

ARTICLE

Rap and recovery: A music therapy process-oriented intervention for adults with concurrent disorders

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ABSTRACT

Drawing on their experience facilitating a group called "Rap and Recovery," the authors examine the intersections between recovery and psychodynamic views of health and share their social justice perspectives to consider how clients with concurrent disorders might develop senses of agency, well-being, and community in weekly music therapy sessions. They present theoretical influences as well as practical details, including the description of a Rap and Recovery session. This includes a critical, reflexive analysis of professional roles and considerations. The authors conclude that the power of rap-based music therapy to nurture, disrupt, and transform serves as a dynamic space for clients and therapists to question individual and collective commitments, relationships, and identities in attempts to rethink and re-engage understandings of health and wellness.

KEYWORDS

music therapy,
recovery,
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INTRODUCTION: TOWARDS A DYNAMIC VIEW OF RAP AND RECOVERY

The creation of any music therapy programme, including Rap and Recovery, raises critical questions about what it means to be human and to dwell in relation with others, including careful consideration of therapeutic intentions, processes, and outcomes. What roles does music therapy play, if any, in facilitating individual agency and community-building among clients with concurrent disorders? How do music therapists balance diverse views and discourses of health with perspectives of recovery that afford clients agency and autonomy? These are questions that have torn, teased, and tugged at us as therapists during our planning, decision-making, conversations with clients, and post-group discussions as healthcare professionals.

Our use of rap as a medium for music therapy initially evolved out of client interest and curiosity around music-making and the use of beats as dynamic forms of individual and collective expression. Drawing on the rich history of rap as an expression of the social-political Hip-Hop movement from the 1970s combined with the global goals and directions in place at our healthcare facility, we began exploring options for developing weekly rap sessions for clients with concurrent disorders who demonstrated a fascination with listening to and performing rap. In our programme, we ask clients to write lyrics to the same beat for a group rap, record and then discuss rap lyrics from a personal perspective as related to their mental health and recovery.

Before discussing the Rap and Recovery programme, reference to the healthcare context in which we work as music therapists will help to set the stage for the discussion that follows. The clients described in this article were in a Canadian inpatient tertiary care facility at different points in time between 2013-2018 (see *Client consent* below). In Canada, tertiary care is for those requiring a high degree of care for acute psychiatric mental health needs. At our particular facility, clients have complex concurrent substance addiction and mental health disorders, including at least one Axis 1 diagnosis. Most of those we support are male. There are treatment facilities in the area for women; however, men are reported to have higher rates of addiction than women, with the latter having higher rates of anxiety and mood disorders (Pearson, Janz & Ali, 2013). Referrals come from a variety of sources, including other medical facilities, the court system, and clients themselves who choose to receive treatment.

Our onsite organisation and its overarching, provincial healthcare system focus on individual recovery and care planning for each client and offer a wide range of professional services. Unlike some drug addiction centres, ours does not enforce a policy of zero tolerance but views recovery as a process during which some relapses may occur as individuals work towards wellness. Clients are assessed and re-assessed during their stay for indicators of cognitive, physical, emotional, spiritual, and mental wellbeing by an interdisciplinary team with backgrounds in diverse fields, including therapeutic recreation, social work, psychology, occupational therapy, nursing, spiritual care, art therapy, and indigenous care, among others. Team members at different levels meet regularly with each other and with clients. Clients are also expected to participate in a variety of mandated and optional programmes in pursuit of their wellness. Duration of treatment is according to individual client needs, progress, and self-identified goals. The establishment of realistic goals on the client's part can sometimes be a challenge.

It is necessary for readers to understand the range of concurrent disorders clients at our work setting experience. The impact of severe psychosis coupled with years of what is often polysubstance use (use of crack, crack cocaine, crystal methamphetamine, heroin, marijuana, fentanyl, opioids, amphetamines, and methamphetamines, among others) can result in acute disruption to an individual's attention, insight, planning, and impulse control. Self-determination and agency, qualities that music therapists support and seek to nurture in clients from the onset of treatment, are commonly affected or have failed to develop from an early age. Often, clients have complex backgrounds that may include homelessness, poverty, brain damage from chronic substance use, Post-Traumatic Stress Disorder, as well as comorbid diagnoses, such as personality disorder, anxiety, depression, psychosis, and stimulant use. Music therapists read and study admission profiles of clients and, when possible, attend rounds in order to understand and manage interdisciplinary complexities of client care. As

music therapists, we have found that individuals with concurrent disorders benefit most from shared support and consultation by a team of healthcare professionals.

In this collaborative environment, we have also found that music therapy programmes offer an inviting space for clients to share their life stories, to use music as a dominant form of self-expression and creativity, to explore and rethink senses of self and others, and to consider and plan a future that embraces healthy living. Services we provide as music therapists have challenged us to develop meaningful, authentic, and inclusive programmes facilitated with respect for the clients. In turn, the programmes have won the respect of the clients.

Nowhere have the challenges and successes of our roles engaged us most passionately than in the organisation and development of our Rap and Recovery group. We discovered, in the early development of the programme, that many clients in our weekly sessions were attracted to and fascinated by beats and programmed rap music and, further, that the use of rap facilitated engaged discussion and self-disclosure between clients and music therapists. We believed that the insights expressed could be starting points for more in-depth conversations about health, healing, and wellness. Consequently, much of the direction for our initial sessions was client-driven through our interactions with them as we introduced the rap programme in the onsite music therapy studio.

From the programme's inception, we have attempted to listen carefully to client needs and interests with the goal of making programming content relevant. At the same time, we have discovered that clients with addictions and concurrent mental health needs are often not well enough to guide their therapy entirely and to make informed choices about their health, given complex histories of substance use and their physical, psychological, and emotional needs. In these instances, clients benefit from programming structures coupled with input, choice, and maximizing personal agency. The extent to which client-centred versus therapist-centred structures shape weekly rap groups is fluid and co-emergent.

Our music therapy sessions are also contextualised by rich cultural legacies that reflect and draw on the influence of rap music as a catalyst for social reform. We did not establish our programme as a framework for social change. It was initially organised rather spontaneously as an activity-based programme without a great deal of critical reflection on our part. In the confluence of programme planning and discussions about client health that emerged each week in the studio, we began to appreciate the complex web of actions, intentions, and beliefs that were shaping and inspiring our work. The stories we started hearing and sharing as colleagues were narratives of adversity and pain, of starting and restarting, of fragmentation and wholeness, chaos and calm, and most tenderly, tales of hope and transformation. The narratives expressed by group participants regularly even today are narratives about health and vitality that we also enact and re-enact in our quest as music therapists to stay healthy (Bonde, Ruud, Skånland & Trondalen, 2013; Solli, 2015). Thus, while our implementation of the Rap and Recovery group may have initially been in response to client demands for a particular genre of music, our relationships with individuals at the facility and our values and beliefs as individual therapists far exceed the boundaries of classical behaviourism and humanism. We are acutely aware of our Caucasian male status as therapists, yet embrace the underlying philosophy of Hip-Hop to offer a social justice lens that is inclusive of all participants regardless of race, culture, social status, class, gender, and sexuality.

We are also mindful that our readings of and assumptions about wellness and how we seek to support others make us complicit in the worlds we seek to co-create with clients. Possibilities and constraints for them to express healthy senses of self and other are paralleled by limitations and opportunities for us as therapists to be attentive to our belief systems and values, as well as the institutional discourses and demand structures that inform therapeutic programming.

Some colleagues have remarked, "Rap? How intriguing! How does that work?" Others have made comments such as, "Rap? I hate rap. I could never do that". Renshaw (2015) and Viega (2015) note that music therapists need to be aware of their potential cultural limitations in regards to rap music. The use of rap in music therapy requires a certain level of understanding and respect for rap as an art form (Tyson, 2002). Tyson came from a social work background and is arguably one of the first writers who brought to light the therapeutic benefits of Hip-Hop and rap. Lightstone (2012, p. 46) states that "an important component of therapy with oppressed and marginalised people is working toward feelings and realities of empowerment and learning to use that sense of empowerment to overcome the oppression they suffer". Rap music can act as an empowering and transformative agent by offering challenges to the politics and ideology of the dominant culture (Bishop, 2002; Stephens & Wright, 2000). Use of rap in music therapy can offer more immediate access to discussions about oppression, social justice, feminism, and empowerment.

Our writing draws on our histories and experiences as therapists as well as the theoretical influences that have shaped our actions and thinking about Rap and Recovery over time. We describe the details of participant consent and key terms before reviewing the literature on rap in music therapy. We then shift to focus explicitly on the Rap and Recovery programme and its transformation over time. We recognise that a therapist's tastes in music may differ from music used for therapeutic purposes. Do we enjoy rap music ourselves? We believe that therapists need to find value and connection to musical genres preferred by clients. In order to relate to clients authentically through rap, we remain mindful of its potential therapeutic benefits. Over time, our learning, reading, and inquiry about rap have engaged and strengthened our appreciation and value of this musical genre. Discovering the anti-oppressive origins of Hip-Hop and rap anew, and observing clients' progress in our Rap and Recovery programme, have confirmed for us the value of rap as a focus of music therapy. The first author teaches university students about the benefits of rap as well as the skills needed to use rap in a variety of music therapy settings, including mental health, harm reduction, and federal corrections (post-prison) settings. Coincidentally, the growing use of rap within the field of music therapy has contributed to the development of new work opportunities for music therapists.

