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ARTICLE

Music-centred psychotherapy for adults with mood and anxiety disorders: A programme evaluation

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ABSTRACT

This paper outlines the creation and programme evaluation of a music therapy group for adults within an inpatient mood and anxiety disorder treatment programme in Southwestern Ontario, Canada. The author first discusses the process involved in programme development and facilitation of a four-session closed group framework of resource-oriented and music-centred psychotherapy. The author then presents the results from a programme evaluation that included 154 patients, elucidating lived experiences from the music therapy group. Quantitative results trace patients' perceptions of music therapy's impact within the domains of mood, anxiety, interpersonal connections, expression, and musical resource development. Qualitative themes explore patients' experiences in music therapy in the areas of lightness and depth, interpersonal connections, relationships to music, and trying something new. Patients' lived experiences and perceptions of the group's impact validate that music therapy can invite in-depth therapeutic process while also developing and celebrating patients' resourceful use of music in their everyday lives.

KEYWORDS

music psychotherapy, programme evaluation, depression, anxiety, music-centred, resource-oriented

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INTRODUCTION

I was hired in 2017 to develop a music therapy programme at an adult mental health facility in Southwestern Ontario, Canada, that had not previously employed a music therapist. Aiming to create programming that was responsive to patients' needs and that would exist sustainably and symbiotically within the complex organism of the facility, I began by learning about the facility's existing programmes, observing groups and meeting with clinicians and managers. Within the institution's varied treatment units, most patients had busy schedules, attending a wide variety of

psychotherapeutic, psychoeducational, and recreational sessions. Programme development involved advocating for music therapy's role in mental health recovery while also respecting the value of existing programming and the busy nature of patients' lives while admitted for treatment.

This paper explores the creation and evaluation of a music-centred psychotherapy group for adults with mood and anxiety disorders seeking treatment at this facility. Though this programme evaluation was initially intended to provide data for the facility, this paper's elucidation of the results of programme evaluation contributes to the literature exploring music therapy's impact within mental health treatment. In addition, through discussion of the process involved in developing and facilitating clinical programming within a four-session closed group framework, it is my intention to provide a resource for practitioners. As inpatient admissions within mental health settings decrease in duration (Newman et al., 2018), and yet many people struggle to access mental health care in their communities (Canadian Institute for Health Information, 2023), it is imperative that clinicians create frameworks for brief service provision that invite in-depth therapeutic process while also developing patients' resourceful use of music in their everyday lives (Rolvsjord, 2010).

I use the term "patients" throughout this paper to describe those with whom I worked in the context of this group. This term is the norm at this facility, which speaks to the facility's overall promotion of a medical model of treatment. I use the term "experience," rather than "intervention," to describe the various musical happenings within sessions. As Rolvsjord (2010) points out, the term intervention "implies a discourse in which the therapist's actions are regarded as more important in relation to the outcome of therapy than the client's, thus preserving the traditional patriarchal power relation" (p. 23). Resource-oriented practice involves "collaboration rather than intervention" (p. 74), a value-system that I seek to bring to my work. "Music-centered psychotherapy" is defined by Bruscia (1998) as work wherein

> […] the therapeutic issue is accessed, worked through, and resolved through creating or listening to music; verbal discourse is used to guide, interpret, or enhance the music experience and its relevance to the client and therapeutic process. (Bruscia, 1998, pp. 2-3)

In using this term, I am drawing upon Bruscia's definition while also deliberately working within the tensions and even contradictions that can exist between music-centred versus psychotherapeutic practice (Aigen, 2014), tensions that I will return to in the Discussion section.

In the section that follows, I provide an overview of some foundational and current literature surrounding music therapy's role in mental health treatment.

LITERATURE REVIEW

Music therapy and mental health: Historically speaking

That music can play a role in mental health treatment has been an integral part of the evolution of the music therapy profession. For example, musicians visited hospitals following World War Two to play for veterans recovering from the devastating impacts of war, both physical and emotional. The American Music Therapy Association (2022) noted:

> patients' notable physical and emotional responses to music led the doctors and nurses to request the hiring of musicians by the hospitals. It was soon evident that the hospital musicians needed some prior training before entering the facility and so the demand grew for a college curriculum. ("History of Music Therapy", para. 1)

Ansdell (2002) recounted a similar development in the U.K., reflecting that "musicians played to, but increasingly also with patients," leading to the "development of the modern discipline and profession of Music Therapy" ("Towards Music Therapy", para. 3).

In North America, Ira Altshuler was a psychiatrist in Detroit who in 1938 initiated one of the first large-scale music therapy programmes for individuals hospitalised for mental illness (Davis, 2003). Florence Tyson practiced in psychiatric hospitals in the 1950s, and in 1962 founded the Creative Arts Rehabilitation Center in New York City (Florence Tyson Fund, 2012). Norma Sharpe was a crucial founder of music therapy practice in Canada. In the 1950s she began working at the psychiatric hospital in St. Thomas, Ontario, which is now closed (Kruger, 2023).

