

# UNHOUSED VETERANS' EXPERIENCES OF SONG SHARING

Unhoused Veterans' Experiences of Song Sharing in Music Therapy

Brianna Webster, LPMT, MT-BC

Pronouns: She/her

Advisor: Susan Hadley, Ph.D., MT-BC

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Susan Hadley, Ph.D., MT-BC, Thesis/Project Advisor

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Bronwen Landless, Ph.D., MT-BC, Reader

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Freddy Perkins, MMT, MT-BC, Reader

### Abstract

The purpose of this study was to explore the experiences of adult male veterans experiencing homelessness or poverty participating in group music therapy in a medium intensity residential treatment program. The intent was to gather service users' perspectives about how music therapy, and the effectiveness of song sharing in particular, is useful to them in this context and what about it has been helpful. The study utilized thematic analysis with the intention of highlighting the voices of unhoused male veterans as limited research exists on song sharing within this group context, and particularly less that highlights the voices of the participants. Through qualitative analytic procedures, 4 overarching themes encapsulated the experiences of the participants: song sharing (1) *is a positive experience*, (2) *integrates client choices to build community and connection*, (3) *supports relationship with music*, and music (4) *elicits a variety of responses*. Each theme and 18 preliminary subthemes are outlined and discussed in detail, along with implications for music therapy practice and future research.

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## **Introduction**

### **Rationale for Study**

Working in a medium intensity residential treatment program for homeless men was not what I had anticipated. I arrived to the first group with many ideas about how I would approach music therapy with them. I brought songs that I thought we could discuss and lyrics to analyze. I had worksheets and playlist formation forms. I brought my guitar and a slew of instruments for us to play. However, in our first group, many expressed that they wanted to listen to music. Most declined interest in the particular experiences I offered and expressed more motivation to engage in sharing songs with one another. This continued and now almost every group consists of song sharing with discussion and some live music occasionally with discussion. I began wondering why and how song sharing was so important for the participants. I began to think about what would have happened if I had pushed for my own ideas. I imagine that it could have been unhelpful at best and harmful at worst.

At first, I was really hesitant about a group consisting entirely of song sharing. I thought that it would be insufficient to support participants' wellness. I held an inherent bias that song sharing was an "easy way out" or "a lazy intervention." I was taught to value live music making in music therapy and had learned that what distinguished us from the average person providing music in these settings was that we provided live music making experiences. When I began addressing my own internalized beliefs about song sharing and challenging these thoughts in myself, I was able to become more open to what the group members needed. In turn, I felt that the group was able to delve deeper into their connections with the songs. This led to the veterans verbally sharing more frequently and more openly. I realized that when I was intently focused on what I thought it meant to be providing "good" music therapy services, I was not able to be fully

present with them. I recognized that I was not able to truly hear the men's stories through and with the music or authentically regard the participants as co-collaborators in the therapeutic experience. I wanted to shift my frame of understanding to one that uplifted the group members' voices, honored their decisions, built up their strengths, and valued their own awareness of what they need and know may be helpful for them in their own lives. In my own discovery and metaphorical "breakthrough" of this, I wondered what else was happening in the group from their perspective.

It felt like it would be easy for observers of the group to interpret me as a glorified jukebox. However, I knew this was not true. It felt much more meaningful to me. I began to observe many interesting and valuable insights, connections, processes, and dynamics emerging in our group. Although I find it useful for me to reflect and share my experience of what I felt to be helpful in the group, I decided that it would be more valuable to learn about it from the group members' perspectives.

For context, I am a white, cisgender, middle-class, married woman in my late-twenties who has not experienced housing insecurity and did not serve in the military. Many of the participants in the facility location in which the study was conducted are primarily black men in their late 50s or above who have served in the military and are currently experiencing housing insecurity. Occasionally, some participants are between the ages of 20-40 or white, but it is not the majority. In full transparency, I felt uncomfortable in my first few sessions in the space due to the differences in sociocultural identities and location of the facility. The location of the facility was also known for higher crime activity, which made me feel unsafe. I was uncomfortable in being a woman in a space of men because I have experienced hurtful words and gestures, and disrespect from men in previous therapy spaces. Additionally, I recognized that

as a white woman, the black men may have had experiences that I did not understand and injustices in their lives that may have benefitted me in my own. I was also unsure of myself and uncertain whether I was going to be able to adequately, ethically, and meaningfully provide music therapy with people of a different socioeconomic status and that held many different sociocultural identities, backgrounds, and experiences from my own. All of these factors shaped how I thought about the space and how we formed our time together. The initial discomfort I felt stemmed from my own experiences as a woman, insecurities about my abilities, and internal biases around race and socioeconomic status. I worked and continue to work to unpack, address, and be reflexive about these throughout my time with the individuals and research with the participants.

### **Literature Review**

Some of the earliest references to music therapy involve veterans. There have been references to therapeutic music being used as a morale booster and a distraction from pain or suffering, mentally and physically, during the Civil War and World War I (Briggs et al., n.d.; Spencer, 2013). Many of the first observed music therapists or early music therapy founders were individuals who worked with veterans and wounded soldiers that noted the benefits of music with their wellbeing (Music therapy and military populations, 2014; Gooding & Langston, 2019). Initially, musicians were hired to perform under the guidance of hospital personnel. It was the veterans' and wounded soldiers' consistent positive responses to music that led to the in-depth examination by the military of the implications of therapeutic music, and it was in 1945 that music was officially integrated into the reconditioning program for military personnel (Music therapy and military populations, 2014; Rorke, 1996). The first college curriculum for music therapy was established in response to the need for hired musicians to have training in



order to ensure the best patient outcomes in veterans' hospitals (Music therapy and military populations, 2014).

In the first outlined model of music programming for reconditioning in hospitals for veterans, music was encouraged to be provided in three different ways: active participation such as playing wind instruments, passive participation such as listening to music and engaging in discussion, and audio-reception such as attending live music performances (Rorke, 1996). There were many potential benefits noted for each level of music participation experience with goals of creating fellowship or connections with others, bringing a group together, releasing emotions, self-expression, assisting in adjusting to new limitations, hospital life, or social/civilian life, etc., and improving functioning (Rorke, 1996; Spencer, 2013). Today, music therapy with veterans is often focused on many of the same therapeutic aims or intentions. As music therapy research continues to build our understandings of its effectiveness with veterans, many benefits have been cited and acknowledged for a variety of concerns or challenges in numerous contexts.

