

BENEFITS AND CHALLENGES OF THERAPEUTIC SONGWRITING  
WITH DEAF ADOLESCENT GIRLS:  
A QUALITATIVE FEASIBILITY STUDY

A Thesis  
by  
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## **Abstract**

### **BENEFITS AND CHALLENGES OF THERAPEUTIC SONGWRITING WITH DEAF ADOLESCENT GIRLS: A QUALITATIVE FEASIBILITY STUDY**

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Music is a part of every culture and community in some way, and Deaf culture is no exception. Music has the power to go beyond the surface of typical communication and experience, especially for members of the Deaf community. The following feasibility study was conducted to identify the benefits and challenges of songwriting-focused music therapy services for Deaf adolescent girls. A pilot study implemented prior to the main study identified logistical information and potential research questions. Data for the main study included the researcher's session notes and post-music therapy interviews of participants. Results suggested that there are both benefits and challenges related to therapeutic songwriting with Deaf adolescents, with the benefits outweighing the challenges. The results identified specific aspects of music, such as instrumentation, rhythm and use of American Sign Language music, that are important with this population. The study also describes themes for songwriting, techniques, and strategies.

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## **Dedication**

I would like to dedicate this thesis to my father, Dr. Daniel C. Johnson, Jr. You gave me a passion for the Deaf and showed me how to use music with the Deaf community. Your support of the completion of my masters program was a constant, gentle force that encouraged me through the difficult moments. I think of you daily and look forward to the day I am with you again. Thank you for pushing me to do my best and for being a wonderful role model – both in life and in death.

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## **Chapter One**

### **Introduction**

Every culture and community recognizes music in a meaningful way, and Deaf culture is no exception. Music may be a source of, and even exceed, typical communication and experience, especially for members of the Deaf community. Deaf educators at the North Carolina School for the Deaf have discussed the use of and importance of using drumming techniques to teach academic concepts to Deaf high school students, and also have acknowledged the emotional impact drumming can have for Deaf students (D. Teeters, personal communication, February 19, 2013). It may be that song genres that emphasize the rhythmic and verbal aspects of the song may be especially effective in facilitating emotional expression for these students; therefore, research is needed to identify the potential advantages of music therapy for Deaf students.

According to the American Music Therapy Association (AMTA, 2013a), music therapy is a clinical and evidence-based practice that uses music interventions to meet individualized goals and objectives within a therapeutic relationship with a board-certified music therapist. Music therapists assess a client's strengths and needs to develop an individualized plan that may address any domain of the person (e.g., social, communication, physical, emotional, cognitive). A wide variety of interventions are utilized, including, but not limited to, improvisation, lyric analysis, movement to music, and songwriting. Music therapy can be used to identify strengths and needs of an individual and provide an outlet for emotional expression (Bruscia, 1987).

Music therapists work with all ages of people with a range of needs. The American Music Therapy Association (2013a) notes that music therapy services are provided for children, adolescents, adults, and older adults. Music therapy services are provided both in client homes and in facilities (AMTA, 2013a). Though the interventions and experiences used may be modified based on the client's age, music therapy is considered an effective treatment for individuals of all ages.

In a survey of board-certified music therapists, who are also AMTA members, conducted by AMTA (2013b), results showed that music therapists work in almost 60 different settings. These settings include medical hospitals, adult day care centers, psychiatric hospitals, schools, nursing homes, programs for individuals with developmental disabilities, special education programs, and hospice care. The AMTA (2013a) website currently suggests that individuals with a variety of strengths and needs may benefit from music therapy, including “children, adolescents, adults, and the elderly with mental health needs, developmental and learning disabilities, Alzheimer's disease and other aging related conditions, substance abuse problems, brain injuries, physical disabilities, and acute and chronic pain, including mothers in labor.”

Adolescents are one particular age group for whom music therapy may be beneficial. Gold, Wigram, and Voracek (2007) examined music therapy methods and interventions that were successful in working with 75 Austrian children and adolescents with psychological needs. The results showed that both free and structured improvisation as well as the use of songs was associated with the greatest improvement, especially among adolescents with psychological needs. The researchers also found that therapeutic change was more likely to occur when the therapist employed music making and verbal discussion in the music therapy

session. Songwriting was not among the techniques examined. The authors suggest that musical interaction may hold unique potential for therapeutic change.

Songwriting is one specific music therapy intervention used by music therapists to meet specific goals and objectives of clients (AMTA, 2013a). Through songwriting, clients are able to describe their feelings and thoughts individually with therapist assistance (Baker, Wigram, Stott, & McFerran, 2008; Gooding, 2008), as well as in a group music therapy setting while bonding and interacting with their peers (Baker & Ballantyne, 2013; Edgerton, 1990; Pellitteri, 2000).

Deaf adolescents in the school setting have additional needs (Shaver, Newman, Huang, Yu, & Knokey, 2011). Adolescents who are Deaf may demonstrate additional needs related to educational stressors, identity issues, and emotional and behavioral issues due to their deafness (Harris & Terlektsi, 2010; Kossewska, 2008; van Gent, Goedhart, & Treffers, 2011). In a longitudinal study conducted by the U.S. Department of Education (Shaver et al., 2011), 93% of Deaf students in the mainstreamed setting required additional accommodations and supports in the classroom. This information attests to the potential educational stressors Deaf adolescents may encounter. Additionally, 88% of students received at least one related service (e.g., speech therapy, behavioral counseling, occupational therapy), though music therapy was not listed as a choice. This suggests that Deaf adolescents often need additional services to manage emotional and behavioral needs.

Little research addresses the use of music therapy with Deaf adolescents. More specifically, songwriting with this population has not been investigated. The purpose of this qualitative research study is to determine how songwriting-based music therapy can address the emotional and academic needs of residential middle and high school Deaf students.