CLIENT CONSENT

Content for our writing was collected between 2013-2018 when multiple music therapists, interns, and practicum students were at our facility to assist with programme review and reflection. We collected a variety of data: medical chart reviews, audio recording and videotaping of Rap and Recovery groups, formal client observations, one-on-one videotaped post-session interviews with rap participants, and informal client assessments. These were gathered and analysed to better understand the perceived benefits of the Rap and Recovery programme from clients, as well as specific information about their

participation and progress in weekly sessions. We also used data to inform music therapy programming.

DEFINITION OF TERMS

Music therapy

Ken Bruscia (1998e) defines music therapy as a form of therapy that uses music experiences and client/therapist relationships for therapeutic change. It is often well suited for those in recovery given its theoretical attention to views of empowerment (Procter, 2002; Rolvsjord, 2004); anti-oppressive practice (Baines, 2013; Kirkland, 2004); resource-orientation (Rolvsjord, 2010; Ruud, 2010); agency (DeNora, 2000; Ruud, 1998, 2010); well-being (Ansdell, 2014; Ansdell & DeNora, 2012), and other core qualities of life consistent with "a person's positive health, strengths, capabilities and efforts towards recovery" (Herrman, Saxena & Moodie, 2005, p. 137).

Models of care

Our approach to Rap and Recovery has been shaped by different theoretical models which serve to address the complexity of client needs and personal health from multiple perspectives. However, two primary theoretical influences are woven into our work with clients and reflected in the case examples below. These are recovery and psychodynamic models of care. American music therapist Ronald Borczon's (1997) recovery model focuses on hope, healthy self-concept, empowerment, and meaning, among other qualities. While recovery is a term typically meaning the ending of an addiction, we use it here to represent a recovery of the self when mental health issues have significantly compromised everyday functioning. The second overarching model of care we use is informed by psychodynamic theory. This theory is useful for those with serious mental health and substance use issues and who have not often understood the connections between addiction, mental health, and adverse experiences and whose relationships with self and others has been fractured. In this context, psychodynamic music therapy aims to help clients better understand the roots and effects of substance use and mental health conditions (Hadley, 1998; Kim, 2016). We encourage clients to look at unconscious patterns, scripts, and emotions that affect their current functioning. A key goal for the client is to cope effectively by exploring and understanding patterns that may interfere with health. Equally important is the focus on developing agency in maintaining health. We view each session as a type of verbal improvisation akin to clinical psychologist and music therapist Teresa Leite's (2003, p. 124) work, "where meaning is co-created by therapist and patient together".

The role and function of the music therapist

After the first author became a music therapist, he trained in the Bonny Method of Guided Imagery and Imagery (GIM) (Bonny, 1998) under the tutelage of the late Linda Keiser Mardis. In this method, metaphors can emerge in the client's imagery and may also emerge from the music itself. The essence of a metaphor is "understanding and experiencing one kind of thing in terms of another" (Lakoff & Johnson, 1980, p. 5). This important insight informed our music therapy practice in the Rap and

Recovery group setting. The first author found inspiration in the writing of Lars Ole Bonde's (1997; 2000) concept of GIM as a metaphor-based therapy. In his approach to music therapy, ways that clients engage both in music and in the therapeutic relationship can be metaphors—like a microcosm or a constellation—of insight into the client as a whole. The music therapist listens attentively to these metaphors, which offer meaning that can be co-discovered, pondered, and expanded in therapy (Kirkland, 2007). In the case of rap, for example, a client may be unable to complete writing a rap each time. Task completion is an ongoing challenge for some participants. Viewed as a metaphor, one might wonder if the successful completion of recovery is a parallel challenge. Another client refers to himself as a king and writes a rap called "God is a G," an allusion to the gangster. Schizophrenia can have a feature where polarised thinking, including archetypal images, are expressed, a finding supported by Bent Jensen (2004). The client's lyrics sway back and forth between God and Satan, and he is challenged to separate the appeal of a gangster/drug dealer lifestyle with aspirations for getting "clean" and living a healthy life. Such metaphors may be indicators of well-being, and they can readily express themselves in music therapy sessions where clients might otherwise be cautious about revealing their thoughts. As music therapists, we share our observations of clients in the Rap and Recovery session at unit rounds, in medical records, and explore metaphors with clients themselves according to the level of insight they disclose.

Rap and Hip-Hop

Rap and Hip-Hop have deep musical and cultural roots in African American history since the 1970s, and in recent decades the use of rap has expanded as a genre popular with a wide variety of people from various cultural backgrounds, as noted by music therapist Susan Gardstrom (1999). Music therapist Aaron Lightstone (2012) clarifies that there is often confusion between the terms rap and Hip-Hop; the latter usually refers to a cultural group and broader cultural context whereas rap is the musical expression of that social group or movement. Charis Kubrin (2005), a sociology professor, defines rap music as a type of music that incorporates rhythmic speech uttered over a musical beat. Both rap and Hip-Hop have roots against marginalisation and oppression (Washington, 2018), despite the current counter-flow found in much of it today. Drawing on views of individual and community empowerment in the historical development of Hip-Hop and rap, it is nevertheless evident that rap in music therapy can be a powerful agent of change and expression, as evidenced in the edited book by Hadley & Yancy (2011), *Therapeutic Uses of Rap and Hip-Hop*.

Concurrent disorders

Concurrent disorders refers specifically to co-occurring substance use and mental health disorders (Centre for Addiction and Mental Health, 2012). Multiple levels of substance use along with one or more mental health diagnoses on Axis I are typical among those we support. Reiger, Farmer and Rae (1990) note that many individuals who have a substance use disorder other than alcohol also experience a mental health disorder. In 2012, the National Survey on Drug Use (SAMSHA, 2013) and Health estimated that 20.1 million adult Americans, that is, approximately 9% of the nation's

population, use illicit drugs. Statistics of this magnitude confirm the prevalence of concurrent disorders and the need for thoughtful and well-informed responses from healthcare providers.

We have witnessed the impact of persistent psychosis and substance use in our workplace. Many of our clients struggle with focusing, insight, planning, and impulse control. Health challenges that are part of concurrent disorders are made more complex by homelessness, poverty, brain damage, Post-Traumatic Stress Disorder, and comorbid diagnoses of Hepatitis C and HIV. Several individuals may have personality disorder traits from clusters A, B, or C. Multiple perspectives and facts are necessary for effective music therapy practice in this setting.

LITERATURE REVIEW: RAP IN MUSIC THERAPY

The use of rap for therapeutic purposes in a concurrent disorders setting carries many benefits. First, our programme serves to extend the zone of comfort and personal safety afforded by the physical environment. Second, it encourages clients to be active meaning-makers and agents in their health. We have found that clients in Rap and Recovery seem to engage directly in recovery rather than being passive recipients of treatment and care (Davidson et al., 2009; Deegan, 1996b). This may provide ego mastery experiences (Crenshaw, 2006). Third, the use of rap in music therapy highlights the need for cooperation and team-building among group members. Clients need to consider all of the elements and steps required to record a song. What needs doing first? What kind of beat, what instrumentation, what hook/verse/chorus, and whether they want to employ rhyme or not. Not all interactions between clients are positive. Nonetheless, the group serves as a space for exploring interpersonal dynamics and possibilities for being part of a community. A fourth and paramount benefit is that clients with different levels of creativity and musical experience can discover, question, and reconstruct personal and collective senses of identity through musically facilitated, therapeutically guided activities. Those who participate in the programme enjoy the processes as well as products. These, among other reasons, are why the Rap and Recovery programme is popular and was recently rated by clients as one of the top programmes at our facility.

Support for the use of rap in music therapy may be found in several contexts, including mental health and recovery settings (Bednarz & Nikkel, 1992; Borling, 2017; Gallagher & Steel, 2002; Gold et al., 2013; Gold, Solli, Krüger & Lie, 2009; Mössler, Chen, Heldal & Gold, 2011; Vega, 2017). Research has shown that rap in music therapy can assist with symptoms of psychopathology, including quality of life and social skills (Renshaw, 2015; Gold, Wigram & Voracek, 2007; Gooding, 2011). It is only in recent years that the therapeutic value of rap as a personalised form of expression in music therapy contexts has received increased attention (Evans, 2010; Gonzalez & Hayes, 2009; Hadley & Yancy, 2011). Alvarez (2011) argues that there is a lack of strength-based and youth-centred options for therapy. Hadley and Norris (2015), Renshaw (2015), and Esala (2013) support standard practice and cultural competency for music therapists to incorporate the primary musical interests of clients. Some music therapists still view rap as an inferior form of music whose elements only support aggression and dereliction (Hadley & Yancy, 2011). In contrast to attitudes of some therapists, however, they assert that, "some rap narratives are also filled with themes regarding the importance of family, positive role models, perseverance/resiliency, warnings/cautionary tales, positive self-image, healthy choices, change, and planning for the future" (Hadley & Yancy, 2011, p. xxvii). Evans (2010) argues that rap is

usually not perceived as therapeutic, but in his use of rap with adolescent clients, he found that it quickly fostered a non-judgmental therapeutic alliance. Music therapist Laurien Hakvoort (2015) describes similar benefits, writing that rap in music therapy can address treatment goals of stress regulation, anger management, self-esteem, self-confidence, and expression of emotion. Renshaw's thesis (2015) concludes that rap music is being used more frequently in music therapy treatment with adolescents and young adults in a wider variety of settings. Using rap in a school setting, Uhlig, Jansen and Scherder (2015) maintain that it can decrease aggression and aid emotional regulation.