Music therapy for depression and anxiety

A systematic review of music therapy and depression (Aalbers et al., 2017) assessed the effect of music therapy upon depression based on nine studies. These studies were varied in terms of their design and approach to music therapy, and they did not all indicate whether a trained music therapist had been present, making it challenging to generalise based upon the results. Nonetheless, the review found that music therapy provides "short-term beneficial effects for people with depression" and "shows efficacy in decreasing anxiety levels and improving functioning of depressed individuals" (p. 2). Lu et al. (2021) conducted a meta-analysis that included 32 randomised controlled trials in order to evaluate the efficacy of music therapy on anxiety. They found that music therapy can lead to significant improvement in anxiety symptoms during treatment (Abstract), but that further research is required to determine lasting effects.

Relevant to the current paper, research has demonstrated the efficacy of improvisation in music therapy for targeting symptoms of depression and anxiety. For example, Erkkilä et al. (2011) found that individual improvisational music therapy resulted in significant improvements in depression and anxiety symptoms. Zarate (2016) investigated the impact of individual music and vocal psychotherapy upon anxiety. Her research produced statistically significant changes in clinical anxiety symptoms. Though mild and moderate anxiety symptoms remained after music therapy, "severe symptoms disappeared by the last session, which would suggest improved everyday functioning and management of anxiety symptoms" (p. 49).

A substantial body of qualitative research regarding music therapy's impact in mental health settings amplifies service users' voices and experiences. Ansdell and Meehan (2010) conducted research with clients deemed "treatment-resistant" by the medical system. Their findings support music therapy's role in assisting patients to re-establish the use of music as a "health-promoting resource and coping strategy" (p. 29). McCaffrey (2018) interviewed six mental health service users who found music therapy to be occupying, stress-relieving, and flexible, while also fostering reciprocity when undertaken in a group setting. Solli et al. (2013) conducted a qualitative meta-synthesis of

14 studies examining 113 clients' experiences in music therapy. Their study noted four overall areas of experience for clients in music therapy: "having a good time," "being together," "feeling," and "being someone" (p. 254). In not placing focus upon music therapy's role in symptom reduction, these studies align with a "recovery-oriented" perspective. Without denying the importance of symptom reduction, recovery-oriented practice recognises and focuses upon factors that contribute to living a "satisfying, hopeful, and contributing life even with limitations caused by illness" (Anthony, 1993, p. 15), highlighting self-determination, empowerment, social inclusion, meaningful activity, and resources (McCaffrey et al., 2011; Solli et al., 2013). From this perspective, musical involvement may provide "opportunities, resources, and support for members to demonstrate and perform their wellbeing and recovery" (Ansdell & DeNora, 2016, p. 148).

Jackson (2012) noted that there is minimal music therapy research that focuses specifically upon individuals diagnosed with depression and anxiety. She also stated that much of the existing literature concerns the use of receptive music therapy methods, rather than more active and creative approaches. The current paper assists in filling this gap in the literature.

THE CLINICAL WORK: CONTEXT AND CONTENT

The patients referred to in this paper were 18 years of age or older, and enrolled in an eight-week, group-based, inpatient treatment programme for mood and/or anxiety disorders. As the programme is voluntary, most patients were motivated to attend. Facility programme data from 2016 indicates that the mean age of patients in this programme is 42 years, and 44% of patients identify as male. As the programme is not publicly funded, patients are largely working professionals with insurance benefits, and/or individuals of middle to high socio-economic status. Many patients concurrently receive electroconvulsive therapy. Music therapy took place in a closed group format in which groups of typically six to eight patients attended four 90-minute sessions: two per week for two weeks. All patients admitted to the mood and anxiety disorders programme attended the four sessions of music therapy unless there was a clinical counterindication as decided upon by the interdisciplinary team. Sessions during the period described in this paper were either facilitated by me alone or co-facilitated by me and a music therapy intern.

Clinical approach

My facilitation of this group drew upon a resource-oriented approach to music-centred psychotherapy. Music-centred music therapy recognises that "music enriches human life in unique ways" and thus is "a legitimate focus of the work of music therapists" (Aigen, 2014, p. 65). I view the music-making that occurs within music therapy to be "continuous with its engagement in nonclinical contexts" (p. 156). This lens gives the therapist permission to focus upon "making music possible" (Stige, 2010, p. 16), rather than focusing solely upon nonmusical outcomes. In addition to holding a strong philosophical alignment with music-centred perspectives, I am also a Registered Psychotherapist in Ontario. As such, I hold an eclectic perspective upon music therapy and draw upon both music-centred and psychotherapeutic theories in my practice.

I am also influenced by resource-oriented music therapy. Rolvsjord (2010) describes that a resource-oriented approach "involves the nurturing of strengths, resources, and potentials"; "involves collaboration rather than intervention"; "views the individual within their context"; and finally, views "music… as a resource" (p. 74). This approach validates the importance of music in human life and strives to understand and work with the musical strategies that people use naturally to improve wellbeing (DeNora, 2000; Ruud, 2013).

Goals and a four-session framework

Goals for music therapy were somewhat flexible based upon the needs of each cohort, but generally reflected the following domains: to identify, regulate, and express emotions; to develop personalised musical resources; to explore and enhance self-identity; to connect/reconnect with music and creativity; and finally, to enhance community and mutual support. These goals reflected typical clinical needs of the patients as well as my music-centred perspective upon the importance of musical engagement and the unique affordances of such engagement. To facilitate working towards these goals within the allocated four sessions, the interns and I developed a framework for the sessions in which we endeavoured to balance providing a consistent experience from cohort-to-cohort with remaining flexible to meet the unique needs of specific groups.