**Definitions**

**Music therapy.** An evidence- and clinically-based practice that incorporates and uses music to reach defined goals and objectives of an individual through a therapeutic relationship between a client and a board-certified music therapist.

**Songwriting.** The process of writing lyrics and music for a song.

**Deaf.** A loss of auditory hearing. Deaf, with a capital “D,” is also representative of a greater community and culture shared by individuals with hearing loss.

## **Chapter Two**

### **Literature Review**

This review of literature first will review research with the proposed population, Deaf adolescents enrolled in a residential school, including the developmental needs of adolescents and the needs of Deaf adolescents. Second, the literature review will identify strategies for songwriting and other music therapy techniques for working with adolescents and Deaf individuals in order to provide guidance in the proposed research study. Last of all, the literature review will clarify goals and methodology for the proposed music therapy research study with residential Deaf students.

Overall, this chapter will review clinical applications for music therapists hoping to work with Deaf individuals and specifically Deaf adolescents. The needs of adolescents and Deaf adolescents, music therapy with adolescents, songwriting, and music therapy with the Deaf are covered in this chapter.

#### **Developmental Needs of Adolescents**

Adolescence is a time of change and growth. According to the U.S. Department of Health and Human Services (2013), adolescent years prove to be a period of key developmental changes of a person. During this time of drastic changes, three main domains are central to the growth of the adolescent, including physical development, cognitive development, and social-emotional development.

Besides infancy, adolescence is a time of drastic physical changes in an individual's body (U.S. Department of Health and Human Services, 2013). One's body is maturing,

growing and developing (e.g., height and weight, internal changes). Cognitively, an adolescent's brain is developing, allowing for more abstract and in-depth thinking to occur. Additionally, adolescents are growing socially and emotionally. Due to the multifaceted changes occurring, adolescents are faced with determining who they are and want to be. Adolescence contains unique challenges, such as identity formation and cognitive advances, due to the constant and drastic changes occurring within the individual.

**Physical development.** Physical development is likely the most obvious change for adolescents. During middle adolescence (approximately ages 14-18), puberty typically is completed (U.S. Department of Health and Human Services, 2013). Girls often slow in height and weight gain, whereas boys will continue to show signs of physical growth. Similarly, during late adolescence (approximately ages 19-24), young women are usually fully physically developed, and young men will often continue to grow in height, weight, and muscle mass.

The World Health Organization (WHO, 2013) stated that adolescents need access to information, as well as health and counseling services for optimal health. Adolescents must be encouraged to begin taking responsibility for their physical and mental health. With physical change comes increased energy. Enright, Schaefer, Schaefer, and Schaefer (2008) proposed that adolescents need increased outlets and challenges to channel their energy. These outlets may include outdoor activities and other sensorial activities involving the use of their bodies. Creative arts, including music creation, may be a potential means of channeling their stamina.

**Cognitive development.** Signs of cognitive development are displayed throughout adolescent years (American Academy of Child and Adolescent Psychiatry, 2011b). During

early adolescence, one's capacity for abstract thought begins to grow. Though adolescents tend to be focused mainly on the present, intellectual interests expand and moral thinking often deepens. This development extends through middle adolescence with increased moral reasoning and thinking about life meaning. Abstract thinking continues to advance in this stage (American Academy of Child and Adolescent Psychiatry, 2011b; Enright et al., 2008), as well as capacity for goal setting. Interest in moral reasoning continues through to late adolescence, along with the ability to process ideas completely and the ability to delay gratification. Lastly, adolescents in this stage tend to show signs of simultaneous inward and outward focus. They are more concerned with the future, as well as examining their personal experiences and growth.

Adolescents need an intellectually challenging and stimulating environment in which they can be successful in order to achieve higher cognitive development (Eccles et al., 1993). Teenagers also must be given chances to practice self-determination and decision-making skills, either in an individual or group setting. They must be presented with contradictions, quandaries, and moral dilemmas in order to learn how to make informed, systematic decisions (Enright et al., 2008).

**Social-emotional development.** Social-emotional development is an integral domain, bringing together other aspects of development for an individual. Hauser and Safyer (1994) suggested that adolescent years are often the most emotionally tumultuous period for a person due to the combination of changes occurring. Early adolescence is often defined by a struggle with identity, and feelings of awkwardness about one's self (American Academy of Child and Adolescent Psychiatry, 2011a). Though teenagers during this stage desire independence, they tend to be highly influenced by their peers, seek social acceptance



(Hauser & Safyer, 1994), and may revert to childish behaviors. Adolescence is an important time for individuals to develop a strong sense of self (Enright et al., 2008). Arnold and Little (2003) suggested that peer interaction is important in the social-emotional development of adolescents. Peers provide support, criticism, and camaraderie. Larson (2011) echoed this idea, noting that youth programs may contribute to refining a culture where emotions are developed, accepted, and discussed proactively. In addition to typical peer interaction, adolescents need to be exposed to a variety of social environments to expand their awareness and independence (Enright et al., 2008). Rule and limit-testing often increase in conjunction with conflict with parents (Eccles et al., 1993; U.S. Department of Health and Human Services, 2013).

Though teenagers long for independence from their parents, they still need guidance and support (Eccles et al., 1993; Enright et al., 2008; Steinberg & Morris, 2001; WHO, 2013). Young adolescents also show signs of growing sexual interest. Middle-stage adolescence is often defined by a continued dedication to independence. Due to the natural body changes during this time, they continue to attempt to adjust and often worry about being normal. Sexual interest continues to increase along with feelings of love and passion. During late stage adolescence, teenagers tend to have a stronger sense of identity and increased emotional stability and concern for others. Following the intense drive for independence through early and middle stage adolescence, they often achieve increased independence and self-reliance. Though peer relationships remain important, more serious relationships begin to develop.