A therapeutic, personalised approach to rap is in keeping with what Bruscia (1998e, p. 9) describes when he says that songs give voice to a gamut of expression: fears and triumphs, aspirations and disappointments, secrets and honesty, failures and successes, all through a socially sanctioned avenue of expression. Elligan (2001; 2004) applied rap as therapy to connect with young adults through a culturally sensitive lens. Freed (1987) argues that songwriting for those with chemical dependence helps facilitate improved self-esteem, greater self-disclosure, and enhanced self-concept. Baker & Wigram (2005) provide thorough coverage of songwriting methods and applications written by music therapists from several countries working in a broad range of population settings. Frisch (1990) similarly uses songwriting with adolescent psychiatric inpatients for coping with anxiety, change and working through difficult issues in a safe and appealing environment as well as expressing intense emotions. The music therapy process in this context helps foster trust between therapist and client. Cynthia Vander Kooij (2009) writes about recovery themes in songs written by adults with serious mental health issues. Clinical outcomes of songwriting as a therapeutic intervention in her research include improved self-esteem, healthier anger management, anxiety management skills, and enhanced social interactions. Psychosocial, spiritual, and emotional support may also be possible through the provision of songwriting opportunities, as evidenced by Clare O'Callaghan (1990; 1996). Day, Baker, and Darlington (2009, p. 24) look at women's experiences recording and performing, concluding that the public performance and recording of songs created in group therapy can be worthwhile experiences – "a culmination, even a reward for, the emotionally challenging work that has gone beforehand". Vander Kooij (2009) concludes that clients writing and performing their content can foster creative engagement in problem-solving, and invites them to express thoughts and feelings associated with their health-related challenges. Clients experience disempowerment as a result of illness or injury (Robb, 1996) apart from possible systemic and social stigmatisation and oppression. The rap-writing process empowers individuals to tell their stories (Day, Baker & Darlington (2009). Magee et al. (2011) support the perspective that clients can develop much more agency in therapy by making and editing recordings, adding digital effects, using available sounds, beats, loops and tracks to compose, and creating personalised or collaborative projects. Additionally, Magee et al. (2011) say that recordings can make meaningful gifts for loved ones; memories or creative output of a client's expression towards recovery and the recording serve as achievements sharable with others. In our music therapy programmes, some clients have e-mailed their recordings to family members or friends, and even created a video clip to share on a social media platform.

Our approach to Rap and Recovery overlaps with what Lopez-Rogina (2015) describes in her thesis as conscious rap. She cites McQuillar (2007, p. 2) in defining conscious rap as including "songs that are responsible, thought-provoking, and inspirational toward positive change or a cry of protest

against social injustice". Such songs tell stories about life, share a moral, or express issues faced by human experience in the pursuit of health (Lopez-Rogina, 2015).

EMBARKING ON A NEW JOURNEY: SETTING UP THE RAP AND RECOVERY GROUP

Session rationale

When the first author began working at the concurrent disorders treatment facility, he encountered a keen interest for rap among clients. He recognised that they had a proficiency and desire to record raps and, as our music therapy studio was set up with the capacity for recording, he introduced a group programme for new clients on the first secured assessment and stabilisation unit and called the programme 'Rap and Recovery'. This unit is where all clients are admitted and receive intensive support as well as diagnostic clarification and care planning for complex health concerns and substance use withdrawal management. The programme title, beyond its alliterative appeal, illustrates balance and tension between rap as a favourite genre of music and, in health-based language, the possibility of recovery.

We later began to further embrace the Rap and Recovery programme because of rap's social justice and anti-oppressive origins (McQuillar, 2007). We also embrace rap in response to the call for music therapists to be culturally competent (Goelst, 2016; Olsen, 2017; Sloss, 1996). Being culturally competent involves more than basic knowledge of and exposure to music in other languages across different geographies; it also requires appreciation and sensitivity for a variety of music cultures and subcultures, meaning music popular within a specific group. In our case, clients have very diverse cultural backgrounds, yet many share an affinity for rap. Those who do not have close connections to rap are still familiar with it, which can make the approach accessible. In order to better serve clients as music genres change and expand, there is a need for alternative and emerging areas of music therapy practice. Ken Aigen (2001, p. 90) writes, "[music]...holds up the possibility for cross-cultural connection. Because you have got this objective entity within which people from very different backgrounds can now meet". Treatment approaches in music therapy require interventions that appeal to a diverse client demographic and that challenge notions of how conventional music therapy is applied. Using rap in music therapy is thus a way of connecting to clients artistically and therapeutically. Working within an art form that was born out of marginalisation requires cultural competence and understanding of systemic oppression.

The second author introduced a strong feminist lens to the rap programme. References to feminism have come to include not only issues of gender and gender performance (Rolvsjord & Halstead, 2013), but sexuality, race, and environmental issues, among others (Bodry, 2018). A familiar narrative among those living with addiction is the stigma attached to marginalisation and mental health. Social justice and feminist views of rap and recovery support a premise that encourages individual agency and positive self-concept (Veltre & Hadley, 2012). Regardless of each client's reasons for being interested in rap, the programme has sustained an enthusiastic ongoing membership.

Harnessing this popularity of the Rap and Recovery programme, we began to offer it a second time in the week for regular treatment units. This way, when clients transitioned from assessment to treatment, they could continue to participate in rap-based music therapy sessions throughout their stay at the facility. We added a third group for a newly opened unit for clients with refractory (treatment-resistant) psychosis and longer-term stabilisation needs. These clients can similarly transition to treatment units. Offering the programme on all units also allowed for continuity of participation, since the health status of some clients can fluctuate throughout their stay. When the second author came to the facility as an intern, we embarked on an ongoing discussion and analysis about how to best run the session, which in turn led to formal data collection for our inquiry. At the time, we also had the luxury of a second intern on site (there are two part-time music therapists at the site, so there was overlapping supervision of both interns) who would co-lead Rap and Recovery for the treatment units with the second author while supervised by the first. Planning and post-discussion analysis of rap sessions developed over time. We also embarked on an exploration into what music therapists and allied professionals have been doing with rap in mental health and addictions settings.

Goals in rap and recovery

Action in psychotherapy comes from the premise that clients do best when they are actively engaged in their therapeutic process. This influence stems from the works of Crowe & Justice (2007) and Montello & Coons (1983), who detail two levels of music therapy practice in psychiatric settings. One level is process/insight-oriented; the other is a supportive/activity level intended for those who may be more acutely unwell and unable to do process work. Our session often incorporates elements of both approaches. Key processing components include engagement in verbal debriefing; identifying and expressing feelings; demonstrating self-awareness and insight; displaying empathy towards others; engaging in problem-solving; and developing a sense of hope. Benefits of a supportive activity-level approach include here-and-now awareness; reality orientation; socialisation; self-esteem improvement through success-oriented experiences; diversion and leisure skill development; increased impulse control; and development of attention span. We also cite Teresa Leite's (2003) work with music improvisation groups for acutely psychotic clients. These sessions involve a psychodynamic perspective, use containment, highlight boundaries, aim for higher control of impulses through self-awareness and here-and-now approaches, and emphasise group process with each person having equal opportunity to participate. We employ a regular frame to the session elements: introductions, theme and discussion, writing, recording, listening, discussion, and summary/closing. This particular template includes consistent behaviours and interactions on the parts of the therapists in order to increase trust, safety, and reliability. With containment, we are referencing Bion (1978/1994), Cartwright (2010), and Kirkland (2013), where elements of music and songwriting can offer containment through structure, a slow, steady rhythm, beginning and ending, and song title. We accompany this within a supportive framework that encourages resilience, capability, and success through the overall structure of the group. Boundaries include respectful interactions with others, physical boundaries, an emphasis on equal input and participation for all clients, as well as helping clients learn management of their emotional expression and extent of disclosing traumatic experiences in order to foster self-regulation abilities. We emphasise relational perspectives of how

clients relate to music, to themselves, to other clients, and the therapists, since concurrent disorders can disrupt relationships of all forms. Music as a means of play and reciprocity is central to relationship in both psychodynamic and anti-oppressive views of healthcare. Bishop (2002) identifies that an essential component to therapy for those who are often marginalised and oppressed is to support empowerment and success-oriented experiences. We seek to achieve this through the exploration of topics that are recovery-based and personally meaningful; that is, topics that are common to clients in recovery as well as themes that reveal themselves over time. These themes can range from regret and self-blame to confidence and assertiveness.