It has been found that music may offer patients, whether veterans or not, a way to communicate thoughts and feelings when verbal expression is challenging and it can possibly awaken parts of the brain that may have been injured (Kern, 2016). Music can also provide sensory stimulation and regulate motor responses (Davis et al., 2008 as cited in Music therapy and military populations, 2014). For people with trauma exposure, music therapy may be a useful therapeutic tool to reduce trauma related symptoms, foster resilience, improve functioning, and engage individuals who struggle with stigma associated with seeking professional help (Landis-Shack et al., 2017). These potential benefits are particularly important for individuals with post-traumatic stress disorder (PTSD) and traumatic brain injuries (TBI),

both of which are common amongst military veterans throughout history and today (Music therapy and military populations, 2014; Kern, 2016; Reeder & Pyne, 2020).

### **Music Therapy within Military Contexts**

In 2019, Gooding and Langston conducted a scoping review of music therapy with military populations and a total of 27 publications were found including seven research studies, seven case studies or case reviews, six historical reviews, two anecdotal reports, two theoretical frameworks paper, and one literature review. This review of research thoroughly explored how music therapy has been utilized and discussed with military populations. In their review, they found that PTSD and TBI were the most common conditions in the veterans who were provided music therapy and that drumming was the most popular music experience cited. Fourteen of these publications examined clinical music therapy services, nine of which mentioned active music making and only two of which discussed music listening (Bensimon et al., 2008 and Bensimon et al., 2012 as cited in Gooding & Langston, 2019). Active music experiences that were explored in these publications include playing music or singing, music learning, song-writing, relaxation-based experiences, imagery and music, or music re-creation such as re-writing songs or performing established songs (Gooding & Langston, 2019). Music listening was embedded into a self-administered program for post-deployment military personnel with PTSD and or TBI, that was developed with the support of a music therapist as a consultant (Grantt et al., 2017 as cited in Gooding & Langston, 2019). Similarly, an individualized music program was explored in a single case report in which participant preferred music, in addition to therapist selected music, was included in the listening program to address mood (Wellman & Pinkerton, 2015 as cited in Gooding & Langston, 2019). However, the publication that felt most pertinent to my research included one of the historical reviews in which a recreational music program

incorporated song requests from active-duty military personnel (Robb, 1999 as cited in Gooding & Langston, 2019). However, participant perspectives were not included in that research.

### **Music Therapy with People with Mental Health Disorders or Substance Use Disorders**

Given that, according to the National Institute of Health, more than one in ten veterans has been diagnosed with a substance use disorder, which is higher than in the civilian population (NIDA, 2019). Given that many veterans experience PTSD, my review of literature focuses on music therapy with veterans, people with mental health disorders, and or people with substance use disorders, and people experiencing homelessness, as these are all intersections of identities within the participants of this research study. From this review of the literature, it was found that music therapy may increase motivation for treatment and readiness to change patterns of substance abuse with people with substance use disorders (SUDs) (Carter & Panisch, 2020). Additionally, Gardstrom et al. (2013) conducted a study exploring the effect of group music therapy on negative affect in people with co-occurring substance use disorders and other mental health disorders. They noted that the music therapy methods utilized in the group space for this study were composing music, receptive listening of songs with discussion in which the songs were predetermined by the music therapists, performing or re-creating music, and improvising (Gardstrom et al., 2013). Other research explored drumming with people with PTSD (Bensimon et al., 2008; Carr et al., 2012) or drumming with people with substance use disorders (Hill et al., 2017; Winkelman, 2003), participatory music making such as singing with veterans with substance use disorders (Lebowitz et al., 2015), and writing music or creating original songs with veterans (Bradt et al., 2019).

### **Music Therapy with People Experiencing Homelessness**

Over the past 12 years there have been a growing number of studies conducted on music therapy methods utilized by clinicians who work with people experiencing homelessness. In a descriptive study, Ehmling posits that music therapy research with people experiencing homelessness has been minimal (2018). Landless et al. (2023) conducted a narrative review in which it was confirmed that research with people experiencing homelessness is limited. The most frequently noted benefits of music therapy within the articles included in this particular narrative review include “experiencing, regulating, and expressing emotions; engaging in meaningful connection and support; and developing and expressing identities that resist oppression” (Landless et al., 2023, p. 1). A few articles were found to outline techniques, and ways in which music therapists work with youth or adolescents experiencing homelessness specifically (Bolger, 2015; Jurgensmeier, 2012; Fairchild & McFerran, 2019; Fairchild et al., 2017; Sample, 2019; Smith, 2012; Yates & Silverman, 2016). Even fewer articles were found that explored implications for music therapy with adults experiencing homelessness (Iliya, 2011; Marinaro, 2013; Murphy & Alexander, 2020; Williams, 2013). In one study, Lahue (2021) explored the benefits of music therapy with unhoused<sup>1</sup> persons from the perspective of the music therapists. They found that increasing resilience, fostering connections, and increasing expression were important noted positive effects. None of these studies focused on veterans experiencing homelessness. Music therapy techniques utilized in these studies included the use of the voice or singing (Cronley et al., 2019; Iliya, 2011), songwriting (Fairchild & McFerran, 2019; Landless, 2022; Marinaro, 2013), and music making and or improvisation (Sample, 2019; Smith, 2012). Based on my experiences with facilitating group song-sharing, I was specifically

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<sup>1</sup> The term ‘unhoused’ is used intentionally throughout this paper for the purpose of humanizing people experiencing homelessness. I take the position that participants are experiencing a housing problem due to lack of affordable housing and it is not a person’s personal failing or result of their life choices.

interested in investigating the benefits of receptive music therapy techniques, song sharing and listening in particular, which was not highlighted in the studies.

### **Song Sharing, Song Discussion, and Songwriting**

In my review of the literature, I did not locate any studies conducted solely on the receptive method of song sharing specifically with veterans experiencing homelessness. However, there has been acknowledgement of song or music discussion with various intersections relevant to this study. References have been made to receptive methods as one possible component of the music therapy process (Carr et al., 2012; Clark et al., 2013; de l'Etoile, 2002), or referenced to as a potential technique for specific intended benefits (Gardstrom et al., 2013; Gooding & Langston, 2019), rather than as the explicit area of study itself.

Lyric analysis has been referenced or studied within contexts related to substance use disorders and the music was often chosen by the music therapist prior to the session for a deliberate purpose (Carter & Panisch, 2020; Dingle et al., 2008; de l'Etoile, 2002; Gardstrom & Hiller, 2010; Hiller, 2019; Mays et al., 2008; McCaffrey, 2018; McCaffrey & Edwards, 2016). Gardstrom and Hiller (2010) offer suggestions on how to approach song discussion as music psychotherapy in clinical contexts, noting the helpfulness of including client preferences when choosing songs to discuss. They acknowledge that song discussion may improve self-awareness, release emotions, and lead to discoveries of greater life meaning (Gardstrom & Hiller, 2010). Additionally, studies have been conducted focusing on the importance of music selection as it relates to emotional responsiveness and overall correlating meaningfulness (Craig, 2009), the benefits of incorporating client music preference or client-chosen music when working with

people with trauma history (Skean, 2019), and with people experiencing homelessness (Sample, K, 2019).