The first session started with group discussion about people's pre-existing relationships to music, demonstrating my commitment to validating people's knowledge about music's use as a "self-help technology" (Ruud, 2013, para. 4). At times there were patients who had extensive formal musical training/experience, but most patients recounted relationships to music that primarily involved regular music listening, having not played an instrument or sung since being in school. We discussed the ways in which the use of music in therapy is connected to our use of music in our day-to-day lives. After this initial discussion, most sessions were primarily comprised of improvisation and listening. The music therapy space was equipped with pitched and unpitched percussion instruments, in addition to an acoustic piano and two guitars. During improvisations, the music therapist alternated between providing a harmonic framework from the piano or guitar, versus supporting patients' music-making from a percussion instrument.

To introduce improvisation, the group started with structured experiences in which patients each created one repetitive pattern on an instrument, and gradually combined their sounds together; this facilitated co-listening while fostering containment, given the music's predictable nature. Based upon patients' comfort and responsiveness, I gradually introduced experiences that afforded more creativity, always allowing patients to control when to let go of the structure. I also typically provided less rhythmic stability in the music-making as sessions progressed, constantly assessing whether patients were able to tolerate the increased uncertainty, and at times messiness, that comes with less rhythmic structure. As individuals gained familiarity with improvisation, they explored the balance between sharing their voices while responding to the contributions of others.

We also often engaged in referential improvisations based upon images and emotions suggested by patients or by the music therapist. An image that I often suggested was that of a storm, explaining to patients that we would strive to co-create music that moved from calmness, to intensity, and back to calmness. Clinically, the experience provided an opportunity for expression and regulation

of emotions, moving through the build to loudness and even chaos, and then feeling the music's subsequent settling. Some groups of patients discussed the storm's direct connection to their lives and their emotions. For others, the storm did not represent their storm and the experience afforded symbolic distance (Ahonen, 2016). For others still, the experience offered the opportunity to make creative decisions to further a musical goal.

In addition to improvisation, each patient shared one piece of music that had played a meaningful role in their life. Patients shared about their music's significance; we then listened and reflected as a group. I introduced intentional playlist creation, starting by exploring the ways that playlists can capture a unified mood. I then introduced the concept of the iso-principle, and its relation to music listening (Heiderscheit & Madson, 2015). We discussed the role of emotional validation prior to attempting to change one's mood, and patients created their own iso-principle playlists to share at the final session. My approach to this content was at times more didactic in nature, particularly with patients for whom the concept of intentional playlists was unfamiliar; however, themes and songs for playlists were always selected by patients. Having described the four-session framework, I will move now to a discussion of the programme evaluation process.

PROGRAMME EVALUATION

This project received Research Ethics Board approval at the mental health facility, and also at Wilfrid Laurier University, for the use of this programme evaluation data for research purposes. Programme evaluation is typically undertaken to "produce information about the performance of a programme in achieving its objectives" (Grembowski, 2001, p. 3). Such evaluations apply research methods to answer questions as to whether and why a programme is "working as intended" and to "increase the accuracy and objectivity of judgements about the program's success" (p. 3). Grembowski portrays the programme evaluation as a three-act play. First, evaluators "define the questions that the evaluation will answer about a program"; then, they apply research methods to "answer the questions raised in Act I"; finally, "answers to the evaluation and policy questions provide insights that influence decision making and policy" (p. 16). In this section, I will outline the processes involved in Acts I and II, that is, the creation and implementation of a programme evaluation tool for this music therapy group.

Defining the questions

As music therapy was a new offering at the facility, I was invested in generating data to better understand patient experience. Thus, this programme evaluation set out to answer the broad question: What is the nature of patients' experiences of group music therapy within the mood and anxiety disorder treatment program? This group was an ideal setting within which to implement an evaluation process given the group's structure, wherein all patients attended four sessions that were similar in their content across each cohort of patients.

Specifically, I was interested in exploring patients' perceptions of music therapy's effectiveness in the following areas: mood elevation, anxiety reduction, connection with others, musical resource development, and emotional expression. As programme evaluations are inevitably connected to evaluators' values, it is vital to make my values explicit, so that "those for whom the evaluation is

intended [are made] aware of the value system that has undergirded the evaluation" (Owen, 2020, p. 10). The questions posed on the evaluation form are connected to my orientation as a music psychotherapist and to my theoretical leanings towards music-centred and resource-oriented practice. I hold a constructivist epistemology. I recognise that individuals "develop subjective meanings of their experiences" and that "these meanings are varied and multiple" (Cresswell, 2014, p. 8). Thus, I chose to solicit narrative feedback, in addition to numerical data, in order to understand patients' subjective experiences more fully. The process involved in data gathering will be described next.

Undertaking the evaluation

After devising the questions, the next step in programme evaluation is to apply research methods to answer these questions. The design of this questionnaire drew upon a "convergent parallel mixed methods design" (Cresswell, 2014, p. 219), in which quantitative and qualitative data are collected and analysed separately. The results are then compared, with the assumption that the combination of approaches "provides a more complete understanding of a research problem than either approach alone" (p. 4).

