expression, spiritual connection, social connection, and a deeper awareness of one's own identity. Music is a universal phenomenon, which implies that humans relate to music on a level beyond that of basic survival needs, as music is one of the only activities in which humans engage that does not serve any function in basic survival (J. Scartelli, personal communication, October

2015). Therefore, the use of music and music-making as a tool for emotional expression can be even more effective when specifically used by a board-certified music therapist (MT-BC), who is familiar with evidence-based music therapy research and formally trained in the intricacies of music, the dynamics of a therapeutic relationship, and the therapeutic use of music in a variety of contexts. The existing empirical data on the positive impact of music therapy on the symptoms of PD contributes to the validity of music therapy as a treatment for those with the diagnosis, as well as increasing the quality of care that MT-BCs are able to provide.

Physical, cognitive, and communicative treatment in music therapy. Music appears to naturally and wholly influence movement of the body. Even individuals from a wide range of cultural backgrounds may feel influenced by rhythms within music, ultimately leading them to move in time with the music, maybe by tapping their toes or swaying back and forth (Kwak, 2007). The layering of rhythms provides a neurobiological baseline for movement, meaning that the beats can be considered as aural indications of timing necessary for coordinating motor movement (Lindaman & Abiru, 2013; Thaut, 2012). Neuroimaging has shown that multiple areas of the brain involved in motor movement respond very well to rhythmic structure (Grahn & Watson, 2013). Within the brain, the basal ganglia is essential in the control of motor movement. Its dysfunction is the primary cause of the motor deterioration apparent in PD such as gait and balance issues (Toosizadeh et al., 2015). Consistent and identifiable beats within a rhythm appear to cause specific responses within the basal ganglia. Therefore, strongly pulsed rhythms can lead to improved functioning in the basal ganglia, which will consequently lead to improved functioning of motor movements for individuals with PD.

Numerous clinical studies have demonstrated the positive impact of external auditory rhythmic cuing to facilitate initiation of motor function, improved gait, and improved motor symmetry in those with PD (Tomaino, 2012; Thaut, McIntosh, McIntosh, & Hoemberg, 2001; Weller & Baker, 2011). Thaut (2012) found that synchronizing motor movement to a rhythmic pulse helps patients change their entire pattern of movement as opposed to adjusting their typical movement to fit with the pulse. This is referred to as entrainment when an external stimulus, such as a beat, and an internal process, such as motor movement, align with one another (Thaut, 2013). In this context, patients do not simply adapt to moving with the pulse and continue with poor movement, rather, patients change their entire pattern of movement in order to synchronize with a steady pulse.

Thaut (2013) identified that individuals who typically walked with a limp did not do so when walking to a basic beat or pulse. Similarly, Staum (1983) found that consistency and symmetry of walking improved as a result of the internalization of a strong pulse for individuals with gait disorders. This is because rhythm is a timer of sorts. This means that the beats as well as the intervals between provide a consistent and continuous reference for movement. Thaut (2013) noted that change in movement such as walking occurs between pulses, rather than on the actual pulse. In listening to a strong beat, the brain is given a rhythmic tool to help organize movement. The auditory pulse essentially provides the brain with the necessary parameters to recalculate asymmetrical movements in order to be symmetrical. Therefore, music can override asymmetrical or arrhythmic processes involved in movement and adjust the individual's

internal rhythmic processes to help them maintain symmetrical motor movement, while reducing the need for the external beat or pulse.

On a smaller scale, research suggests that instrument playing can be effective in helping to improve fine motor coordination as well. Individuals with PD may experience deficits in fine motor skills necessary to complete tasks such as tying shoes or buttoning shirts, resulting in increased difficulty successfully completing ADLs (PDF, 2015).

Zelazny (2001) found that range of motion as well as strength of hands and fingers improved as a result of keyboard playing. Therefore, participation in instrument playing activities such as playing guitar, keyboard, or mallet instruments may result in an increased ability to successfully complete ADLs, ultimately leading to prolonged independence for individuals with PD. Although ADLs are seemingly trivial to those who do not experience deficits in this area, improving one's ability to successfully perform ADLs is essential in maintaining independence, which is a key aspect of PD treatment both physically and emotionally.

Symptoms of motor deficits in PD often display as bradykinesia, stiffness on the left or right side of the body, shuffling feet, or lack of arm swinging while walking (Tomaino, 2012). The use of rhythmic stimulation leads to results such as increased stride length and symmetry, enhanced arm swing and symmetry, as well as reduced assistance from others (Clair & O'Konski, 2006). As patients with PD age, this is essential for improving balance to reduce the risk of falling. Additionally, patients with PD are more likely to experience dysphagia, leading to an increased risk of aspiration (Kim, 2010). Although Parkinson's disease is not fatal, symptoms of PD often lead to the occurrence of fatal events such as choking or falling. There is significant danger of

falling for these individuals, as one out of five falls results in serious injuries such as broken bones or even Traumatic Brain Injury (TBI) (Centers for Disease Control and Prevention, 2016). This is why it is essential to address PD issues such as postural balance and dysphagia. Music-based exercise programs have been shown to improve gait and balance in this sense to ultimately reduce the rate of falls and the risk of falling (Tomaino, 2012).

As the muscles atrophy for individuals with PD, the vocal folds atrophy as well. As a result, there is a decrease in the intelligibility of speech and the patient's ability to communicate. Some of the main components of speech, articulation, volume, fluency, and intelligibility are among those likely to deteriorate (Spielman, Ramig, Mahler, Halpern, & Gavin, 2007). These are often not alleviated through medication and typically become more significant as the disease progresses (De Letter, et al. 2010; Frost et al., 2010). The majority of these speech and language issues are diagnosed as hypokinetic dysarthria (Wong, Murdoch, & Whelan, 2010), encompassing various components of speech, including, but not limited to, reduced vocal intensity referred to as hypophonia, mono-pitch and mono-intensity, reduced inflection, inappropriate rate of speech including silences within speech, and incorrect articulation (Andreetta, Adams, Dykstra, & Jog, 2015; Wong et al., 2010). It has been suggested that participation in singing, in general, is a motivator for individuals dealing with various forms of neurological rehabilitation (Azekawa & LaGasse, 2017) as singing helps individuals to "bypass the conscious thought processes involved in more cognitive, traditional speech therapy interventions often used in dysarthria rehabilitation" (Tamplin & Grocke, 2008, p. 27).

A distinction must be made between speech and language. Speech primarily involves the oral motor aspects of verbal communication and language involves the cognitive aspects (King, 2007). Both speech and language issues occur with PD, but must be conceptualized and possibly treated differently due to the nature of their emergence. This understanding of the professional jargon of other disciplines is also necessary for more beneficial collaboration between MT-BCs and Speech Language Pathologists (SLP) in treating individuals with PD (McCarthy, Geist, Zojwala, & Schock, 2008).

Individuals diagnosed with Parkinson's disease often exhibit deficits in lexical semantic processing including fluency of speech, word definition, and recalling names of objects (Arnott et al., 2010). They may also experience reduced reading comprehension abilities as well as increased difficulty with memory and language as the disease progresses (Murray & Rutledge, 2014). These issues create an additional challenge in communication for individuals with PD, as successful communication involves motor planning, oral motor skills, language planning, and cognitive resources (Huber, Darling, Francis, & Zhang, 2012). Ultimately, it has been determined that Parkinson's disease can significantly inhibit an individual's ability and willingness to verbally communicate (Baylor, Burns, Eadie, Britton, & Yorkston, 2011; Miller, Noble, Jones, & Burn, 2006), making it important for those diagnosed to find alternative means of communicating so that others can understand their experience with PD. This can be addressed specifically in a music therapy context, particularly when singing and songwriting is involved (Volpini, 2016).

Several music therapy studies have found that singing may be helpful for those with PD to maintain verbal memory as well as basic functioning of speech (Tomaino, 2012). Many key elements of music, particularly rhythm, are also key elements of speech. Time, structure, temporal planning, parallels to language, syllable stress and emphasis, and pauses are similar features of both rhythm and speech (Hobson, 2006a; Tomaino, 2012).

Speaking and singing are processed differently in the brain; however, the act of speaking is primarily a left-hemisphere dominant function, whereas singing more significantly incorporates the right-hemisphere of the brain due to its creative nature, resulting in greater distribution of neural activity throughout the brain (Hobson, 2006b). Neural networks are more stimulated when an individual is singing lyrics than when only speaking. It has been found that group singing helps to increase vocal range and the intensity of conversational speech for individuals with PD (Elefant et al., 2012; Swedberg, Yinger, & Lapointe, 2012). Similarly, individual singing, referred to as Music Therapy Voice Protocol (MTVP), helps to significantly increase the intelligibility of speech as well as the intensity of speech (Haneishi, 2001).

One inherent musical function that benefits learning or relearning speech cues is its repetitive nature. For example, song lyrics that are predictable can help an individual with word retrieval, given that individuals with PD often demonstrate deficits in this area as a result of the reduction of volume in the entorhinal cortex of the brain (Tanner et al., 2015; Tomaino, 2012). Dysarthria, motor speech, and speech intelligibility issues can be addressed through the highly rhythmic singing of target phrases that include words or sounds with which the patient typically experiences difficulty. Results for this music

therapy intervention have indicated an increase in the number of intelligible syllables spoken among individuals with PD (LaGasse, 2013; Tomaino, 2012). Other music therapy interventions have also been found to be useful in treating PD, such as the use of humming to help keep vocal folds strong and flexible. Rhythmic cuing and music-based vocal exercises have been effective in improving overall speech communication and intelligibility for those with PD (Tomaino, 2012).

The use of singing as a clinical tool must be given careful consideration. The selection of songs must be purposeful. For example, songs intended to help individuals with speech issues should be relatively repetitive with minimal lyrics, a moderately slow tempo, and be vocally accessible with simple rhythms and a simple melody in the vocal range of the participants (Hobson, 2006a). It is also important to consider other necessities such as lyric sheets to assist participants through the process. Specific emphasis on the oral motor aspects of singing may require that the MT-BC consult a participant's SLP in order to respect the scope of practice of varying disciplines involved in the treatment of individuals with PD. The SLP can assist the MT-BC to more accurately understand the individual's levels of functioning and how best to assist in the development of speech and language skills.

In addition to assisting with motor planning, balance and gait, fine motor skills, muscle strength, speech articulation, and various forms of motor movement, music therapy has been effective in helping with issues in emotional, cognitive, functional, and communicative domains (Jochims, 2004). Its efficacy has been demonstrated in addressing poor attention, sensory integration, executive function, vocal projection, expressive aphasia, fatigue, memory deficits, psychosocial withdrawal, emotional

processing, agitated and aggressive behaviors, acute and chronic pain, poor motivation and stress management, as well as depression (Jochims, 2004; Lim & Miller, 2011; Tomaino, 2012).

Emotional, social, and spiritual treatment in music therapy. It is essential to address all areas of need in regard to treatment of those with PD. Pellitteri (2009) suggested that music therapy is both an art and a science. Therefore, occurrences within music therapy should be considered through both of these ways of interpretation. As has already been discussed, adjusting to a permanent and degenerative disability can be a difficult process. According to Shontz (1975), it is a cyclical process involving the initial demand that an individual confronts the cognitive and emotional reality of the situation. This then leads to a retreat and both long- and short-term avoidance of this reality. Gradually, through a series of these cyclical processes, the individual eventually returns to equilibrium. A challenge, however, is that the disability narrative may become the patient's dominant narrative (Tamplin, Baker, MacDonald, Roddy, & Rickard, 2015).

Parkinson's disease may become the lens through which all of a client's life is framed and experienced. A PD diagnosis may lead to a loss of sense of self, discrepancies between past, present, and future selves, and lower self-concept due to the emotional challenge of envisioning a future that differs from the future they may have envisioned prior to diagnosis. According to Tamplin, Baker, MacDonald, Roddy, and Rickard (2015), a positive sense of self following diagnosis is correlated with improved quality of life, reduced likelihood of experiencing depression, and establishment of a strong individual identity. Additionally, research suggests that music may help to elicit emotional narratives of which the participant is already capable of

experiencing. Essentially, music experiences assist with the integration of subconscious emotional material into conscious awareness in order to reframe experiences and ultimately reduce negative emotional experiences such as anxiety (Kerr, Walsh, & Marshall, 2001).

Music, in general, can be an effective medium through which to facilitate integration of multiple narratives, including narratives of the self, which are separate from PD and narratives of the self that include PD. In order for positive change to occur, the therapeutic modality must have a significant impact on memory. Music has strong links to memory and emotions, making it a viable conduit for this difficult process. Specifically, clinical songwriting in music therapy can allow for a more directed focus on these narratives and their integration. It can also allow for the general exploration of the individual's experience with PD as the primary medium of music strongly influences the participants' emotions and memories.

Through musical involvement in a therapeutic context, the clients' abilities can be strengthened and can be transferred to other aspects of their lives. Music therapy also provides for communication, which may be helpful for individuals who have difficulty expressing themselves verbally. The frequent communication issues experienced by individuals with PD can drastically impact their psychosocial health and general quality of life (Lowit, Dobinson, Timmins, Howell, & Kröger, 2010; Theodoros, Hill, & Russell, 2016). Even without regard to disease-related difficulty in verbal expression, music functions as nonverbal communication, an essential aspect of communication in everyday life. Gaston (1968), an influential historical figure in the development of the music therapy profession, posited that "it is the wordless meaning of music that provides

its potency and value. There would be no music and no need for it if it were possible to communicate verbally what which is easily communicated musically” (p. 23). He maintained that some of the most significant communication is nonverbal, as it is content that cannot be verbalized. “Music is a most intimate type of non-verbal communication deeply cherished and nurtured by [humankind]” (p. 24).

Ultimately, music provides experiences in relating to others (Sears, 1968). Particularly, music “provides means by which self-expression is socially acceptable” and music “enhances verbal and nonverbal social interaction and communication” (p. 34). Music provides for a wide range of emotional expression including, lighter and darker feelings. These expressions, which may not otherwise be permitted, seemingly become acceptable within music. Through music, individuals may express feelings that may not otherwise be expressible. Essentially, “music may speak where words fail” (p. 43). MT research also supports its effectiveness for providing clients and their families with emotional support, and providing an outlet for the expression of feelings, which is as important as facilitating movement in physical rehabilitation and helping clients become more motivated to wholly engage in their own treatment (Johnson, Otto, & Clair, 2001).

Specific to PD, patients often develop voice and speech disorders as a result of the atrophying of the vocal folds (Halpern et al., 2012; Tomaino, 2012). MT-BCs must consider the impact that symptoms such as this may have on the general quality of life for those diagnosed. Many PD patients describe a variety of forms of interference in their participation in communication as a result of the speech symptoms they experience (Baylor et al., 2011). Essentially, their voices are not being heard both in a

literal and figurative sense. Participation in MT can help to provide a meaningful voice in a safe space for those who have been silenced and who desire to be heard.

Another issue that may occur is Pseudobulbar Affect (PBA), which involves emotional expression that is uncontrollable or involuntary, particularly episodes of laughing and/or crying that are disproportionate or incongruent with the individual's emotional state (Brooks, Crumpacker, Fellus, Kantor, & Kaye, 2013; Siddiqui et al., 2009). PBA is a common condition affecting a large number of individuals with varying neurological diseases. Among those with PD, 4.7% have been determined to exhibit symptoms of PBA. Similarly, 21.7% of individuals with general Parkinsonian symptoms have been found to demonstrate PBA (Siddiqui et al., 2009). Essentially, PBA creates yet another aspect of the PD experience, which limits the diagnosed individual's ability to communicate and be perceived authentically by others. On another level, research suggests that PD also inhibits the diagnosed individual's ability to determine the emotional expression of others (Marneweck & Palermo, 2014), making open and honest communication difficult. This also points to the necessity of a treatment intervention designed to help participants discern various aspects of emotional expression and recognize the significance of these interactions within a therapeutic context.

As patients are dealing with the many difficult medical aspects of PD, it is necessary to aid them and their caregivers in developing general coping mechanisms. Weisser, Bristowe, and Jackson (2015) found that "resilience, burden, needs, and reward" (p. 737) were four main themes that emerged as a model of coping with the difficulties of living with a neurodegenerative disease. Resilience may involve concepts such as living life spontaneously and focusing on the here-and-now, maintaining

“perspective” (p. 740), or increasing physical activity or exercise. Additionally, exercise may simultaneously be effective in helping to maintain motor function and prolong survival for individuals with neurodegenerative diseases (Plowman, 2015). Patients’ burdens may involve feelings of responsibility, guilt, or struggling with integration or acceptance of having a neurodegenerative disease or facing mortality. In balancing the concepts of resilience and burden, the needs of patients may involve psychological, social, or practical aspects of coping. Finally, rewards may come in a variety of forms, as they are contingent upon what the individual feels is rewarding to him or her (Weisser et al., 2015).

Another aspect of human functioning that may be addressed within music therapy is that of spirituality. Although spirituality is difficult to define, for the purposes of this study, it is essentially a relation to something bigger than the self. Lipe (2002) found that patterns relating to healthy spirituality emerged within music therapy. This included the concretization of abstract concepts such as meaning and purpose in life; the stimulation of the imagination, which led to new ways of interacting with the self and others; the feeling of safety in experiencing openness; deeper access into one’s subconscious processes, which led to greater integration into conscious processes; increased transpersonal experiences, which led to healing; open channels of communication with things bigger than the self; and feelings of comfort, relief, or peace due to the familiar nature of music. This greater access to things beyond the self may be a crucial component of healing for individuals with chronic neurodegenerative diseases such as PD, who may have difficulty understanding the meaning or purpose of their life through the lens of their illness.

Essentially, MT can be an effective treatment modality to address the specific coping needs of individuals with PD, particularly when used in collaboration with other professionals such as medical doctors, neurologists, physical therapists, speech-language pathologists, or occupational therapists. As previously stated, this integrative approach to care for all patients is essential for all patients and can lead to many positive outcomes.

Relational dynamics among care receivers and caregivers in music therapy. Individuals with PD often require care from family members or hired professionals, particularly in the advanced stages of the disease (Weisser et al., 2015). If the caregivers are family members, the relationship with the care receiver may deteriorate as a result of the decline of overall functioning of the care receiver. It has been suggested that family members who are also caregivers for their loved one often experience grief in the loss of emotional intimacy with the care receiver (Clair & Ebberts, 1997). As a result, the relationship becomes strained and care receivers may have difficulty initiating emotional intimacy or they may experience apathy or fear whenever the caregiver attempts to connect emotionally. Clair and Ebberts (1997) found that family caregivers often experience depression due to the debilitating disease process that their loved one experiences.

When care receivers and their family caregivers participated in music therapy sessions together, participants reported a positive experience overall. The most important aspect of music therapy that emerged for participants was that of physical touch. Clair and Ebberts (1997) found that caregivers and care receivers both initiated physical intimacy such as hugging and kissing, though caregivers reciprocated less

when their care receivers initiated touch. This indicates that it may be important in music therapy sessions to emphasize physical touch within music experiences, particularly when initiated by care receivers. Ultimately, it may be necessary to encourage caregivers to continue and even increase physical touch in response to care receivers' initiation of physical touch. Additionally, research suggests that music therapy can be effective in encouraging reciprocal interactions between parents and children that is both playful and generally meaningful (Pasiali, 2012), which can be an important part of the therapeutic process when children are involved in providing care for their parent with PD.

Individuals with PD typically experience a decline in communication as well; therefore, it may be important to provide opportunities through which caregivers and care receivers can communicate honestly and openly regarding their experiences. It has been suggested that therapeutic singing provides many opportunities for communication and socialization as well as the expression of emotions (Clark & Harding, 2012). Additionally, singing interventions are typically less intimidating and more familiar to participants in general, making singing an approachable experience for individuals of varying levels of musical knowledge and skill (Clair, 2000).