Non-music therapy clinicians have explored the benefits of music activities led by non-music therapists or in collaboration with or support from music therapists with veterans such as recreational music listening (Zoteyeva et al., 2015), songwriting (Hirschberg et al., 2020), and guided imagery and music (Story & Beck, 2017). Songwriting, for example, through the use of pre and post intervention surveys/measures, was shown to be a useful tool in reducing PTSD symptoms of veterans when working with a professional songwriter (Hirschberg et al., 2020). In 2015, Zoteyeva et al. reported that many veterans in a Veterans Counselling program in Australia frequently utilized music in their own time as a tool for managing their mental health. In this study, personal music-listening was found to be a helpful strategy in emotional regulation, expression, and cognitive functioning such as problem-solving skills (Zoteyeva et al., 2015). While this information supports my feelings on utilizing the approach that I take with veterans experiencing homelessness, Zoteyeva et al. (2015) did not gather the perspectives of the participants via interview, only written questionnaires.

### **Centering Client Perspectives**

Centering music therapy participants' perspectives as primary methodology in research studies is expanding in the music therapy literature; however, it still remains limited. In my search, I found that in 1993, Amir explored moments of insight that occurred through the music therapy experience from the perspective of the participants. Additionally, there were a few studies that included adolescent voices in the research (Fairchild et al., 2017; Fairchild & McFerran, 2019; Rosado, 2019) and some studies that included the perspectives of adults in various mental health contexts (Rolvsjord, 2015; Marinaro, 2013; McCaffrey, 2018; McCaffrey

& Edwards, 2016). Although not music therapy exclusively, one article utilized the descriptions and shared experiences from adult participants experiencing homelessness to explore the implications of arts-based programming (Murphy & Alexander, 2020). All of these articles resonated with my study's vision of highlighting participant voices, but were not related to veterans in particular.

### **Summary**

From my review of the literature, music therapy has been found to be effective with military populations, people with mental health diagnoses, people with substance use disorders, and people experiencing homelessness. Some of the benefits that have been noted include readiness for or more willingness to engage in treatment, increasing resilience, fostering connections, and emotional or self-expression. Music techniques that have been frequently discussed and reviewed in the literature when working within the various contexts listed above include drumming, actively playing music, singing, and songwriting.

It has also been shown that song discussions and listening to music are beneficial techniques, such as for the reduction of PTSD symptoms and for emotional regulation. However, what is not clear are the benefits of client selected song sharing, particularly with veterans with substance use disorders who are experiencing homelessness. Although song discussions were highlighted in the research, the songs were often chosen by the music therapist and were frequently predetermined prior to the session. This research study focused on filling the gap in literature by exploring the experiences of veterans given the space to share their own music with others and discuss it if they like.

Recently, there has been an increase of including participant voices in music therapy research, perhaps in part due to the growing interest by clinicians in the theoretical frameworks

of feministic perspectives (Hadley, 2006), community music therapy (Stige & Aarø, 2011), and resource-oriented music therapy (Rolvsjord, 2015; Rolvsjord, 2015). However, music therapy participant voices are still not centered enough in our research. In my practice of music therapy, collaboration and client-centeredness is central. Thus, in my research I also wanted to center client voices. As such, the inclusion of participants in the research was not only important but necessary. Thus, the purpose of this study was to explore the experiences of adult male veterans with substance use disorders who were experiencing homelessness or poverty participating in group song sharing in a medium intensity residential treatment program. My primary focus was to study how the participants experienced these music therapy groups and what insights and understandings they had developed.

## **Method**

### **Participants**

In order to gather participants, I presented the study to each music therapy group across numerous weeks and seven agreed to participate. Inclusion criteria for suitable participants included: self-identified male veterans over the age of 18, proficient in English, and currently receiving therapeutic support from the designated medium intensity residential program for challenges relating to substance use and receiving housing. Participants must additionally have engaged in at least three group music therapy sessions with me prior to participating in this study.

### **Ethics**

This research protocol 2023-016-56-B was approved by the Slippery Rock University Institutional Review Board on October 25, 2022. There were several possible risks associated with this study that participants may encounter, particularly coercion and emotional discomfort



during discussion of their experiences when recalling complex memories or deep musical connections. To mitigate the risk of coercion, participants were reassured that participating in the research was voluntary and declining would not negatively impact their treatments, therapy, resources, or support from the facility in any way. To mitigate the risk of emotional discomfort, participants were made aware of the potential risks and of the purpose of the study prior to agreeing to participate and throughout the process. If emotional discomfort was experienced during the interview, we processed this together and the participant was encouraged to meet with their social worker or primary therapist at the facility following the interview. To ensure the protection of the participants identities and personal information, participants provided written consent to audio recordings and were reassured that the recordings would be deleted following the data analysis. Each participant additionally chose a name and I further anonymized it by utilizing Mr. First letter of their chosen name. No demographic information was taken in visual or written form, and was removed from transcriptions of audio recordings.

### **Methodology**

This study is rooted in the interpretivist theoretical perspective. Interpretivism posits that humans construct knowledge as they interpret their experiences of and in the world (Hiller, 2016). Interpretivist researchers follow the belief that “reality and truth are multiple human constructions...there is not one reality or truth- there are many” (Wheeler & Bruscia, 2016, p. 27). My epistemological position is a constructionist one. Constructionism assumes the position that meaning is created through engaging with the world (Matney, 2019). Because of this, I acknowledged prior to beginning the research and throughout the process of analyzing the data, that numerous different perspectives about the music therapy experience would inevitably be

presented due to the varying constructed realities of truth that each person possessed based on their individual lives.

This qualitative study aimed to gain insight into the participants' lived experiences. The methodology of this study was thematic analysis. I followed the six-step protocol presented by Nowell et al. (2017). The first step of this protocol included familiarizing myself with the data by reflecting on my personal thoughts as I read through the transcriptions of the interviews. Next, I identified commonalities in order to generate initial codes and began searching for themes among the interviews. These were examined and explored in order to make meaning of the experiences. Finally, after reviewing the themes, I defined and named them in order to produce the final report (Nowell et al., 2017).