I devised a simple questionnaire (see Appendix 1) that patients had the option to complete at the end of the fourth session. Patients were informed that filling out this form was voluntary, and that data would remain anonymous. Those patients who chose to fill out this form did so independently, while the music therapist either stepped out of the room or began to pack up instruments in a separate area. Of the 311 patients who attended this group between June 2017 and April 2019, 154 chose to fill out this form and their data is included here. The programme evaluation form asked patients to self-report in the following areas using 5-point Likert scales: 1) This group helped to elevate my mood; 2) This group helped to reduce my anxiety; 3) This group helped me to connect with my co-patients; 4) I learned ways I can use music to cope in my life; and 5) I found ways to express myself through music. These individual data points were used to calculate mean, median, and standard deviation.

Next, the form asked patients the following open-ended questions: 1) What did you find useful/helpful about the program? 2) What recommendations would you make for the programme going forward? and 3) Is there anything you wish to see changed based on your experiences? A Research Assistant and I independently conducted thematic analysis (Braun & Clarke, 2006) on patients' narrative responses using first and second cycle techniques (Saldaña, 2013). All themes and topics present in patients' responses were noted, and then these were gradually collapsed into a smaller number of main categories as the interrelationships between the codes became apparent. Recognising the interpretive nature of any coding process, I strove to remain open to the emergent themes by ensuring similitude between my analysis and the Research Assistant's, and by re-reading each patient's responses multiple times.

RESULTS

Returning now to Grembowski's (2001) conceptualisation of programme evaluation as a three-act play, the following section explores the third act, that is, the patients' responses.

Mean, median, and standard deviations derived from the Likert scale data are displayed in Table 1. The Likert scales consisted of 5 possible points, where 5 represented "a lot", 4 represented "quite a bit", 3 represented "somewhat", 2 represented "a little bit", and 1 represented "not at all". These results display that most patients found the group "quite a bit" helpful in each of the domains.

Evalulation item	Mean	Median	SD
This group helped to elevate my mood	4.3	5	0.83
This group helped to reduce my anxiety	3.9	4	1.12
This group helped me to connect with my co-patients	4.3	5	0.82
I learned ways I can use music to cope in my life	4.3	5	0.87
I found ways to express myself through music	4.2	4	0.89

Table 1: Results from Likert-scale evaluative items

Five main categories emerged through qualitative coding, providing a perspective upon patients' overall experiences in music therapy: lightness and depth, interpersonal connections, relationship to music, trying something new, and practicalities. These categories, along with their themes and sub-themes, are displayed in Table 2, and elucidated further in the section that follows.

Main categories	Themes within categories	Sub-themes
Lightness and depth	Depth: Emotions	Elevating and shifting mood
		Expressing emotions
		Feeling and identifying emotions
	Depth: Reflective	
	Lightness: Fun and joy	
	Lightness: Freedom	
	Mindful	
Interpersonal connections	With group members	A unique connection through music
	With therapist	Genuine care & openness
		Therapist as example
Relationship to music	Music in day-to-day life	
	No musical ability required	
Trying something new	Out of my shell and comfort zone	
	Pride and accomplishment	
Generalities and practicalities	Scheduling	More music therapy
	Physical space and resources	

Table 2: Emerging themes from qualitative coding

Main category: Lightness and depth

"Lightness and Depth" captures patients' most common, and at times paradoxical, descriptions of the music therapy process. Patients portrayed music therapy as facilitating experiences of emotional and self-reflective depth while also affording lightness: fun, distraction, and freedom. One patient described music therapy as "light and heavy at the same time." Importantly, four patients also noted music therapy's connection to mindfulness, with one patient describing it as "mindfulness in action." I note this here, given mindfulness' promotion of a non-judgemental stance regardless of whatever arises.

Depth: Emotions

When all sub-themes pertaining to emotions are considered together, descriptions of the emotional aspects of music therapy were the most commonly occurring theme, with 99 separate instances coded. Music and music therapy were described as avenues for elevating and shifting mood, as well as for expressing, and identifying and feeling emotions.

Elevating and shifting mood

Many patients observed that the group facilitated positive changes in mood, with several patients noting that they learned to use music for this purpose outside of therapy as well. One patient stated, "I always walked out feeling better than I did coming in;" another noted that "playing in a group reduced anxiety." Some patients linked the shift in mood to specific musical experiences. Referring to instrumental improvisations, one patient noted, "I like how music can be used to create a mood and bring you out of a mood." Commenting on playlist creation, one patient stated, "I love the playlist – moving from an undesired to a desired emotion."

Expressing emotions

Music's ability to provide a medium for the expression of emotions was commonly noted; the presence of this theme within the narrative data aligns with the quantitative findings. Several patients observed that music's expressive qualities were helpful when finding words was challenging. For example, a patient reflected, "Expressing emotions through music is powerful if they are blocked through other channels." One patient noted that they "learned how to express emotion through not only songs but through instruments" and another patient described music as a "different release" that "covers all emotions."