Clinical Songwriting in the Treatment of Parkinson's Disease

Clinical songwriting in music therapy can be 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" (Baker & Wigram, 2005, p. 16). Clinical songwriting has a diverse range of uses, methods, and outcomes involving both language

processing and singing to address the previously mentioned benefits. Clinical songwriting includes the composition of “an original song or any part thereof (e.g. lyrics, melody, accompaniment) with varying levels of technical assistance from the therapist” (Bruscia, 2014, p. 134). This process typically involves some form of notation and/or recording of the finished product.

Clinical songwriting can act as an effective medium through which to facilitate interaction and emotional expression among those who participate (Gfeller, 1987). Roberts (2003) claimed, “When a song arises in music therapy... [it] comes from the deepest roots of our being, our embodied self, and enters the creative flow of life” and “the voice, with its subtleties of intonation, rhythmic flow, intensity, and texture, carries the essence of each person’s individuality” (p. 142). Turry (2010) wrote, “Songs improvised in music psychotherapy are not merely musical creations; they are musical/psychological creations that emanate from and are intimately connected to the client’s intrapsychic states” (p. 168).

Clinical songwriting simultaneously provides opportunities, which may not otherwise present themselves, by creating a separation between participants and their emotions in order to feel safer exploring emotional content. This removal seemingly increases freedom of expression, ultimately eliminating that separation and creating a stronger connection between individuals and their emotional experiences (Stewart & McAlpin, 2015). A clinical songwriting study conducted by Jones (2006) demonstrated that the emotional and social benefits of participating in clinical songwriting include increased verbal communication, increased socialization and interaction among group members, identification of and improvement in self-concept and self-esteem, increased

expression of feelings, increased sense of cohesion among group members, and increased coping skills such as problem solving.

“Music holds greater meaning, emotion, and mnemonic potential than speaking alone because emotionally powerful events are encoded strongly into memory and can enhance consolidation of coincident events” (Tamplin, Baker, MacDonald, Roddy, & Rickard, 2015, p. 115). Essentially, when music occurs in conjunction with emotional experiences and significant life events, these events are more likely to trigger autobiographical memories, which are vital in the development of a healthier and more integrated self-concept. When combined with non-musical modes, the emotional experience intensifies and it is more likely that the experience will be encoded in ongoing memory, making it a lasting change and an important part of the individual’s experience. These other modes include written and spoken word, which are often used in the clinical songwriting process.

In order to maximize the therapeutic potential within clinical songwriting, it is important for clients to discuss and process the choices they make when engaging in the process. The significance of the clinical songwriting process comes from the combination of lyrics and the metaphorical meaning within the music itself (McFerran, Baker, & Krout, 2011). For example, the MT-BC may work with the client to verbally process the lyrics, musical style of the song, theme of the song, or any of the many dimensions involved in the songwriting process. This reflective process and the meaning attached to it is positively correlated with overall well-being and quality of life including enhanced mood, self-esteem, reduced anxiety, increased satisfaction with life, and strengthened use of active coping strategies (Tamplin et al., 2015). It has been

found that clinical songwriting in music therapy leads to strong experiences of passion or meaningfulness in life (MacDonald, 2013), as well as the externalization and clarity of inner processes such as emotions or thoughts, improved self-concept, feelings of validation, and ultimately, reduced negative emotions such as anger or anxiety (Baker & Wigram, 2005; Jones, 2006).

Given that many people with PD will experience speech and language difficulties, how then can they verbally process the songwriting experience? Music is uniquely equipped to help bridge the gap of communication in this instance. Music is inherently a form of emotional expression and communication; the music experience itself may help clients to internalize meaning from all aspects of the songwriting processes and meaning from the musical content without the need for significant verbal processing (Aigen, 2014; Gaston, 1968; Sears, 1968).

An essential component of the entire songwriting process is the therapeutic relationship between client and therapist as it contributes significantly to the positive changes that can occur through participation in music therapy (Bruscia, 2014). This relationship is “solacing” (Johnson, 1989, p.13), in that it provides a space where the client can feel what it is like to be with another person who is “showing a genuine warmth and presence” (p. 13). The impact that a helpful presence can have on the outcome of treatment should not be taken lightly. This therapeutic relationship can greatly impact the outcome of other services as well, and can lead to decreased medication usage and client perceptions about medical procedures (Johnson, 1989). Therefore, the use of clinical songwriting, which occurs within a therapeutic relationship in music therapy, can have tremendous benefits for those involved.

There are multiple methods through which clinical songwriting can take place. One method, referred to as “song collage,” involves taking lyrics from a variety of pre-composed songs and using them in an order of the participants’ choosing to create new lyrics (Tamplin, 2010). The accompaniment to a pre-composed song can then be used as the foundation for the new lyrics or the participants can work with the MT-BC to create an entirely new accompaniment for the lyrics. Another method of songwriting, referred to as song augmentation, involves writing new lyrics to fit into the structure of a pre-composed song and using the original accompaniment as the musical foundation for the new lyrics (Jones, 2006). Of course, another method involves writing entirely original lyrics and musical accompaniment. It is important to note that the process may also involve creative combinations of these clinical songwriting techniques.

Active music therapy and music-making not only improve functioning, but help to enhance mood and quality of life for patients, which may be the most essential music therapy goal in the treatment of individuals with PD. When participating in music in any context, a neurochemical change takes place in the brain allowing participants to enjoy the musical process (Tomaino, 2012), leading to patient reports of improved moods following music therapy sessions (Haneishi, 2001). Specifically, patients reported experiencing less anxiety, more energy and less fatigue, as well as more general amiability and less hostility than before music therapy occurred (Magee & Davidson, 2002). This improved mood and quality of life boosts recovery and rehabilitation, as it helps individuals regain inner balance and togetherness in order to gain knowledge and spur therapeutic change directly. This can ultimately reduce the need for pharmacological interventions (Bloem et al., 2015; Schmid, 2014).

With the many complexities of PD and the treatment necessary for those with the disease, it is important to once again emphasize the need for treatment options that can encompass a wide range of client needs. When music therapy is purposefully and specifically used as the medium through which to address all of these needs, music experiences within music therapy can help with the physical, cognitive, and communicative realms of healthcare for those with PD. In addition, it can address the social, emotional, spiritual, and mental healthcare that is necessary for clients to live a life that is as fulfilling and meaningful as possible.

Purpose of Present Study

The purpose of this study was to understand the potential effect of clinical songwriting in music therapy on emotional expression with an individual with Parkinson's disease and the individual's family caregivers. The clinical songwriting process involved in this study included all methods of songwriting previously mentioned (e.g. song collage, song augmentation, etc.) and involved songs that were created by composing accompaniment first or writing song lyrics first, whichever was interpreted to be most clinically relevant by the SR and the Music Therapy Clinical Supervisor (MTCS).

This exploratory case study was developed to provide a better understanding of the experiences of an individual with PD and his family caregivers as they participated in 13 weeks of clinical music therapy songwriting interventions. Additionally, this study was intended to provide opportunity to reflect on the personal and clinical development of the SR throughout the music therapy and research processes. Although there is a large body of research involving the treatment of PD, a vast majority of this research

involves the use of primarily pharmacological and physical treatment methods, such as medication, physical therapy, speech language pathology, and occupational therapy.

The qualitative data collected for this study addressed the following questions:

1. Did emotional expression manifest within the music therapy sessions? If so, how did it manifest?
2. If emotional expression was evident, what relationship, if any, can be attributed to clinical songwriting?
3. Were there any changes in emotional expression noted across the 13 weeks?

Chapter 3 – Methodology

Participants

Participants were recruited 9 months prior to the data collection phase in order to fulfill the requirements of a university-based music therapy degree program at a mid-sized state institution in southwestern, VA. The SR attended a support group for individuals with PD and their caregivers in order to find participants with whom to facilitate music therapy sessions. Participants were selected based on which individuals expressed interest in participation in music therapy. The SR made the decision to engage in this case study research based on the participants' continued dedication to music therapy, as well as their verbally expressed willingness to participate in a research study within the music therapy session with the SR. Additionally, the SR chose to focus the case study research in the area of clinical songwriting in music therapy, primarily due to the participants' verbal expression to the SR of the evocative nature of clinical songwriting in music therapy prior to data collection.

The study included three persons: a primary participant with PD in his 50s, a spouse and caregiver in her 50s, and an adult child, age 18. All participants were cognitively intact and provided consent to participate in the study. It appeared that the primary participant was likely in the second stage of disease progression and he required minimal support for physical and cognitive tasks. He was on short-term disability throughout the study, his spouse worked a full-time job, and his son attended high school. The spouse and son appeared cognitively and physically typical. The primary participant demonstrated minimal cognitive and physical impairments as a result of his PD progression.

It is important to note that the primary participant underwent DBS surgery. As previously described, DBS involves the implantation of an electronic device within the brain to manage physical manifestations of PD. The primary participant indicated that physical symptoms of PD were currently well-managed through DBS and levodopa medication. Additionally, the primary participant was diagnosed with PBA, which involves uncontrollable or involuntary episodes of emotional expression such as laughing or crying. These expressions are typically disproportionate or incongruent with the individual's emotional state (Brooks et al., 2013; Siddiqui et al., 2009). Symptoms of PBA in this case were mild and the participant was cognitively aware of when it was occurring and communicated this to the SR. Sometimes, however, the primary participant communicated the occurrence of PBA when the emotions being expressed were congruent with the current emotional atmosphere. It is possible that claiming the occurrence of PBA may have been used by the primary participant as a means of defense or resistance against embracing uncomfortable or difficult emotions.

Materials

The SR collected the following types of data for this exploratory case study: video recordings, semi-structured interviews with participants (Appendix A), and songs written by participants to evaluate the impact of clinical songwriting on the expression of emotions among participants. This study involved the use of a Yamaha acoustic guitar with light steel strings and an electric keyboard for songwriting purposes, as well as the personal laptops of the SR and the participants for writing and editing song lyrics. Participants used multiple pre-composed songs within the sessions for song creation, including "I Got a Name" (Fox, Gimbel, & Croce, 1973), "Time in a Bottle" (Croce, 1973),

“Memories” (Strange, Davis, & Presley, 1969), “Memory” (Nunn, Lloyd Weber, & Paige, 1981), “Sunshine on my Shoulders” (Denver, Kniss, & Taylor, 1973), “Chasing Cars” (Lightbody, Connolly, Simpson, Wilson, & Quinn, 2006), and the traditional song “You Are My Sunshine.” Additionally, video data was collected using an iPad, model MD786LL/A and iOS version 10.1.1, as well as coded and analyzed using the computer application Dedoose™, version 7.5.15. No other materials were integral to the research or therapeutic processes.

Design

This exploratory case study from an interpretivist paradigm incorporated multiple data sets allowing the SR to more accurately “triangulate” (Murphy, 2016, p. 574), or focus in, on themes or patterns within the data. These collected data sets included video recordings of sessions, participant-written songs, and semi-structured exit interviews. An interpretivist design allowed for thematic analysis in order to evaluate the relationship between clinical songwriting and emotional expression by identifying themes “supported by the descriptive data” (p. 573). The use of an exploratory case study approach was intended to increase the SR’s understanding of the complex social phenomenon of emotional expression that unfolded during the sessions while focusing on a single case, thereby allowing for a holistic and real-world exploration of the phenomena in their original context (Yin, 2014). This case study then allowed for an in-depth analysis of the process of clinical songwriting, as well as the outcomes of the process for the participants and the SR. Case studies are considered to be bounded by time and activity. Within this bounded time and activity, researchers collect detailed

information through a variety of data collection procedures over a sustained period of time (Creswell, 2014). For this case, this sustained period of time was 13 weeks.

This approach also allowed for a deeper understanding of the clinical intervention of songwriting, an intervention that lacks a distinct and/or single set of outcomes (Baxter & Jack, 2008). This is relevant as music therapy is a creative medium and therefore is capable of leading to a variety of outcomes. The exploratory case study then allowed for an investigation of all salient outcomes as they emerged through the data.

Procedure

The SR facilitated supervised music therapy sessions with the participants for 9 months prior to data collection. This study was a continuation of those services with the initiation of a data collection process. After securing approval from the Institutional Review Board (IRB) at the university, the SR began the collection of data for the research study. No data other than those required for providing clinical services were collected, and no data from previous sessions were included in this research project. While conducting sessions with participants for 9 months, the SR focused primarily on clinical songwriting and continued to use this as the main therapeutic emphasis.

In the first meeting with participants immediately following approval from the IRB, the SR discussed the nature of the study with the participants as well as identified the highlights of the consent forms (Appendix B), including a consent to video record sessions and the ability of the participants to withdraw from the study at any point. Participants were given the opportunity to ask the SR questions or express any concerns prior to signing or refusing to sign the consent forms. The SR provided copies of the consent forms for them to keep in their possession. It was made clear that should

the participants refuse to participate in the study, there would be no impact on the provision of music therapy services for the individual and their caregivers, as the SR would continue to provide supervised music therapy services throughout the university-designated semester.

Sessions took place in the participants' home, per the request of the participants. This location was secure and private, allowing sessions to be uninterrupted. The room was set up with a couch for all participants to sit together, a keyboard, two guitars opposite the couch, and two chairs on either side facing the couch for the SR and the MTCS. The MTCS's role primarily involved observation of the sessions and occasional intervention to advise the SR if necessary. The MTCS was minimally involved in music-making experiences when necessary for the aesthetic quality of the music. The SR provided paper and writing utensils with which to write lyrics, though participants opted to write lyrics on their personal laptop due to the primary participant's difficulty writing due to his diagnosis. An iPad was set up facing the participants to video record the sessions.

Sessions were approximately one hour per week for 13 weeks, as 14 weeks was the length of the university-designated semester, as well as the typical length of engagement for those participating in the university-based music therapy program. IRB-approval was provided in the first week of the semester, allowing for 13 weeks of data collection prior to the end of the semester. Session length varied depending on the needs of participants, though it averaged approximately one hour per week for 13 weeks. Sessions were designated to be approximately one hour, as the participants were cognitively and physically capable of attending to hour-long sessions. This

provided an opportunity for deeper involvement in the session content and adequate time to complete a significant portion of a song each week. Each session involved a different combination of participants as well as the presence or absence of the MTCS. The primary participant and the SR were consistently present for sessions.

Per the request of the primary participant, sessions were typically structured in sets of three. Two sessions were individual sessions with the primary participant, followed by a family session involving all participants. The first two sessions typically involved the creation of original songs with the primary participant, followed by sharing these songs with the family in the third session. This structure was adapted as necessary for the client, including “rounds” of songwriting with the family members. These “rounds” emerged as writing songs either individually with the primary participant, or including individual family members for multiple sessions, followed by a session with all family members present to share the songs. The primary participant wrote the majority of song lyrics between sessions each week, and the inclusion of family members was typically done outside of the music therapy session, as indicated by the participants. This inclusion of family members in the process of writing specific songs was discussed and decided upon between the SR, MTCS, and primary participant based on its clinical relevance to fostering interactions among participants.

To summarize the typical clinical songwriting process with these clients, the SR discussed possible song themes with participants until a theme had been decided upon for the song. Theme development occurred through verbal exploration of the participants’ recent experiences and identification of material relevant for songwriting. After the theme was established, the SR encouraged participants to write lyrics

centered on the theme, to include multiple verses, a chorus, a bridge and/or a transitional verse, or the participant(s) and SR created a harmonic accompaniment relevant to the theme. For this study, lyrics typically came before the musical accompaniment. The SR would then create a harmonic accompaniment relevant to the theme. Creating the accompaniment included discussion of 1) which accompaniment instruments to use, if any, 2) the key of the song, 3) the style of the song, 4) the tempo of the song, and 5) the dynamics of the song. If the accompaniment was established first, lyrics were written while the SR played the accompaniment for the participants. Other discussion topics arose as a result of verbal exploration throughout the clinical songwriting process. The role of the SR was to assist the participants with the musical components of songwriting with which they were less familiar. Essentially, the SR helped the participants to musically capture what was expressed within the lyrics.

Once lyrics had been established, the SR ensured that participants had a copy of the lyrics via email to adapt between sessions, as they saw fit, as well as a recording of the established accompaniment if the participants indicated it would be helpful for the lyric editing process. When the songs were completed, the SR discussed with participants how they would like to proceed with the song, which typically included playing it within the session, performing it for the other participants, and/or creating a recording for participants to keep. Figure 1 is an outline of the songwriting process as it unfolded in this study.

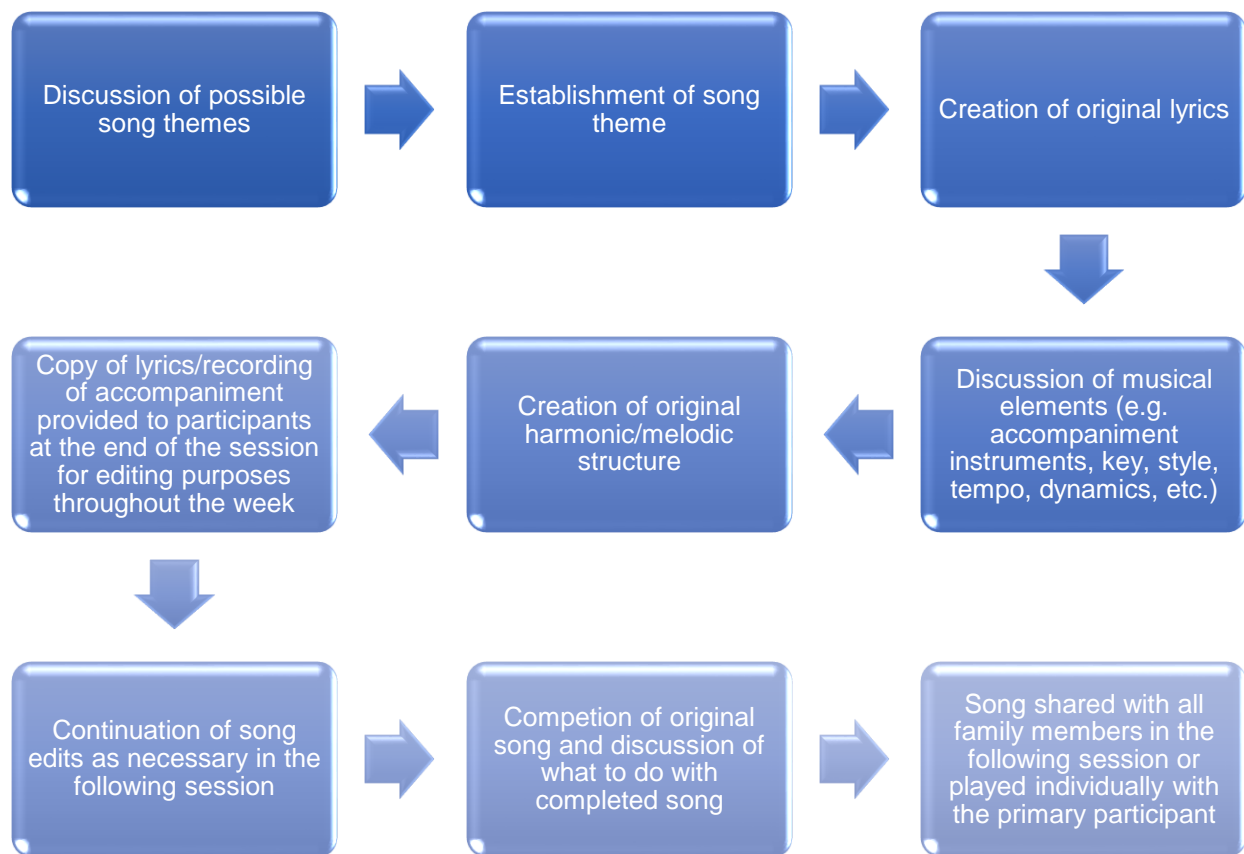


Figure 1. Songwriting process

Handling of data

This exploratory and interpretivist case study outlines an investigation of the data that emerged during the 13-week intervention period. An interpretivist approach allowed for “in-depth exploration of a phenomenon within its naturalistic context, using multiple sources of data” (Murphy, 2016, p. 570). The SR evaluated the data across the 13 weeks to identify meaningful concepts or themes, ultimately leading to an analytic path (Yin, 2014). This allowed the SR to determine why and how data emerged in the manner in which it did when individual variables were not able to be determined (Murphy, 2016; Yin, 2014). Throughout the data collection process, the SR created

memos regarding what was being observed within the data, particularly in regard to concepts, insights, or patterns that the SR deemed to be significant (Yin, 2014).