### **Data Collection**

I first explained and outlined the research study to all music therapy participants at the end of each regularly scheduled group for a few weeks. A few people approached me stating their interest in participating in the study. After potential research participants expressed interest, I approached each person who met the inclusion criteria individually to explain the research study and provide them with the informed consent form. If they agreed to engage in the study, they met individually with me in a designated private room located at the participating facility. I took time to read through the informed consent form, answer any initial questions, and provide more information about the study with each participant prior to beginning the interview. The potential participants were assured that declining to participate was completely acceptable and if they chose not to participate, their treatment through the facility would not be impacted negatively. In addition, they were assured that withdrawing from participating in the research at any time was permissible.

Seven men that met the inclusion criteria chose to participate and five were interviewed individually. Two men requested to be interviewed together due to their enjoyment of discussing music together in and out of music therapy groups. These seven participants varied race, ethnicity, and military background. All of the participants identified as men over the age of 30 and were currently experiencing housing insecurity. Upon providing informed consent, participants engaged in a one-time individual semi-structured interview based on a pre-determined set of questions, found in Appendix C. During the interviews, I asked participants to share their experiences with song sharing and asked additional follow up questions to gain clarity or encourage elaboration based on participant's experiences regarding connection and support with their peers, self-expression, and music exploration. I audio recorded interviews via the Protect+ Audio recorder app on my password protected iPad and, for quality assurance, I additionally audio recorded interviews on the voice memo app on my password protected iPhone.

### **Data Analysis Procedures**

I first listened to all seven interviews and took notes of salient portions, potential themes, and meaningful ideas that seemed to emerge from each shared experience. I then uploaded the audio files to the online transcription software, Transcribe.wreally, to transcribe audio recordings of each interview. I additionally took time to review each transcription made by the software in order to fix errors and organize the quotes clearly. I transcribed two interviews myself by hand because the software was unable to transcribe due to poor sound quality from sitting outside during the time of the interview.

I then uploaded the transcriptions to the software Atlas.ti, which supported ease of coding and identification of overarching connections. I listened to the interviews while reading the

transcriptions to identify key statements. I then began applying codes to potentially relevant quotes from the interviews. Codes that were similar were condensed and combined and once all interviews were coded, the codes were then organized into groups. I then categorized the code groups into themes and subthemes as commonalities emerged.

### Findings

As the interviews were examined, four themes captured the ways in which the participants experienced music therapy (reference Table 1). According to the veterans, song sharing (1) *is a positive experience*, (2) *integrates client choices to build community and connection*, (3) *supports relationship with music*, and music (4) *elicits a variety of responses*. Each theme will be described in more detail, including the subthemes relating to the overarching themes as well as direct quotes from the veterans to enhance the descriptions. In each case, I have included the number of participants that endorsed each subtheme to provide the reader with a sense of how various experiences were shared by multiple participants.

**Table 1**

*Themes*

<b>Theme</b>	<b>Subtheme</b>	<b>Endorsed by</b>
<b>Song sharing is a positive experience</b>	Enjoyable	7 participants
	Engaging participants	6 participants
	Helpful	3 participants
<b>Song sharing integrates client choices to build community and connection</b>	Brings people together	5 participants
	Learn about others	6 participants

	Expands perspective	6 participants
	Client-centered	7 participants
	Challenges	4 participants
<b>Song sharing supports relationships with music</b>	Inspires deeper thinking about music	4 participants
	Increased engagement with music outside of group	3 participants
	Music for coping	4 participants
<b>Music elicits a wide range of responses</b>	Emotional Expression	6 participants
	Motivation for healthy choices	3 participants
	Self-reflection	3 participants
	Evoking memories	6 participants
	Physiological responses	7 participants
	Emotional responses	6 participants
	Building confidence	3 participants

### **Song Sharing is a Positive Experience**

Participants expressed their overall enjoyment of music therapy, song sharing in particular, and shared how it brought a sense of happiness. Mr. H stated, “I always feel happy

afterwards and I noticed a lot of like the other people that participate in a group are happier after the group." Similarly, Mr. J noted, "I think everybody around really enjoy the time that you here with us."

Listening to music and engaging with music together was meaningful and sparked interest in participating more often in future groups and in having music therapy more frequently. Mr. S shared, "I am into it. Look forward to it, as do practically everybody else..." and, "It's one group I look forward to going to." Mr. R expressed that he felt, "They should make it every Monday." Mr. J discussed his motivation for group by stating, "When there's music... I'll be there. I'm on time and I sit up in the front."

Because music therapy incorporated the men into the discussion and they were central to how the group was structured, music therapy encouraged engagement, held their attention, and enhanced their willingness to participate. Mr. T shared, "Even though people don't say nothing be attentive...there's one guy in the back, he don't ever say nothing, but his ear always to you" and, "Yeah that's what I'm saying like the open format. 'Cause you know sometimes, uh the gentlemen in the group sitting up straight listening to somebody speak for 15 or 20 minutes throws you off right. For one, it make you yawn and it make you tired... You know what but they say your groups don't be long because time is fast when you're having fun... Moreover, the music therapy group ends too soon." Mr. H commented, "And I don't know if you remember, but you started out with one or two people and now all of a sudden it's grown a little bit, you know. And my favorite's uh where, ya know, when everybody raises their hands." Mr. K additionally discussed the structure of other groups in comparison with music therapy sessions, stating, "Instead of just like listening to a lecture, or reading off a page or something like that, like, it's a, it's a great way to break up the day, you know."

A few of the participants shared how the group felt beneficial for them. Mr. M noted, "I think it's helpful to come to group. Something different. It breaks up the day." Mr. T stated, "I know you've helped me. This is the thing they call therapy and it's therapeutic for most of the guys in there."

### **Song Sharing Integrates Client Choices to Build Community and Connection**

Music therapy became a space for the men to practice autonomy through choosing music and leading the flow of the session. Mr. H stated, "It's awesome. It's different than you coming in and being like, okay, we're going to learn Mozart... it's kind of like write your own therapy type session. And it can get you know dark, it can get happy, it can get educational..." Similarly, Mr. K commented, "I like this take on it because of like...the self-guided, the self-selection of songs and then the how does that make you feel?...And it's just like with a lot of other things, like, I don't know how to define it, but I know it when I hear it. And music is definitely like that." This approach to music therapy broke down the preconceptions about group and lessened feelings of expectations to be or act a certain way in therapy groups. Mr. T shared, "Your platform, is structured where, if you participate, the more you participate, which I do a lot, more I get out of it," and, "I see a whole lot of stuff in music groups that I don't see in other groups. And then also they're more attentive to whoever is speaking about the song. I am too. When somebody picks a song, I be wanting to hear what they have to say about that song more than you do."