Feeling and identifying emotions

Offering a different perspective than the sub-theme regarding mood elevation, some patients described music therapy as a place in which they could stay with challenging emotions. For example, one patient noted, "I learned to express negative emotions in a healthy way through playing music. This helped me 'lean into' negative emotions instead of avoiding them." Another patient stated, "It helped me to sit through yucky feelings when I was not in my comfort zone and…to notice the peak and then see it decrease." Crucial to these experiences of *feeling,* were patients' observations that they could tolerate challenging emotional experiences. Patients also shared that improvisation and music listening had been vehicles for identifying emotions. For example, one patient noted, "I am not very good at identifying emotions and this helped," and another shared, "[Music therapy] gave me a way to express emotions and brought out certain emotions I didn't know I had."

In connection to this theme, several patients noted that music therapy was emotionally demanding. For example, one patient noted, "It was emotionally demanding to…share musical experiences, especially sharing our personal music; very inspiring, loved it." Not everyone loved this characteristic of the group; two patients described finding the emotional content of the group to be too overwhelming. One individual shared, "The timing of [music therapy] seems to align with when many are 'getting into stuff' in [other groups], so we are exhausted and sometimes triggered the rest of the day."

Depth: Reflective

Several patients described the group as providing space for self-reflection. One patient noted that the group had been important in their process of mourning the death of a family member and "helped [them] dig deep inside." Another patient described the way in which "listening to and discussing music calms me down and makes me reflective." One individual wrote, "This programme took me to a place inside myself that was much deeper and more significant to my healing than any other group." Similarly, several other patients also reflected upon music therapy's crucial role in their overall mental health recovery.

Lightness: Fun and joy

"Fun", described by 17 patients, was the most common theme portraying "lightness." Just as patients appreciated music's ability to facilitate experiences of emotional depth, patients also described the group as "enjoyable," a place to "be silly and have fun," and "joyful." Importantly, emotional depth and fun were not mutually exclusive experiences; several patients commented on both aspects of the group simultaneously. For example, one patient noted, "It was fun to express feelings through music." Another patient appreciated "the combination of play with an intent to observe emotions" and still another described music therapy as "a practical, fun, hands-on approach to help with the healing process."

Lightness: Freedom

Music's ability to afford freeing experiences was described in a variety of ways. Some patients described feeling freedom while playing instruments, with one patient sharing, "I was able to open up and enjoy freedom to play without judgement by others or self." Other patients similarly referred to a lack of inhibition, and one individual described experiencing "flow." Several patients described the group as providing freedom from "heavy" topics; one patient noted, "I got to escape from my thoughts for a little while." Music's ability to hold challenging topics and feelings, while also providing a break from them, allowed patients to experience the group differently, depending upon their own needs.

Main category: Interpersonal connections

Patients discussed their experiences of interpersonal connection within group music therapy, both with their fellow group members, and also with the group facilitators.

Connection with group members

In concurrence with quantitative findings, there were 32 comments surrounding patients' experiences of connections with group members facilitated through music therapy. Some of these comments did not refer to music specifically but rather to the group setting more broadly; for example, several patients described "bonding" and "connectedness" with co-patients, and one individual noted, "Group therapy is excellent to open and share feelings." However, the majority of comments within this theme noted the unique nature of the connectedness experienced through music. Though patients were in a group-based treatment program—and thus knew the others in their cohort well—many participants noted that music afforded different and at times deeper connections, the opportunity "to bond with cohort in a different way." Music was described as "cooperative," "uniting," and "a vehicle for coming

together." One patient stated, "I feel this is one of my most helpful classes to help me open up" and another "found it helpful using music to break the ice about stories that have affected my life." Music's relational affordances are also relevant to the next sub-theme.

Connection with therapist(s)

An aspect of the group not included in the Likert scale measures, patients made 42 positive comments regarding qualities in me and my facilitation style—and when co-led, the interns also—that they felt contributed to the group's benefits.

Genuine care and openness

The most common sub-theme was that patients felt genuine care from me and the interns, including an open and non-judgemental stance. Stemming from this care, patients described a "friendly," "welcoming," "easy going," "safe," and "accepting" atmosphere in which "everyone feels like their contributions are worthy." One patient stated that the facilitators were "genuine and invested in [patients'] well-being." I was described as "putting everyone at ease" and able to "make [patients] feel comfortable in a calm way." Several patients reflected that they felt listened to; for example, one patient wrote, "I felt heard and that my opinions and ideas mattered." Unlike the other themes and sub-themes, in which patients noted that music assisted in facilitating the group's benefits, here, patients recognised that music alone *does not* necessarily lead to a caring atmosphere. This experience of care required an intentional effort and presence from the facilitators. I will further discuss this theme in the Discussion section.

Therapist as example

Though I grouped together several interrelated therapist qualities in the previous sub-theme, this sub-theme stood out as distinct. Three patients described the music therapists as "examples," particularly surrounding our relationships to music. For example, one individual wrote, "I feel the facilitators are passionate with music and that passion is passed on to the patients." Another stated, "The sheer passion of the [music therapists] was really what sold it. They expressed themselves and that set the stage for patients to feel safe and share." I cannot know exactly what these patients had observed when they described me as having "passion," but certainly the interns and I strove to embody genuine engagement in music-making and a commitment to each group's creative process. It appeared evident that for these patients, role-modelling a relationship to the music was crucial to the group's success as well as to their comfort in engaging.