Enright and colleagues (2008) suggested that adolescents need opportunities to experience building community. Adolescents are more likely to be successful when provided

opportunities for self-motivation, determination, and independence, in addition to external support and guidance. As teenagers are allowed to resolve their own conflicts and develop and implement personal and communal goals, they often become more aware of self and others. By participating in a small-scale peer community, adolescents will be more prepared for immersion in the larger community. As a result of learning to make decisions, both individually and communally, adolescents will develop a strong self-identity and will be empowered to continue making decisions in the future. Adolescents need an accessible environment that will enrich their experiences on all levels – physically, cognitively, socially, and emotionally.

### **Needs of Deaf Adolescents**

Deaf adolescents have needs similar to those of their hearing peers, as well as additional needs often related to their hearing loss. Deafness-related needs may include specific educational stressors such as literacy issues due to reading and writing deficiencies, identity issues, and possible emotional and behavioral issues. These additional needs may be exacerbated due to being away from family because they attend a residential school, or having little communication with family due to communication differences.

Educational stressors, identity issues, and emotional and behavioral problems related to deafness are common issues with which Deaf adolescents deal daily (Harris & Terlektsi, 2010; Kossewska, 2008; Van Gent, Goedhart, & Treffers, 2011). Educational needs are common and often create stress for teenagers.

**Academic challenges.** Deaf adolescents often show increased stress due to deafness-related academic needs (Sharma & Jagdev, 2012). Harris and Terlektsi (2010) noted that literacy is a challenge for many Deaf individuals and becomes more difficult as children get

older. The researchers used a within-subjects design in order to identify educational issues (specifically reading and writing) for Deaf students. They recruited 86 children and adolescents who utilized hearing aids or cochlear implants (early and late implantation) as assistive devices. The participants were given reading, spelling, and nonverbal intelligence tests. The researchers found that Deaf adolescents tend to find literacy challenging and often need additional support throughout their school years.

Similarly, in her norming study of a sample of 1,000 Deaf and hard-of-hearing students' achievement on reading tests, Traxler (2000) found that Deaf students' reading levels tend to be consistently lower than their hearing peers'. Woolsey, Harrison, and Gardner (2004) observed nine Deaf students in three different educational settings (public school serving Deaf students, state residential school for the Deaf, and a residential treatment center serving Deaf students with emotional and behavior disorders) to examine teaching behaviors, instructional arrangements, and academic responses of the students using an ecobehavioral assessment profile. Though no specific academic challenge was presented to the students, the researchers found that the most effective form of instruction for the Deaf students was through active engagement in either a group or an individual setting.

A coexisting challenge for Deaf students is that of vocabulary. Luckner and Cooke (2010) conducted a systematic review of all research studies focusing on vocabulary among Deaf and hard-of-hearing students between 1967 and 2008. Based on the summary of 41 conducted studies, the researchers found overall that students who are Deaf and hard-of-hearing displayed significantly less vocabulary proficiency compared to their hearing peers. In condensing the results of all 41 research studies, Luckner and Cooke provided recommendations for professionals working with Deaf and hard-of-hearing individuals to

assist in increasing vocabulary knowledge. These recommendations included the following: (a) teaching new words by explaining the definition, giving examples, and allowing for discussion of the word; (b) offering synonyms; and (c) providing multiple “encounters” (p. 62) with new vocabulary to improve comprehension and integration of the unfamiliar vocabulary.

**Identity challenges.** Along with educational needs, Deaf adolescents often exhibit identity issues related to their hearing loss. Kossewska (2008) studied 67 Deaf adolescents between the ages of 16 and 19 and 93 hearing adolescents to identify factors that may impact identity in Deaf adolescents. The researcher found that differences associated with identity for the Deaf participants often related to their developmental conditions, specifically the hearing status and mode of communication within the family, or home environment, of the adolescents. Kossewska also found that Deaf adolescents used more negative personality traits to self-describe in comparison to how their hearing peers describe themselves. Identity emerges throughout the adolescent years (Kossewska, 2008); therefore, it is important to recognize additional needs within this developmental process for Deaf adolescents.

**Emotional and behavioral challenges.** The adolescent years are also a time for children, particularly Deaf teenagers, to acknowledge and manage their emotional needs. Van Gent et al. (2011) noted that emotional and behavioral disorders are often more common in Deaf children and adolescents than in their hearing peers. Eldik, Treffers, Veerman, and Verhulst (2004) found that parent questionnaires revealed 41% of Dutch children who are Deaf have emotional and behavioral issues, with anxiety and depression being the most common issues. This is a much higher rate than was found in the parent questionnaire results of their hearing counterparts (16%). In another study, Gentile and McCarthy (1973)

discovered that 18.9% of children who are Deaf have emotional and behavioral issues. Van Gent et al. (2011) hypothesized that low self-esteem in Deaf adolescents may contribute to emotional and behavioral problems due to a lack of coping skills. The researchers used Harter's Self-Perception Profile for Adolescents and semi-structured clinical interviews with 70 Deaf children and adolescents. The results were similar to Kossewska's (2008) findings on identity. Van Gent et al. (2011) found that Deafness "may contribute to significant interactional misunderstandings, emotional insecurity, and negative self evaluations" (p. 726).

Deaf adolescents may encounter additional needs related to educational stressors, identity issues, and emotional and behavioral issues associated with deafness (Harris & Terlektsi, 2010; Kossewska, 2008; van Gent et al., 2011). Educational stressors often include deficiencies in reading and writing skills. These deficiencies may result in increased negative self-perceptions in Deaf adolescents (Kossewska, 2008). Lastly, emotional and behavioral needs are often more prominent in Deaf adolescents due to low self-esteem and a lack of coping skills (van Gent et al., 2011). Overall, the findings suggest that clinicians must consider and understand the additional needs Deaf adolescents often possess in order to provide optimal therapeutic services.