Engaging in collaborative discussion about the songs the group members took turns choosing cultivated a space of learning about each other and understanding of their points of view. Mr. H commented, "But the song sharing with other people that are participating in it, it makes me learn about them where I can't learn about them in a personal way. You know, your music choice is very, very personal but a lot of people like in our situation, where you're at a

shelter or you're in a institutional type atmosphere, people put up a fake front, you know?...like that's the first time I've heard my roommate share about losing somebody really close to him.”

Mr. K and Mr. S communicated a similar view. “It really is a great way to get to know somebody...It's a good way to find out where somebody else's head space is,” Mr. K shared. “By listening to theirs [song choice], you get a feel for what kind of person they really are instead of just taking them for, you know, first glance,” commented Mr. S.

Music sharing provided a space to be open with and relate to each other which built cohesiveness and a desire to be mindful of one another's backgrounds. Mr. T reflected, “Yeah so even if they don't like the song, and somebody say well I like this song because it reminds me of my mother, or when I was in trouble and it helped me through my trouble... Or like today, the guy said he was in prison and he listened to that song, like listened to that song all the time...See, it's not always the music, sometimes you hear something from somebody that's speaking,” and, “But... your group...let people let their hair down and be honest. 'Cause you can't tell nobody how they feel about a song. They can tell you how they feel about it. Right? That's what I like. So, when a guy picks a song and he tells you why he picked that song, that's why he picked the song. Then you know his demeanor, personality, ya know.” Mr. R shared, “The guy that was sitting behind me... said he took a shotgun to the store or something like that, I could relate to what he was saying, you know, because it's rough... I seen myself. The words he was saying, you know, I see myself in some of them situations.”

### **Song Sharing Supports Relationships with Music**

Engaging in music therapy inspired deeper thinking and reflection about the meaning of the song chosen by placing focus on the lyrics or inviting a new interpretation of a song. At times, introductions to new kinds of music invited fresh insights into their own lives as well. Mr.



K expressed, "I'm listening more to the lyrics than I normally would...I would normally just listen to a song for tone rhythm and beat and things like that. But you know, with it being in group, it's more of a focusing on the lyrics and the political content of the song itself," and, "Like it helps expose me to new artists, new genres even. And different interpretations on songs that I've already heard. I think that's the best part... Um, because, you know, you're actively listening to four different meanings of songs that you may or may not have heard before...And now it's like a group setting so everybody can have their own input." Mr. S commented, "It makes me think about the music a little bit more. Like about what if I'm questioning what I could say about it or what thoughts I have on it," and Mr. T noted, "Like some guys they don't ever pick a song but when a song come on they like, they be thinking about why they like that song."

Discussing music as a group provided a comfortable place to explore complex feelings, particularly about substances. Mr. K conveyed his thoughts on this, "And there's also maybe some stigma of trying to, or wanting to or needing to avoid some songs that are heavily reference to drugs and things like that. Um, but I think that's appropriate. I mean, we're in the world... just because we're in recovery, doesn't mean everybody else is, you know, we're still going to be, still have to deal with that kind of stuff...At least with the music, you have that buffer space."

Music therapy became part of many of their recovery journeys, including regaining inner strength to continue with treatment. Participating in song sharing groups re-ignited interest in music and encouraged them to incorporate music more in their daily lives. Mr. T acknowledged, "The group actually put music back in my life at this time. Because I was always a musical person. I always loved music right. You know now, when I was my better self, music was a part of me. Now, it's a part of me again. And it's making me my better self again." Mr. H

relatedly commented, “[I] got my groove back... You know after taking a break from, from technology and music, all the things that I used to do that I felt like it was a waste of time. Now, I'm incorporating that into my therapy more and more. Like in the morning, I have my coffee and...I listen to my music even though it's depressing. But yeah it's, it's learned me more I guess self-care skills if that makes sense.” Mr. R also shared, “But there's some songs that I have that I thought about in my head from what you played today and I'm going to put on my phone and sit back and get into it.”

### **Music Elicits a Variety of Responses**

Listening to music together is a fundamental portion of these music therapy groups. During interviews with participants, the effects of music on the body and mind surfaced naturally during the conversations. A common discussion point included that music helps to express emotions and supports reflection of feelings. This was conveyed by Mr. K, “You know before you even start hearing the song you think about how it's made you feel in the past and can or might not be different than how it's going to make you feel today,” and, “Yeah, you know you're trying to feel feelings, which I think this is supremely important for this type of environment now that I think about it...Like that's, that's very important, I think.” Mr. T shared that music, “Gives you a chance to express yourself,” and Mr. M stated that music “Brings up different emotions.”

Music sometimes creates a physical response in our body. Mr. H noted, “For some reason, vocals, really good vocals like brings the hairs on the back of my neck up you know. Or sometimes my heart hurts a little bit you know like my chest when it's like oh wow... started with trauma, and then later on my life, I put it into my, my routine to calm down to put me back to a special place to where I'm calm, and cool, and collected.” Music can sometimes provide a

sense of peace and calm. Music is used for relaxation outside of group for many of the participants and in group, it helps people feel comfortable. Mr. S shared, "...But this keeps me in my space. Keeps me grounded," and Mr. R expressed that music helps him feel "Much relaxed. Definitely relaxed. How can I say it? It's like, you know, my body is there, but my mind is somewhere else." Mr. M commented, "I was thinking it was a time to be relaxed. And listen to music and let go of the outside world," and Mr. T stated, "Not only it releases tension and pressure, it makes you relax. That's what music do, that's what it's supposed to do. That's why it's been around for such a long time."

Music can be a powerful tool for evoking memories. For many of these participants, music reminded them of their younger years and loved ones. "Different songs can definitely make you think of different things. They can bring back good and bad memories. But just like anything else. And we have to deal with the memories, just good or bad no matter what," stated Mr. K. Mr. R voiced, "It brings me back to a certain point in my life, you know like the James Brown you know, King Heroin that took me back...the one who requested it, what he said, why he you know requested it you know was deep. So, you know it kind of had me thinking... took me back." Likewise, Mr. T remarked, "It always brings you back like the last time I heard that song, I was right here. The first time I heard that song, I was doing this... I used to listen to that song all the time, wow I want to listen to that song now."

The love of music and the desire to engage with it was generalizable. It inspired some people to plan out their song selections in advance prior to group and practice a song they wanted to sing. Mr. T discussed, "So, your group is not just for hour, your group is for a hour with us but he's gonna be in group when he's singing, practicing, when he in the mirror in the bathroom singing or humming this song. See that's therapy right there. That's pushin' therapy

out of group. It's still therapeutic for him because he's thinking about his craft, his song and what he's gonna do when you come back in two weeks. So out of that whole 2 weeks you're gone, he may be...anywhere from 8 to 20 hours into practicing that song while you're gone. That's a lot of therapy. Self-therapy."