Client attendance and programme structure

In our weekly session, the number of participants is limited to six because of room size, professional guidelines for healthcare practitioners working alone, and by client needs, since groups larger than six can detract from therapeutic outcomes. Assessment and screening are ongoing, with attendance based on client interest and their potential ability to participate in a 45-to-60-minute session. We include clients referred to music therapy and who express an affinity or curiosity for rap. We are also mindful of the need to invite clients who may benefit from the programme, but who may not for various reasons, step forward to attend.

Session format

The extent to which we structure and guide each weekly session depends on a variety of factors, including abilities of clients to self-organise individually and as a group, and the extent to which we use song title themes to guide sessions. We organise chairs in a circle as a symbol of wholeness and community, and as a visual reminder for clients to be aware of one another. Upon arrival, introductions are made, then the session format is explained before song title/theme selection, beat selection, lyric writing, recording, listening, and post-recording processing.

Planned and organic themes

We have experimented with therapist-chosen and client-chosen themes, that is, organic themes that emerge through group discussion. In the case of the latter, we are referring to client-driven themes that arise out of an initial check-in and group consensus. Organic themes can invite agency and group decision making and cooperation. Some clients prefer a given theme or choice between two themes followed by a group vote. Once deciding on the theme, we discuss what associations and feelings come to mind, then ask them to listen to a collection of beats for one that best captures the essence of the song title and its mood. On one occasion, an all-male group decided to write about women and drugs and their perception of the connection between the two. Follow-up discussion centred on how the clients chose female partners who also used substances. Another benefit of organic themes is to create opportunities for clients to engage in social interaction with one another from the start of a session rather than focus solely on the music therapist, a common occurrence with a pre-determined theme. Using planned themes helps with time management, as it can be challenging to complete our

programme in a 45-60 minute time frame. We have had sessions where we ask a group to select a theme, but also have a backup theme ready if time is a concern.

Whether we use planned or organic themes, there is an initial group discussion in order for clients to gain clarity about a topic and develop its content or focus. Sometimes we combine planned and organic themes using images as inspiration for songwriting. The first author, for instance, uses National Geographic visuals—pensive landscapes, a spring tree, a flower growing out of concrete, a locked gate, a damaged statue, individuals from other cultures with a range of facial expressions and in a variety of situations—a range of symbols and metaphors that clients may embrace as a focus for lyric writing. Clients are invited to select a laminated image they connect with, or that tells a story and invites them to write. A symbol of the Self (Jung, 1975) aids clients to explore aspects of themselves through projection and metaphor. We find that clients who routinely attend the rap group express appreciation for creative variations of this therapeutic support.

Lyric writing

In the writing stage, each client composes lyrics to a common theme and beat. Each individual's lyrics are then recorded on separate tracks and become part of a collective rap. After a theme and beat are selected, there is a brief group discussion to check and develop client understandings of the topic and brainstorm ideas for songwriting. For clients who are unfamiliar or uncomfortable with rap, we describe it as poetry or as spoken word or reflective writing over a beat, or encourage them to jot down ideas and thoughts related to the song title. Clients are invited to write lyrics that rhyme or not. The beat is usually played loudly to engage and inspire active participation through deep immersion in music. While clients are writing lyrics, the music therapist may make notes of group attendance and progress as well as client observations and comments of significance. The therapist holds a clipboard and writes notes discreetly in order to provide time and space for clients to reflect on and write lyrics without feeling pressured, i.e., we aim for a casual atmosphere where there is space to immerse in the writing process without the clients feeling as though group facilitators are impatiently waiting for them to finish. Paper with a song title at the top of it is distributed on clipboards for clients to write lyrics to a rap beat for approximately 15 minutes. We have learned not to distribute lyric-writing templates until after the initial group discussion since some clients have challenges with impulse control and may immediately start writing before discussion and clarification of the weekly theme.

Although we have found that it is often helpful to have the beat playing in the background when clients enter the studio, some clients respond to this with an immediate impulse to begin writing. The challenge here is that sometimes there is merit to validating this enthusiasm by immersing directly into the writing. In contrast, there can be value in slowing down, taking time to greet each other, to check in, and to flesh out the topic of the day. The clients may need a reminder to practise self-regulation. With that in mind, one of our key approaches is that writing will not start until the distribution of clipboards. Sometimes clients bring their notebooks, in which they have previously written lyrics that they wish to record. In these instances, we urge them to write new lyrics about the topic of the day in order to feel connected to the group session. However, it is first fruitful to ask clients who have already done some writing what topic they wrote about, whether it would be useful to explore their writing as a Rap and Recovery session theme of the day, and check with other group participants

for feedback. When this happens, we suggest that clients with previously written lyrics spend time developing, reviewing, and editing them. Other times we may suggest that they bring personalised writing to a one-on-one or small-group Recording Studio programme session. The music therapist validates clients for working on lyrics independently, while reinforcing the integrity and cohesion of the group over individual interests and agendas.

We also emphasise clients' needs above our interests or personal issues. For this reason, music therapists do not participate in rap writing. If clients ask us about this, as they rarely do, we say that we do not want to take the focus off their recovery, and that we are there to support their needs. We feel that the merits of client-centred sessions outweigh the benefits of therapist self-disclosure. Clients do not expect therapists and other practitioners at the site to participate in the group process, and we believe such participation can detract from a client's development. Our premise is that therapist participation and self-disclosure are almost always inappropriate. One may argue that therapists could participate without self-disclosing, yet such an approach, in our opinion, is not possible, since no matter what one writes – or seeks to edit while writing – remains an expression of self. If a therapist were to avoid disclosure in lyric writing, it would not serve to model what the aim of the session is for the clients. While some recovery centres have staff who make use of self-disclosure, it warrants further investigation as to whether this is an effective approach. Given the range of cognitive and emotional challenges the clients may possess, we also do not participate because we feel that the writing and sharing of therapist-written raps could readily be perceived as out-skilling the clients with rhyme, grammar, and clarity, and act as a deterrent to returning to the group.

Post-writing / pre-recording

Different scenarios unfold after lyric writing, since some clients may understandably be hesitant about recording at the microphone in front of others. Sometimes a good primer for rapping at the microphone is to first read the lyrics out loud to the beat, which can serve as a rehearsal. We also stress that a recording does not have to be perfect on the first take and that there is room to re-record it.

Recording

After clients write their rap lyrics, they are invited to record them. We avoid starting recording until everyone has finished writing, otherwise the activity of clients at the microphone can be distracting for those who are still completing their lyrics. In each Rap and Recovery session, we record all clients who wish to record, which may be challenging in a 45-60 minute time frame. The music therapist emphasises the value of taking ownership of one's lyrics through participation in the recording process. Clients always have the option of not recording. For those who do record, headphones help clients hear their voice and follow the beat. Those who may be uncomfortable rapping but who are eager to participate in the recording process are encouraged to speak or sing the words over the beat.

In our experience, we found that when one client leads the way, others gain courage. Shared experience in recording can promote cohesion among group participants. Perspectives of rap writing and recording that highlight barriers such as anxiety and self-disclosure can often be "tempered by the view that if the setting is supportive, it can be very empowering for clients to conquer their vulnerability

through the performance of their songs" (Baker, 2013, p. 23). Clients are typically very supportive of each other as demonstrated by their frequent use of applause following a client's recording.

The broader therapeutic value of recording is in the early stages of exploration in the field of music therapy (Day, Baker & Darlington, 2009; O'Brien 2006; Turry, 2005). Some benefits we have noted in our programme include planning, rehearsal, and completion of a finished product/artefact. As far as planning is concerned, clients in the Rap and Recovery programme need to focus on how their recording will look and sound. What speed of beat will work best? How will they deliver their words to the beat, i.e., what emphasis or style do they want to convey? Will rhyme and structured sentences be used? How loudly will they perform their rap? The authenticity of delivery and vocal expression are other considerations when planning the performance of a rap.

Creating a recording naturally requires a performance. This has its therapeutic benefits for clients, as evidenced by Baker (2013, p. 23), who uses grounded theory to conclude that performance can positively affect well-being, and that "recording and performing one's own song is an 'act of courage' because it places the client front and center stage". In our Rap and Recovery programme, clients take turns recording, encouraging each other as the process unfolds. Each client has a separate vocal track for ease of editing. When the recording is done, we play it back and adjust volume levels and effects, then discuss the lyrics, and listen to the song again at least once. Repeated listening invites participants to savour the completed project and to hear something new now that discussion has taken place. We find it best to play the song at full volume.

Recording also enables group participants to have a tangible, completed product of their rap session, an important factor identified by Fulford (2002). The process and the product are both of value. When group members in our sessions contribute to a collective rap on a given theme, the final recording can later be divided into sections, so that clients can have a copy of their recording segment and lyrics. A group rendition of the song can only be shared among them when all clients provide consent. Similar to Baker (2013), we find that the performance of a rap enhances pride and ownership and that members of the group support each other's risk-taking and creativity.

The recording process and soundtracks they produce also serve as documents to reflect on a client's learning and development over time. Recordings in this context can be used as sources of inquiry and reflection by both client and therapist during a subsequent rap session.