Main category: Relationship to music

There were 23 comments surrounding the ways in which music therapy impacted patients' relationship to music, whether it affirmed or rekindled an existing relationship or inspired a new one. One patient noted that the group "reminded me of how much I love music," and another stated that it led them to get "back in touch with music." Regarding instrumental playing, one individual wrote, "The programme helped me realize that I am a passionate person about music and piano;" regarding listening, one individual expressed gratitude to have "reconnected with meaningful songs." Poignantly, one patient wrote, "This programme brought a piece of me back. I realized I was missing music."

In contrast, another patient noted that they felt "no connection to music." This is an important reminder that we cannot assume that all patients will experience a relationship to music, whether through music therapy or in their everyday lives.

Music in day-to-day life

There were 18 comments regarding the ways in which patients intended to incorporate music into their day-to-day lives, a theme that was also validated through the quantitative data. Some of these statements pertained to music listening; for example, one patient wrote, "I will definitely keep working on my playlists," and another wrote, "I will use playlists in my recovery." Regarding active involvement in playing and singing, one patient wrote, "It convinced me to sign up for ukulele lessons when I get home" and someone else wrote, "I will look for something musical to do after discharge." Some patients reflected on the ways they will incorporate the nonmusical benefits of musical involvement into their lives. One individual appreciated "learning how to connect feelings to music and incorporate that into day-to-day activity," and another patient learned to "use [music] to ground [them]self."

Three patients stated that they would have liked to receive more tangible resources, for example, "worksheets to keep" or list of musical resources within their hometowns. The latter was something I did on request; given that patients attend this facility from all over the country, it was challenging to have a generic resource list available. Four patients recommended that access to music be provided outside of therapy, for example, through "jam sessions" or instrumental lessons. These suggestions will be explored further in the Discussion section.

No skill required

Regarding patients' relationships to music, three individuals appreciated that there was no musical skill required to participate in music therapy. I have included this sub-theme within the "Relationship to Music" theme, given the potential implications of the realisation that one can meaningfully participate in music without being an expert. One patient wrote, "[Music therapy] is structured in a way so that no one needs any actual musical ability," and another patient wrote, "Even though I don't play any instruments I found it easy to just play and totally unexpected." Music-making was perceived to be accessible for beginners; such observations could impact the way in which these individuals perceive the possibility of musical involvement in the future.

Main category: Trying something new

Many participants reflected on the opportunity to try something new through music therapy. Eight individuals commented on trying new instruments. Other comments pertained to the experiences of group music-making, playlist creation, or music therapy as a whole; as one participant noted, "I learned there are alternative ways of dealing with mental illness." Several patients noted that they had initially been nervous or uncomfortable, due to music therapy being unfamiliar, but that these feelings subsided as the group progressed. One individual shared that they had "gained confidence by doing something new" and another reflected that undertaking a new activity helped them to "get over their self-consciousness." Two patients shared suggestions for easing the group into the new experience more slowly; one patient suggested spending more time drumming prior to introducing instruments, and another requested more time to develop familiarity with the instruments.

Out of my shell

The fact that music therapy was new, and also *creative*, prompted a number of patients to identify that the group involved "taking a risk;" leaving one's "comfort zone" or coming out of one's "shell" were common descriptors. One participant wrote that the most beneficial part of the group had been "getting out of my comfort zone – until this group I have only ever sung in my car or shower where no one could hear me." Another individual shared: "Music is a shy part of my life. I found attending music therapy helped me and would say that it was my favourite therapy." Several patients linked coming out of their shells to increased confidence.

Pride and accomplishment

Four patients noted that trying something new had sparked feelings of pride. One patient wrote, "I was amazed at what we were able to put together in such a short time." Another patient felt a sense of accomplishment regarding their completed playlist, and wrote, "[Music therapy] gave me the opportunity to reconnect with music – I had lost this during my depression. The [playlist] assignment was fantastic and I'm proud in me accomplishing this."

Main category: Generalities and practicalities

There were 25 general positive statements about music therapy (for example, "loved it" or "wonderful program") that were generic and thus coded separately from the main themes noted above. Two individuals noted that the programme was "not helpful" but did not expand. Patients also made comments about practical matters, such as space, resources, and scheduling.

Physical space and resources

Three patients made suggestions regarding the physical space. One involved the lack of air-conditioning, which has been remedied; the other two involved patients' sensitivities to loud noise, including concerns about the volume within the music room, and also about noise coming from a neighbouring space. These are known and valid acoustical challenges at the facility. Five patients noted that they wished that there had been a greater variety of instruments available.

Scheduling

For the two weeks that patients attend music therapy, they do not attend other programming offered at the same time. Four patients suggested that this overlap be remedied, so as to be able to attend both programmes. Two patients suggested that music therapy be optional.

The overwhelming scheduling feedback, based in 50 comments, was that patients wanted more music therapy, whether for longer sessions or for a greater number of weeks. Some patients connected these requests to their perceptions surrounding music therapy's value in treatment. One individual wrote, "I would offer it earlier and more often as it always uplifted me." Another patient reflected that they prefer music to talk therapy, and stated, "It would be great if patients like myself could have more opportunities to explore [music therapy]."

Alongside patients' quantitative feedback—that the group was at least "quite a bit" helpful in the measured domains for most patients—qualitative feedback elucidated patients' experiences, including

those of lightness and depth, interpersonal connections, relationships to music, and trying something new. I will move now into a discussion surrounding these results.