### **Music Therapy with Adolescents**

Specific music therapy techniques and methods are important to consider when providing services for adolescents with additional needs. Research has been conducted in the field of music therapy with adolescents. Specific goals and objectives that may be used with this population have been determined (Gold et al., 2007), and specific techniques that may be useful have been identified (McFerran, 2009). Rhythm-based activities, as well as

songwriting, may be particularly beneficial for teenagers receiving music therapy (Montello & Coons, 1998; Rickson & Watkins, 2003).

For instance, Gold et al. (2007) reported a naturalistic-observational, pre-post design study of the effects of music therapy with this population. They recruited 75 individuals between the ages of 3 ½ and 19 years old who were served by 15 music therapists. Individuals had a diagnosis of adjustment or emotional disorder, behavioral disorder, or developmental disorder. These music therapists described the techniques and methods they applied in therapy sessions. Gold et al. found the most frequent individual client goals included (a) fostering the ability to build and sustain relationships, (b) improving self-esteem and self-confidence, (c) increasing potential for emotional expression, and (d) improving social behavior and interactions with others. The researchers found that the children and adolescents responded with behavioral changes more often when the therapists used discipline-specific music therapy techniques, such as improvisation and verbal reflection of music.

In addition to verbal reflection of music, other active techniques of music therapy may provide unique outlets for self-expression and opportunities to refine self-control skills. McFerran (2009) reflected on her work with a teenage boy with attention deficit disorder. The client participated in both group and individual music therapy sessions over the course of 9 months. McFerran documented multiple music therapy techniques in the case study including songwriting, improvisation, and song singing. Results of the case study showed that music therapy helped to increase the participant's attention span and increased positive social interactions.

Similarly, Rickson and Watkins (2003) conducted a study involving 88 adolescent boys with social, intellectual, and emotional needs who attended a residential school in New Zealand to determine whether music therapy promotes prosocial behaviors. Utilizing a humanistic, client-centered model of psychotherapy, the researchers provided structure within the sessions while also allowing for the group members to gradually take more responsibility, mainly through choice making and creative expression, as the sessions progressed. Interventions included (a) rhythm-based activities (e.g., call-and-response rhythm games, rhythm ensembles, and improvisation on a variety of percussion instruments), (b) exploration of musical sounds, and (c) songwriting experiences in 12-bar blues form. Rickson and Watkins found that rhythm-based activities might help promote internal organization and encourage impulse control. They also noted that the study suggested music therapy might contribute in the development of positive relationships for adolescents.

Montello and Coons (1998) echoed the findings that rhythm-based activities more effectively targeted negative behaviors in pre-adolescent students. In their research study, Montello and Coons recruited 16 participants divided into three groups. Two groups (A and C) received active music therapy, as the other (B) received passive music therapy for 12 weeks. Following this phase, group A received passive, as group B and C (remaining the same) received active for an additional 12 week period. The researchers found a significant improvement in aggressive and hostile behaviors in participants after receiving both active and passive music therapy interventions. The researchers noted the importance of choosing a music therapy approach (active or passive) depending on the personality type and diagnoses of the clients.

## **Songwriting**

Music therapists have employed the use of songwriting techniques in a variety of clinical settings. Songwriting boasts a copious amount of therapeutic benefits, recognized in both the process and product. Clients have the opportunity to document their feelings and thoughts independently (Baker, Wigram, Stott, & McFerran, 2008; Gooding, 2008), as well as creatively bond and interact with their peers in a group music therapy setting (Baker & Ballantyne, 2013; Edgerton, 1990; Pellitteri, 2000). The literature documents an abundance of songwriting techniques and approaches to songwriting, in addition to evidence-based research on the benefits of songwriting for diverse populations.

Songwriting has been shown to provide an emotional outlet for clients, specifically adolescents. Edgerton (1990) described her use of songwriting with 36 adolescent males with emotional needs living in a residential treatment center. The participants were divided into three groups, and each received 2-hour weekly music therapy sessions over a period of 8 weeks. The songwriting experiences focused on self-expression and group cohesiveness. Edgerton found the use of improvisation and lyric writing separately proved to be valuable in influencing these goals, but suggested additional research be conducted to understand the significance of combining the two interventions.

Songwriting may also be an effective assessment tool for clients exhibiting symptoms of depression. Goldstein (1990) adapted a true/false questionnaire into a fill-in-the-blank songwriting task to develop a songwriting assessment of hopelessness in depressed adolescents. The study involved eight participants residing at an inpatient psychiatric facility. Participants were invited to fill in the blanks of a pre-composed blues song. Goldstein noted



that songwriting is a way to gain additional knowledge about clients, as well as provide them a successful rapport building experience.

In addition to using songwriting as a form of assessment, it may also be utilized as an intervention. Baker et al. (2008) surveyed music therapy professionals' use of songwriting in clinical practice. The researchers created a web-based survey of 21 questions and included 477 respondents from over 29 countries. The survey found that many music therapists use songwriting to target goals of developing and enhancing self-esteem and decision-making, developing a sense of self, externalizing thoughts and emotions, telling the client's story, and gaining insight or clarifying thoughts and feelings. Similarly, their literature review found that typical goals addressed by music therapists included developing a sense of self, externalizing thoughts, fantasies and emotions, telling the client's story, and gaining insight and clarifying thoughts and feelings. An important result Baker et al. found is that the process of the songwriting was "important in the development of their self-esteem and self-confidence" (p. 50). This concept relates back to the need of identity and self-esteem for Deaf adolescents. Utilizing songwriting techniques may provide opportunities for Deaf adolescents to express their thoughts and feelings. In return, their peers and others may validate these thoughts and feelings, allowing for an increase in self-esteem.

The technique of songwriting has the potential to be utilized in a one-to-one setting, as well a group setting. Pellitteri (2000) emphasized the impact group music therapy can have on social and interpersonal relationships. By creating music together, group members form a unique bond and are often more open to externalizing their emotions and ideas. Songwriting may be able to facilitate this process through group discussion and the creation of lyrics and music.