### **Discussion**

In addition to enhancing our understanding of experiences of song sharing with veterans experiencing homelessness, the four main themes that emerged offered insight into the role that song sharing may take in clinical practice. As reflected in the first theme, song sharing was a positive experience. The men described the importance of music in their lives and having the opportunity to share a part of themselves with their peers through music was meaningful and affirming. The music therapy participants cultivated a space to honor each other's choices and value other's perspectives through the sharing of songs, which as reflected in the second theme, led to building community and connection with each other and themselves. Participants began to reflect on the ways music affects emotions, body responses, and their level of motivation, as revealed in the fourth main theme.

In my observations of the song sharing groups, group members often shared about feeling more relaxed after listening to music. Group members reflected on the use of music to manage anxiety and cope with stress in their daily lives. As reflected in the third main theme, song sharing also fostered deeper thinking about music, particularly with memories the songs produced, and how music can be used in positive ways in their daily routines.

Research participants commented on their appreciation for hearing others' music preferences in a group setting. This is a common discussion topic in the music therapy groups because group members share their appreciation for hearing new music and gathering fresh ideas

on how music can be interpreted. It was during these conversations in groups that I first became interested in learning more about the impact of song sharing.

Prior to this study, and even prior to my working with this group, I held an internal bias against song sharing. Although I understood the meaningful and positive effects of song sharing and knew that it may be valuable in certain instances, I felt that it was not a true depiction of music therapy if utilized as the sole experience, rather than as part of song discussion or lyric analysis. When I first began working at the program site in which this study was conducted, I brought many ideas from my metaphorical music therapy tool kit. I held the expectation that we would discuss songs that I bring in for lyric analysis, play instruments, learn to play music together, and engage in relaxation exercises with music. On my first day, however, it was clear that many of the men were more interested in simply listening to music for the sake of listening to music and sharing it with others. Initially, I felt it was going to be a useful way to learn more about each other at the beginning of the first few groups. This quickly stretched into the entire group and subsequent groups. Many were eager to share more songs and had selected songs prior to group and were looking forward to sharing them in future groups.

In practice, I am influenced by many of the qualities of community music therapy and felt deeply aligned with its values. Acknowledging and appreciating the context, the various dynamics of the participants within the facility, and the wider community impacts, were essential to practicing in this space, aligning with the community music therapy quality of “ecological,” one of the seven qualities outlined by Stige and Aarø (2011). Ecological refers to recognizing and understanding the intersections of an individual’s systems in their lives (family, themselves, community, etc.) and this felt particularly necessary within the facility (Steele, 2016). As I began reframing my perspective and reevaluating my approach, I was also drawn to the community

music therapy quality of reflection (Stige and Aarø, 2011). This refers to the ongoing reflective questioning of the clinical work through discussion with others and internal reflection that leads to evaluating practices and making continuous changes for growth and development (Steele, 2016). During the reflexive process, I unearthed the internal belief that as a music therapist, I feel the need to fix or change every person with whom I work. Despite my conscious feelings against this as a clinician, this resonated in my unconscious, particularly for these group sessions. This stems from an even greater internal hierarchical belief that professionals should be all knowing and impart their knowledge on clients. It was one of the driving reasons for my uncertainty with song sharing in general. Song sharing in a group space does not lend itself to the idea in which I am the all-knowing professional and in full and complete control over the session. Song sharing by its nature relinquishes a sense of the music therapist's power over the flow of the session. The songs shared by participants are unknown to a music therapist prior to beginning the sessions and may be completely unfamiliar to the therapist. Additionally, there are no pre-planned discussion questions for a music therapist to use to evoke discussion. Depending on the makeup of the group on any given day, this approach can involve a potentially challenging dynamic if one participant has a strong response, negatively or positively, to a song that is shared by someone else.

The findings in this study support the belief that each person is the expert when it comes to their own experiences and perspectives. The theme of building community shows us that these men craved community and by sharing songs as a group, they were building connections with each other. This supports the findings that music therapy provides a space for participants experiencing homelessness to engage in meaningful connection and support (Landless et al., 2023). They did not need to engage in active music making or pre-planned music therapy

experiences in order for this connection to grow. This is important to consider given the stigma that I felt as a result of my education and what other music therapists have shared with me concerning what music therapists should engage clients in given our expertise. The concepts of including client's musical preferences and drawing on a client's every day uses of music have been found to be extremely helpful in making music therapy meaningful with people experiencing homelessness (Sample, 2019; Fairchild & McFerran, 2019). Yet, little research exists that discusses these concepts as primary techniques in sessions. I believe one reason for this is that music therapists may feel that this kind of experience is beneath our training and something that any untrained person can provide.

Reflecting on these findings, I realize that because of my discomfort and anxiety, I was not fully present nor truly engaging with the song sharing experience with the group at first. I was not engaging in true collaboration, a concept that has been found to support growth through enhanced connections and empowerment in music therapy with people experiencing homelessness (Bolger, 2015). I wanted a more directive role in their experiences despite my desire to collaborate. I wanted to feel that I was supporting them by what I was doing and I felt that in this experience, I wasn't doing enough. However, the findings suggest that this was supporting them and that it was enough. The participants' reflections suggest that the men experienced the groups as rich with meaning and helpfulness, supporting the notion that music selection is linked to emotional responsiveness and overall correlating meaningfulness (Craig, 2009). Zoteyeva et al. in 2016 noted that veterans listened to music more than any other leisure activity and music listening supported emotional regulation strategies. Many group members were limited in their resources for music listening outside of music therapy in their day-to-day routines. This may contribute to the need, desire, and subsequent meaningfulness of a group

space like this and their general interest in the opportunity to hear music. It seems that the importance of music in daily life is evident in and out of a designated music therapy space. A music therapist's training may bring a particular knowledge of music and understanding of the ways one may connect with music, encouraging a different level and type of discussion. However, music listening and music discussion may be utilized meaningfully in other types of therapy spaces, groups, and individual time too. In addition to supporting the power of song sharing in music therapy, this research confirms that incorporating and encouraging music in other areas of a person's treatment and daily life may be valuable.