Rather than make our weekly group too dry and process-oriented, we seek to convey the joys of creativity and the fun of making a recording that can be converted into an mp3, and encourage clients to support each other in their self-expression. Each client has a personal music folder on our recording studio computer, which allows everyone to save songs on an mp3 player or similar device. We also encourage participants to store songs on an off-site storage platform or drive.

Post-recording processing

Group discussion follows the song recording. Therapists use this opportunity to inquire about the rap experience and lyric content, to ask clients how they feel about hearing their lyrics, to offer observations, and to provide feedback based on goals for each client. This is an opportunity for clients to talk about segments they heard in their own and other group members' raps. During this time

therapists facilitate client-to-client interactions. We maintain an awareness that clients can come to groups expecting to talk to the therapist only, and less so with each other.

Post-recording processing also checks for emotional responses from group members, recognizing that it may raise significant feelings about hearing oneself. Externalising feelings and thoughts and then listening to them again can reveal the impact of a client's experience. This is informed partly by Gladding et al. (2008), who discuss the technique of lyric analysis in detail, stating that lyrics can be used to help clients relate to themselves more profoundly, and access memories, emotions and thoughts that they may otherwise not disclose with traditional talk therapy interventions.

During the post-recording phase, the music therapist quickly adjusts microphone volume levels, reverberations, and other output factors to maximise the feel of a polished product. Clients express enthusiasm and surprise at the recording quality. The group often experiences a collective feeling of success.

Therapeutic considerations for group facilitation

In order for a Rap and Recovery group to be effective, the music therapist must consider and make use of specific interventions. These interventions reflect individual and group needs, goals and objectives. Below are specific considerations/supports that we have identified in our programme development and delivery over time that draw on the experience, sensitivity, and skills of the music therapist.

Song title (theme) selection

The first consideration is developing a suitable and engaging theme/song title for lyric writing. We sometimes write various ideas on a large sheet of paper as a way to brainstorm ideas and develop group consensus about a possible writing topic. Clients often say they want to write about recovery because of the name of the programme and the primary aim of treatment. The notion of writing about recovery invites discussion about what the components of recovery mean to clients, since the word recovery is generic.

Clients often prefer a therapist-selected theme because it can offer a framework and support for group participation each week. From a music therapy perspective, the use of planned themes can provide a structure with therapeutic intent. Examples of planned themes include "If I see this through," 'Childhood,' 'My awakening,' 'Success story,' 'Then and now,' 'Hero's journey,' 'Suffering and Transcendence,' 'Fuck mental illness' and 'If I'm really honest'. Themes are sometimes chosen based on their assessed suitability for clients from a particular healthcare unit. For example, 'Why I started using drugs' may be an engaging theme for the first assessment and stabilisation unit, where clients have recently arrived. The intention is to explore different aspects of recovery. Themes often help provide a framework or container for clients who are experiencing a myriad of challenges as they withdraw from substances and begin medication to address issues such as psychosis, mania, paranoia, and impulsivity. The use of planned themes ensures that each weekly session will have fresh content, thus reducing the risk of becoming too predictable. Additionally, pre-chosen themes allow

group facilitators to reflect on types of beats that will be congruent with a topic when inviting clients to write about and discuss their thoughts and feelings. The beats we use are curated or created.

Beat curation and creation

A key role of the music therapist is to choose or create specific, appropriate beats for the Rap and Recovery group. Beat curation and creation include consideration of elements such as beat creation or selection – the prevailing mood of the beat, pacing, ambience, and inclusion of multicultural influences. Music therapists sometimes incorporate non-Western instruments and scales in order to evoke different moods, provoke introspection, and appeal to the cultural diversity and backgrounds of clients.

We typically ask clients to choose a beat from among our collection to find one that matches the topic, seek consensus from group members, then place the beat in the software programme. Optionally, we have pre-loaded eight to ten different beats into GarageBand so that they are already in place and looped to a 30-minute length. A 30-minute beat track allows us to have the beat playing as clients enter the music therapy studio. Second, it supports lyric writing without background interruptions, which typically occur when the therapist needs to rewind a beat in order to play it again.

Therapist-selected or created beats are chosen mindfully in order to match the theme of a session. We sometimes set the beats per minute at a slower tempo than most traditional rap, at about 70 beats per minute. The slower tempo allows clients to recite their lyrics at a measured pace. For those working on self-regulation and for those who struggle with mania, a slower beat can support restraint. We have found that standard rap beats are static and often do not offer a change of direction. When we want to emphasise the possibility of transformation and encourage positive change, we construct a beat that unfolds over time into a hopeful sound and outcome. A theme such as 'My hope' can benefit from a supportive beat track that contains the musical metaphor of overcoming strife to result in a better life.

Beats are created rather than selected from pre-existing beats on occasion. In the case of our 'Success Story' session, clients gave input about the pace of the live beat, which allowed the speed of the rap to be individually adjusted. When each client had finished writing a rap, we were able to conclude the song a few bars later, giving each client a self-contained song. Clients expressed a strong sense of teamwork in this instance. Spontaneous applause followed each self-contained rap and clients expressed appreciation to the music therapists for creating and modifying the beat for them. Clients said it felt like they were doing a studio recording with a live band. Self-created beats entail considerations. Although there are benefits to creating a self-produced beat rather than using a standard one, this is not always realistic due to other constraints on time and commitments in other areas of practice. On occasion, we have been fortunate when a client has composed a beat and thus can be a featured artist for peers to write lyrics to their song.

When the music therapist chooses the beat, it is intended to support the emotional tone and resonance of the topic and is playing as clients enter the studio to set the atmosphere for the session. This use of beat reflects Viega's (2014, no page) concept of Ambient Music. His comprehensive understanding of this topic includes the "use of electronics to create acoustic spaces that do not exist

in nature". His definitions attribute elements of mood and emotion, intention, immersion in sonic worlds, and other vital components worth considering for purposes of our rap group.

Frontloading songwriting

'Frontloading' refers to ways in which a group is oriented to the purpose of the session and self-reflection primed by having a brief discussion about the song title/theme of the session when there is one. Frontloading serves as a forum for clarifying ideas and making them explicit and accessible. Clients sometimes find it challenging to imagine being successful with recovery, and many have no concept of future goals. Supportive coaching can set the stage for successful lyric writing. For example, one week we offered the theme of 'What's hard about recovery?' and indicated that there would be a second part of our session. Clients wrote to the beat for approximately 15 minutes and were then asked them to do further writing about 'What's my solution?'. From a therapeutic perspective, we felt this organisation would inspire client agency in recovery. Two clients sat in silence for a lengthy period and stared into space in thought. A third scrawled in circles on his notepad. A fourth looked up and shrugged, saying, "I have no idea," and others nodded in agreement. The group was invited to reflect on what they could do about their circumstances, to consider that they may have choices and decisions and input into their health. All participants wrote lyrics that spoke of their challenges with recovery, and most added a solution or 'answer'. Though their solutions were often simple statements that they should not use drugs, group participants remained highly motivated and supportive of one another. Frontloading, in conjunction with the accompanying discussion, highlighted ways that clients could be specific about their recovery, determine what they wanted to address or achieve, and decide how to actively pursue recovery rather than being passive participants, the latter being one side effect of chronic institutionalisation and hospitalisation.

Freestyling and structured songwriting

Some clients prefer using freestyling. While we do welcome freestyling as an option for new clients in our group, we have found that guided therapeutic writing process invites focused and thoughtful exploration and expression of a topic. With freestyled lyrics, it is common for individuals to make use of previously overlearned passages of their own or other songs. Also, some freestyled raps may accentuate pre-existing thought disorders, pressured speech, paranoia, and tangential thinking so that sometimes freestyling does not support the client's skill development around planning, self-regulation, and reflection. We have observed that this can be particularly true for clients with schizophrenia, schizoaffective disorder, and some forms of bipolar disorder in which mania is high, where an expression of the disorder includes a fascination with rhyming schemes and disjointed streams of consciousness.

We recognise the value of freestyling and believe that in some contexts senses of clarity and understanding can emerge without formal lyric writing, particularly in one-to-one contexts when processing focuses on one individual. Additionally, we have noted that clients with freestyling skills often demonstrate a strong sense of musicality. We look for positive ways for them to use their musical talents while learning to participate with their peers in a group setting.

Songwriting support

What happens when clients do not write lyrics? We view each group as a community of people with varying needs and levels of awareness and attention. When a client does not write after a few minutes, we check to ask how that individual is doing. Some say they have no idea what to write; some struggle to find words that rhyme, and an occasional few are unable to write lyrics at all. Different forms of support may be given to those experiencing writer's block or who are unsure how to proceed. One-on-one assistance scribing, brainstorming, and anchoring ideas provides support with understanding and processing ideas and communicating in English. Sometimes a brief one-on-one discussion between the music therapist and client sparks writing ideas. Finally, some clients do best by beginning with improvised or freestyled lyrics. Even if clients do not write or freestyle, they can speak about their understanding and experience of the topic. We aim to be careful not to convey a judgment by the music therapist or peers that not writing and not recording implies a failure on the part of the client, because they are sometimes doing the best they can.