Participant-written songs were evaluated for elements of emotional expression, including, but not limited to, style, key signature, tempo, dynamics, and lyrical content.

For this case, emotional expression was defined as observable verbal and nonverbal behaviors that conveyed an internal emotional or affective state. Components of emotional expression within the video recordings of sessions were evaluated through observation of physical contact, verbal interaction, and eye contact among participants, use of emotion words, body language, facial expressions, behaviors such as laughing or crying, and vocalizations. This was evaluated through frequency of the interactions. It is important to note that individuals with PD often have difficulty with postural and facial expressions of emotion due to faulty neurological processes and motor issues, such as the previously discussed influence of PBA. As previously mentioned, the primary participant in this study was diagnosed with PBA. Regardless of this diagnosis, however, his emotional expression varied in a multitude of ways. The variation of emotional expression offered by participants was ultimately evaluated based on the thematic emergences for each participant as determined by the SR. The SR's long-term relationship with the participants allowed for the development of an emotional vocabulary of typical responses from the participants. Based on these observations, the SR was able to make meaning from participants' expressions despite PD and PBA diagnoses, which make this difficult.

The songs were evaluated to find common themes within the lyrics as well as any common musical elements present throughout, including but not limited to key

signature, mode, lyrics, dynamics, tempo, and style. Themes and categories were coded using Dedoose™, an online application for analyzing qualitative data. These codes reflected concepts that emerged during data analysis and served to provide a structured method for understanding the complexity of the emotional expression present among the individuals. Themes and codes were created by ruminating on the data to identify meaning and conceptualize that meaning. In conceptualizing the data, the SR assigned themed categories to represent that which was being expressed. This continued to evolve throughout the categorization of the data from beginning to end (Corbin & Strauss, 2008). Simply speaking, raw data were analyzed step by step. Individual pieces of data were assigned concepts, themes, or codes as the SR interpreted the data.

After video recordings and songs were gathered, the SR used semi-structured exit interviews with participants to further explore and gain information regarding what was derived from the previous data evaluation. This semi-structured interview process provided guidelines for the interview, though allowed a dialogue to naturally unfold in order for participants to more authentically communicate their experience with clinical songwriting. The interviews were evaluated in the same manner as the video recordings and the songs. This method of data and thematic analysis was intended to highlight and increase an understanding of the themes that emerged throughout the 13-week period of engagement (Murphy, 2016) and allowed the SR to more fully engage in the experience of the participants. The process involved observing occurrences of emotional expression and coding these occurrences in order to determine which elements of emotional expression were most prominent within sessions. As the SR

analyzed all data sources further, codes evolved and adapted depending on how they were conceptualized by the SR as more themes emerged within the data (Corbin & Strauss, 2008). This approach was intended to highlight the process of analysis that the SR went through and ultimately allowed the SR to more appropriately develop a holistic description of occurrences within music therapy (Yin, 2014). Figure 2 is an outline of the data evaluation process as it unfolded in this study.

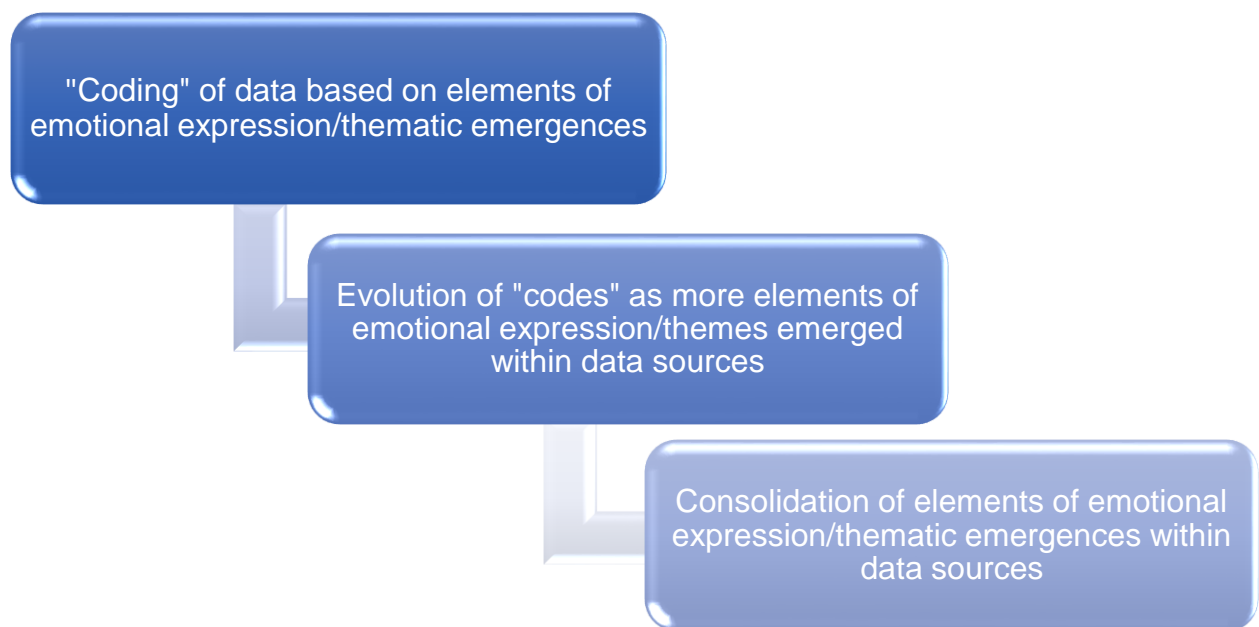


Figure 2. Data evaluation process

Sessions were recorded and stored on a password-protected iPad. All data was immediately downloaded to a secure, password-protected computer that was kept continually in the possession of the SR. All data on the iPad was immediately deleted upon its transfer to the password-protected computer. Signed consent forms and any other identifying information were kept in a locked filing cabinet in the office belonging to the Primary Researcher (PR). All participants were given a unique identifier to protect

their identity. This ensured that individuals who were not associated with this research project had no way of identifying who participated in this research study. This identifier was used on all session data including transcripts of video recordings, data coding forms, transcriptions of interviews, and completed songs. The PR and SR only viewed data collected from participants. The MTCS did not have access to data collected for research purposes. All participant data, including the videos that were stored on the password-protected computer, will be stored for three years.

Although songwriting was the primary method used in this study, the SR was prepared to offer a variety of music therapy interventions to the participants if needed, such as the recreation of pre-composed songs, improvisational singing or instrument playing, or listening to and discussing pre-composed songs. This clinical need to participate in other music therapy experiences aside from clinical songwriting did not present itself throughout data collection.

Following the collection of data, the SR used Dedoose™, a cloud-based qualitative and mixed methods data analysis and storage system, to analyze and code video data. This process involved uploading video data to the application and thoroughly reviewing it in order to code various demonstrations of emotional expression as previously described. Additionally, the SR used this application in order to make note of any significant themes or patterns that the SR intuited to have emerged outside of the established parameters of emotional expression described in this case study methodology.

Chapter 4 – Case Narrative

Overview

This case narrative will use first-person language from the perspective of the SR to describe the most salient session moments during the 13-week engagement with the participants. The MTCS will be referred to as Amanda. Participants will be referred to as such when discussed as a group. When discussed individually, the following names will be used: the primary participant with PD will be referred to as Jim, the spouse will be referred to as Susan, and the young adult child will be referred to as Michael. All names have been changed to protect the identity of the participants.

The SR will focus the case narrative on the implications of clinical music therapy songwriting as an effective medium through which to understand the participants' experiences relating to emotional expression. The process of coding all of the sessions has positioned the SR to identify the most meaningful moments within each session and these will be presented here to encapsulate participant experiences in music therapy. Below you will see that each narrative outlines the salient themes that emerged in each session, followed by a summary of the session, and, when appropriate, followed by completed participant-written songs immediately after the session narrative in which the song was determined by the SR to be most relevant.

Background Information

At the time of this study, Jim and Susan were in their 50s, and their son, Michael, was 18 years old. Jim and Susan both worked for a large state university in southwestern, VA, though immediately prior to the study, it became necessary for Jim to discontinue working and receive disability assistance due the progression of PD. Susan

still worked full-time and traveled often for her job. Jim and Susan were both involved in the practice and teaching of Tai Chi in their spare time. Jim also enjoyed playing video games with Michael whenever possible. Michael was a senior in high school involved in many extracurricular activities including track, soccer, choir, key club, and National Honor Society, among others, and he regularly played leading roles in his school's musical theater productions. Michael was applying to colleges throughout the study with the help of Jim and Susan, as he primarily aspired to attend a military academy following his graduation from high school.

Jim demonstrated mild to moderate difficulties regarding physical manifestations, primarily experiencing tremors in his arms. Prior to the study, Jim had also communicated to me that he had mild difficulty with cognitive functions such as basic short-term memory and word recall. Overall, Jim appeared to be in the second stage of the disease progress and fully capable of independent living. He could walk without assistance and independently complete ADLs and other tasks necessary to prepare for and participate in music therapy sessions. He even voluntarily helped load instruments into my vehicle following each session. This process was an important ritual for him, as it allowed him to feel like he was helping others and maintaining physical functioning and independence.

Prior to music therapy, Jim had little to no experience making music or engaging with music at the depth that occurs within music therapy sessions. He expressed that he enjoyed music, particularly rock and acoustic music from the 1960s and 70s. He had difficulty matching pitch while singing and he often stated that he could not sing, leading to a vocal style with minimal projection of his voice. Though Susan did not participate in

music-making activities, she was a dancer for many years when she was younger. She was very capable of matching pitch while singing and often helped Jim to do the same by projecting her voice more. Michael was the most musically adept as he was involved in choir, musicals, he played the guitar and the piano, and sang in his spare time.

At the start of our relationship, Jim often preferred to verbally process music therapy experiences and even general life experiences. As a music therapist in training, I, too, felt more comfortable verbally processing his experiences as well. As our relationship developed, it appeared that Jim was able to express himself through the music more often as evidenced by increased emotional content and complexity of lyrics, as well as increased understanding of the musical accompaniment structure necessary to convey lyrical themes. This may also be related to the development of my skills of facilitating expression through music. The structure of these sessions changed dramatically from the beginning to the end, as Jim, Amanda, and I gradually found our “groove” together as client, therapist, and supervisor.

Prior to this study, Jim and either Susan or Michael would travel to the university I attended in order to participate in sessions. Amanda, Jim, and I decided to begin conducting sessions in Jim’s and Susan’s home for his convenience when Jim was no longer able to work and it became difficult for Susan or Michael to find the time to drive him to sessions. I noticed that Jim appeared much more relaxed, comfortable, and confident in his home, which seemed to encourage more self-disclosure through the music therapy process.

Sessions were generally held on an individual basis with Jim, though the family was involved on multiple occasions as he expressed that this structure would likely be

the most therapeutically beneficial for him. Typically, we had individual sessions with Jim for approximately two weeks, during which we would write a new song or sometimes multiple songs. When the songs were completed, we would invite Susan and Michael to join for a session in order for Jim to share the songs he had written with his family.

Session 1

Salient themes. The work in this session centered on the importance of memory and life review within the songwriting process. Jim was able to share details of his life as he wrote his memories in song. This seemed important as he may not have otherwise been encouraged to share his memories in any other setting. Starting the songwriting process with life review laid the groundwork for creating a safe place for Jim not only to reflect on his past, but to look at his experiences of the here-and-now and to even look toward the future. Given the progressive nature of Parkinson's disease, it was important for Jim to express his concerns about the disease process, even though this process was difficult for him and he showed some resistance to confronting this emotionally challenging reality.

Life reflection. Jim had taken the initiative to draft song lyrics throughout the week and came to the session with these lyrics, which he shared with Amanda and me. The lyrics focused on his family and the memories that he had of their lives together. This appeared to be the beginning of a strong focus on the past within Jim's songs, leading to the eventual realization that encouraging focus on the here-and-now as well as the future was important for Jim.

Similar to a “song collage,” Jim based lines within his original song on lines from pre-composed songs such as “Memories” (Strange, Davis, & Presley, 1968), “Memory” (Nunn, Lloyd Weber, & Paige, 1981), and “Time in a Bottle” (Croce, 1973). He expressed that he imagined the song should sound similar to “Time in a Bottle,” and so I improvised a chord progression similar to that of the song. I began the accompaniment on piano, though given the minor mode of the chord progression of “Time in a Bottle” combined with the less percussive sound of piano compared to guitar, I sensed that the accompaniment I was offering was not particularly resonating for Jim, as indicated by his relatively flat responses when I inquired about the musical accompaniment. He often expressed a desire to write songs in a major mode with an upbeat feel to them. It was necessary to practice different accompaniment styles before the next session in order to best capture musically what it seemed that Jim was trying to communicate through his song lyrics.

Session 2

Salient themes. Jim had a straight-forward way of discussing his songwriting process. He seemed to have a tendency toward discussing the technical process of writing more so than the overall emotional experience while engaging in the songwriting process. Similarly, he often changed initial lyrics, which I perceived to be more evocative, to “lighter” content as he continued in the songwriting process. It appeared that Jim also tended to focus on the lyrics, as opposed to the music itself. He often did not recognize that when something was not “resonating” with him, it was not always a result of the lyrics, but rather the music. Jim’s resistance to considering the present and the future presented itself yet again within this session.

The importance of the music. Jim edited his lyrics from the previous session on his own. When Jim talked of his updated lyrics, he discussed his process of writing in a very concise, “matter-of-fact” manner by describing his attempts at making the song more “melodic” and to ultimately “make more sense.” Based on my observation of Jim’s lyric-writing process, I intuited that he likely wanted the song to sound more rhythmic and poetic, possibly like a folk song that was catchy in nature. Jim typically just altered his word choice rather than changing the meaning or content. When he did make the rare change to meaning or content, I encouraged him to keep exploring. His typical method of exploration was quite technical, and he would often change deeper, more intense content to something lighter and happier. When prompted to explore these changes, he described a hypothetical scenario of the death of a loved one and how one might experience sadness given this situation, but likely, people will also reflect on the happy and fun memories they shared with that person as well.

Jim verified that the accompaniment from the previous week was not particularly resonating for him. As he discussed this, however, he tended to default to editing lyrics when something within the song was not quite resonating for him. In these instances, it was necessary to adapt the musical accompaniment in order to help Jim recognize that the music itself was playing an important part in the overall experience of the song. After some practice and playing different accompaniments, he decided which accompaniment style suited his song.

There were some elements of humor within certain lines of this song, such as referencing “endless days of bottles and diapers” after his son, Michael, was born. Therefore, some similarly humorous elements were incorporated into the

accompaniment at the points when the humor was apparent in the lyrics. Jim seemed to appreciate this, indicating a slight understanding of the influence that the music itself can have in heightening the experience of the lyrics. In other parts of the song, the accompaniment involved short periods within the music in which the chords stayed within a minor feel, particularly when lyrical lines included more poignant memories. One such memory was that Michael did not breathe immediately after he was born. Jim did not outwardly indicate that he recognized this connection between the music and lyrics, and I wonder if he may have recognized it on a more subconscious level.

As we continued adapting the lyrics and music to fit with one another, we spent a significant amount of time on the end of the song, as it did not seem to “click” with Jim initially. He again focused on editing the lyrics, though it seemed as though it was the musical accompaniment that was not working. As I offered various musical endings, he ultimately decided that the ending should not sound too “completed,” and should have a musical hint of “continuation” with a decrescendo and ritardando to the final arpeggiated chord. The intricate details of this musical suggestion seemed important, even a focus on ending the song on the third of the tonic chord instead of the tonic note itself so as not to sound too final. This long process to establish the ending seemed to indirectly help Jim recognize the relationship between the music and the lyrics, as he previously identified with the lyrics as most integral to the songwriting process. It is possible that Jim’s musical understanding and repertoire of musical ideas were expanding due to our work on the accompaniment, which was something that he could not do on his own throughout the week.

Jim adapted the concept from “Time in a Bottle” (Croce, 1973) to saving memories in a bottle. Because of this, the accompaniment was based on the Jim Croce song, though played on piano and in G major instead of the original minor key. The waltz-like $\frac{3}{4}$ time signature was maintained throughout. This song included some chord variations, including minor chords in order to keep up with the complexity of Jim’s lyrics as well as to include “darker” musical elements with some of his “darker” lyrical themes that were beginning to emerge. The song primarily involved reminiscence of his memories with Susan and Michael, including some interplay of humorous and serious lyrical elements. This contrast was captured musically by holding minor chords on serious lyrical parts and moving to a more playful and major feel for humorous lyrics.

Jim finished and titled the song, “Memories,” He then reminisced further about his life and memories with his family. He explored his feelings surrounding the sharing of this new song with his family and expressed that it would be fun and happy. He also reflected that the previous song he shared with his family was difficult due to its evocative nature. At this time, the difficulty that Jim likely experienced in regard to sharing his emotional experience with his family, particularly difficult emotions such as sadness or frustration became apparent. I then encouraged Jim to reflect on his intense focus on memories from the past, which he responded by claiming that “one cannot think of the future, so one must think of the past.”

Memories

Verse 1

G C/G

If I could save memories in a bottle

(simile)

I would fill it with time spent with you

I would start with the time I made toast with butter

for that is when I wanted to spend my life with you

Bridge

C D em G

Do you remember the day you said let me think about it?

(simile)

It was the longest time of my life.

C D G em (hold)

And do you remember saying I do

C D G

and hearing the thunder?

Chorus

am D G em

Memories can make you happy and sad

Am D

But most of all memories make life fun

(simile)

Verse 2

Memories sweeten thru the ages like wine

Like the day we learned our child was a boy

Or the day Michael was born and refused to breath

I WILL NEVER forget the look on a mother's face

Bridge

Filled with fear and so much love
Followed by endless days of bottles and diapers

Chorus

Verse 3

Memories all alone in the moonlight
Memories of Michael's first day of school
Or when he scored a goal or got a hit
But most of all the memories of how Michael has grown
Memories, a little heaven on earth
C D G (repeat) (rit) (dim) (roll final chord, end on 'mi')
Memories, memories, memories

Session 3

Salient themes. As this was the first family session of the study, it highlighted the dynamics and roles emerging within the family. There was a very lighthearted playfulness between Jim and Michael. Susan was minimally playful with Jim and Michael but seemed very invested in exploring and understanding Jim's experience of the songwriting process. It started to become apparent that the family needed some balance between in-depth discussions directed by Susan and the more playful interactions between Jim and Michael. Jim continued to withhold his emotional experiences in spite of being challenged by Susan to discuss his feelings.

Finding balance. The participants began the session by chatting and settling in to hear Jim's newest song. Susan seemed to prefer structure and boundaries as opposed to more spontaneous music experiences, so she expressed that she would not sing due to unfamiliarity with the song. Michael appeared more uninhibited, however, and chose to sing along regardless of unfamiliarity with the song. Susan and Michael appeared to enjoy the song, particularly parts that included their individual memories with Jim.

After the song was over, Jim and Susan debated the balance between lighthearted humor and emotional depth within the song. Jim expressed that it was funny overall, though Susan disagreed. Jim often seemed to express evocative concepts within his songs, though made light of them through humor. Susan would often challenge him on this and encourage focus on the most meaningful concepts instead. It appeared to be a challenge for Jim to acknowledge the emotional impact of his songs. His conscious mind seemed to be expressing a desire for lighthearted and

humorous material, though more evocative and sometimes “darker” material was nearly always included in his song lyrics. This resistance seemed significant, given that deeper emotional content was still there and making its way into his songs. It was important to encourage him to focus on this potent emotional content a bit more and to elevate its significance within the process.