Upon examining the themes and subthemes, I noticed that all seven of the interview participants mentioned the groups being enjoyable, reflected on them being client-centered in some capacity, and noted a physiological response to music such as relaxation. These three topics additionally aligned with my own observations of the song sharing experience and were the crux for the development of the four main themes. These themes support findings in some of the literature as well. The subtheme of relaxation as a response sometimes elicited by music supports the findings discussed in a narrative review by Landless et al. (2023) in which it was found that music therapy may reduce stress and promote relaxation with people experiencing homelessness. In this same narrative review, other discussed benefits of music therapy include expressing and regulating emotions, which aligns with this study's subtheme of emotional expression (Landless et al., 2023). Moreover, this study's findings support the conclusions discussed in Lahue's (2021) study in which music therapists shared that some of their perceived benefits of music therapy include fostering connections and increasing expression.

The fact that participants felt their time in music therapy was positive was crucial to their subsequent participation and continued engagement. Song sharing was enticing and interesting



which invigorated the men to engage more and feel more open to share in the music therapy space than they reportedly engaged in other therapeutic spaces. Their heightened investment supports previous research findings that the involvement of music can enhance engagement with people resistant to other kinds of treatments and can create a safe environment to explore trauma and emotions (Reeder & Pyne, 2020). The interviewees also noted that they felt the energy of the facility and the entire group of men was happier and more relaxed following music therapy groups. This led the participants to feel more patient and comfortable with each other.

From my perspective, song sharing offered participants an opportunity to regain independence and have a voice in their treatment, supporting community music therapy principles (Steele, 2016; Stige & Aarø, 2011). Particularly, the community music therapy quality “participatory” refers to the process of engaging collaboratively and being active participants in the therapy process (Stige & Aarø, 2011). Song sharing was a collaborative practice that empowered individuals to share their experiences. It created a space for every person to feel welcome and comfortable with expressing themselves, aligning with community music therapy values (Steele, 2016). The gesture of trust that comes with relinquishing the structure and control to the group was powerful. The entire session being participant driven provided validation that they were fully capable of guiding their own therapy. It reinforced their strengths and re-established confidence in themselves. This aligns with the community music therapy ideal of “resource-oriented” in which a music therapist emphasizes a person’s unique resources and innate potential (Steele, 2016) and with resource-oriented music therapy, in which a participant’s strengths are highlighted rather than their deficiencies or pathology (Rolvjord, 2015).

Music has the ability to release tension and stress (Gooding & Langston, 2019; Fairchild & McFerran, 2019), as many of the participants shared. However, it also has the capacity to

evoke painful feelings or experiences. This was a common topic during the interviews for the study in addition to other types of responses that were elicited during groups. A few of the study participants discussed how the song sharing process brought heightened awareness to the lyrics and meaning of the songs which inspired more profound reflection of the music. This supports Gardstrom and Hiller's (2010) findings that song discussion can provide opportunities for a client to project their unconscious thoughts, feelings, or life experiences onto the character or object in the song. Sharing a song is expressing part of yourself, even if only one emotion for that moment. Song discussion can also lead one to acknowledge and understand how or why they may identify with certain characters, objects, or scenarios in a song. This psychological identification process with music may lead to new insights about oneself (Gardstrom & Hiller, 2010). For the participants in this study, song sharing paved a path to explore some of the psychological processes of identification and projection.

Many of the study participants shared that hearing others' music choices and thoughts about the songs helped them to learn more about each other as well. I believe there is a strength in the vulnerability it takes to share music that reflects part of your experience. The idea of music as a representation of self is discussed in Amir (2012). In this study, Musical Presentation (MP) is discussed as a specific tool for exploring self and learning more about each other through music in a group context (Amir, 2012). A few of the research participants for this study noted that music preference can be personal and it is a part of you. Amir (2012) reflected on the insight and self-knowledge that can be gained through the process of choosing music to share, discussing the music and identifying connections with it, and then receiving feedback from the group. The sense of empowerment and comfort with opening oneself up to a group of peers supports community music therapy concepts as well (Stige & Aarø, 2011; Steele, 2016). In the

process of learning about each other, participants also became witnesses to each other's stories and experiences. They became supports for each other as they explored their projections, insights and identifications.

In conclusion, the unhoused veteran participants at a medium intensity residential treatment program shared their experience of song sharing in music therapy. They noted that it was a positive experience that supported their relationship with music and built connection and community by integrating their choices, supporting the noted core values and qualities of community music therapy, which I closely aligned with throughout the research and continue to be influenced by in practice (Steele, 2016; Stige & Aarø, 2011). These participants additionally reflected on how music elicits a wide range of responses, particularly that it encouraged the expression of emotions, evoked memories, or instilled a physiological response such as relaxation. From my own clinical perspective, song sharing is a meaningful music therapy experience that can and should be considered as useful and valuable as all other music therapy techniques. This study affirmed my belief and emphasized song sharing as an opportunity to deepen understanding of oneself and others and someone's relationship with the music.

### **Limitations and Suggestions for Future Research**

As with all research studies, there are limitations that must be acknowledged. Although I engaged in reflexive processes throughout this study by journaling, discussing the process with peers and colleagues, and regular meetings with my mentor and co- investigator, my interpretations of the interviews are inherently partial due to my own participation in the music therapy groups in which the study participants are discussing. This program was a formative part of my growth as a clinician and was an impactful learning space. These positive feelings that I

associate with the participants and with the program as a whole impact my understanding or review of the interviews for the study, even though I remained mindful and conscientious of this.

There are limitations that come with the possibility of the participants being familiar with me and having worked with me in groups prior to engaging in this study. There may have been an inherent desire to please me or answer in an optimistic way. Despite reminders and reassurances from me, they may have responded in ways that were kinder or more positive out of feeling obligated to me or even embarrassed or uncertain about critiquing their experiences with song sharing. Similarly, the differences between sociocultural identities may have limited authentic sharing and honesty during the interviews.

It is my hope that this study highlighted the value of song sharing as a viable and meaningful primary music therapy experience. I hope that this study has uplifted music therapy and encouraged other programs similar to this one to consider music therapy as a treatment option. I recommend an idea for future research to utilize focus groups to discuss topics such as song sharing and experiences in music therapy. Focus groups may alleviate stress or pressure in being interviewed and encourage authentic sharing and relating to one another. It may be useful for the researcher to be a different therapist than the therapist leading sessions to minimize the potential for participants to respond solely in positive ways out of desire to please the therapist.

I believe more research needs to be conducted that includes participant voices with any and all music therapy participants, but particularly with veterans. With more research utilizing music therapy participants' perspectives as the central focus of the study, those that are unfamiliar with our work might gain a better understanding and be more receptive to support funding it or incorporating it into programs. Additional research in song sharing within a variety of contexts including participants with different experiences from this study may be extremely

advantageous to further our knowledge on the use of music listening for healing, discussion of songs, and the power of choice in sessions.