A variety of songwriting approaches may be utilized in music therapy services. Wigram (2005) demonstrated how several methods could be applied to specific populations of clients. He used several case examples, methods with case vignettes at each stage of the songwriting process, and a description of the process based on clinical examples. Wigram's extensive list of songwriting methods included all those identified by Baker et al. (2008), as well as specific techniques for lyric and music creation. Wigram (2005) recommended lyric creation techniques included free brainstorming, guiding original lyrics and music, selecting words from a list of words, client self-generated words, client poems, role playing and acting out, song parody, song collage (Tamplin, 2006), spontaneous structured story making, and externalizing internal aspects of self. Wigram's (2005) list of music creation techniques included improvisation, music sound effects, word painting, the use of pre-composed melodies, and song narratives. Wigram suggested that the process begin with an introduction to songwriting, formation of the lyrics, development of the music, writing down the song, performing the song, and lastly, recording the song.

Similarly, Derrington (2005) described methods of songwriting, identified the function and value of songwriting for teenagers, and offered examples of how it may be an effective intervention with teenagers. She listed stages of songwriting and gave case examples of adolescent songwriting processes. Derrington suggested considerations and recommendations for working with adolescents and discussed how songwriting can address population-specific needs. One consideration she recommended included starting with lyric creation to encourage the students to focus on their thoughts before "jamming" (p.72). Also, Derrington discussed the importance of audio (or video) recording throughout the process to help with refining and validating ideas. Lastly, Derrington emphasized providing students

with choice and control while containing the experience through structure and a defined purpose. It is vital to remember that adolescents have particular needs that songwriting can directly and indirectly address.

Additionally, Gooding (2008) presented a qualitative case study based on several years' work with an 11-year-old boy with Asperger's syndrome. She suggested that adolescents, who face traumatic injury, mental illness, or other illness, believe that "conquering adolescence" is impossible. Veach and Gladding (2007) stated that one of the most effective ways to address adolescents' needs is through creative counseling. This may include music therapy, and more specifically, songwriting. Comparable to the findings of Baker et al. (2008), Gooding (2008) noted that songwriting might improve self-esteem. Gooding incorporated techniques of poetry and music therapy to address coping skills, increase self-expression, and improve focus of attention. Songwriting techniques included structured song writing, freely composed music, and improvisational songwriting. These techniques, which have been recommended by other professionals (Baker et al., 2008; Derrington, 2005; Wigram, 2005), combined with the use of poetry appeared to be an effective form of therapy for the adolescent client with special needs. Due to the importance of American Sign Language (ASL) poetry in Deaf culture (Christie & Wilkins, 1997), Deaf adolescents may be inclined to write their own poetry. This may be an avenue explored by combining ASL poetry and songwriting. Consequently, the students would have opportunities to express thoughts, emotions, and attitudes in a constructive way.

### **Music Therapy for Individuals Who Are Deaf**

The body of research proposes several potential music therapy approaches for providing services for individuals who are Deaf and hard-of-hearing. Through extensive

research with the identified population, Darrow (1993; 1995; 2006a; 2006b) and colleagues (Darrow & Gfeller, 1991; Darrow & Loomis, 1999; Darrow & Novak, 2007) identified multiple strategies and music therapy interventions that demonstrated effectiveness in working with clients who were Deaf and hard-of-hearing.

In a study examining the role of music in Deaf culture, Darrow (1993) identified several themes that may influence music therapy services for the Deaf. Through interviews and questionnaires of Deaf adults, she found that cultural identification (Deaf culture, hearing culture, or a mix of both Deaf and hearing culture) plays an important role in determining one's involvement with music. Individuals who identified with the hearing culture or had family members with high musical involvement stated that music was very important. Though individuals who are deaf or hard-of-hearing may not experience music in the same way as their hearing counterparts (Darrow & Novak, 2007), Darrow found that individuals who were deaf and were involved in musical activities participated in similar ways as hearing individuals (e.g., listening to music, singing/signing, and moving to music). The main music activity participants identified as enjoyable was singing and signing, with dancing and listening being pleasurable as well.

Methodologies and adaptations also were suggested based on Darrow and Gfeller's (1991) survey of music educators working with school-aged children who were deaf or hard-of-hearing. The researchers stated that choice of instrument is important. Low-frequency instruments, percussive instruments, and instruments with vibrotactile (i.e., perception of vibration through touch) surfaces are identified as especially beneficial. Other adaptations included signed singing, incorporation of rhythm and movement activities, and the use of visual aids, amplification systems, and interpreters. These suggestions reflected Darrow's

(2006b) additional proposed adaptive strategies, which consisted of utilizing visual and tactile components (e.g., scarves, balloons, picture symbols) in addition to the musical interventions. Darrow (1995) also provided several suggestions for adapting the music therapy setting to best meet the needs of deaf and hard-of-hearing clients. These adaptations included minimizing unnecessary noises (e.g., air conditioners, traffic, etc.), arranging for good lighting, and sitting in a circle formation during group activities.

In addition to physical adaptations and modifications in the music therapy setting, music therapists should consider discussing musical perspectives and relationships to music with his or her clients who are Deaf or hard-of-hearing (Darrow & Loomis, 1999). In this way, the music therapist may build rapport with the client, as well as determine his or her personal relationship to music. Many Deaf individuals use their residual hearing to listen to music, and Darrow and Loomis concluded that, similar to hearing persons, Deaf individuals perceive music in unique ways. It is imperative for music therapists to recognize and receive how the client appreciates music in order to apply appropriate interventions and techniques.