Susan reflected on her recollection of their memories, again demonstrating a more serious nature. After she discussed her memories for quite a while, I encouraged Jim to explore his experience of songwriting. Though he reflected on the process in his typically technical and systematic manner, he did refer to the concept of original songwriting as opposed to song augmentation as more “free.” He discussed his enjoyment of reminiscing about memories and described his reluctance to create a song that did not have a happy feel to it.

Michael had been unusually quiet, so I asked him his thoughts about the song. Initially, he agreed with Jim that the entire song was humorous. Though he appeared to contradict the idea by stating that there was a “bittersweet” feel to the song. Michael identified that the chords were the primary reason for this bittersweet feel. Jim and Michael then engaged in a dialogue about the song and meanings within it, and the energy in the room became slightly more intense. Michael and Susan then reflected on their memories and discussed some that they might have added to Jim’s song.

Susan complimented Jim as a partner and parent, which was not something I had heard before. The value of the songwriting process was apparent in this moment, as it allowed them to share with one another meaningful things that they likely would not have done otherwise. Michael then helped to bring back the lighthearted energy by

reflecting on some humorous memories that he had with Jim. As we came to the end, Jim discussed with Michael that the next song would be written by both of them together. It seemed important for them to interact with one another in a way that they had never done before by writing a song together and reflecting on their relationship with one another. They discussed ideas for the song and ultimately decided to let the process naturally unfold throughout the week.

Jim requested that we end the session by singing “What a Wonderful World,” and afterward I gave Michael the lead sheet for “Memories,” with the hope that he might play and sing it with Jim at some point in the future. It appeared to be significant for their family to engage in musical experiences with one another outside of our sessions, as these experiences seemed to encourage interaction and self-disclosure on a deeper level than their everyday engagement with one another.

Session 4

Salient themes. Though it had presented itself before, Jim seemed especially resistant to delving into evocative emotional content within this session, particularly in regard to Michael. Jim seemed to demonstrate resistance to exploring his relationship with Michael through songwriting. Additionally, there was an apparent incongruence between the lyrics and the style of the music Jim created for this session. Although I was unsure of the possible meanings behind this incongruence, it seemed important to note and encourage Jim to explore regardless. Jim also tended to minimize ideas that were not necessarily “happy,” however, during this session he showed less of a tendency to minimize his emotional expression.

Musical incongruence and minimization. At the beginning of the session, Jim presented lyrics to a song that he and Michael had written together. They composed new lyrics to the song “Chasing Cars” (Lightbody et al., 2006) that they titled “Come to Us.” The lyrics were about a video game that Jim and Michael played together. There was an apparent incongruence between this song topic and the somewhat heavy and emotionally evocative nature of the song “Chasing Cars.” Jim discussed his and Michael’s experience of gaming together and the adaptations they needed to make as Jim’s PD had progressed. This was likely difficult for Jim, though it seemed that Michael accepted these changes and was willing to accommodate Jim’s abilities and needs. As he explored further, Jim expressed that it was “aggravating” to be unable to play certain games with Michael because of the physical manifestations of the disease. He brushed this off, stating, “You can get depressed about it but there is no use in it. You might as well do the best you can.” I encouraged him to express these emotions regardless, as they seemed important.

Having written original songs prior to this, I was surprised that he chose to do a song augmentation rather than write an original song. The incongruence of the video game theme and the intensely emotional song it was based on seemed important. As Jim and Michael were encouraged to write a song together, and given the prompt to focus the song on their relationship with one another, it seemed that this song did not really address the given referent, which may have been evidence of resistance on Jim’s part to writing a more evocative song with or about Michael. However, the metaphor within the song should be noted, as it was seemingly representative of the fight Jim was

going through with his disease process and the powerful bond that he and Michael shared as they waged the war together.

This song was in the same key as the original, E major, and was not as rhythmically driven as the previous songs. It seemed that perhaps this was part of the reason that Jim and Michael expressed that the song did not “work.” It ended up being a long song without any build or musical climax throughout. This song presented almost as unique sublanguage that only Jim and Michael spoke, creating a unique bond between them. The process of writing the song itself allowed Jim and Michael to engage with one another in a way in which they never had before. They bonded over playing video games and then writing a song together, leading Jim to reflect on the progression of PD in relation to playing video games and ultimately to the way it was impacting his ability to engage with Michael. Jim was able to identify that the video games would be a way for him and Michael to continue their relationship after Michael permanently left home.

Jim expressed an increased understanding of the musical process as he helped me become oriented to the song in order to play it. After we had played through the song, Jim felt that it was completed, though we still had a significant amount of time left in the session. For the next song, I asked Jim to write a song by himself that was specifically intended for Michael. He seemed to demonstrate some resistance to this by stating a variety of reasons that writing a song would be difficult and indicating that he would only “try,” though we discussed some ideas that he might incorporate based on the many things Jim had told me about Michael within our sessions.

Come to Us

(To the tune of "Chasing Cars" by Snow Patrol)

Verse 1

If we do it all
Play
Every level
Then we'll need help
Battling
For wins

Chorus

Mystical Scrolls
Or Legendary
Will you just give us one more Nat 5?

Verse 2

We play our best
With our friends
In the rift
Three headed
Dragons
They're really tough

Chorus

Verse 3

Forget what we've learned
Before we were 40s
Fighting in the arena just to stay alive
Join a guild

Make new friends
Hope they can keep up

Chorus

Verse 4

Forget what we've learned
Before we were 40s
Fighting in the arena just to stay alive
All of our friends
Through all the battle
They are still with us 'til the bloody end
We don't know when
We don't know how
We just know COM2US will change the game

Chorus

Session 5

Salient themes. Jim's resistance to writing a song about Michael was even more significant in this session and the importance of challenging Jim in this regard emerged more strongly. It seemed significant for him to use the songwriting medium through which to communicate ideas that he had difficulty communicating verbally. The incongruence of the song "Come to Us" was even more recognizable as Jim and Michael played through the song together without it "locking in" rhythmically or melodically. The importance of encouraging musical and ultimately general independence as we progressed toward termination also presented itself.

Resistance. Jim was given minimal instruction in the previous week in the hope of providing him with more freedom for the songwriting experience to create a space for continued emotional expression. At the start of the session, he immediately expressed that he could not write a song regarding how he felt about Michael because it was too difficult and he would not be able to sing it without becoming emotional. Despite this, he had chosen pre-composed songs on which he might base a new song about Michael, though he continued to make claims such as, "There is no use writing a song you cannot sing." In reviewing the video of the session, I recognized that I should have encouraged Jim to explore the potential therapeutic benefit of and possible "uses" of writing a song that he could not sing, though I did not do this. Jim went on to claim that writing the song would only be necessary if he did not already express to Michael how he felt about him. He continued to claim various reasons that he would be unable to write a song for Michael, all appearing as resistance to the concept and a mild fear of expressing such potent feelings to Michael so directly.

In claiming that he would rather write a joyful song, he may have been suggesting that any intense expression of emotion was inherently negative or harmful, given his consistent preference to write happy songs with minimal emotional content. Regardless of this desire, however, emotional content continued to consistently come out in most of his songs. In order to shift the perspective of this discussion, Jim was encouraged to reflect on how Michael might experience a song that Jim had written for him. Though he indicated that Michael would likely respond positively to it, he continued to resist the idea due to his own apparent discomfort.

With some encouragement, Jim accepted a challenge to walk down the difficult path of expressing his deeply held emotions for his son. Jim chose to write new lyrics to the song “Sunshine on my Shoulders” (Denver et al., 1973). I accessed the chords via my laptop and began to play, providing supportive background accompaniment for Jim as he wrote. For a while, he wrote the lyrics without any verbal interaction with me. At one point, he stopped writing and changed the subject to the previous week’s song, “Come to Us.” This discussion eventually progressed to the discussion of termination. Because he mentioned it, I lightly mentioned that he could take some time to consider how he believed it would be best appropriate to end our sessions. He responded nonchalantly that we should say “wee” and “goodbye.” “Wee” was significant due to his frequent exclamation of it in a variety of contexts within music therapy sessions.

Michael arrived for the second half of the session in order to play through the song that he and Jim had written together in the prior weeks. Michael was encouraged to play the guitar accompaniment, though he joked that he would mess up. This emphasized the importance of conveying that this was not about the performance as

much as it was about the shared experience of making music together. On the first run-through, Jim and Michael played and sang their song together without my involvement. It seemed as though they may have subconsciously recognized the incongruence of the music and the lyrics, as the song never seemed to find a groove and Jim indicated that the song did not necessarily “work.” I played with them for another run-through, though I continually tried to minimize my contribution in order to gradually encourage their musical independence from me, symbolizing a generalized growth in independence outside of music experiences.

Session 6

Salient themes. Jim wrote his feelings toward Michael in what was an extremely evocative song. This was incredibly significant, given his strong resistance in previous sessions. At this point, there was an apparent change from writing completely original songs to again writing song augmentations. It appeared that perhaps this involved seeking comfort and familiarity within the songwriting process in order to more easily address difficult emotional experiences as he wrote the song for Michael. Jim was clearly moved by the musical experience of the song when he heard it played and sung live within the session. Additionally, his resistance to focusing his songwriting in the here-and-now became more apparent and so he was encouraged to spend more time focusing on the present.

Moving past resistance through songwriting. As the session began, we chatted in our typical manner. Jim often seemed to discuss his background in a rather matter-of-fact way, but when telling me of Michael’s life, there was a sense of pride that he expressed. He spoke far more of Michael’s extracurricular activities and

accomplishments than he did of his own, making his love for his son incredibly apparent.

Jim shared his song lyrics, indicating that they were specifically about his feelings toward Michael as opposed to things that Michael had done throughout his life. This was extremely significant, given his strong resistance in the previous sessions. He titled the song “My Son.” As we discussed the lyrics, Jim reflected on some of his memories of Michael growing up, as well as the general kind of person that Michael had become and the relationship that he and Jim had developed. Jim again commented that he could not sing the song. He discussed his songwriting process in his usually technical manner, however, he allowed some emotional content to seep in and shared this with me.

The apparent change in regard to the songwriting process was then explored. He had previously mentioned that he enjoyed writing entirely original songs as there was more creative freedom involved, yet he resorted to writing new lyrics to pre-composed songs once again. Perhaps this was due to the emotional content that Jim was being asked to explore in regard to his relationship with and feelings about Michael. It may have been possible that the creative freedom that entirely original songwriting called for was overwhelming in this instance. Perhaps Jim sought comfort in familiar music in order to sidestep some of the raw emotion that was being elicited through the process of writing a song about his son, indicating that this change was an adaptive method of coping with difficult emotional content.

I played the song with a finger-picking style on the guitar in the key of D major, like the original. The music was slow and ballad-like and had a more soothing and less

driving nature than many of his previous songs. Though still in a major key, there were more serious elements, as well as minor chords mixed in the song. The main theme to be noted was Jim's intense love for his son and the pride he felt. There was a bittersweet quality to the lyrical content, which was represented by happy memories but also sadness in looking ahead toward Michael leaving home.

Jim's emotional expression emerged within the lyrical content of this song, representing a significant progression of his emotional processes. Jim had intensely resisted writing the song for Michael, though he met the challenge and his connectedness to his son came through in this song. Perhaps writing it to a pre-composed song allowed for some comfort and familiarity as Jim explored his ability to overtly express these feelings toward Michael. It is likely that the song augmentation technique was less daunting as he explored this emotional material that was clearly difficult for Jim to confront.

As I prepared to play the song, Jim again communicated that he could not sing the song. He claimed that this was primarily due to his PD as he could no longer control his emotions. This appeared to be difficult for Jim, as he seemed to be a relatively guarded person, particularly in regard to his emotions, and his PD and PBA diagnoses were adding the additional challenge of giving him less control over his emotional expression. However, it may be important to consider that this may have been another form of resistance. Jim very well may have had difficulty controlling his emotions, but perhaps not as little control as he believed or outwardly claimed to have. It was possible that claiming the disease as the reason why he did not want to sing the song was the easiest way to protect himself against the raw nature of the emotions that he was

expressing. Overall, however, it appeared that Jim was trying to be emotionally available, though did not know how to do so in a way that felt safe. It seemed that Jim was trying to create safety for himself within this session, given the challenge of getting in touch with his emotions.

As I began to play and sing his song, there was an almost immediate shift in the energy within the room. Discussing the song did not evoke the same emotional impact as actually playing the song. Jim began to well up with tears after the first few lines. Eventually, he got up to get a tissue, and I continued to play and sing the song in order to maintain the aesthetic and emotional moment. After the song ended, he wiped his eyes and laughed in an apparent display of PBA. The potency of the music itself was notable, as it seemingly heightened the emotional experience of his lyrics, providing a space for his emotional release.

Jim expressed that he did not intend to write a song that would make anyone cry, feel depressed, or emotional, but that anything he would write about Michael would inherently be emotional. We explored his understanding of tears and his comfort with them depending on their origins from an emotional state of depression or joy. He explained that his current tears were “happy tears,” but overall, he did not want to make people cry and instead wanted “everybody to be happy.” The sadness seemed to stem from Michael growing up and inevitably leaving home, and the overall impact of the disease process on his relationship with his son.

I encouraged Jim to explore the issue from another angle, particularly how he thought Michael would react to the song. His voice cracked as he said, “I hope it makes him happy.” It was incredibly important in this moment to be present and hold the space

for Jim in order for him to express what needed to be expressed. Jim explained the impact of sharing his feelings with Michael through a song versus telling him verbally, as a song was more meaningful and “pulled at your heartstrings” by “adding more feeling and sentiment” to the ideas being expressed. He shared that going out of his way to write a song for Michael brought more of a focus than stating it, and ultimately, it created a more emotional and meaningful impact.

Jim again explored his difficulty in expressing these emotions and I reassured him that our sessions were a safe space for him to express any emotions he experienced, thereby validating that his emotions were normal and important. After this, Jim decided that the song was finished and we discussed the next song to be written. It seemed to be the right time to begin subtly encouraging Jim to focus his songwriting on his present experience or the possible future. He verbally expressed some resistance, though explored some of his recent frustrations relating to leaving his job and going on disability. He was encouraged to write a song relevant to these grievances, but he declined as he believed it would “not be a happy song.” He suggested other possible song ideas that all centered on his past and memories. He was then encouraged to consider a song theme throughout the week and to attempt to stay present in the moment.

My Son

(To the tune of "Sunshine on my Shoulders" by John Denver)

Chorus

Watching you grow up makes me happy
Watching you go to college will make me cry
Watching you hug your mother is so lovely
Watching you always makes me smile

Verse 1

Do you remember the day that you first smiled at me?
Do you remember the first day you walked to school with mom?
Do you remember playing in Miss Susie's cabinets?
Do you know that we are always proud of you?

Chorus

Verse 2

Do you remember catching your first fish with me?
Or trying to teach me how to rollerblade?
Do you know that we will always be there for you?
Do you know that we will always love you?

Chorus

Session 7

Salient themes. Jim was beginning to open up through his songs and explore more difficult emotional content. He also began to demonstrate a sense of empowerment within the music therapy process, as indicated by him challenging me to find more musical resonance through the chord progressions I brought to the session. It was in this session that he wrote a song about the possible future, not the immediate future, but rather the afterlife. This seemed significant as Jim's immediate future offered far more issues due to his PD progression than the possibility of a utopic afterlife. This week's song was different in that it was saturated with metaphor and what seemed to be presentations of Jim's truest inner self.

Expressing authenticity through lyrical metaphor. Jim had written a new and entirely original song through the week that he titled, "What Could I Be?". The lyrics were seemingly uncharacteristic of Jim's typical lyrical style and included imagery and metaphors about the future. However, it was not a focus on the immediate future, but rather it referenced the afterlife and the possibility of reincarnation as various things. His move to focus on the future was new and also indicative of a turning point in his thinking. After we reviewed the lyrics, Jim demonstrated his increased comfort in the music therapy process as he jokingly challenged me to create original musical accompaniment for his lyrics.

This song was in the key of G major. The accompaniment created for this song seemed to resonate the most for Jim out of any of the songs within this study, as indicated by a more enthused response to the accompaniment. With a driving, percussive guitar accompaniment, this song had a very uplifting feel similar to the

uplifting lyrical content of looking ahead to the blissful afterlife. Jim also offered another musical suggestion during this process, as the singing of the lyrics “I like that” was not resonating for him. We then spent a significant amount of time figuring out how to musically present this idea, and ultimately decided to speak it in order to emphasize it within the accompaniment.

Given the complex nature of this song and his choice of metaphor, the accompaniment involved non-traditional and non-triadic chords including D/F#sus, E6, and C9 in order to convey a similar complexity and symbolism in the musical accompaniment. Jim also expressed that he wanted a more driving and percussive accompaniment, which seemed to be best captured through the use of the guitar. The significant themes involved euphemisms for his role as a silent protector and provider such as “the wind that pushes a ship on the ocean,” a tree to “provide shade and shelter to all who pass by,” or a party balloon to “make everyone smile.” Equally significant was his emphasis on the afterlife as opposed to the immediate future, given that his immediate future involved all of the difficult experiences associated with the progression of PD.

He reflected on the song lyrics, and despite their emphasis on the future, he was encouraged to relate them to his present experience. Though he denied this connection at first, he eventually realized that he wrote about things that made him happy in his everyday life. In reading these lyrics, it became apparent that at his core, he needed to make others happy. He had an intense desire to be a provider and a caretaker, something that was being taken away. He needed to provide shelter and joy to those he loved. The discussion of the lyrics moved these ideas from his subconscious

understanding into the here-and-now of the session, allowing him to more fully focus on the potential losses that would occur as a result of PD.

We then delved into the musical accompaniment, which conveyed the typical happy nature that he desired in his songs. This musical choice to stay in a major modality seemed necessary, as if it was providing a break from some of the more intense emotions that were explored while songwriting about his son. It was important to include at least one minor chord in the progression of the accompaniment, however, as there were darker undertones in nearly all of his songs. In this song, he wrote of death and the afterlife and his hopes to gain back the thing he had lost after he died. After establishing the musical elements that he wanted within the song, I began to improvise a melody on top of the chord progression. At this point, the music began to flow more freely and settled into a groove. Thus far in our relationship, Jim had not expressed great enthusiasm for the musical accompaniments that I offered, however, he seemed more enthused than usual about this accompaniment. It seemed that we had finally found a musical accompaniment that really resonated for him and captured the spirit of his lyrical offering. We continued adapting the lyrics and the music in order to make it resonate as much as possible for Jim. When the song was finished, he expressed that this song just seemed to “click,” and Jim agreed to share it with Susan and Michael in the next family session.

What Could I Be?

Chorus

G

D/F#sus

When I am finished with this body

E6

C9

And I go to the afterlife

(simile)

Maybe I will be given a chance

To come back again

Verse 1

I could come back as the ever-blowing wind

I would be the wind that pushes a ship on the ocean

Or the wind of a mighty storm

I could be the gentle breeze on a cool summer's night

Chorus

Verse 2

I could come back as tree

I would be a strong oak with huge limbs

I could provide shade and shelter to all who passed by

I would provide oxygen for everyone

Chorus

Verse 3

I could come back as a balloon

Maybe a weather balloon to warn people of the storms

Or a hot air balloon giving people rides

I could be a party balloon and make everyone smile

Bridge

(spoken) (sung)

I like that, I'll be a party balloon
How about you? What would you be?

Chorus

Session 8

Salient themes. This session was the first in which the relationship dynamics between Jim and Susan emerged. This was their first session without Michael, which may have impacted the way they related to each other. They seemed to have strong individual identities though ultimately came together in a partnership. Susan demonstrated support for Jim as he wrote lyrics, highlighting her generally supportive and encouraging personality. This was the first session in which he wrote lyrics in the session, giving me an opportunity to observe this process. This allowed me to take a supportive role while still providing a space for the interpersonal dynamics between Susan and Jim to naturally unfold within the songwriting process. Ultimately, this session helped Jim and Susan recognize the value of the process more than the value of just the product.