Recording support

The process of participating in a group recording can create feelings of anxiety and pressure. Baker (2013) notes specific contexts in which such feelings may arise: when clients have a life-long experience of being judged and may have insufficient inner resources to manage the performance context; when the context may not support them well (e.g., degree of audience support); and when public performance is clearly outside the client's comfort zone (p. 24). A supportive psychodynamically-oriented group environment coupled with themes such as 'When I'm kind to myself' can soften feelings of apprehension. Recording can lead to self-efficacy and promote a sense of care among participants. Perhaps it is because the Rap and Recovery programme occurs in a small-group setting that it may be more comfortable for some participants than formal, musical performances in front of large audiences.

Another level of recording support involves technology; specifically, the roles and skills of the music therapist in managing software and microphone levels, and recording client performances (Crowe & Rio, 2004; Magee et al., 2011). The music therapist must pay careful attention to client lyrics, key themes, vocal expression, confidence, strengths and challenges. What if the lyrics are challenging to understand? We encounter this as well, which is why it is essential for the therapist to notate or observe a keyword, image, metaphor, or element of exploration from the lyrics. These can be windows for exploring a feeling, thought, intention, or development that has meaning for the client. The focus in these instances may be a core issue or a health-based statement that the client has made. For clients with acute withdrawal symptoms and active or residual psychosis, encouragement and validation are staples.

Post-recording and processing

Sometimes very dark, honest, and raw lyrics may be expressed in the context of our rap programme. Clients and their lyrics must be validated and supported during the post-recording stage of discussion and reflection. The music therapist is cautious not to focus solely on a client's artistry, use of rhyme,

or performance skills in the delivery of a rap. For example, one 20-year-old male client's lyrics were poetic and artfully delivered. Clients clapped and cheered and 'high fives' were given. At the same time, his lyrics focused on a previous overdose on fentanyl from which he nearly died. He had experienced other previous and dangerous overdoses and required Naloxone for resuscitation. Following his presentation in our group, we checked with him about his current level of wellness and how he felt about the overdose. We also checked in with other group members, given that they too may have been triggered by listening to the lyrics. The client expressed a desire to choose life and expressed remorse that he had nearly died over impulsive and excessive drug use. Following the group, we made an entry of his lyric content and discussion in his medical record. We also informed the primary nurse on his unit. This example shows the value of some debriefing after lyrics are written and recorded.

Another example from a Rap and Recovery session comes from a new female 42-year-old group member. She made overt reference in her lyrics to sexual abuse she had experienced as a girl by her mother. We believe it is essential to acknowledge topics traditionally perceived as private or taboo topics when in a group setting. Given the high ratio of sexual abuse and trauma histories in clients with concurrent disorders (Poole, Urquhart, Jasiura, Smilie & Schmidt, 2013), it can be vital to allow space for individual clients and the group as a whole to understand that such topics can be discussed and will be carefully honoured and respected. We aim to avoid repeated silencing of difficult topics. After a group session has ended, the therapist will routinely check in one-on-one with a client to see how they are doing after disclosing in the group. The therapist will also chart and update unit nurses after a group, keeping the client's safety in mind. Rather than retraumatise an individual, the intent is to provide what psychologists Christian, Safran and Murin (2012) term a corrective emotional experience. When clients disclose adverse experiences in music therapy, we also inform them of other groups and resources at our healthcare facility that provide additional support for redressing their histories.

The majority of clients, in our experience, initially express a lack of insight into the roots of their addictions. These individuals may benefit from support understanding unconscious drives that fuel addiction. In these cases, the music therapist must remain mindful when making explicit and voicing any unconscious connections or symbolism in the lyrics a client produces, especially in a group setting, in order to uphold their sense of agency and dignity. Sometimes clients feel awkward when asked suddenly to discuss their lyrics on a deep level in front of the group. This feeling is tempered by support from others in the group, which can make the space feel safer, and less as though the music therapists are prodding a client to disclose or be vulnerable. When addressed with respectful openness that normalises challenges, reduces stigma and conveys a tone of care, a certain level of straightforwardness and honesty can be illuminating for clients. In rap-based music therapy, this may involve asking about lyrics that seem unrelated to the theme or pointing out that a client's lyrics are suggestive of returning to substance use in the near future. At the end of the group, we ask clients what the 'take-away' of their group experience was; specifically, what was something they discovered about themselves or what did they learn from the experience? The therapeutic significance of this processing discussion is to attempt a synopsis of what took place, while providing a sense of closure for the weekly Rap and Recovery session.

Recordkeeping

We enter notes and observations after a group in the form of entries in the clients' electronic medical records. Using assessment, the music therapist can attend to ways in which the client engages in music therapy and how this engagement confirms, contradicts or embellishes a specific diagnosis, or identifies issues and behaviours that support or impede a client's recovery progress from substances.

CLIENT NARRATIVES: CASE EXAMPLES

First case example: Quinn, Alex, and Xavier

At one point, there had been several new admissions to the assessment unit. After their admission, three clients, Quinn, Alex, and Xavier, decided to attend weekly music therapy rap sessions. When they first arrived at the studio, we used a created beat and played it as they entered the room. They immediately looked enthused as we distributed pads of ruled paper and pens. They were eager to write, and since we had decided upon an organic session, the question of a common theme with shared significance for songwriting emerged. Quinn suggested 'Women and Drugs'. The other two participants nodded in agreement. "What is it about women and drugs?" we asked. The topic invited conversation about the clients' circumstances prior to admission and whom they had chosen as girlfriends or sex partners. All three participants agreed that they got involved in these relationships because these women also used substances and often enabled them to use substances.

Group members began writing to the beat. Alex was the most challenged with putting his thoughts on paper. He sought a great deal of attention stemming from what we believed to be fragile self-worth. He was distressed and did not write for several minutes before expressing a wish to leave the group. We engaged in some supportive redirection to balance his anxiety – perhaps around not feeling competent to write lyrics at this early stage of his recovery, coupled with a desire to not be embarrassed in front of peers – with his desire to rap and thus remain part of the group process.

After 15 minutes the other two clients had completed some lyrics while Alex had jotted down a few lines, welcomed as a success. Quinn and Xavier chose to record their lyrics and enjoyed putting on headphones and rapping to the beat with vocal expression and inflection. Alex chose to listen to the recordings rather than read what he had written.

Once the entire group had listened to the work-in-progress, we asked about the hook. The hook or a chorus/refrain can be an effective means of summarizing song content, moral, and meaning. "What's next? What's the moral of the story? Where does this story go?" At this point, the participants' lyrics were graphic and raw, with themes of blatant substance use and misogyny.

The group was unsure what the hook should be. Alex began crying, then listed the circumstances that had led to his admission. "I don't know," he continued, "it's all fun 'til the drugs are done". The first author typed his phrase on the computer in a Word document in large font: 'It's all fun 'til the drugs are done'. The music therapist said, "Alex, I think you've found the hook". He beamed. The group agreed. Group participants added the hook to their rap and, after a short production, it was ready for listening to from start to finish. Exhilaration was evident with smiles and handshakes.

Building on this enthusiasm allowed therapists to ask clients what does happen when the drugs are done. How does that feel? What happens next? Get more drugs? Questions of this type brought an awareness of how distraught the three men felt after using substances, along with some awareness of feelings and issues such as depression, PTSD, ADHD and psychosis which the substances had been used to medicate and mask. Alex recorded the hook, saying it twice.

We listened a second time and then a third time to the completed song. When asked about his thoughts about the lyrics, Xavier had a serious expression on his face, then concluded, "I'm shocked". He was disturbed by their graphic description of drug use and the derogatory depiction of women. He said the group should work on something more positive in the next Rap and Recovery session. They all agreed. We reminded group participants of the lyrics from a Jimmy Buffet (1977) song called Margaritaville: "Some people say there's a woman to blame, but I know it's my own damned fault". The music therapists clarified that it is not about blame, but about taking responsibility for one's choices and changing the habits or patterns that impede health. We validated clients' willingness to identify negative depictions and roles of women in their lives, and their honesty about their inner thoughts, saying that uncovering those and making changes requires courage. A sense of group had emerged from interactions among these three participants, and an agreement that an orientation towards recovery was a good idea. Psychodynamically, group cohesion and meaning making was happening along with the acquisition of insight around the contexts and reasons the clients engaged in substance use. These contexts would serve as a starting point for uncovering further aspects of self, personal history and increased self-worth.

Second case example: Chand

Chand is a young male of East Indian descent with a diagnosis of schizoaffective disorder. His deceased father reportedly had the same diagnosis. He had three previous hospitalisations for psychosis. Chand also has a brother with schizophrenia, with whom Chand had had a physical altercation just before his current admission.

Chand came to his first Rap and Recovery group and presented as regressed in age. Though 25 years old, his behaviour matched that of a young teenager. He had an inflated sense of ego and was eager to step up to the microphone. At this first rap session, the theme was, 'Why I started drugs'. His lyrics were grandiose and involved sexual jokes and gratuitous violence that emulated what he described as the essence of rap. He noticed, though, in the participation of other clients in that all-male group, that they took the theme seriously.