DISCUSSION

Overall, this programme evaluation appeared to validate the success of music therapy from the perspective of patients. Quantitative results in four of the five domains had mean scores over 4 (i.e., more than "quite a bit") and also relatively small standard deviations, meaning that most patients experienced mood elevation and group connection in music therapy, and believed they had greater tools for self-expression and coping through music. With regards to the mean score for anxiety reduction being slightly slower, at 3.9, I will propose that, for some people, music therapy itself was anxiety-provoking. As noted by a number of participants, creative music-making in a group context involved a substantial amount of personal risk-taking. Leaving one's "comfort zone" may have been clinically indicated and ultimately beneficial for many patients, but anxiety may have remained. The score of 3.9 does still indicate that a majority of patients experienced anxiety reduction through music therapy. I interpret these mean and median scores as promising findings, particularly recognising that many participants had tried various therapeutic modalities previously and were experiencing hopelessness about their mental health.

The main themes that emerged from the qualitative analysis speak to affordances of musical experience, as well as characteristics of my facilitation style and philosophy of practice, which inevitably impacted patients' experiences. For example, the predominance of comments surrounding music's emotive impact resonates with music's ability to connect us to our emotions (Spitzer, 2020). These comments likely also reflect my orientation as a music psychotherapist, as I often focused upon music's emotive potential within group improvisations and discussions.

In complementarity to themes of "depth," group members' reflections on "lightness" also affirm affordances of music, while reflecting my resource-oriented and music-centred orientation. Resource-oriented music therapy draws upon elements of positive psychology, including the recognition that "treatment is not just fixing what is broken; it is nurturing what is best" (Seligman & Csikszentmihalyi, 2000, p. 7). Music therapists can become uncomfortable when our work is described as "fun," concerned that our profession will not be taken seriously. Yet, playfulness is a human need, one that individuals facing institutionalisation have minimal opportunity to have met. Music's affordances in this area—the fun, and the realisation that "I am capable of having fun"—are invaluable to recovery, particularly if we view the process as one not only of symptom reduction, but of discovering what makes life living (Anthony, 1993).

Patients' feedback surrounding my own and the interns' roles as facilitators provides a reminder of the therapeutic relationship's contribution to therapy's effectiveness. Research surrounding the "common factors" among approaches to psychotherapy supports the notion that therapeutic rapport—as evidenced by characteristics such as warmth, empathy, trust—is a more powerful predictor of therapy's success than the therapist's specific approach (Wampold & Imel, 2015). Silverman (2019) suggests that identifying factors that contribute to strong therapeutic alliances in music therapy is urgent, given that mental health care is becoming increasingly brief. We have the opportunity to create supportive, effective, and ethical therapeutic relationships through music,

but music does not guarantee that such qualities will be fostered. We have a responsibility to be intentional as we build rapport with patients.

Trustworthiness, limitations, and directions for future research

This programme evaluation undoubtedly has limitations. I acknowledge that my biases about music therapy's role in mental health impacted my creation of the questionnaire. Given that this inpatient programme is intended to treat depression and anxiety, the inclusion of mood elevation and anxiety reduction in the evaluation are straightforward. However, the inclusion of emotional expression, musical resource development, and group connection, reflect my values surrounding the affordances of musical engagement. A different therapist may have measured different domains, and thus achieved different results. I also recognise that, despite my genuine commitment to representing the data with integrity, in holding a dual role as therapist and programme evaluator I undoubtedly had a vested interest in receiving positive feedback about the program. Trustworthiness was increased through the presence of a Research Assistant; this individual assisted with data analysis and had no connection to music therapy or to the patients.

I recognise in hindsight that the five quantitative questions could be viewed as leading patients towards a positive response, which was certainly not my intention. In addition, the questionnaire was designed so that patients could complete it within a few minutes; thus, most patients' responses to qualitative questions were brief. Narrative feedback was largely extremely positive; however, many responses were very short, such as "great" or "loved it." Two patients wrote briefly that they had not found music therapy to be helpful. Due to the questionnaire's design, there was no opportunity to invite individuals to expand on their responses, whether positive or critical. In building upon these results in future research, the inclusion of interviews within the study design, and/or providing a more detailed survey, would increase the possibility of gaining richer descriptions.

In addition to gathering richer narratives, in future research it would be beneficial to follow-up with patients several weeks or months after discharge from the facility. The benefits of music therapy may be perceived as lesser after the emotional high of creating music with others has subsided. The opposite could also be true, that as people reflect back on their time at the facility, they feel more strongly about the value of music therapy in their treatment. It would also be beneficial to collect patients' self-reported mood and anxiety scores before and after each session, in order to collect quantitative, comparative data surrounding these key variables.

Balancing music-centredness with music psychotherapy

Given psychotherapy's focus upon nonmusical domains, there can exist points of tension between the tenets of music-centred music therapy versus those of music psychotherapy (Aigen, 2014). I view this as a healthy and dynamic tension rather than seeing these approaches as mutually exclusive. Despite the context of this group—an inpatient mental health facility—it became apparent to me early on that it would not be an appropriate setting in which to exclusively draw upon a psychotherapeutic orientation to practice. My facilitation deliberately embraced theoretical and practical points of

complementarity and tension between music-centred and psychotherapeutic approaches. I will consider two observations in this regard.