Exploring marriage dynamics. This session was intended to be a family session, though Jim claimed at the start that Michael would be unable to make it. As Jim typically kept me informed of goings-on throughout the week that would impact our session, this last-minute notification appeared to be continued resistance, given Jim's reluctance to write a song for Michael and strong protests that he could not sing the song. It is possible that he was hoping, at least on some level, that we would continue with the plan to play the song for Michael so that he may not have had to share his song with Michael, only Susan. It may have been a simple oversight on Jim's part not to inform me prior to the session, but it is important to consider the possibility of resistance regardless. As Michael would not be present, Jim shared that he had come up with a "play on words" and decided to title a new song, "The Meaning of We(e)," given the

significance of “wee” within our sessions. Since Susan and Jim were both present, they were encouraged to write the song together, as they had never done before. As soon as this was suggested, Susan moved closer to Jim with much more open body language. This seemed to symbolize a literal and metaphorical closeness within their relationship.

Jim explored how the song theme related to the prompt from the previous week that he might consider a theme that was relevant to the here-and-now for him. He then seemed to put this theme aside as he and Susan began to debate the play on words in the title and whether it was referencing “wee” or “we.” The songwriting process evolved into a lyrical theme of unity, as they each wrote about how they defined the concept of “we.” They chose to write individual verses within a whole song, seemingly representing their dynamics as individuals on different journeys in life coming together within a larger family unit.

Although it was wonderful that Jim was so dedicated and committed to the music therapy process and writing songs when prompted, given his people-pleasing nature, it meant that he typically came to sessions with songs fairly well-prepared, only needing refinement and musical accompaniment added. In this instance, however, the session unfolded and he composed lyrics in the moment, illuminating his process of creating the lyrics. He appeared mildly uncomfortable that he was not prepared to share the theme or lyrics that he had considered. At this point, it seemed important to help him to become less product-oriented and more process-oriented, and to recognize that the value was in the process of writing, creating, and sharing with his family more so than it was in the finished song itself.

We quickly created a suitable accompaniment on piano for the theme Jim suggested. The accompaniment gravitated toward a major mode but included a minor chord as well as a suspension in order to include some darker undertones and tension as often emerged in his songs. Jim indicated that this accompaniment was the right “tone” in that it was not “jolly” but also not “sorrowful.” This seemed like a big step for Jim, as he so often expressed that he wanted to create songs that conveyed happiness and joy. Similarly, Susan expressed that the accompaniment was “pretty, emotional, and meaningful, as opposed to celebratory.” I then began to improvise a melody softly over the top of the piano accompaniment and Jim began writing without hesitation, again demonstrating an increasing level of comfort in the process of songwriting and music therapy. I continued to provide musical support as a background to Jim and Susan as they discussed ideas and wrote lyrics together. This appeared to foster their engagement and continued independence from me as the director of the process.

As Jim wrote, Susan reflected on Jim’s improvement in regard to songwriting. She communicated that it previously took him a very long time to come up with lyrics and write them down. This was probably a result of a variety of factors such as the fine motor skills necessary to type and the verbal memory and word recall with which Jim often had difficulty. In spite of the physical and cognitive issues that made it difficult for him to write lyrics, he appeared to be more empowered as a lyricist and was showing an increase in comfort when engaging in music experiences. After this discussion, Susan and Jim engaged in a dialogue regarding the concept of “we” on both a small scale referring only to their family unit, as well as on a large scale referring to the entire world. The depth of this conversation seemed to be an important interaction between them,

and may have provided a space for a conversation that may not have occurred without engagement in the songwriting process.

Jim and Susan seemed to disagree on their definitions of “we,” as Susan was focused on the family unit and Jim was focused on the large-scale definition. It felt important to again encourage reflections relevant to the here-and-now, and so Jim was encouraged to reflect on “we” as it was true to him in that moment. He expressed that Susan’s meaning of “we,” referring to their family, was most important for him in that moment. This focus on the here-and-now helped Jim to center on himself and his experience in the present. He then reflected that “we” could be referring to their family as well as Amanda and me, in addition to their family. This felt important, as it was the first time that Jim had recognized all of us as part of a group as opposed to an “us and them” dynamic. Given his lyrical line that “we” meant working toward a common cause, it seemed that he was truly beginning to understand the therapeutic relationship that had blossomed through our teamwork, and the growth that was occurring for all involved.

Jim and Susan then engaged in a long discussion of their evolving relationship, particularly given Jim’s disease progression. After this, Susan wrote her own lyrics, which she had never done before. I again began to play the accompaniment to support her lyric-writing process. Jim’s role in this part of the session was to positively affirm Susan’s lyrics when they were finished. He then suggested that they would have Michael write the final verse. More discussion of the final version of the song ensued and it became increasingly apparent that Susan and Jim considered our sessions a little

differently than they had originally, particularly in regard to reflecting on and valuing the process of songwriting in the same way that they had been valuing the product.

Session 9

Salient themes. This session brought the emergence of the first emotionally heavy songwriting experience. For the first time, Jim allowed his emotional experience to fully emerge and he was able to channel this into a therapeutic songwriting experience. Jim took ambiguous emotional concepts, such as the daunting nature of his and his wife's immediate future, and focused them into a more tangible and graspable medium (i.e. a song) in order to more easily acknowledge and work through them.

Channeling the heart-breaking truth of Parkinson's disease through song.

At the start of this session, Jim seemed to be in a different mood than usual and it felt as if something was not quite right. He did not want to engage in verbal processing at that moment, so we delved straight into "The Meaning of We(e)." As I played and he wrote, the energy in the room shifted as Jim seemed to withdraw within himself even more. After a while, he shared some of the lyrics he had written with a much darker tone to them than usual. As we explored the new lyrics, he began to express some recent emotional difficulties he was experiencing, primarily relating to his future with PD and disability leave.

Jim had made progress toward acknowledging the reality of his present situation, but he still preferred to focus mostly on the past or the idyllic future he created in his songs. The discussion of Jim's recent difficulties evidenced an opening up and an honest expression of not only his present and future experiences, but also the intensely

difficult emotional aspects of living with Parkinson's disease, a topic of which he often made light.

In that moment, I encouraged Jim to set aside "The Meaning of We(e)" in order to write about the issues that he was currently experiencing. For the first time, an improvisational accompaniment ensued that centered in a minor mode and I played this in the background while supporting Jim's lyric-writing process. I felt that a minor modal accompaniment was most appropriate in this moment. Jim did not outwardly reject this as he typically did when my accompaniment offerings were not resonating for him, indicating his acceptance of this minor accompaniment. When Jim initially shared his struggles with me, he expressed himself quite freely and authentically. However, when prompted to write a song about these struggles, Jim seemed to revert to writing about the past and his memories in his usual technical and systematic manner. This indicated to me that the approach needed to be adapted in order to encourage him yet again to be in the moment as he was when he initially shared his grievances.

The experience evolved into Jim expressing his struggles verbally while I wrote them exactly as he stated them to help him move away from a technical way of writing songs in order to be in the moment with his emotions. He seemed uncomfortable with this method given his desire for a very rhythmic and poetic song, but he was reassured that the song was just as it needed to be in that moment. Jim titled the song "Me Before, Now, and Tomorrow," and he expressed that he did not want to share the song with his family. Due to this request, I have not shared the lyrics to this song out of respect for his privacy.

After he had finished, I read his lyrics back to him exactly as he had said them. As I read, Jim became emotional and welled up with tears. I reflected to Jim the importance of not only the realizations within his song, but expressing them outwardly. After a significant amount of discussion, I improvised an accompaniment, again in a minor mode, while improvising a vocal melody on top using the lyrics Jim had written. The energy shifted almost immediately as Jim's first sad song came to life. He appeared to tear up again as he changed his body posture to a more closed position. This change in posture may have been an attempt to feel safer with the vulnerability he was experiencing. As the song progressed to the final lyrical lines, which centered on the bliss of the afterlife, the accompaniment modulated to a more hopeful, major sound. At this point, Jim's posture opened again. The music came to a close and Jim immediately said, "It was good," as his voice broke. We sat in silence for about half a minute and Jim laughed as a result of his PBA.

Although "The Meaning of We(e)" was started prior to this song, it was set aside in order to address Jim's needs within the moment. This song involved total musical improvisation centered in the key of B minor, the only song that remained in a minor mode nearly throughout. As the last few lines of lyrical content centered on hope and "looking up," it was necessary that the musical accompaniment modulate slightly in order to end the song in the key of G major. Through this song, Jim outlined his issues with PD and recognized the bleak outlook of the immediate future. This identification of his struggles was very poignant and was the most authentic expression of his in-the-moment experiences with PD.

This marked a turning point in Jim's ability to be present with his current reality. He was finally able to share his issues in the context of the therapeutic relationship and create a song that addressed his struggles. The songwriting process seemed to allow for more authentic lyrical content. Using a technique of in-the-moment musical adaptation, I was able to help Jim to get out of his own head and speak the truth of his emotional experience, stepping outside of his typical analytical and cognitive style of songwriting into a far more emotionally driven process.

I reflected to Jim that the lyrics were powerful and encouraged him to explore whether it was necessary or important for Susan and Michael to hear the song. He demonstrated extreme resistance to sharing despite a significant amount of verbal exploration of the concept of sharing, making it evident that Jim was not ready for this intense display of vulnerability yet. The session ended by ensuring that Jim experienced closure and would be able to go about the rest of his day. It was important not to leave Jim in such a raw emotional space and we gradually transitioned to the end of the session.

Session 10

Salient themes. This session was marked by the strength of their family dynamics, their ability to engage with one another in meaningful discussions, and the importance of their collective interactions. This was the first session in which physical touch was a prominent component, as Michael hugged Jim for a significant amount of time following the song that Jim had written for Michael. Additionally, the successes of Jim's prior songwriting experiences allowed him to become more and more empowered in his own process to the point of once again challenging me within this session and

overtly stating his own needs for the final few sessions. Overall, there was a depth of communication and interaction within this session as a result of the meaningful songs Jim had been writing.

Discovering meaningfulness and empowerment. The family session involved sharing all of the songs that had been written across the past six sessions. It began with Jim and Michael sharing “Come to Us” with Susan and then discussing it as a family. After minor discussion, we moved on to share “What Could I Be?” At the end of the song, Jim, Susan, and Michael engaged in vocal improvisation together for the first time, appearing to find confidence in the music therapy process and their individual and collective roles in that process. When the song was over, Susan and Michael offered positive affirmations to Jim and they reflected on the song and its meanings. They noted the significance of the metaphors within the song and how indicative they were of Jim’s position as a protector and a provider for the family. It seemed as though Jim was moderately uncomfortable with receiving as much attention as he was, particularly positive and reaffirming attention.

Jim explored his experience regarding the positive affirmations that Susan and Michael were stating, and they engaged in discussion with one another regarding Jim’s desire to be the silent helper always remaining behind the scenes. Susan and Michael continued reflecting on their many positive perceptions of Jim. Susan then asked Jim as to his intentions behind the song. He stated that he did not have any intentions, with which Susan and Michael immediately disagreed. It seemed especially important to have all three of them present for sessions, particularly when discussing Jim’s songs, as Susan and Michael often challenged him on his resistance in far more overt ways than I

did. Additionally, it allowed for their natural family dynamics to emerge in whatever way was therapeutically necessary with minimal intervention from me in order to foster empowerment within their existing family dynamics.

We then transitioned to the final song to share within this session, “My Son.” For the first time, Jim did not provide Susan and Michael with lyrics but encouraged them just to listen. This seemed important, given that he typically focused on the lyrics in a seemingly visual way. At this moment, he stepped away from his typical process and encouraged a focus on listening to the lyrics. As we played and sang the song for Michael, Jim demonstrated relatively significant PBA, though Michael demonstrated maturity beyond his years as he recognized this as PBA and gave consoling and reaffirming touches to Jim throughout the song.

When the song ended, Michael wrapped his arms around Jim and hugged him while resting his head on Jim’s shoulder for half a minute. They then engaged in some of their typical playful interactions with one another, though the undertone of these interactions seemed more meaningful within the context of the recently shared song. They discussed the meaning of the song, and Michael challenged Jim to recognize the emotional impact of the song without brushing off the more difficult emotions within it. After a robust discussion, Jim and Susan shared that they wanted Michael to know how they felt about him. Michael was then prompted to respond to the song. He described imagery that conveyed his leaving, though looking back, waving, and saying, “I love you” to his parents. We then sat in silent reflection for a moment, allowing them to embrace the present moment.

As discussion ensued again, they focused on “Come to Us” and expressed that they did not like the song that they had written. I encouraged Jim and Michael to reflect on the process of writing and discussing the song, as opposed to focusing solely on their perceived quality of the final product. This was intended to again encourage them to consider the value of the song within the experience of making music together. As we came to the end of the session, Jim began to discuss his desired layout of the final session. He tasked Michael with writing a verse for the final song, “The Meaning of We(e)” throughout that week, and expressed that he wanted another family session the following week. For the last session, he indicated that he wanted to go back through and play some of the songs he had written throughout our total 13 months together. Then, as a wonderful representation of Jim’s growth and empowerment in the music therapy process, he challenged me to write my own song reflecting on our time together to share within the final session.

Jim reflected that, “It has been a journey for both of us... I have always looked at it as a journey together – not only our journey as a family but a journey as a group with all of us. I learned a lot from you and I hope you learned something from us.” As a result of the songwriting journey, Jim authentically expressed himself and reflected on our time together in a way that was personally touching and meaningful to me. As we continued to discuss the end of our sessions, the mood lightened as we joked about many different things, wished one another a happy Thanksgiving, and said our goodbyes until the following session.

Session 11

Salient themes. Jim, Susan, and Michael engaged in an improvisatory process with one another in this session, ultimately creating an incredibly aesthetic and moving musical experience. Though they sang together prior to this, it was never without a pre-composed song or clear musical guidelines from me. This was the first time that they engaged with the music without any preconceptions of what it would sound like. Due to their growth process in music experiences, they were finally able to engage in an improvisatory experience in which they explored the many musical possibilities together as a family. This symbolized their process as a family in successfully exploring new life experiences together. Their family dynamic finally emerged wholly and purely within the session while I held a minimal, yet supportive role.

Finding harmony as a family. Michael began writing a verse for the song “The Meaning of We(e)” before any prompts had been given. They engaged in the songwriting process together before I even officially began, indicating a level of comfort and empowerment in the process of songwriting as a family. We then explored their decision to write separate verses as opposed to writing the entire song collaboratively. There seemed to be symbolic representations on both sides of the issue. For instance, writing the entire song all together symbolized their family as one unit or one entity working together within the bigger picture. On the other hand, writing separate verses that ultimately created a whole song symbolized three distinctly different individuals coming together to use their own personal strengths to do their part and create something whole in the end. Perhaps neither of these was the case, and writing the song in this manner was representative of their family dynamic at the moment or how

they divided the workload to make it easier to create the song given their demanding and often opposing schedules.

Jim shared that he believed each of them had different ideas about things to write. They were then encouraged to explore how the songwriting process may have unfolded if they had written the song collaboratively. Jim responded that it would have been an entirely different song and that writing individually was “more expressive of yourself” as opposed to writing collectively in which one person could be unintentionally “silenced.” This appeared to be an important statement in regard to their family dynamic, given Susan’s and Michael’s indication in the previous session that Jim tended to sit silently in the background while they took the lead.

They then engaged in a dialogue reflecting on these dynamics within their family and how a songwriting experience could be representative of that. Susan shared that writing separate paragraphs was representative of each of their separate journeys and experiences, but yet they were still a whole family unit in the end. She identified their individual journeys but also their collective journey as a family. Michael agreed and shared that even though they all wrote separate verses in relatively different styles, the overarching theme was ultimately the same. He explained that they were all working together as a team to move toward the future. They each did their own things and lived their own separate lives, but ultimately their lives came together with one another to create a functional, bigger picture.

Given the importance of fostering their musical independence in a symbolic representation of their general independence, I prompted them to improvise a vocal melody over the accompaniment. Though they were hesitant to engage in this

unfamiliar experience at first, they agreed. My involvement was extremely minimal as they discussed the execution of the song, including who would sing which parts and the inclusion of backup vocals as one person sang a solo verse. As the accompaniment began, all three of them sang together in a way they had never done before. This time, they engaged in singing unfamiliar music together and explored an array of musical ideas. By the end, they began harmonizing with one another.

This was the first time that any of them just sang without any prior expectations or limitations. Their objective was to just sing. It was significant that even Jim joined in the singing experience, given his general discomfort and hesitance with singing familiar music. Perhaps the process of improvising to a new and unfamiliar song allowed him to feel some level of safety, which contributed to his willingness to engage in vocal improvisation. This improvisation experience offered a reprieve from pre-composed songs, in that he could just sing, and any sounds he made were perfectly acceptable. He may also have acquired a greater understanding of the process based on prior experiences of writing original melodic content within sessions.

Together, the family work together to find musical sound unique to them. This symbolized a growth in family unity as we approached the end of our sessions together. The hope was that this experience would generalize for them beyond the music therapy sessions as they swam through the unknown waters of life together, as a family. They could take the frightening unknowns and together turn them into beautiful harmonies. Ultimately, the creation of this successful music experience challenged them to grow and helped to further establish their independence as a family unit as we approached the end of sessions.

As they continued to discuss the execution of their song, I continued to provide musical support through the accompaniment. They engaged in their own process together with extremely minimal intervention from me. At one point, they led me and provided suggestions for how they wanted the musical accompaniment to sound. This was very different from when we began working together as a group, indicating an increase in confidence and their growth through the music therapy process. Because of this, I encouraged them to sing the last two lines of the song a cappella as the accompaniment faded, as a representation that they would continue on as a group, without me, following the conclusion of our sessions.

A unique feature of this song included Jim confidently improvising a solo, which was something he had never done before. Though he was still a very quiet person and his singing was quiet, there was a marked change in his confidence and his apparent comfort when singing, particularly in the context of improvisation. Though they had not specifically practiced it, they each adapted the final note of the chorus in the moment to end on the tonic of the chord instead of the second scale degree, thus ending in unison. As they sang this final note, they all looked at one another, smiled, and said “wee.” This demonstrated intensely meaningful symbolism for them.

This song was accompanied on piano in the key of Eb major with a moderate tempo. The drive was derived from a downward-moving bass line as opposed to a strong rhythmic or percussive component. This song focused on the importance of family and the unity that Jim, Susan, and Michael seemed to rely so heavily on in order to cope with the everyday struggles of life. Each of them wrote their own verses and

defined their own personal meanings of the word “we,” which ultimately symbolized a unity and togetherness for each of them.

The most potent aspect of this song was the process through which it was created, as it represented the first time in which they all engaged in a vocal improvisation experience together. This ultimately led to an extremely successful experience and brought feelings of closeness among them within this session. This song also incorporated more input from each of them as they presented various ideas on how to sing the lyrics as well as how the accompaniment should be played. They determined that the end should involve some dynamic contrast as it built toward the final few lines with a *ritardando* and *crescendo*, giving the ending a more dramatic impact. This song demonstrated the importance of their ability to nonverbally engage with one another in order to find a harmonic center and ultimately a unified ending for the song. They found their harmonic center as a family.

As we approached the end of the penultimate family session, they were encouraged to set aside time to write songs together as a family and explore this process in a variety of ways following termination of music therapy services. Jim then mentioned the length of our time together and explored his growth process and the particular challenges he experienced due to his lack of musical training. He expressed how this ultimately led to intense growth and an awareness that he did not have to be particularly musically inclined to participate in music therapy. He liked that he could primarily just focus on lyrics as opposed to playing musical instruments, as he believed he was not musical. I encouraged him to explore any growth in his general musicality and sense of music as a result of our sessions. He responded that he thought of music

differently because of his time in music therapy and expressed that he was able to connect with music on a deeper level.

Prior to music therapy, he listened to songs as something to enjoy and with which to occasionally hum along. After spending such a significant amount of time writing songs, however, he considered the meanings behind songs or at least attributed his own personal meanings to songs. This indicated that Jim had developed a new relationship with music as a result of the songwriting process. He had a deeper connection with music than he had ever had before. Susan interjected that his technical musical skills had also improved as a result. They then engaged in discussion with one another regarding Jim's growth through the process.