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**Appendix A**  
**CONSENT TO PARTICIPATE IN RESEARCH**

**Veterans' Experiences in Music Therapy in a Medium Intensity Residential Treatment  
Program  
for Homeless Men**

Susan Hadley, Ph.D, MT-BC; [susan.hadley@sru.edu](mailto:susan.hadley@sru.edu)  
Brianna Webster, LPMT, MT-BC; [bmw1032@sru.edu](mailto:bmw1032@sru.edu)

**Invitation to be Part of a Research Study**

You are invited to participate in a research study. In order to participate, you must be a man currently receiving therapeutic support from this designated facility, be over the age of 18, be a veteran, be proficient in English, and have engaged in at least 3 group music therapy sessions. Taking part in this research project is voluntary. You can withdraw at any time without penalty.

**Important Information about the Research Study**

**Things you should know:**

- The purpose of the study is to explore the experiences of male veterans in group music therapy and how it has been helpful, particularly how the exercise of song sharing has been useful.
- If you choose to participate, you will be asked to participate in an interview with the researcher about your experience in the music therapy groups that will take no more than 30 minutes.
- While we don't anticipate risks or discomforts associated with this study, you may experience some discomfort related to questions regarding your thoughts and feelings about group.
- You may experience emotional benefits from participating in this study, such as deeper self- insight and increased self- esteem when reflecting on your experience in group music therapy.
- Taking part in this research project is voluntary. You do not have to participate, and you can stop at any time without it negatively affecting your treatment at the at this designated facility or music therapy groups.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

### **What is the Study About and Why are We Doing it?**

The purpose of this study will be to explore the experiences of male veterans participating in group music therapy. The researcher would like to investigate the usefulness of song sharing in particular and understand what additional parts of music therapy have been helpful. The intent is to hear the perspectives of the participants themselves about their experiences in the music therapy groups.

### **What Will Happen if You Take Part in This Study?**

If you agree to take part in this study, you will be asked to participate in a no more than thirty-minute-long individual interview with the researcher, which will include open-ended questions regarding your experiences engaging in group music therapy. This interview will take place after you have participated in at least three music therapy groups.

### **How Could You Benefit From This Study?**

Although you will not directly benefit from participating in this study, you may experience emotional benefits, such as heightened self- insight regarding your connection with music, relationships in your life or with yourself.

### **What Risks Might Result From Being in This Study?**

While we don't anticipate risks or discomfort, you may experience some intense feelings when recalling any complex emotions or deep musical connections when describing your experience in music therapy groups. If you do have an emotional reaction, the music therapist will process this with you. Additionally, your case manager will be available to speak with you following the interview if needed.

### **How Will We Protect Your Information?**

We plan to publish the results of this study. To protect your privacy, we will not include information that could directly identify you. You may choose a pseudonym, or one will be given to you by the researcher(s). Transcriptions of the interviews will be kept in a password-protected folder on the password-protected computer(s) of the researcher(s).

### **What Will Happen to the Information We Collect About You After the Study is Over?**

We will not keep your research data to use for future research or other purposes. Your name and other information that can directly identify you will be kept secure and stored separately from the

research data collected as part of the project. Research materials will be kept for two years and then destroyed.

### **How Will We Compensate You for Being Part of the Study?**

There is no compensation for this study. It is completely voluntary.

### **What are the Costs to You to be Part of the Study?**

There are no costs associated with participating in this research study.

### **What Other Choices do I Have if I Don't Take Part in this Study?**

If you choose not to participate, there are no alternatives at this time.

### **Your Participation in this Research is Voluntary**

It is totally up to you to decide to be in this research study. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any interview questions you do not want to answer. If you decide to withdraw before this study is completed, any data collected during your participation will be destroyed. Declining to participate or withdrawing from participation will in no way negatively affect your support from this designated facility or group music therapy.

### **Contact Information for the Study Team and Questions about the Research**

If you have questions about this research, please contact Susan Hadley at [susan.hadley@sru.edu](mailto:susan.hadley@sru.edu) or Brianna Webster at [bmw1032@sru.edu](mailto:bmw1032@sru.edu). We are happy to answer any questions you may have about this study.

### **Contact Information for Questions about Your Rights as a Research Participant**

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Institutional Review Board  
Slippery Rock University  
104 Maltby, Suite 008  
Slippery Rock, PA 16057



Phone: (724)738-4846

Email: [irb@sru.edu](mailto:irb@sru.edu)

### Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. We will give you a copy of this document for your records. We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I understand what the study is about, and my questions so far have been answered. I agree to take part in this study. I understand that I can withdraw at any time. A copy of this signed Consent Form has been given to me.*

\_\_\_\_\_  
Printed Participant Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

By signing below, I indicate that the participant has read and to the best of my knowledge understands the details contained in this document and have been given a copy.

\_\_\_\_\_  
Printed Name of Investigator

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

### **Audiotape Release Form:**

We request the use of audiotape material of you as part of our study. We specifically ask your consent to use this material during the study, as we deem proper, specifically to analyze participant experiences in group music therapy. Your interview with the co-researcher will be recorded, transcribed, and then the recording will be destroyed. Regarding the use of your likeness in audiotape, please check one of the following boxes below:

I do...

I do not...

give unconditional permission for the investigators to utilize audiotapes of me as described above.

\_\_\_\_\_  
Printed Participant Name

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## Appendix B

### Interview Questions

- What was it like to be in group music therapy here at this facility?
  - What are some thoughts or feelings that come to mind when thinking about these groups?
  - What are some physical or bodily sensations that come to mind when thinking about these groups?
  - Are there specific skills or ideas you gained from music therapy that you feel you could utilize outside of these groups?
  - What was it about these groups that helped you if they did?
  - How did you feel about being part of choosing what to do in these groups?
  - Please describe how your experience in these groups has impacted your relationship with music.
- What was it like to engage in song sharing in these groups?
  - Please describe some of your experiences listening to others' music choices and engaging in discussion regarding the songs.
  - Please describe some of your experiences choosing your own music to hear with the group and engaging in discussion regarding the songs.
  - What was it about this exercise that was helpful for you if it was?
- What were your expectations of music therapy prior to engaging in this group? Did they change once you participated in a session?
  - What about it was different or the same?
  - Please describe your thoughts and feelings about using music in this way in these groups.
- What was it like to be in group with the music therapist? The other group members?
  - How do you feel your relationship with the other group members changed through the music therapy experience?
  - How, if at all, do you feel these relationships are helpful to you?
  - How have these groups, if at all, changed your relationship with yourself? With music?