In her chapter on music therapy for hearing impaired clients, Darrow (1995) suggested that all professionals working with children who are Deaf or hard-of-hearing should include objectives focusing on acquisition and development of language for their students. This includes increasing vocabulary (both in ASL and English) and word-class usage. Darrow commented that potential music therapy approaches for this population include song writing, song signing, and group ensembles with an emphasis on communication. Following an extensive literature review of research relating to music and hearing impairment, Darrow noted several therapeutic implications for music therapists to consider. She found that individuals with hearing impairment may benefit musically and

academically through music activities, are more likely to respond to rhythmic aspects of music (rather than tonal), and may need increased exposure to musical stimuli to meet therapeutic goals and objectives. In addition, the vocal range of an individual with hearing impairment should be considered during singing and songwriting. Vibrotactile devices that communicate sound through touch may be beneficial supplemental tools to incorporate in music therapy sessions and the music therapist should consider sound quality and amplification. Darrow concluded that music therapy may address a variety of nonmusical behaviors in individuals with hearing impairment, including speech production, social and academic skills, listening, and language skills.

Recently, Hsiao and Gfeller (2012) compiled a review of literature regarding music perception of individuals with cochlear implants. The researchers analyzed specific musical elements such as rhythm, timbre, and pitch, and how an individual with a cochlear implant may perceive them. Rhythmically, cochlear implant recipients show similar rhythmic abilities as their hearing peers. On the other hand, the researchers noted that cochlear implant recipients are less accurate with timbre recognition than their hearing peers due to the cochlear implant technological abilities to enable timbre discrimination. The researchers also found that overall, individuals with cochlear implants are more challenged than their hearing peers in pitch discrimination. Rhythm, timbre, and pitch should be taken into consideration while working with cochlear implant recipients.

### **Summary**

This literature review included a discussion on the developmental needs of adolescents, and the additional needs of Deaf adolescents. Music therapy practices with adolescents, songwriting techniques, and music therapy with Deaf individuals were also

considered. Despite a wealth of research related to music therapy with adolescents and individuals who are Deaf, no studies have investigated the use of music therapy for Deaf adolescents. Furthermore, no research has been conducted to investigate therapeutic songwriting for this population.

Deaf adolescents have the same needs as other adolescents, such as educational stressors, identity issues, and emotional and behavioral needs, which may be magnified due to their deafness (Harris & Terlektsi, 2010; Kossewska, 2008; Van Gent et al., 2011). Although most agree with this information, there are discrepancies in the literature regarding the percentage of Deaf children and adolescents with emotional and behavioral needs. It is important for researchers and clinicians to consider the divergent findings, and be aware of potential additional needs of Deaf adolescents. Music therapy often targets the needs of adolescents including developing social skills, increasing self-esteem and self-confidence, augmenting emotional expression, and developing self-control (Gold et al., 2007; McFerran, 2009). Research reveals that rhythm activities promote internal organization and impulse control (Montello & Coons, 1998; Rickson & Watkins, 2003). Rhythm activities in conjunction with songwriting may provide additional support in providing music therapy services for Deaf adolescents. Songwriting has many benefits including the potential to express one's emotions and thoughts, and to increase social skills, creativity, and self-esteem (Baker et al., 2008; Edgerton, 1990; Gooding, 2008; Pellitteri, 2000).

Music therapy has potential to meet the complex needs of Deaf adolescents by providing an outlet for expression and a setting to build rapport and understanding. Not only does music provide a challenging and productive outlet for emotions, creativity, and developmental needs, music also has the capacity to communicate intense emotions and

thoughts in a unique way for Deaf individuals. Music therapy, specifically songwriting, has the potential to address vocabulary needs in Deaf adolescents. By encouraging students to brainstorm ideas, the music therapist has the opportunity to integrate new vocabulary (synonyms and related vernacular) into the songwriting process to stimulate students to increase vocabulary and ultimately expand literacy and academic skills. The researcher and music therapist should know the stages and process of songwriting when working with Deaf adolescents. A systematic process is important to provide parameters for music therapists currently working with this population, as well as to enhance validity and possibilities for replicating the study in the future. Additionally, therapeutic songwriting provides a focus for individual and group needs, including, but not limited to, educational, emotional, and social needs.

### **Statement of Problem and Hypotheses**

Adolescence is a time of tremendous growth socially, cognitively, and emotionally. Deaf adolescents have additional language, emotional, and social needs that arise out of their hearing difference. There is a need for research to define the foundational starting point for a songwriting-based music therapy approach with Deaf adolescents. Music therapy songwriting with Deaf adolescents is not found in the literature. There is a need for resources for music therapists who work with Deaf and hard-of-hearing clients. The proposed research topic will make a contribution toward filling the gap in the literature by providing a study on music therapy with Deaf adolescents. It will give music therapists a detailed example of the songwriting process with a group of Deaf adolescents, and how the experience meets their needs, both typical and special (due to being Deaf). The pilot study will be discussed first, followed by the main study. The purpose of the pilot study was to identify potential



challenges or requirements for conducting the full study for the thesis. The following research questions were developed as a guide for the pilot study.

### **Research Questions**

1. What procedures and techniques (songwriting structure, music/lyric education, etc.) should be included in the thesis study?
2. What parameters (size of groups, equipment, instruments, etc.) should the researcher be aware of and incorporate in the thesis study?
3. What other music therapy experiences should be incorporated into the songwriting process?
4. What information should the researcher have about the participants prior to the study?

## **Chapter Three**

### **Pilot Study**

This chapter describes the pilot study, which preceded the main study of this thesis. The section describes the pilot study process, including the setting, participants, method, and procedure. A set of research questions was included as a guide for the pilot study. The chapter concludes with the results and how they may influence the main study.

#### **Pilot Study Context and Setting**

The pilot study was conducted at a state School of the Deaf. Usually, the school was a day and residential facility that served students who are Deaf and hard-of-hearing. The pilot study was implemented during the school's summer enrichment program. The purpose of the summer enrichment program was to provide activities for current students during the summer, as well as to educate Deaf students who were currently mainstreamed in public school systems about residential life possibilities. The school was a kindergarten through 12<sup>th</sup> grade academic setting.