Jim was prompted to explore if he related his emotional growth to his musical growth, particularly in regard to an emergent sense of empowerment that had been displayed. He responded that when writing something in a song, people listen more than if it was spoken. "[When] working through a song, we listen to each other." Jim continued by identifying that songwriting provided him with a sense of acceptance and a place in which he could receive undivided attention, which he normally did not receive. He emphasized that writing his ideas in a song gave them more meaning and allowed them to "carry more weight." Susan shared that she understood this as expressing through a song things that they would likely never say to one another outside of a music therapy context or, if said in another context, would be deflected as unimportant.

Jim related this to the song "My Son," articulating that he did not frequently express to Michael what he had written in the song. "To put it all down and he hears it, hopefully years from now he will remember the song. I think it sticks more in the mind."

After more of this discussion, the family returned to “The Meaning of We(e),” and they confirmed that the song felt completed. They then discussed the final session and were encouraged to do whatever was necessary in order to feel closure as sessions terminated. Jim stated that it was not “closure;” it was a beginning. He stated that “closure” indicated finality, but he believed the end of sessions indicated a continuation. Susan clarified that it was “newness,” or a new phase or step. Perhaps in Jim’s experience, the end of one thing always marked the beginning of something else.

The Meaning of We(e)

Verse 1 – Jim

Eb Eb/C Ab Bbsus Bb

Two small letters, separate they cannot stand

(simile)

But together they can move mountains

We a union of love

A joining of individuals for a common cause

Chorus

Eb cm

We, you and I together

fm Bb

We, not alone

Eb cm

We, working for the future

Fm Bbsus Bb

Weee just having fun.

(simile)

Verse 2 – Susan

We keeps on changing throughout our lives

New jobs, new homes, new baby, new dreams

A new definition of we each day

But always a team, a couple, a we

Chorus

Verse 3 – Michael

When the going gets tough

Working together forever

Jim, Susan, and Michael
Oh yeah, and [our dog] too

Chorus

Outro

(a cappella)

We, you and I together
We, not alone

Session 12

Salient themes. This session presented more significant resistance than any session prior. It seemed important to recognize the interplay between Jim's resistance and my own countertransference as we approached termination. Given the emotionally challenging material inherent in the process of termination, the session primarily involved reflecting on Jim's experience in songwriting and his growth through the music therapy process. This identification of his growth was important for providing Jim with a sense of closure in the final individual session and as we looked ahead to the final family session.

Seeking closure. For this session, we reviewed all of the songs that had been written throughout our 13 months together. Jim emphasized the importance of an environment free of pressure within the final session as he went through each song and decided which ones to incorporate. He chose all but three songs and ranked them in order of importance regarding whether or not we would have time to play them within the final session.

I felt as though it was important to explore the songs he chose not to share within the final session and his reasons behind that choice. He expressed that "Come to Us" was not aesthetic, so would not be included. He then shared that "Me Before, Now, and Tomorrow," as well as a song written immediately prior to this study, would not be shared in the final session either. Jim explored the idea of resistance and brushing off difficult emotional experiences because it was easier. There was a significant amount of countertransference in this session as we approached termination, which manifested as a desire to see him succeed and achieve the emotional balance that seemed necessary

for him. It is likely that I challenged Jim too much in this session, though it was an important learning experience for all involved.

Jim demonstrated a desire to internalize his experience with PD as he overtly resisted the exploration of this experience in the session. It was important to encourage him to continue sharing with his family as he had been doing within our sessions through his songs. As he continued demonstrating some extreme resistance to his emotional processes regarding PD by making light of them, he was encouraged to read the chorus of a song he had written prior to the study that directly addressed emotional issues he experienced as a result of his PD diagnosis. This reflection of the song emphasized that these issues were not readily apparent for everyone to see.

Despite this review, he continued with strong resistance and it became necessary for me to check-in regarding my own countertransference, as it was far more significant within this session as opposed to previous sessions. I needed to heed his resistance, though found it incredibly difficult given my perception of the song as a turning point for Jim. Michael even expressed this in his exit interview, indicating that it was the first time in which Jim had truly opened up to them about his experience in a very long time. He shared that it was a refreshing and cathartic moment for their family.

We continued in a very robust and dynamic discussion of many issues relating to his experience and he continued demonstrating strong resistance. I again recognized the significance of my countertransference, as I wanted Jim to be okay following the end of our sessions together. It was important that Jim be empowered in his own experience and share openly and honestly with Susan and Michael in order for them to support one another fully following termination of music therapy services. This was a concern within

this final individual session. The important issue, however, was recognizing whether this was what Jim needed or was my own need to be reassured that Jim was going to continue to be present with his emotions after the conclusion of music therapy services. Upon reflection, it seemed that it was a combination of both and it was difficult for Jim and me to face this as we approached the end of our time together.

As we came to end of the session, we referred back to the songs Jim had chosen to review in the final session, noting that he included the song for Michael. The inclusion of “My Son” with very minimal provocation was important, given his intense resistance to the song throughout many sessions. Jim then explored his feelings regarding the end of our sessions together. He responded that he was “torn” as it was “bittersweet.” He seemed to express some guilt or shame in regard to the intimate details of his life that he had shared with us through our time together. Perhaps there was some rawness and vulnerability in him sharing this, as it is difficult to share your inner processes so authentically with another person and ultimately be so vulnerable as a result. This is perhaps especially difficult when the other person does not reciprocate, as occurs in the therapeutic relationship. He also expressed that he would enjoy finding an MT-BC with whom to have sessions following termination, as Susan had also stated a few times prior to this. He stated, however, that the relationship and experience among us “worked well” and “clicked,” and that this was important to his process in music therapy. This indicated that rapport and connection within the therapeutic relationship was essential to the general music therapy process.

Jim then discussed the songwriting experience and shared that he most appreciated the verbal processing that occurred during sessions. We did not simply

write a son; we discussed the song, creating a space where he could reflect and share different ideas about the songs and the themes within them. He also mentioned that we just talked. We talked about life, emphasizing the importance of the therapeutic relationship. Although music is an incredibly powerful medium through which to address so many issues, Jim was reflecting on the rapport and the general therapeutic relationship that had developed as being as important as the songwriting itself.

As multiple chapters of his life were officially coming to a close, including his time in music therapy, he seemed to be experiencing a grieving process. He shared that he knew it would not be the same going forward, even if he continued in music therapy with an MT-BC. Jim said a final “wee” and verified the layout for the final session. We joked and made light-hearted conversation in order to help Jim go about the rest of his day as best as possible. Emotions were high as we approached the final session together.

Session 13

Salient themes. In this final session, Jim, Susan, and Michael were able to fully engage in their own processes with one another through the review of the songs that had been written, as well as noting their growth and how this was reflected in the timeline of the songs. My role was primarily supportive throughout the session. This session was essential for providing everyone with closure as we prepared to say our final goodbyes. Jim, Susan, and Michael took strong leadership roles within this session, directing both the music experiences as well as any discussion, representing their significant growth and empowerment throughout the process, as they no longer needed my guidance to engage with one another in these types of interactions.

Taking the lead in moving toward the future. The session began with Jim, Susan, and Michael reflecting on their feelings surrounding termination. Jim joked that he was excited, though Susan and Michael expressed that they were sad. Susan specified that participating in music therapy had been a “blessing” for all of them. We then reviewed the songs that had been written throughout our sessions, beginning with “The Meaning of We(e).” As they sang the only song they had written together, they looked at one another, smiling occasionally and connected with each other through the music. When the song ended, they smiled at one another again and said “wee.”

Without discussion, we moved on to the next song that Jim had chosen, “What Could I Be?” Michael and Susan expressed that this was the best song Jim had written, and they openly enjoyed the lyrics and the catchy tune. They laughed and smiled with one another within the music yet again and when the song finished, they engaged in a discussion regarding what each of them would be in the afterlife. Michael’s claim that he would be a song was notable. He stated,

Songs can live on forever and to a lot of people they can be a saving grace.

Quite often someone will be going through a hard time or going through an awesome time and a song will just mean a lot to them, and that is great. They mean a lot of different things to everyone, it does not have a set meaning. A song can take on whatever meaning someone wants it to take on.

Jim, Susan, and Michael reflected that their songs had taken on many different meanings.

We then moved on to “Memories.” As we replayed these songs, Jim, Susan, and Michael took the lead, allowing me to take a minimal role. They sang their songs

together while I provided the accompaniment and general musical support. The roles of the group shifted immensely over the course of the sessions, leading to a sense of empowerment and leadership within their family. When the study began, it was necessary for me to lead sessions, particularly the musical aspects of experiences. By the end of the study, they were able to take the lead and make the experience whatever it needed to be. They were the experts on themselves. My role was to provide support both musically and verbally as needed. It is often an overarching goal in music therapy to empower clients to help them become leaders of their own processes. It appeared as though this had happened for Jim, Susan, and Michael.

After this, we reviewed songs that Jim had written prior to the study. The first was “I Got a Name” (Appendix C), followed by “This is my Family” (Appendix D), neither of which had been played since very early in our relationship. Again, the family provided the vocals while I provided accompaniment. At one point, I lost my place in the accompaniment and stopped playing altogether. When this happened, they all continued singing without prompting. This musically symbolized their ability to continue on even when I dropped out of the group. This seemed particularly relevant given that it was our final session.

Jim chose “My Son” to sing last. Michael and Susan decided to sing along, though Jim maintained that he could not sing the song as he would become “choked up.” As we played the song, Amanda, Michael, Susan, and I sang and harmonized with one another. In reviewing the video, however, it became apparent that Jim did in fact sing every now and again. This was important, given his consistent refusal to sing the song due to its emotionally evocative nature. Although the energy during this song was

quite different from the first time we sang it, it still felt emotionally potent, but in a different way. The first time was seemingly very evocative for Jim and Michael, and their affection for one another was clearly demonstrated. In this play-through with everyone singing, no one cried and the energy did not feel as emotional. However, it felt wonderfully representative of the emergence of a renewed emotional connection and a deepening of authentic communication amongst the family members.

After all of the songs were reviewed, Jim, Susan, and Michael offered their final reflections. They discussed the progress and growth that they experienced as a result of music therapy and specifically clinical songwriting, particularly the depth of their interactions with one another as a result. As this discussion came to a close, I shared the song Jim had requested that I write, entitled “The Journey Never Ends” (Appendix E). In reviewing the video, Jim’s body language closed quite a bit as he stared downward while I played and sang the song. It looked like he was tearing up, though it is not certain. Michael appeared moved as well, and Susan placed her hand on his knee seemingly offering consolation. At the end of the song, Jim’s voice broke as he said, “That was nice,” and Susan got a tissue. I verbally expressed to Jim that I sensed his emotion, to which he responded, “definitely,” and elaborated that it was nice to hear someone sing about him. Jim went on to explain that it had been “a long journey together and an eventful year” for him and his family, and that it had been good to have music and “someone to talk to every week.”

As we reached the end of our time, each of them was given the opportunity to share whether there was anything that they needed in order to feel closure before we concluded our final session. They requested recordings of the songs, and we engaged

in our typical light-hearted discussion in order to withdraw from the heavy emotions that emerged through the session, and ultimately said goodbye. Amanda said her goodbyes and left as I prepared to facilitate the exit interviews.

Semi-structured Interviews

Jim. At the conclusion of the final session, I met with the family one at a time for the semi-structured interviews (Appendix A). I asked Jim whether clinical songwriting impacted how he and his family interacted and related. Jim responded that his songs included many thoughts and feelings that he typically did not say as often as he should, such as “I love you.” Similarly, writing songs about PD allowed him to share with Susan and Michael more of his experience than he expressed to them outside of music therapy and in a more impactful way. This allowed for greater insight into one another’s thoughts and feelings, leading to greater support for one another. Jim emphasized the importance of the varied reactions to a song as opposed to verbally communicating ideas to someone, and the unique impact of songs, which caused those ideas to be more “heard” and more resonant, similarly heightening their emotional impact. He expressed, “I have more feelings [in a song] than I would if I just said it.”

He went on to define his progress within music therapy and the songwriting process. He expressed that his improvement was apparent in the last few songs written within the study. As he described the more emotionally potent songs, he recognized the resistance that he demonstrated, but understood that it was good to share his thoughts and feelings with his family. He then identified that their family dynamic did not seem to have changed too significantly, though it likely would have changed more had they all engaged in sessions and songwriting together each week as opposed to every few

sessions. He stated that songwriting had more of an impact for him as opposed to all of them, particularly given their already strong bond and support for one another as a family.

I asked Jim if the songwriting process impacted existing coping methods within his family. He articulated that he tended to internalize his emotional experiences and how externalizing these experiences through songs allowed him to cope in a new way, as it provided a forum where he could specifically seek support from his family. Ultimately, songwriting and subsequent discussion of the songs opened a new channel of communication for the family. He said, “You realize how you think and you realize how they think too, so I think that helps.”

I encouraged Jim to explore any emotional challenges he experienced within the songwriting process. He denied there were any, and claimed that it did not challenge him, but helped him and improved his mood. I noted this response, particularly in regard to the intense resistance that Jim demonstrated when challenged to confront more powerful emotions such as those that emerged in “My Son” or “Me Before, Now, and Tomorrow.” He consistently did not want to allow himself to feel any of the sadness within his songs. Perhaps he did not consciously recognize these challenges. It is possible that songwriting made this sadness less daunting and more accessible so that his experience was not perceived as a challenge, rather as an emotional release.

I then noted the significance of the therapeutic relationship as Jim described that even the light-hearted interactions such as describing his day or week meant something to him, as he always experienced active listening and a strong presence from Amanda and me as he shared his stories and experiences. He went on to share about his

musical experiences and the realization that he could “do something with music.” I interpreted that this was likely a result of success-oriented songwriting experiences through which he found confidence in singing, writing, and listening to music. He found his innate musicality as his relationship with music deepened through the process of songwriting.

As I questioned Jim about any challenges he experienced in the actual songwriting process, he explained that he felt the song “Come to Us” was a “failure” and the reason for this was because the song was “forced.” He came to realize that the songwriting process could not be forced. He then expressed that even though some of the other songs were difficult to share due to their deeply personal nature, they “served their purpose” and were overall important for his family to hear at least once. This was a change in his original resistance to sharing such songs with his family. He also expressed a sense of pride surrounding the sharing of his songs, particularly “My Son,” as he was excited by Michael’s response of hugging him. He hoped that Michael would keep the song recording and reminisce about it throughout his life, even after Jim had passed.

When asked what he might tell others about music therapy, he reflected on how different each person’s experience would be. He suggested that others should absolutely participate in a music therapy experience if they have the opportunity, given its versatile nature in regard to the experiences and the populations who could participate. He described his dedication by stating, “You get out of something what you put into it. It gives you an outlet and takes your mind off of what ails you.” He then expressed that he was very pleased and thankful for his “long journey” in music therapy.

Susan. When questioned about the impact of songwriting on their interactions as a family, she began by stating that “Jim expressed his emotions through song” and emphasized that he would not share those ideas otherwise. She articulated that she came to realize that she and Jim think differently about many things, an idea that Jim also addressed. I noted the significance of this, given that it was not a theme that emerged prior to their interviews. Susan expressed Jim’s journey to “maintain a positive attitude” as compared to her journey to “survive” and take care of Jim and Michael, expressing her difficulty with her own experience relating to Jim’s diagnosis.

Susan described in detail much of her own experience and I identified a theme similar to those in Jim’s songs that things would never be the same as a result of Jim’s diagnosis. She finished the interview by explaining that they had stopped communicating on a “deep level” many years prior, and she believed that songwriting helped her to recognize that Jim did want to express himself and that he was able to do this through the songwriting process. Similarly, she suggested that it “forced” communication that otherwise did not occur. She recognized that Jim “loved” his experience in music therapy.

I asked Susan whether she perceived a change in their relationships, roles, or coping methods as a family. Susan reflected on the existing relationships, roles, and dynamics as a family that were “revealed” and “solidified” through the songwriting process. She suggested that it did not necessarily change their processes with one another, but allowed for validation of their existing processes. She expressed that despite her stoic nature, the songwriting process allowed her to connect with her family and understand Jim’s experience on a deeper level. She abruptly changed to a less

emotional stance, and suggested that Jim's overt demonstrations of motivation were more apparent as a result of having a weekly ritual through music therapy, such as cleaning the house each night before a session. She went on to suggest that "social connection" each week through music therapy was immensely important in helping Jim to cope with his experience, particularly given the long-term emotional stress of dealing with PD as compared to short-term, non-progressive, or fatal illnesses.

When asked to describe her challenges with the songwriting process, she expressed that she had "buried" the emotional aspect of her experience as a PD caregiver, and participation in music therapy directly prompted her to confront those aspects. She lightened the mood immediately after this by sharing about her enjoyment of making music with her family and her excitement that Jim had seemingly improved in his ability to sing as a result of music therapy. She articulated that she seemed to recognize more value in the music itself than Jim did, though recognized the importance of the lyrical aspect of songs for Jim, particularly in regard to the uncovering of Jim's internalized thoughts and feelings.

She reflected that "more communication came out of those lyrics than we have had in ten years." Similar to Jim, she articulated that songwriting provided an outlet or venue through which to safely share about more internalized processes and experiences. She stated that traditional couples talk therapy was "never as effective for him as music therapy has been" and that "songwriting drove it home for him." She described an emotional distance between her and her family members, and the importance of songwriting in creating a closeness through song. She went on to describe their initial experience in music therapy and the early suggestion within their

family that Jim could not participate in music therapy since he could not sing on pitch. She reflected on this suggestion, stating, “We realized early on that it is not about singing.” This seemed to express an understanding of a process-oriented focus in music therapy as opposed to a product-oriented approach, which is a focal point in many other areas involving music.

Michael. I inquired about his perceived experience with clinical songwriting and its impact on their family processes. Michael suggested an idea similar to one Susan had suggested, that the songwriting process did not necessarily change their processes as a family, but helped them to better identify the already existing dynamics within their family and essentially concretize and validate those existing dynamics. He expressed that each of them tended to internalize their experiences, and songwriting helped Jim to externalize those experiences and ultimately communicate with his family. He recognized that it prompted them to communicate with one another more as they realized that they were lacking in their communication prior to the songwriting experience. He articulated that “[Jim] wrote a lot of things that were going on in his head and it really communicated to us how he was feeling, and he ended up using it as a means of communication” and “[songwriting] showed how we need to communicate more, as there are lot of things going on with each other than we can help with.” He identified one song as a turning point in the sessions in regard to opening a new channel of communication through songwriting, which “continued beyond” and outside of sessions. He realized that there were many things in their everyday lives that they needed to be more “open” and honest about, and as a result of songwriting, Jim “shared how he was feeling.”

He went on to claim that Jim specifically used his songs as a method of communicating, indicating that it was likely easier for Jim to express ideas through a song experience as compared to verbally communicating them. Michael shared that it was “the first time that [Jim] had shared his feelings in a very long time.” He expressed that communicating through songs allowed them to support and love each other more fully, and changed the dynamic from Susan and Michael primarily supporting Jim to them all supporting one another. He described that “there had been a lot of conversations which came directly from the songs,” as well as the realization that it was vital for them to communicate with one another. Songwriting “made” them “support each other.” He stated, “We have always loved each other, but we started communicating with each other and supporting each other a lot more,” and, “It was definitely not something that happened before anyone opened up with a song,” as it prompted them to talk about their previously undisclosed internal experiences.

I then asked Michael to describe any challenges he experienced in clinical songwriting. He responded by describing that none of the challenges he experienced were “negative,” but rather were a “good struggle, like doing a hard puzzle.” It appeared that they positively challenged and motivated him and his family to grow as individuals and as a family. He then expressed that challenging Jim through music allowed him to improve immensely in his general musicality. Similarly, he shared that following his PD diagnosis, Jim had seemingly lost his relationship with music. As a result of our sessions, however, Michael noticed that Jim was listening to and whistling along with music again as he did before his diagnosis. He even mentioned that he and Jim had

“jam sessions” on rare occasions as a result of our sessions. He stated, “I always loved music and I love that he has it in his life now and we can share it together.”