One music therapist said to Chand, "So, the song is called 'Why I started drugs'. Help me to understand the connection between your lyrics and why you began using substances". This challenged Chand to reflect on how he might mask thoughts and feelings by emulating the personas of other rappers. Rather than scold clients about misogynistic lyrics, we let clients know that such lyrics are not okay in music therapy and that part of recovery is exploring how to have healthy, respectful relationships with ourselves and others. Psychodynamically, we speculated that Chand was revealing unconscious patterns he had learned from many sources. A single misogynistic reference in his lyrics combined with some of his music listening preferences when viewed as metaphor reveals patterns of patriarchy in his family. That patriarchy included a now deceased but historically

controlling and abusive grandfather; the client's East Indian heterosexual and homophobic male peer group; roles of women in his family that reinforced his ways of being in the world; and also his fragile ego that resulted in overcompensation in his self-expression.

Chand was also grieving his father's death. His father had passed away when Chand was 15. He found his mother to be particularly overbearing and reported passive suicidal ideation in response to her. Perhaps to compensate for his feelings of worthlessness polarised with psychotic features of grandiosity, Chand would describe himself as the king and aspire to be a kickboxing champion. At other times he reported believing that he was Macbeth and that his life would unfold along a similar trajectory (Shakespeare, 1988). With Chand, as with other clients experiencing schizophrenia or schizoaffective disorder, the archetype of the king—usually experienced as a polarity between success and failure or good and evil—can be useful to explore when an individual is capable of processing discussion (Jensen, 2004). Chand was able to grasp that his life did not have to end in defeat and tragedy like Macbeth's had. He looked at correlations between depression and an embedded belief that his life would, as he said, "crash and burn". It is helpful whenever possible to draw upon the client's own words to support them in uncovering cognitive distortions.

A referral arrived for Chand to one-to-one sessions for the purpose of expressing and processing his feelings of depression and sense of loss after his father's death and to cope more effectively with his enmeshed and dysfunctional family. In these sessions and other music therapy groups, there was strong transference on Chand's part onto his male therapist whom he experienced as a father figure. This mostly manifested as a desire for attention mixed with ongoing emotional distancing. A therapeutic goal was to nurture Chand to be genuine with his feelings and to develop his maturation beyond a place that was regressed and anchored to a time when he was about 15 years of age.

Sometimes receiving what one has deeply desired arouses other fears and feelings that can be challenging to allow and incorporate. He would miss appointments, skip groups, relapse, then unexpectedly stop by the studio. Though he could be serious about the death of his father in discussions and within his rap lyrics during an individual session, his default persona would emerge in a group rap session, wherein Chand once again recorded misogynistic lyrics. While other male clients in the group responded in laughter, there was one female client in attendance who immediately spoke up.

She had experienced sexual abuse in her past and said that she was learning about healthy boundaries in other groups. She then gave Chand feedback about his lyrics, feedback he tried to dismiss by arguing as he had done previously in group that his lyrics were reflective of rap in general. He understood that this section of his lyrics was not okay and we suggested he quickly edit his lyrics for re-recording. The female client received praise for speaking up. She reported feeling good about having been assertive. Chand, though, despite post-group processing, would not return to rap group after that. While he made some progress during his stay, we suggest that his expectation of things not working out was part of that script when he was discharged for continued serious infractions.

Third case example: Jafar

This 20-year-old male of Persian heritage received both individual and group rap-based music therapy. He was admitted with a diagnosis of schizoaffective disorder and polysubstance use. After his

admission to our healthcare facility, the assessment unit psychiatrist immediately referred Jafar to music therapy because of a history of several near-death overdoses in the past few months, coupled with his self-identified talent for creating beats and writing rap songs. While most clients spend less than a month on the assessment and stabilisation unit, Jafar spent most of his nine-month stay there because of intermittent relapses when given increased independence to be on a regular treatment unit.

Gracious and polite, Jafar wrestled with making changes to his health. This battle also expressed itself in the content of his rap lyrics. We found that Jafar responded positively when challenged to write lyrics that were honestly about himself and his recovery rather than about popular club scenarios and phrases that appealed to his persona as a rapper. We wondered, as with Chand, about the involvement of the ego and barriers of self-awareness.

On one particular occasion, about six months into his stay at the treatment facility, he arrived for an individual session, lyrics in hand and a beat in mind. The rap he had written was primarily about partying. He was eager to record it and dismissive of any opening check-in or dialogue. When asked what we thought about the song, the second author addressed the avoidance of depth and inquired about Jafar's motivation for not writing about his obstacles to recovery. The client shrugged, saying he did not know why. We discussed a potential barrier being his relationship to his persona as a rap artist and what he thought others wanted to hear. We added that this could cover up a personalised relationship with himself and his music and therefore with others. Jafar felt this had merit.

The following day, he returned to another individual rap session, eager to record what turned out to be a highly personal and recovery-informed song. He said, "You guys gave me a hard time yesterday". He appreciated the bluntness and his lyrics that day reflected this insight. As music therapists, we often speak with clients about recovery in the context of practising consistent, healthy actions and behaviours that are informed by self-awareness. Such a call is challenging for almost everyone. There continued to be times when Jafar remained in his room and refused to attend sessions. However, we maintained invitations to attend individual and group sessions, and the candle for him to attend programmes again and become involved with music was reignited through continued support of his treatment team and psychiatrist. Some staff members on the care units demonstrate an active interest in the recordings clients produce, and this help motivates clients to stay engaged in ongoing writing and reflection between sessions.

Three weeks later he attended a rap group where we introduced an approach that is akin to fill-in-the-blanks for lyric writing. We adapted a work by Canadian poet Shane Koyczan (2007, no page) called 'This is my voice,' which opens and ends with "This is my voice. There are many like it, but this one is mine," a phrase we used to anchor lyric sheet handouts. We adapted this poem with its themes of social justice and self-empowerment because it makes use of many 'I' statements such as "I am," "I wonder," "I want," "I hope," and "I cry". These personal declarations help clients to access self-reflection, meaning, thoughts and feelings, hopes and desires. As part of the group rap session, participants watched Koyczan's performance of the poem on YouTube, a poem filled with passion and expression. The group then discussed social justice on personal and social levels and noted how the poet owns his words through his delivery of them. Clients were impressed and inspired.

They wrote lyrics to a beat chosen for its confidence and drive. Clients were encouraged to recite their lyrics with similar conviction to what they had witnessed in the video. Jafar wrote the following text. Underscored words are those provided by music therapists in the template. His lyrics reveal an

orientation towards health, and the struggle between polarised states of anguish and hope, substance use to the edge of suicide, and a level of honesty we had not heard him previously express with such clarity:

*I am everything I hate
I wonder if it's a debate
I hear everything they state
I see drugs as escape*

*I want to change my fate
I am constantly in ruins
I pretend I know what I'm doing
I feel that I can change*

*I worry about my brain
I cry when I think about the pain
I am trying to see another way
I understand I might not see another day*

*I say what I better mean
I dream to be forever clean
I try to not think about the craving
I hope to not ever cave in*

I am everything I love

Process-wise, Jafar's lyrics invited further exploration, both on a personal level and with other group members. The combination of lyric writing and 'I' statements revealed his gamut of hopes, fears, aspirations, and even love. Highlighting his phrase, "I see drugs as [an] escape" allowed him to discuss the escape, and allowed the music therapists to ask the group if anyone else had experienced the same feeling. Almost all participants agreed that drugs were a means to escape anxiety, depression, and boredom.

By the end of his stay in treatment, Jafar had returned to attending the Rap and Recovery group regularly. His discharge plan was to continue making beats and recording songs at home. Jafar had made rocky but steady progress in his challenges with self-regulation and impulsivity. His progress involved growing self-awareness of unconscious patterns of self-sabotage and self-destruction. He also responded well to expressions of care. Therapeutic rapport was maintained through regular check-ins with him about his senses of health and wellness, his experiences of us as therapists and how he perceived the therapeutic alliance, his perceptions of his treatment stay, inquiries about which topics would be helpful to explore next, and through gentle reminders that music therapy was available during times he isolated himself.

CRITICAL REFLECTIONS AND INSIGHTS: MAKING SENSE OF RAP IN MUSIC THERAPY

We discovered that Rap and Recovery is not quintessentially a series of weekly templates and activities but a gathering of bodies, minds, and spirits that come together to explore, challenge, and transform individual and collective ways of being and becoming through creative and critical inquiry and expression, self-reflection, and group dialogue with the music therapists.

We often experience how humanised clients feel to get a reprieve from the secure assessment and stabilisation unit when brought to a music studio complete with microphone, recording equipment, electric and acoustic guitars, an electronic drum set, and full-size electric piano. Clients often find solace in the aesthetic experience of music, an area recently discussed by Inge Nygaard Pedersen (2017). Co-founder of the first Canadian music therapy programme, Nancy McMaster often remarks that the music therapist may be one of the only people who brings beauty into an institutional setting (N. McMaster, personal conversation, 27th October 1987). We experience beauty in clients' courage and vulnerability, their artistry and creative self-expression, and the connections they make to themselves and others.