The music therapy programme was, at its outset, added to patients' already busy therapy schedules. Therapy, particularly psychotherapy, is intensive and often exhausting; *more* therapy is not always better. I learned to recognise when participants arrived emotionally saturated. I learned to overtly tell patients that I trusted them to take the group at their own pace: that they may wish to focus on the musical sounds, or they may wish to consider music's connection to their emotions. When a cohort informed me that they had already engaged in intense group therapy that day, I would intentionally bring a purely music-centred lens to the group, engaging in music-making with the goal to engage creatively, re-connect with one another, or have fun.

In addition to validating patients' need for a break from therapy, other patients did not wish to use music for the purpose of therapy. Solli and Rolvsjord (2015)'s research with adults with psychosis note that patients often attended music therapy as "a break from treatment" (p. 74). These authors recognise a paradox—that music therapy can be helpful in treatment because patients view it as "the opposite of treatment," distinct from other appointments. Their findings resonate with my conviction that musical engagement is a human need. As a therapist and educator, I find myself to constantly be balancing advocacy for music therapy's role in healthcare with advocacy for people's access to *music*, not only to reach clinical goals, but also to foster normalcy, positivity, connection, and creativity. Four patients formally requested, through this programme evaluation, to have access to music-making opportunities outside of music therapy. Anecdotally, while working at this facility I had many hallway conversations with patients looking for similarly informal musical involvement. I am increasingly committed to enhancing people's access to normative experiences of music, both within and outside therapy.

CONCLUSION

This programme evaluation documents patients' perceptions of the role of group music therapy within treatment for depression and anxiety. Through mixed-methods analysis, the data tells a story of music therapy's impact surrounding mood, connection with emotions, connection with others, and connection with music. Patients' perspectives celebrate the notion that short-term, group music therapy can both invite and explore in-depth psychotherapeutic process while also developing and celebrating patients' resourceful use of music in their everyday lives.

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APPENDIX 1

PROGRAMME FEEDBACK
Music Therapy Group

1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = A lot

This group helped to elevate my mood.	1	2	3	4	5
This group helped to reduce my anxiety.	1	2	3	4	5
This group helped me to connect with my co-patients.	1	2	3	4	5
I learned ways I can use music to cope in my life.	1	2	3	4	5
I found ways to express myself through music	1	2	3	4	5

What did you find useful/helpful about the program?

What recommendations would you make for the programme going forward? Is there anything you wish to see changed based on your experiences?

Thank you for taking the time to fill out this evaluation ☺

Ελληνική περίληψη | Greek abstract

Μουσικοκεντρική ψυχοθεραπεία για ενήλικες με διαταραχές διάθεσης και άγχους: Μια αξιολόγηση προγράμματος

Elizabeth Mitchell

ΠΕΡΙΛΗΨΗ

Αυτό το άρθρο παρουσιάζει τη δημιουργία και την αξιολόγηση ενός προγράμματος ομαδικής μουσικοθεραπείας για ενήλικες, εντός ενός ενδονοσοκομειακού προγράμματος θεραπείας για διαταραχές διάθεσης και άγχους στο Νοτιοδυτικό Οντάριο του Καναδά. Η συγγραφέας συζητά αρχικά τη διαδικασία που ακολουθήθηκε για την ανάπτυξη του προγράμματος και το συντονισμό μιας σειράς τεσσάρων κλειστού τύπου ομαδικών συνεδριών σε πλαίσιο μουσικοκεντρικής ψυχοθεραπείας που είναι προσανατολισμένη στους πόρους. Στη συνέχεια, η συγγραφέας παρουσιάζει τα αποτελέσματα από την αξιολόγηση του προγράμματος το οποίο περιλάμβανε 154 ασθενείς, αναδεικνύοντας τις βιωμένες εμπειρίες από την ομάδα μουσικοθεραπείας. Τα ποσοτικά αποτελέσματα καταγράφουν τις αντιλήψεις των ασθενών για την επίδραση της μουσικοθεραπείας σε τομείς όπως η διάθεση, το άγχος, οι διαπροσωπικές σχέσεις, η έκφραση και η ανάπτυξη μουσικών πόρων. Τα ποιοτικά αποτελέσματα διερευνούν τις εμπειρίες των ασθενών στη μουσικοθεραπεία, εστιάζοντας σε τομείς όπως η ελαφρότητα και το βάθος, οι διαπροσωπικές συνδέσεις, οι σχέσεις με τη μουσική και η διάθεση για δοκιμή κάτι νέου. Οι εμπειρίες και οι αντιλήψεις των ασθενών για την επίδραση της ομάδας επιβεβαιώνουν ότι η μουσικοθεραπεία μπορεί να ενεργοποιήσει μια βαθιά θεραπευτική διαδικασία, ενώ ταυτόχρονα προάγει και γιορτάζει τη δημιουργική χρήση της μουσικής στην καθημερινή ζωή των ασθενών.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσική ψυχοθεραπεία, αξιολόγηση προγράμματος, κατάθλιψη, άγχος, μουσικοκεντρική, προσανατολισμένη στους πόρους