When asked what he might tell others about songwriting, he joked, “Do it.” He expressed that from the outside, music therapy’s impact and effectiveness was not as apparent. However, when actually involved and engaged in it from the inside, the importance became extremely apparent through the process. He identified the versatile nature of music therapy and the difference between music therapy and the therapeutic use of music, as music therapy offered a far more direct connection and personal experience with others through music, as well as with the music itself. He stated, “I could go listen to some music, but it does not hold as much emotional value as something that I wrote with my family.”

He continued by describing the value of music when accompanied by a therapeutic relationship and therapeutic process. Michael expressed that Jim opened up and shared more with Amanda and me than he ever anticipated Jim would. He described that involving an individual trained as a music therapist in music experiences with clients creates an engaging and personal experience as compared to recreationally participating in music experiences. He finished by thanking me and expressing that songwriting had “done a lot more than just bring music into the house. It brought music to my dad’s life and the connection of music between the family members.” Through this process, they were able to communicate and bond in the same ways that they always had, but on a much deeper level.

Personal Process and Identifying Researcher Bias

I began this study as a naïve researcher and ultimately found that my narrow definition of “emotional expression” did not present how I was expecting it to present. I had difficulty analyzing my own processes during this study and forced myself to step away from a quantitative approach in order to truly get to the core of this family’s experience within clinical songwriting. The family did not need a quantitative approach, as they had enough of it from other healthcare professionals. They needed me to approach the study with a qualitative mindset in order to help their family find balance. When embarking on this qualitative research project, I developed my methodology and failed to consider aspects of emotional expression that cannot be measured. I ultimately grew in my own understanding of music therapy and songwriting from an emphasis on neurobiological processes to a more holistic understanding of Jim and his family’s emotional processes and the unique dynamics presented within a family system.

Throughout this study, I became far more aware of my own countertransference and its implications within a therapeutic context. I recognized the importance of addressing my personal issues in order to provide the most beneficial services possible, otherwise my needs tended to get in the way of addressing his needs. For instance, there were about three weeks during this study in which I felt incredibly stuck and stagnant, even torpid. I did not seem to have motivation and I could not bring myself to do the work that I needed to do, apart from providing sessions and collecting data each week. In processing these feelings with Amanda, we began to recognize that I was likely feeling this way because Jim was likely feeling this way. Around the time this occurred, our sessions had felt relatively halted in regard to Jim’s progress. I was

experiencing a significant amount of resistance from him to delve into an emotional space, and so I felt the stuck that he was demonstrating. This was important to recognize so that I could use this to further motivate and encourage him to move past the stuck. My countertransference of feeling stuck allowed me to recognize what needed to happen for Jim.

This emphasized the issue of addressing my own personal issues, making it easier to identify countertransference when it occurred, so that I was not blinded by my own processes and my own needs. Similarly, I was forced to step away from my plan for several sessions. I am a very organized and methodical person and this was difficult for me. I had a very specific way that I was hoping for sessions to go and the overall study to unfold, and that was not how the sessions were unfolding. I had to take a step back and consider whether pushing toward the completion of songs, which were not entirely ready, was for Jim's benefit or for mine. Through the study, I became better equipped to recognize when I was addressing Jim's needs and when I was addressing my own. There seemed to be some push-back from Jim when I challenged him to explore emotional places to which he had intense resistance to exploring. This push-back made me consider if I was attempting to stay on track with my "plan" and trajectory for the study, or whether it was truly the challenge that Jim needed.

I realized that therapy is not a linear process. It is often cyclical in that the client's progress can be progressive, stagnant, or regressive. There are many facets and obstacles to a therapeutic experience that can impede client development. The job of the therapist is to figure out how to keep the client moving forward and making progress. Just as I felt "stuck," I had to use this feeling to helping Jim become "unstuck."

He often wanted to stay in a playful and silly state of mind, but I recognized that there were deeper issues coming to the surface that needed to be addressed. Therefore, I felt continually called to challenge him to “go there,” as I recognized that there was more work to be done. My take-away from this is that therapy is not organized and linear. It is cyclical, complex, sporadic, and messy, just like the human experience. That is the beauty of it.

This study also helped me to realize my position as a student and as a student researcher. Jim expressed to me during the study that he chose to participate in music therapy in order to help me with my school obligations, as he happened to see my flyer recruiting clients with Parkinson’s disease for a clinical music therapy program. He expressed that he opted to participate in sessions in order to “help out a student.” I considered how this impacted the development of our relationship in that it challenged the typically perceived hierarchy in a therapeutic relationship. Often, even subconsciously, the therapist is regarded as the “expert” or “professional” and the client as the “one in need.” This idea automatically creates a hierarchical therapeutic relationship and ultimately could hinder the therapeutic process as a result of this relationship. However, our relationship developed on a much more even playing field than it might have otherwise. Neither of us were experts and both of us learned from one another and grew together throughout the process. Perhaps my status as an inexperienced student actually heightened the therapeutic potential within our sessions, as he was able to maintain the position of protector and provider in our relationship as he had done with his family. Helping me allowed him to maintain this role, even as his

role was changing with his family. It was valuable for him to maintain this role, as it was a coping mechanism that allowed him to engage deeply with emotional content.

It was interesting to note how the relationship dynamic shifted throughout the study. He mentioned in the final individual session that he began sessions in order to help me, but he got much more from sessions than he was anticipating. This implied to me that the dynamic had shifted over time. It went from a man with PD helping a student, to a man with PD and a student working together to make music, write songs, and ultimately provide him with an outlet to address the difficulties of his experience with PD.

Chapter 5 – Discussion

The purpose of this study was to evaluate the influence of clinical songwriting in music therapy on the emotional expression among an individual with Parkinson's disease and his family caregivers. After reviewing and reflecting on all data, the previously established identifiers of emotional expression, including verbal interaction, eye contact, behaviors such as laughing or crying, physical touch, etc., appeared, but did not seem to accurately capture what was most significant about this process. Neither music therapy nor clinical songwriting appeared to instigate notable changes to the frequency of which these occurred. There were isolated instances such as Jim's song, "My Son," which prompted Michael to hug Jim. Other than this and other similar instances, however, their typical interactions with one another were seemingly unchanged by the songwriting and music therapy experience. The laughter, smiling, verbal interaction, eye contact, and physical touch that occurred were all representative of what appeared to be their typical engagements with one another.

What music therapy did provide, however, was a safe space and an atmosphere in which all participants were able to be their authentic selves and engage with one another in order to adjust to the difficult process that Jim's degenerative disability presented. Songwriting did not necessarily increase the frequency of the family's various interactions, but rather deepened the meaning of those interactions. Shontz (1975) explained the difficult, cyclical process that individuals must go through in order to experience peace and acceptance when dealing with a degenerative disease. The songwriting process required Jim and his family to cycle between confronting their reality and retreating from or avoiding this reality until ultimately, they found balance.

Through songwriting, the family was able to integrate subconscious emotional material into their conscious awareness and reframe their experiences through a directed focus on their life narratives (Kerr et al., 2001).

Jim and his family found a means of communicating intimate emotional experiences that were otherwise difficult to communicate. As stated previously in the literature, music therapy processes provided a means of authentic communication and expression of emotions (Gaston, 1968; Lowit et al., 2010; Sears, 1968; Theodoros et al., 2016). As a unit, this family was able to create a connection between their individual emotions and their shared emotions so that they could feel safe exploring difficult emotional content together. Stewart & McAlpin (2015) state that this safety and shared support is vital for people with PD, as it provides a means of creating a healthy separation between them and their emotions in order to more fully explore necessary emotional content. This shared connection came from the opportunities to relate to one another through song, which is indicative of the processes in music therapy as described by Sears (1968).

Baker and Wigram (2005) and Johnson et al. (2001) suggested that an expressive outlet such as songwriting allows individuals to gain insight into each other's internal processes, leading to greater emotional support. Jim articulated that he sometimes felt silenced and unheard due to his disease process and his role within the family as a result of that process. Songwriting gave him a voice and he expressed that he felt heard when his experiences were channeled through song and shared with his family. Baylor et al. (2011) found that these experiences of being given a voice and feeling heard are essential in order to cope with the disease process. Clinical

songwriting helped Jim and his family to openly and honestly communicate with one another and understand each other's internal processes more deeply (Gfeller, 1987). Marneweck and Palermo (2014) identified the value of helping participants to recognize the significance of their interactions with one another through songwriting and music experiences.

Encouraging Jim to focus his song lyrics in the here-and-now allowed him to better integrate the different aspects of his identity into his whole self, including the part of the self that experiences the extremely difficult reality of living with PD. This occurred because songwriting and the therapeutic relationship provided safety for the participants (Johnson, 1989), therefore, Jim was able to focus his feelings into songs, leading to better integration and acceptance of his experience with PD (Weisser et al., 2015). Similar to findings by Lipe (2002), the concretization of these abstract concepts led to new ways in which the family was able to interact, feel safety within their emotional authenticity, gain deeper insight into each individual's own internal processes, and develop an ability to perceive the larger picture within the context of the family and their shared experience with PD. Jim's family demonstrated all of the formally recognized benefits of clinical songwriting in music therapy, such as deepened interactions and expression of emotions, a greater sense of family cohesion, and improved coping skills (Jones, 2006; Tamplin, Baker, MacDonald, Roddy, & Rickard, 2015).

The significant findings in this study were things that had not been accounted for during the development of the methodology, and these things were difficult to measure or quantify. The most important things as identified through the process and by the participants, in many ways, were unmeasurable. Figure 3 depicts the frequency of

codes that emerged from the data that was collected from each session. Note that laughter and other playful interactions were higher, given their existing family dynamics. It did not appear that the songwriting experiences influenced the frequency of laughter, variation of body language, facial expressions, or verbal interactions within family or individual sessions. Songwriting did, however, appear to have an association with crying, using emotion words, making eye contact, sharing “deep” statements, discussing experiences relating to PD, sharing previously unexpressed ideas or thoughts, reflecting on life and memories, making physical contact through comforting touches or hugs, and demonstrating vocalizations such as an emotional breaking of the voice. Although they did not occur as frequently as codes such as laughter or eye contact, these codes were more directly associated with and elicited by the songwriting experience and likely would not have occurred as frequently outside of music therapy sessions. Important themes emerged through family expressions of intimacy and closeness within clinical songwriting experiences that appeared to foster emotional connections in incredibly unique and meaningful ways.

Code	Total Occurrences
Laughter	206
Eye Contact	88
Verbal Interaction	81
“Deep” Statement	61
Possible Resistance	59
Smile	55
Use of an Emotion Word	38
Reflection of Life/Memories	35
Sharing of Unexpressed Ideas	17
Possible Display of PBA	16
Discussion of PD	15
Tearing Up/Crying	15
Playful Nudge	12
Comment on Value of MT	10
Open Body Language	9
Emotional Vocal Break	7
Closed Body Language	5
Comforting Touch	2
Hug	1

Figure 3. Total occurrence of codes over all data sets for all sessions

Conclusion

Clinical songwriting provided opportunities for Jim and his family to become more open and authentic across the 13 weeks of engagement. The process opened channels of communication, which were important for restoring a level of communication that they had not experienced for quite some time. The family system was significant throughout this process, given the strong love they had for one another as well as the consistent support they provided each other. Jim's family was an essential part of his process in songwriting. They were a motivating factor toward his growth as they provided him with support as he coped with the manifestations of PD. However, the songwriting process opened the channels of communication allowing the family to better understand Jim's experience and ultimately provide him with that much-needed support. At the same time, communicating on this level allowed for Jim to grow in his understanding of his wife and son, leading him to provide additional support to them and their experiences of his disease process. Essentially, the clinical songwriting process deepened the emotional connection and communication among these family members, allowing them to support one another more fully as they moved through life and adapted to the changes occurring due to the progression of PD.

Implications for Future Research

It is necessary to emphasize the importance of approaching research with an open mind. It is essential to find a way of researching that honors the client and the client's process, whether that be quantitative or qualitative in nature. For this incredibly functional family, the significance was not in the frequency of their eye contact, physical touch, or verbal interaction. The salience came from the depth of their interactions and

engagement with one another on an entirely new and different level than they had seemingly explored before. It was not about encouraging them to simply interact, but encouraging them to interact in ways that were meaningful for each of them, and ultimately, in a way that is difficult to measure given the often nebulous nature of relationships.

Further research into clinical songwriting should involve varied approaches to understanding the depth and complexity of interactions elicited through the songwriting process. Replication of this study could provide valuable information about the process of songwriting, the clinical decision-making involved in songwriting, and the ways in which this technique can deepen the emotional connectedness of clients and caregivers.

References

- Aigen, K. S. (2014). *The study of music therapy: Current issues and concepts*. New York: Routledge.
- American Music Therapy Association (AMTA). (2015). *What is music therapy?*
Retrieved from <http://www.musictherapy.org/about/musictherapy/>
- Andreetta, M. D., Adams, S. G., Dykstra, A. D., & Jog, M. (2015). Evaluation of speech amplification devices in Parkinson's disease. *American Journal of Speech-Language Pathology, 25*, 29-45.
- Arnott, W. L., Chenery, H. J., Angwin, A. J., Murdoch, B. E., Silburn, P. A., & Copland, D. A. (2010). Decreased semantic competitive inhibition in Parkinson's disease: Evidence from an investigation of word search performance. *International Journal of Speech-Language Pathology, 12*(5), 437-445.
- Azekawa, M., & LaGasse, A. B. (2017). Singing exercises for speech and vocal abilities in individuals with hypokinetic dysarthria: A feasibility study. *Music Therapy Perspectives*. Advance online publication. doi: 10.1093/mtp/miw042
- Baker, F. A., & Wigram, T. (Eds.). (2005). *Songwriting: Methods, techniques, and clinical applications for music therapy clinicians, educators, and students*. London, Philadelphia: Jessica Kingsley Publishers.
- Basiago, A., & Binder, D. K. (2016). Effects of deep brain stimulation on autonomic function. *Brain Sciences, 6*(33). doi: 10.3390/brainsci6030033
- Baxter, P., & Jack, S. (2008). Qualitative case study methodology: Study design and implementation for novice researchers. *Qualitative Report, 13*(4), 544-559.

- Baylor, C., Burns, M., Eadie, T., Britton, D., & Yorkston, K. (2011). A qualitative study of interference with communicative participation across communication disorders in adults. *American Journal of Speech-Language Pathology*, 20, 269-287.
- Benabid, A. L., Pollak, P. Gervason, C., Hoffmann, D., Gao, D. M., Hommel, M., Perret, J. E., & de Rougemont, J. (1991). Long-term suppression of tremor by chronic stimulation of the ventral intermediate thalamic nucleus. *Lancet*, 337, 403-406.
- Bloem, B. R., de Vries, N. M., & Ebersbach, G. (2015). Nonpharmacological treatments for patients with Parkinson's disease. *Movement Disorders*, 30(11), 1504-1520.
- Bötzel, K., & Kraft, E. (2010). Strategies for treatment of gait and posture associated deficits in movement disorders: The impact of deep brain stimulation. *Restorative Neurology and Neuroscience*, 28, 115-122.
- Brooks, B. R., Crumacker, D., Fellus, J., Kantor, D., & Kaye, R. E. (2013). PRISM: A novel research tool to assess the prevalence of pseudobulbar affect symptoms across neurological conditions. *PLoS ONE*, 8(8), doi: 10.1371/journal.pone.0072232
- Bruscia, K. E. (2014). *Defining music therapy* (3rd ed.). Gilsum, NH: Barcelona Publishers.
- Centers for Disease Control and Prevention. (2016). *Important facts about falls*. Retrieved from <http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html>
- Clair, A. A. (2000). The importance of singing with elderly patients. In D. Aldridge (Ed.), *Music therapy in dementia care* (pp. 81-101). London, UK: Jessica Kingsley Publishers.

- Clair, A. A., & Ebberts, A. G. (1997). The effects of music therapy on interactions between family caregivers and their care receivers with late stage dementia. *Journal of Music Therapy*, 34(3), 146-164.
- Clair, A. A., O'Konski, M. (2006). The effect of rhythmic auditory stimulation (RAS) on gait characteristics of cadence, velocity, and stride length in persons with late stage dementia. *Journal of Music Therapy*, 43(2), 154-163.
- Clark, I., & Harding, K. (2012). Psychosocial outcomes of active singing interventions for therapeutic purposes: A systematic review of the literature. *Nordic Journal of Music Therapy*, 21(1), 80-98.
- Corbin, J. M., & Strauss, A. L. (2008). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Cordesse, V., Florence, S., Schimmel, P., Holstein, J., & Meininger, V. (2015). Coordinated care affects hospitalization and prognosis in amyotrophic lateral sclerosis: A cohort study. *Health Services Research*, 134(15), 1-6.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed method approaches*. Thousand Oaks, CA: Sage Publications, Inc.
- Croce, J. (1973). Time in a bottle. On *You Don't Mess Around with Jim* [Vinyl Record]. New York City, NY: ABC Records.
- Dai, H., Lin, H., & Lueth, T. C. (2015). Quantitative assessment of parkinsonian bradykinesia based on an inertial measurement unit. *BioMedical Engineering Online*, 68(14), 1-13.

- De Letter, M., Van Borsel, J., Boon, P., De Bodt, M., Dhooge, I., & Santens, P. (2010). Sequential changes in motor speech across a levodopa cycle in advanced Parkinson's disease. *International Journal of Speech-Language Pathology*, 12(5), 405-413.
- de l'Etoile, S. K., & LaGasse, A. B. (2013). Music therapy and neuroscience from parallel histories to converging pathways. *Music Therapy Perspectives*, 31, 6-14.
- Denver, J., Kniss, D., & Taylor, M. (1973). Sunshine on my shoulders. On *Poems, Prayers, & Promises* [Vinyl Record]. New York City, NY: RCA Records.
- Elefant, C., Baker, F. A., Lotan, M., Krogstie Lagesen, S., & Olve Skeie, G. (2012). The effect of group music therapy on mood, speech, and singing in individuals with Parkinson's disease: A feasibility study. *Journal of Music Therapy*, 49(3), 278-302.
- Fox, C., & Gimbel, N. (1973). I got a name [Recorded by Jim Croce]. On *I Got a Name* [Vinyl Record]. New York City, NY: ABC Records.
- Frost, E., Tripoliti, E., Hariz, M. I., Pring, T., & Limousin, P. (2010). Self-perception of speech changes in patients with Parkinson's disease following deep brain stimulation of the subthalamic nucleus. *International Journal of Speech-Language Pathology*, 12(5), 399-404.
- Gaston, E. T. (1968). Foundations of music in therapy. In E.T. Gaston (Ed.), *Music in therapy* (pp.7-29). New York City, NY: The Macmillan Company.
- Geman, O., & Costin, H. (2015). Role of environmental risk factors in Parkinson's disease: Bucovina region case study. *Environmental Engineering and Management Journal*, 14(10), 2435-2444.