We recognise that each person has varying needs and levels of self-awareness, and that these frequently change depending on client wellness and circumstance. Sometimes a music therapy rap session presents opportunities to validate clients at specific stages of recovery. Other times, we have discovered, it is vital to challenge unhealthy and potentially harmful ideations, so we do not tacitly approve and become complicit in their perpetuation of unhealthy patterns. Yalom and Leszcz (2005) write that patients with serious mental illness may thus need or prefer therapists who can be "firm, explicit, and decisive" (p. 496). Directional responses of this type require different skills and sensibilities on the part of the music therapist. We began to recognise that it can be helpful to challenge clients when their lyrics and group interactions are not supportive of their recovery or that of other group members. The authors recognise that incongruence and differences in narratives about health and wellbeing have their place in the context of therapy. We are ever mindful of seeing clients as people who are, like all of us, seeking and sometimes struggling to find their way in life.

We were challenged by the social justice roots of rap and Hip-Hop when we encountered routine use of popular rap lyrics that glorify substance use, misogyny, and crime. Such lyrics sung by highly successful rappers can distort the clients' perception of what it means to be successful. Renshaw (2015, p. 44) poses the question as to how music therapists navigate the lyrical content of rap music specifically when using this genre in treatment. It is evident that there may be no set protocol for working with clients in a variety of settings for various mental health purposes when it comes to lyrics that promote hate, or are vulgar, offensive, misogynistic, homo- or trans-phobic (Short, 2013). There are at least three primary distinctions and considerations. One is that for initial individual sessions we routinely seek to see what the client brings to the recording studio. In a group, this is different, because we must ensure the safety of the group. We achieve this through teachable moments. While censoring lyric material is described as detrimental (Short, 2013), other groups at the site should be considered in this context. For example, in a group such as Men Seeking Safety, for those who have experienced childhood sexual abuse, is there no container for offensive statements, graphic and violent imagery, and projections of anger? There is likely not. A second concern is that while it is undoubtedly true that

clients sometimes show more vulnerability once they feel safe enough, the opposite is true as well. Once a client perceives that there are no limits of self-expression, the therapist runs the risk of affirming the client to continue uncensored for the sake of rapport. We recently had a client whose lyrics were violent, highly misogynistic, and contained veiled threats toward a person outside of the facility. This client, diagnosed with antisocial personality disorder, was eager to record and distribute his lyrics. Once the client has obtained an mp3 of any final product they recorded in music therapy, they have full control over the distribution of it. We discussed the client's lyrics with him: he expressed a desire to be known as king of misogyny. We explained the caution we had about providing him with his recordings and that we needed to consult management about giving him access to his recordings. Risk Management also provided input and concluded it could be harmful to the client and others to hear his recordings. Ethically, do we support clients in producing hate speech against others? Do offensive rap lyrics support the health promotion of the client? Does the music therapy profession aim to promote the creation of such lyrics? It is for these reasons that our practice has evolved to maintain zero tolerance of the recording of offensive lyrics, whether for distribution or not.

Some colleagues have expressed the viewpoint that a deep exploration of issues within music therapy cannot occur until establishing a stronger therapeutic alliance. In Rap and Recovery, however, clients often disclose underlying issues through their lyrics in the first session. We have come to understand that when we honour, contain, or even solicit 'heavy' topics, this is where rapport can develop. Once clients have an experience of their lyrics not only being heard but valued and sustained through curiosity, there is a feeling that Rap and Recovery can be a place of nurturing. Group cohesion that focuses on health and wellbeing may also catalyse personal change. There is also some evidence that the addition of music supports greater rapport between client and therapist (Cook, 2013; Pasiali, 2013). Attending to, interpreting, and responding to details that inform an individual's understanding of self and others calls for music therapy skills that nurture healthy interactions that can calm trauma responses of fear, anxiety, and detachment. Working in relationship with another person requires time, space, and support for that individual to explore, question, and transform deeply held views of themselves and others. Our psychodynamic lens of music therapy serves to strengthen clients' self-understanding and connections to others (Kim, 2016). The focus on integration and relationship means that underlying causes and drives behind addiction receive exploration on multiple levels.

A nurturing and integrated view of music therapy also means that the writing, discussion and recording of rap is not focused on musical performance and ability. Different musical elements, including lyrics, beat and rhyme, require specific therapeutic considerations in the development of client agency, self-identity and senses of authenticity. It is common for individuals with schizophrenia, schizoaffective disorder, and bipolar disorder to fixate on rhyme and exhibit pressured speech and stream-of-consciousness in the creation and performance of rap. Such clients tend not to be as guarded in music therapy and therefore likely to express and discuss their frustrations and aspirations. In the Rap and Recovery music therapy group, we pair music-based experiences with therapeutic processes of critical self-reflection, ownership and commitment to recovery. We encourage clients to think about themselves in different ways so that they can start to make informed and independent choices about their health and wellbeing. We have learned that space and opportunity for clients to be caring and cared for, as well as discussion about their personal needs and backgrounds of trauma, in combination with music, are what nurture authenticity in a Rap and Recovery session.

CONCLUSION

Like other healthcare practitioners, music therapists need to follow the tide of shifting techniques, genres, and technological advances that can transform our profession and scope of practice, while providing a range of health-promoting interventions to our clients. Music therapy clinicians and educators need to develop basic proficiency with music technology (Crowe & Rio, 2004; Hahna, Hadley, Miller & Bonaventura, 2012; Jones, 2006). Jones (2006) calls for music therapists to expand their intervention repertoire by acquiring the ability to interface technology with research and clinical practice. Although the music therapy profession has traditionally not required technology for various reasons, including self-sufficiency, practicality and simplicity, music therapists should understand and develop the skills needed to incorporate technology into their practices as an essential component of therapeutic programming.

Despite a lack of attention to "clinical uses of music technology" (Hahna, Hadley, Miller & Bonaventura 2012, p. 457) in many music therapy training programmes, there is evidence of change. A shift in the comfort level of music therapists using technology for therapeutic purposes has been seen in recent years, as illustrated by Hahna, Hadley, Miller and Bonaventura (2012), Magee and Burland (2008a, 2008b), Magee et al. (2011) and Misje (2013). Crooke (2018) discusses beat making in music therapy and calls for an alternate perspective that sees adeptness with musical technology as akin to aesthetic performance on acoustic instruments. Additionally, Michael Viega (2018, p. 1) offers a valuable humanistic perspective of the use of recording technology in working with adolescents towards "cultivating agency, expressing and voicing selfhood, and nurturing stakeholder engagement". Such literature serves to disrupt traditional views of what constitutes music therapy practice and participation.

Though a music therapy rap-based group presents several challenges, it also has many merits. One of the most compelling reasons for using rap with clients is that even when topics of discussion are challenging, there is still a sense of fun, novelty and creativity to the overall music therapy experience. Rap is very popular with the population we serve. Clients describe the group as "cool" and report that it is appealing because of the popularity of rap music in their music listening repertoire. The social justice roots of rap help free it from belonging to an elite group of musicians and performers. We hope that the descriptive details we have offered about our Rap and Recovery group will serve other music therapists who are seeking a process-oriented model of music therapy at mental health and addictions treatment centres.

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Ελληνική περίληψη | Greek abstract

Ραπ και αποκατάσταση: Μια μουσικοθεραπευτική παρέμβαση προσανατολισμένη στη διαδικασία για ενήλικες με ταυτόχρονες διαταραχές

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ΠΕΡΙΛΗΨΗ

Αντλώντας από την εμπειρία τους με μια ομάδα που ονομάζεται «Ραπ και Αποκατάσταση», οι συγγραφείς εξετάζουν το σημείο συνάντησης της αποκατάστασης και των ψυχοδυναμικών θεωριών της υγείας, και μοιράζονται τις προοπτικές τους σχετικά με την κοινωνική δικαιοσύνη με σκοπό να μελετήσουν τον τρόπο με τον οποίο πελάτες με ταυτόχρονες διαταραχές μπορούν μέσα από εβδομαδιαίες συνεδρίες μουσικοθεραπείας να αναπτύξουν μια αίσθηση αυτενέργειας [agency], ευεξίας και κοινότητας. Οι συγγραφείς

παρουσιάζουν θεωρητικές επιρροές καθώς και πρακτικές λεπτομέρειες, συμπεριλαμβανομένης της περιγραφής μιας συνεδρίας της ομάδας «Ραπ και Αποκατάσταση». Σε αυτό το πλαίσιο συμπεριλαμβάνεται μια κριτική, αναστοχαστική ανάλυση των επαγγελματικών ρόλων και θεωρήσεων. Οι συγγραφείς καταλήγουν στο ότι η δύναμη που έχει η μουσικοθεραπεία που βασίζεται στη ραπ να γαλουχεί, να διαταράσσει και να μεταμορφώνει την κάνει να λειτουργεί ως ένας δυναμικός χώρος εντός του οποίου οι πελάτες και οι θεραπευτές μπορούν να αμφισβητήσουν τις ατομικές και συλλογικές τους δεσμεύσεις, τις σχέσεις και τις ταυτότητες επιχειρώντας να επανεξετάσουν και να επαναπροσλάβουν την έννοια της υγείας και της ευεξίας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, αποκατάσταση, ταυτόχρονες διαταραχές, εθισμοί, ψυχική υγεία, ραπ, χιπ-χοπ