#### **Participants**

Participants in the pilot study included Deaf and hard-of-hearing students ( $N = 24$ ) who were currently attending the school, as well as Deaf students attending mainstream public schools. Of these, 10 were middle school students and 14 were high school students. All the participants were attending the intensive 2-week summer program.

The students were between 12-21 years old, did not have an intellectual disability, and had severe to profound hearing loss. Students with cochlear implants were involved in the pilot study as well.

Participants were recruited based on their enrollment in the summer enrichment program, as well as interest in music therapy. The researcher conducted music therapy sessions in the late afternoon or early evening. Group members' attendance was fairly consistent due to the nature of the summer program and requirement of attending activities.

### **Pilot Procedures**

School staff assigned students to groups according to grade in school. The researcher met with the groups and described the proposed pilot study and the responsibilities of the students and allowed students to ask questions about music therapy. Data from student records were not obtained due to the nature of the summer program and limited access to all the students' information.

Each participant attended a total of four songwriting-based music therapy sessions, each lasting one hour, throughout the course of the summer program. The researcher conducted the songwriting music therapy sessions in a classroom.

### **Data Collection**

There were three main sources (one primary and two secondary) of data collection involved in the pilot study. The primary source of data included informal, narrative-style session notes of the music therapist. Secondary data sources were informal feedback given by some of the participants and the original song lyrics created by the two groups.

### **Session Format**

In the pilot study phase, music therapy sessions included (a) a check-in, (b) a group discussion on a songwriting topic (brainstorm or suggested by theme derived from check-in), (c) a group songwriting experience, (d) instrument improvisation, and (e) a closing. The researcher structured the songwriting experiences according to the group needs by assisting the groups to create an ASL song from scratch. Lyric and music creation loosely followed songwriting techniques identified in the literature (Baker et al., 2008; Derrington, 2005; Gooding, 2008; Wigram, 2005). The group songwriting experience included developing original lyrics and music as a group; spontaneous, structured story-making; improvisation; and music sound effects (e.g., beat boxing). Following each of the sessions, the researcher recorded detailed notes of responses and processes of the participants (Merriam, 1998) and songwriting material developed by the group.

### **Research Questions**

1. What procedures and techniques (songwriting structure, music/lyric education, etc.) should be included in the thesis study?
2. What parameters (size of groups, equipment, instruments, etc.) should the researcher be aware of and incorporate in the thesis study?
3. What other music therapy experiences should be incorporated into the songwriting process?
4. What information should the researcher have about the participants prior to the study?

### **Findings of Pilot Study**

This section discusses the results of the pilot study as they relate to the research questions. Explanations of the process of therapy during the pilot study, including session

format, the teaching of music vocabulary, and the structure implemented during improvisation, and how this information related to the overall picture of the study is included. The section concludes with a summary of the pilot study and the research questions developed for the main study.

**Session format.** Each hour-long session began with an improvisational opening experience. This fluctuated each session, but typically involved either an ASL introduction with a musical response, or just a musical presentation of how the group member was doing. Sessions then alternated improvisation and songwriting in order to maintain attention of all the group members. In later sessions, performance rehearsal (instrumental and ASL) was included. The sessions typically ended with a final music improvisation to close the group time. The final session concluded with both groups coming together and performing their songs for each other.

From the start, the researcher quickly realized the groups were too large to fully allow for therapeutic elements to emerge. A circle formation was the original and ideal session setup, but it was challenging to include all the students in the circle. Also, due to the visual nature of ASL, if a student began talking while another individual was talking, the entire group immediately became distracted. This caused the songwriting process to slow, allowing less time for deeper discussions of the topics.

**Song creations.** Though the younger group preferred to improvise and play instruments, they developed many ideas for song themes and concepts. They settled on “Daydream” (see Appendix A) for their final product. This song took on a more spontaneous, structured story-making nature. The group chose a rhythm, from two choices that matched the style of the song presented by the music therapist, and assigned three students, along with

the music therapist, to accompany on the large drums (e.g., djembe, gathering drum, and tubanos). The rest of the group members performed the song in ASL, with two individuals performing solo on each verse.

The older group initially appeared to be less enthusiastic about the music therapy sessions, but gradually became more involved in the songwriting process. The technique of alternating improvisation with songwriting was effective with this group, though it was challenging to encourage participation from all the group members. The group decided on the theme of “Deaf Pride” (see Appendix B) fairly quickly, and used the lyrics to describe what hearing people think Deaf people *cannot* do, and what they believe they *can* do. Similar to the younger group, the older group chose a rhythm, from two options given by the music therapist, and assigned three students to accompany on large drums (e.g., djembe, gathering drum, and tubanos) with the music therapist. The verses and choruses were evenly divided up between the “singing” group members, with one verse or chorus per individual. Some students were more intentional with matching their ASL to the beat and rhythm provided by their peers and utilized facial expressions and body language to portray the meaning of the lyrics more accurately.

**Teaching music vocabulary.** The researcher became aware of the students’ unfamiliarity with song structure. The lack of ASL vocabulary for musical elements (rhythm, specific instrument names, etc.) created additional challenges during the songwriting process. Once musical concepts were discussed, the students adequately completed the songwriting tasks, but presenting the concepts before confusion occurred would be beneficial.

Multiple methods of explaining song structure were necessary for the younger group. The researcher incorporated visual examples (writing chorus, verse, chorus, etc. on the

board), using a familiar song to teach the elements, color-coding differing sections of the song, placing different sections on different boards, and rather than writing “repeat” for the chorus, it was needed to rewrite each chorus section in the proper places of the song.

**Structure for instrumental improvisation.** Improvisation played a key role in the songwriting process as well. The younger group members tended to prefer to improvise and were more inclined to immediately pick up instruments from the center of the circle without being instructed to do so as soon as they entered the room. This caused much distraction for the younger group, and therefore the placement of instruments was considered for the research study. Though they were playing with the group, they were more inclined to ignore their peers’ musical creations and play with little group musical cohesion. An intentional presentation of cohesive group music creation would have been beneficial for this population. The researcher needed to provide more structure to improvisational experiences for both groups.