- Gfeller, K. (1987). Songwriting as a tool for reading and language remediation. *Music Therapy*, 6(2), 28-38.
- Grahn, J. A., & Watson, S. L. (2013). Perspectives on rhythm processing in motor regions of the brain. *Music Therapy Perspectives*, 31(1), 25-30.
- Halpern, A. E., Ramig, L. O., Matos, C. E. C., Petska-Cable, J. A., Spielman, J. L., Pogoda, J. M., ... McFarland, D.H. (2012). Innovative technology for the assisted delivery of intensive voice treatment (LSVTLOUD) for Parkinson disease. *American Journal of Speech-Language Pathology*, 21, 354-367.
- Haneishi, E. (2001). Effects of music therapy voice protocol on speech intelligibility, vocal acoustic measures, and mood of individuals with Parkinson's disease. *Journal of Music Therapy*, 38(4), 273-290.
- Hariz, G. M., Limousin, P., & Hamberg, K. (2016). "DBS means everything – for some time": Patient's perspectives on daily life with deep brain stimulation for Parkinson's disease. *Journal of Parkinson's Disease*, 6, 335-347.
- Hauser, H. A. (2004). Levodopa/carbidopa/entacapone (Stalevo). *Neurology*, 62, 64-71.
- Hobson, M. R. (2006a). The collaboration of music therapy and speech-language pathology in the treatment of neurogenic communication disorders: Part I – diagnosis, therapist roles, and rationale for music. *Music Therapy Perspectives*, 24, 58-65.
- Hobson, M. R. (2006b). The collaboration of music therapy and speech-language pathology in the treatment of neurogenic communication disorders: Part II – collaborative strategies and scope of practice. *Music Therapy Perspectives*, 24, 66-72.

- Huber, J. E., Darling, M., Francis, E. J., & Zhang, D. (2012). Impact of typical aging and Parkinson's disease on the relationship among breath, pausing, syntax, and punctuation. *American Journal of Speech-Language Pathology*, 21, 368-379.
- Jochims, S. (2004). Music therapy in the area of conflict between functional and psychotherapeutic approach within the field of neurology/neurorehabilitation. *Nordic Journal of Music Therapy*, 13(2), 159-171.
- Johnson, D. R. (1989). Melody and rhythm of the creative arts therapies. *Music Therapy*, 8(1), 8-16.
- Johnson, G., Otto, D., & Clair, A. A. (2001). The effect of instrumental and vocal music on adherence to a physical rehabilitation exercise program with persons who are elderly. *Journal of Music Therapy*, 38(2), 82-96.
- Jones, H. N., Kendall, D. L., Okun, M. S., Wu, S. S., Velozo, C., Fernandez, H. H., ... Rosenbek, J. C. (2010). Speech motor program maintenance, but not switching, is enhanced by left-hemispheric deep brain stimulation in Parkinson's disease. *International Journal of Speech-Language Pathology*, 12(5), 385-398.
- Jones, J. D. (2006). Songs composed for use in music therapy: A survey of original songwriting practices of music therapists. *Journal of Music Therapy*, 43(2), 94-110.
- Kerr, T., Walsh, J., Marshall, A. (2001). Emotional change processes in music-assisted reframing. *Journal of Music Therapy*, 38(3), 193-211.
- Kim, S. J. (2010). Music therapy protocol development to enhance swallowing training for stroke patients with dysphagia. *Journal of Music Therapy*, 47(2), 102-119.

- King, B. (2007). Language and speech: Distinguishing between aphasia, apraxia, and dysarthria in music therapy research and practice. *Music Therapy Perspectives*, 25, 13-18.
- Koch, G. (2010). rTMS effects on levodopa induced dyskinesias in Parkinson's disease patients: Searching for effective cortical targets. *Restorative Neurology and Neurosciences*, 28, 561-568.
- Kwak, E. E. (2007). Effect of rhythmic auditory stimulation on gait performance in children with spastic cerebral palsy. *Journal of Music Therapy*, 44(3), 198-216.
- LaGasse, A. B. (2013). Influence of an external rhythm on oral motor control in children and adults. *Journal of Music Therapy*, 50(1), 6-24.
- Lightbody, G., Connolly, N., Simpson, T., Wilson, P., & Quinn, J. (2006). Chasing cars [Recorded by Snow Patrol]. On *Eyes Open* [CD]. Santa Monica, CA: Interscope Records.
- Lipe, A. W. (2002). Beyond therapy: Music, spirituality, and health in human experience: A review of literature. *Journal of Music Therapy*, 39(3), 209-240.
- Lim, H. A., & Miller, K. (2011). The effects of therapeutic instrumental music performance on endurance level, self-perceived fatigue level, and self-perceived exertion of inpatients in physical rehabilitation. *Journal of Music Therapy*, 48(2), 124-148.
- Lindaman, K., & Abiru, M. (2013). The use of rhythmic auditory stimulation for gait disturbance in patients with neurologic disorders. *Music Therapy Perspectives*, 31(1), 35-39.

- Lowit, A., Dobinson, C., Timmins, C., Howell, P., & Kröger, B. (2010). The effectiveness of traditional methods and altered auditory feedback in improving speech rate and intelligibility in speakers with Parkinson's disease. *International Journal of Speech-Language Pathology*, 12(5), 426-436.
- MacDonald, R. A. R. (2013). Music, health, and well-being: A review. *International Journal of Qualitative Studies on Health and Well-being*, 8(1).
doi:10.3402/qhw.v8i0.20635
- Magee, W. L., & Davidson, J. W. (2002). The effect of music therapy on mood states in neurological patients: A pilot study. *Journal of Music Therapy*, 34(1), 20-29.
- Marneweck, M., & Palermo, R. (2014). Discrimination and recognition of facial expressions of emotion and their links with voluntary control of facial musculature in Parkinson's disease. *Neuropsychology*, 28(6), 917-928.
- McCarthy, J., Geist, K., Zojwala, R., & Schock, M. Z. (2008). A survey of music therapists' work with speech-language pathologists and experiences with augmentative and alternative communication. *Journal of Music Therapy*, 45(4), 405-426.
- McFerran, K., Baker, F., & Krout, R. (2011). What's in the lyrics? A discussion paper describing the complexities of systematically analyzing lyrics composed in music therapy. *Canadian Journal of Music Therapy*, 17(1), 34-54.
- Miller, N., Noble, E., Jones, D., & Burn, D. (2006). Life with communication changes in Parkinson's disease. *Age and Ageing*, 35, 235-239.

- Murdoch, B. E. (2010). Surgical approaches to treatment of Parkinson's disease: Implications for speech function. *International Journal of Speech-Language Pathology*, 12(5), 375-384.
- Murphy, K. M. (2016). Interpretivist case study research (3rd ed.). In B.L. Wheeler & K.M. Murphy (Eds.), *Music Therapy Research* (pp. 570-575). Dallas, TX: Barcelona Publishers.
- Murray, L. L., & Rutledge, S. (2013). Reading comprehension in Parkinson's disease. *American Journal of Speech-Language Pathology*, 23, S246-S258.
- Narayana, S., Jacks, A., Robin, D. A., Poizner, H., Zhang, W., Liotti, M., ... Fox, P. T. (2009). A noninvasive imaging approach to understanding speech changes following deep brain stimulation in Parkinson's disease. *American Journal of Speech-Language Pathology*, 18, 146-161.
- National Parkinson Foundation. (2017). *The stages of Parkinson's disease*. Retrieved from <http://www.parkinson.org/understanding-parkinsons/what-is-parkinsons/The-Stages-of-Parkinsons-Disease>
- Nunn, T., & Lloyd Weber, A. (1981). Memory [Recorded by Elaine Paige]. On *Cats* [Broadway Musical]. London, England: Rodgers & Hammerstein Theatricals.
- O Claassen, D., Kanoff, K., & Wylie, S. A. (2013). Dopamine agonists and impulse control disorders in Parkinson's disease. *US Neurology*, 9(1), 13-16.
- Palfreman, J. (2015). *Brain storms: The race to unlock the mysteries of Parkinson's disease*. New York City, NY: Scientific American/Farrar, Straus, and Giroux.
- Parkinson's Disease Foundation. (2015). *Prescription Medications*. Retrieved from http://www.pdf.org/parkinson_prescription_meds

- Pasiali, V. (2012). Supporting parent-child interactions: Music therapy as an intervention for promoting mutually responsive orientation. *Journal of Music Therapy*, 49(3), 303-334.
- Pellitteri, J. (2009). *Emotional processes in music therapy*. Gilsum, NH: Barcelona Publishers.
- Plowman, E. K. (2015). Is there a role for exercise in the management of bulbar dysfunction in amyotrophic lateral sclerosis? *Journal of Speech, Language, and Hearing Research*, 58(1), 1151-1166.
- Przedborski, S., Jackson-Lewis, V., Djaldetti, R., Liberatore, G., Vila, M., Vukosavic, S., & Almer, G. (2000). The parkinsonian toxin MPTP: Action and mechanism. *Restorative Neurology and Neuroscience*, 16, 135-142.
- Rice, R. R., & Johnson, S. B. (2013). A collaborative approach to music therapy practice in sensorimotor rehabilitation. *Music Therapy Perspectives*, 31(1), 58-66.
- Robarts, J. (2003). The healing function of improvised songs in music therapy with a child survivor of early trauma and sexual abuse. In S. Hadley (Ed.), *Psychodynamic music therapy: Case studies*. Gilsum, NH: Barcelona Publishers.
- Schmid, W. (2014). A penguin on the moon: Self-organizational processes in improvisational music therapy in neurological rehabilitation. *Nordic Journal of Music Therapy*, 23(2), 152-172.
- Sears, W. W. (1968). Processes in music therapy. In E.T. Gaston (Ed.), *Music in therapy* (pp. 30-44). New York City, NY: The Macmillan Company.
- Shontz, F. C. (1975). *The psychological aspects of physical illness and disability*. New York, NY: Macmillan.

- Siddiqui, M. S., Fernandez, H. H., Garvan, C. W., Kirsch-Darrow, L., Bowers, D., Rodriguez, R. L., ... Okun, M. S. (2009). Inappropriate crying and laughing in Parkinson disease and movement disorders. *The World Journal of Biological Psychiatry*, 10(3), 234-240.
- Sontheimer, H. (2015). *Diseases of the nervous system*. Waltham, MA: Elsevier Inc.
- Spielman, J., Ramig, L. O., Halpern, A., & Gavin, W. J. (2007). Effects of an extended version of the Lee Silverman Voice Treatment on voice and speech in Parkinson's disease. *American Journal of Speech-Language Pathology*, 16, 95-107.
- Staum, M. J. (1983). Music and rhythm stimuli in the rehabilitation of gait disorders. *Journal of Music Therapy*, 20(2), 69-87.
- Stewart, R., & McAlpin, E. (2016). Prominent elements in songwriting for emotional expression: An integrative review of literature. *Music Therapy Perspectives*, 34(2), 184-190.
- Strange, B., & Davis, M. Memories [Recorded by Elvis Presley]. On *Elvis* [Vinyl Record]. New York City, NY: RCA Records.
- Swedberg Yinger, O., & Lapointe, L. L. (2012). The effects of participation in a group music therapy voice protocol (G-MTVP) on the speech of individuals with Parkinson's disease. *Music Therapy Perspectives*, 30(1), 25-31.
- Tamplin, J. (2010). Song collage technique: A new approach to songwriting. *Nordic Journal of Music Therapy*, 15(2), 177-190.
- Tamplin, J., Baker, F. A., MacDonald R. A. R., Roddy, C., & Rickard, N. S. (2015). A theoretical framework and therapeutic songwriting protocol to promote integration of

- self-concept in people with acquired neurological injuries. *Nordic Journal of Music Therapy*, 25(2), 111-133.
- Tamplin, J., & Grocke, D. (2008). A music therapy treatment protocol for acquired dysarthria rehabilitation. *Music Therapy Perspectives*, 26, 23-29.
- Tanner, J. J., Mareci, T. H., Okun, M. S., Bowers, D., Libon, D. J., & Price, C. C. (2015). Temporal lobe and frontal-subcortical dissociations in non-demented Parkinson's disease with verbal memory impairment. *PLoS ONE*, 10(7), 1-13.
- Thaut, M. H. (Producer). (2012, August 5). Music, movement, and motor control. *Music and the Brain Santa Fe*. Podcast retrieved from <https://www.youtube.com/watch?v=Aw9cb7KKyPQ>
- Thaut, M. H. (2013). Entrainment and the motor system. *Music Therapy Perspectives*, 31(1), 31-34.
- Thaut, M. H., McIntosh, K. W., McIntosh, G. C., & Hoemberg, V. (2001). Auditory rhythmicity enhances movement and speech motor control in patients with Parkinson's disease. *Functional Neurology*, 16(2), 163-172.
- Theodoros, D. G., Hill, A. J., & Russell, T. G. (2015). Clinical and quality of life outcomes of speech treatment for Parkinson's disease delivered to the home via telerehabilitation: A noninferiority randomized controlled trial. *American Journal of Speech-Language Pathology*, 25, 214-232.
- Tomaino, C. M. (Producer). (2012, August 5). Music therapy: Stroke, Parkinson's, Alzheimer's, and degenerative disorders. *Music and the Brain Santa Fe*. Podcast retrieved from <https://www.youtube.com/watch?v=LOj2eqxm9fQ>

- Toosizadeh, N., Mohler, J., Lei, H., Parvaneh, S., Sherman, S., & Najafi, B. (2015). Motor performance assessment in Parkinson's disease: Association between objective in-clinic, objective in-home, and subjective/semi-objectives measures. *PLoS ONE*, 10(4), 1-15.
- Turvy, A. (2010). Integrating musical and psychotherapeutic thinking: Research on the relationship between words and music in clinically improvised songs. *Qualitative Inquiries in Music Therapy*, 5, 116-172.
- Volpini, A. (2016). "Compose oneself for compose": Songwriting workshop. *Nordic Journal of Music Therapy*, 25, 113-114.
- Weisser, F. B., Bristowe, K., & Jackson, D. (2015). Experiences of burden, needs, rewards, and resilience in family caregivers of people living with motor neuron disease/amyotrophic lateral sclerosis: A secondary thematic analysis of qualitative interviews. *Palliative Medicine*, 29(8), 737-745.
- Weller, C. M., & Baker, F. A. (2011). The role of music therapy in physical rehabilitation: A systematic literature review. *Nordic Journal of Music Therapy*, 20(1), 43-61.
- Wong, M. N., Murdoch, B. E., & Whelan, B. M. (2010). Kinematic analysis of lingual function in dysarthric speakers with Parkinson's disease: An electromagnetic articulography study. *International Journal of Speech-Language Pathology*, 12(5), 414-425.
- Yin, R. K. (2014). *Case study research: Design and methods*. Thousand Oaks, CA: Sage Publications, Inc.

- Yoo, H. S., Yun, H. J., Chung, S. J., Sunwoo, M. K., Lee, J. M., Sohn, Y. H., & Lee, P. H. (2015). Patterns of neuropsychological profile and cortical thinning in Parkinson's disease with punding. *PLoS ONE*, 10(7), 1-12.
- Zelazny, C. M. (2001). Therapeutic instrumental music playing in hand rehabilitation for older adults with osteoarthritis: Four case studies. *Journal of Music Therapy*, 38(2), 97-113.
- Ziegler, D. A., & Corkin, S. (2013). New magnetic resonance imaging biomarkers advance the characterization of Parkinson disease. *US Neurology*, 9(1), 8-12.

Appendices

Appendix A – Interview Questions

1. Has the songwriting process revealed anything about how you interact and relate as a family? If so, give examples.
2. Has the songwriting process effected how you talk about your experience with Parkinson's disease as a family? If so, how?
3. Has the songwriting process impacted how you support one another and express emotions? If so, how?
4. Is the family doing anything differently as a result of the songwriting process? If so, give examples.
5. Has the songwriting process revealed anything about how you cope with difficulties as a family? If so, give examples.
6. Did you experience any challenges or struggles in music therapy? If so, give examples.
7. Explain your experience(s) of making music with your family and the SR.
8. Explain your experience(s) of writing songs with your family/sharing songs with your family.
9. Is there anything you hoped would have happened that did not? If so, give examples.
10. What would you tell someone else about music therapy and songwriting?
11. Is there anything else that you want to tell me that we may not have covered?

Appendix B – Adult Informed Consent

Title of Research: A Case Study of Clinical Songwriting in Music Therapy to Address Emotional Expression among an Individual with Parkinson's Disease and their Family Caregivers

Researchers: Dr. Patricia Winter & Jennifer Christy

We ask you to be in a research study that will examine the impact of clinical songwriting in music therapy on the emotional expression among an individual with Parkinson's disease and their family caregivers. If you choose to be in the study, you will be asked to participate in songwriting, instrument playing, singing, and/or other music therapy activities with the Student Researcher (SR) for one hour per week for a maximum of 15 weeks. The sessions will be video recorded to allow the SR to examine participant interactions within the session more completely and accurately. These recordings will be kept on a secure, password-protected computer belonging to the SR for three years, as required by Radford University.

This study has no more risk than you may find in daily life. Some risks to you may be an increase in emotions that may be uncomfortable.

If you decide to be in this study you may benefit from being a part of it. Some benefits to you may be increased communication and interaction among study participants, improved self-concept and self-esteem, increased expression of emotions, increased cohesion among participants, and increased ability to cope with difficulties.

You can choose not to be in this study. If you choose not to participate in this study, you are still eligible to receive music therapy services from the SR. A decision to not participate will have no impact on your relationship with the SR or Radford University. If you decide to be in this study, you may choose not to answer certain questions or not to be involved in parts of this study. You may also choose to stop being in this study at any time without any penalty to you.

There are no costs to you for being in this study. There is not payment for you taking part in this study.

If you decide to be in this study, what you tell us will be kept private unless required by law to tell. We will present the results of this study, but your name will not be linked in any way to what we present.

If at any time you want to stop being in this study, you may leave the study without penalty or loss of benefits by contacting Dr. Patricia Winter at (540) 831-6160.

If you have questions now about this study, ask before you sign this form.

If you have any questions later, you may talk with Dr. Patricia Winter or Jennifer Christy.

This study was approved by the Radford University Committee for the Review of Human Subjects Research. If you have questions or concerns about your rights as a research subject or have complaints about this study, you should contact Dr. Dennis Grady, Dean, College of Graduate and Professional Studies, Radford University, dgrady4@radford.edu, (540) 831-7163.

Being in this study is your choice and choosing whether or not to take part in this study will not affect any current or future relationship with Radford University.

If all of your questions have been answered and you would like to take part in this study, then please sign below.

Participant Signature

Date

We have explained the study to the person signing above, have allowed an opportunity for questions, and have answered all of his or her questions. We believe that the subject understands this information.

Researcher Signature

Date

Researcher Signature

Date

Note: A signed copy of this form will be given to the subject for the subject's records.

Appendix C – I Got a Name

(To the tune of “I Got a Name” by Jim Croce)

Verse 1

Like a newspaper on a Sunday morn,
I got a story, I got a story
Like Charlie Brown on a Christmas morn,
I got a story, I got a story
And I carry it with me like Snoopy did,
I’m living the dream as he lived his

Chorus

Moving me down the highway,
Rolling me down the highway,
Moving ahead so life won’t pass me by

Verse 2

Like a cheerleader at a football game,
I got hope, I got hope
Like poor men playing the lottery,
I got hope, I got hope
And I carry it with me and I sing it loud,
If it gets me nowhere, I’ll go there proud

Chorus

Verse 3

And I’m going to go there happy,
Like I am and I’ll always be,
I’ve got a disease, I’ve got a disease

It can change my mind but it can't change me,
I've got a family, and they have me
Oh I know I can share my feelings if you want me to,
If you want to listen, I'll share with you

Chorus

Appendix D – This is my Family

(To the tune of “You Are My Sunshine”)

Chorus

This is my family, my beautiful family
They make me happy when they are near
I hope they know how much I love them
My family means the world to me

Verse 1

My dear wife Susan, I'll always love you
You are the sunshine when days are gray
I know you'll always be there
And I'll love you 'til the end

Chorus

Verse 2

My son Michael, he makes me smile
When I think of all the mischief
I know he is just like me
Just trying to have fun

Chorus

Appendix E – The Journey Never Ends

(Written for participants by SR – chords not included)

It's been a long journey
One that we have shared
I've watched you grow so much
And do things you'd never dared

You have taught me so much
Things that I will never forget
You have shown me what a family can do
Together, you can tackle life's storms

I will always treasure this past year
You're so strong and resilient
Nothing can take you down

I've watched you be empowered in your own process
I've watched you step out of your comfort zone and even grow to challenge me
I've watched you open up about difficult and meaningful things
You have worked so hard
I hope that you continue to grow as individuals, and as a family
This journey is never over