**Instrument selection.** During improvisations and the final song performances, rhythmic instruments were favored, specifically large drums and other instruments that provide a strong bass. Melodic instruments were rarely chosen and often were left in the center, even if some students did not have an instrument to play. Instruments most often chosen were the djembe, gathering drum, tubanos, and bass guitar. Instrument choice would need to be taken into consideration when choosing instruments for the research study.

The dry erase boards and chalkboards located in the classroom were used to brainstorm and create lyrics. After the final song creation, lyric sheets were typed and handed out to all the students. A projector, connected to a computer, would have provided better visual display of the lyrics.

**Student records.** Since the researcher did not have access to student records, it was challenging to know the needs of all the participants and how to best meet those needs (e.g., level of hearing loss, level of hearing with assistive devices, types of assistive devices, language abilities, and intellectual abilities). The researcher also would have benefitted from knowing more personal information regarding the student's perceptions of Deafness and music, relationships with peers, and impression of Deaf culture.

### **Summary of Pilot Study Findings**

Much was learned from the pilot study on conducting songwriting-based music therapy sessions with Deaf adolescents. The pilot study provided many logistical answers and guidelines for conducting the more detailed, qualitative research study, but still left many unanswered questions. The limited number of sessions and groups that were too large and too diverse created challenges in looking at specific aspects of songwriting with this population. The group size, instrument choice, equipment usage, client information needed, inclusion of other music experiences, and songwriting structure all were considered for the main research study. This information was obtained and used to structure the research study.

This pilot study also led to further questions about therapeutic benefits of songwriting-based music therapy for Deaf adolescents. There is a need for research to identify the benefits and challenges of music therapy for Deaf clients, particularly adolescents. The use of therapeutic songwriting with Deaf adolescents is not found in the literature. Moreover, there is a need for additional literature to support the clinical work of music therapists who work with Deaf and hard-of-hearing clients.



## **Purpose and Research Questions**

In general, the researcher used the pilot study to get a sense of if and how the research study could be conducted. The general logistical research questions identified before the pilot study led to more in-depth, detailed questions to examine during the main research study. The following questions were developed out of the findings of the pilot study and provided parameters for conducting the main research study.

The purpose of the current study was to explore the feasibility, benefits, and challenges of therapeutic songwriting for adolescents who are Deaf and hard-of-hearing and are served by a residential School for the Deaf. The study will also explore specific techniques and strategies that are effective in working with the proposed population and specific aspects of music to best facilitate emotional expression in Deaf adolescents.

1. What are the benefits and challenges of music therapy songwriting services for Deaf adolescents?
2. What specific aspects of music (e.g., song genres, elements of music, etc.) assist in facilitating emotional expression during the songwriting process?
3. What themes do Deaf adolescents address in the songwriting process?
4. What specific techniques and strategies are effective in working with Deaf adolescents?

## **Chapter Four**

### **Method**

#### **Research Context/Setting**

The research study was conducted at a state School of the Deaf. The school was a day and residential facility that served Deaf and hard-of-hearing students. The school was accredited by both the Conference of Educational Administrators Serving the Deaf (CEASD) and the regional association of colleges and schools. Services provided for students included audiology, occupational therapy, school counseling, speech and language services, psychological services, mental health services, advocacy and social services, 24-hour student health center, transportation services, vocational education, transitional services, educational evaluation services, and individualized instruction. The school was a kindergarten through 12<sup>th</sup> grade academic setting.

#### **Participants**

Participants in the research study were four Deaf or hard-of-hearing students who resided at the school during the week. The students were all females in high school (one in each grade), between 15 and 17 years old, who had no intellectual disability and had severe to profound hearing loss. All the students used hearing aids, and two of the students had cochlear implants as well.

Participants were recruited based on residential and academic status, as well as interest in music therapy. Only residential students were included in order that the students

could attend music therapy session without missing regularly scheduled classes. Also, the researcher conducted music therapy sessions after school hours.

**Participant S.** S. was a 16-year-old sophomore with an IQ of 84. She had severe to profound bilateral sensorineural hearing loss. She wore a hearing aid in her left ear and had a cochlear implant in her right ear. S. had been attending the school for one month, and formerly had attended another Deaf school, as well as a public (hearing) school. She was previously involved in a middle school band, before attending the Deaf school, where she played the saxophone. She shared that she had been “kicked out” of the band, despite her parents’ fight to keep her in. When asked what Deaf culture meant to her, S. replied “I didn’t grow up in the Deaf world. I just started to learn about it. It’s more fun than hearing culture because you can communicate more using emotions and expressions. Hearing people do not show anything. They just talk.”

**Participant A.** A. was a 15-year-old freshman with an IQ of 70. She had profound bilateral sensorineural hearing loss. Her hearing loss was recognized at age 2. She received one cochlear implant at age 3 and the second at age 9. She had been attending the Deaf school for two years and expressed that she enjoyed listening to music with big headphones. When asked what Deaf culture meant to her, A. replied that it was *her* community of close friends.

**Participant E.** E. was a 17-year-old junior with an IQ of 91. She had profound bilateral sensorineural hearing loss. She used two hearing aids to provide amplification for awareness of speech and other environmental sounds. She had been attending the Deaf school for 5 years. E. expressed that she enjoyed playing music, but did not like for it to be

too loud. When asked what Deaf culture meant to her, E. specifically mentioned American Sign Language (ASL) being an important part of the culture.

**Participant K.** K. was a 17-year-old senior with an IQ of 87. She had profound sensorineural hearing loss in her right ear, and sharply sloping severe to profound sensorineural hearing loss in her left ear. She had two hearing aids that she used regularly. She had attended the Deaf school since beginning school (12 years). When asked what Deaf culture meant to her, K. responded, “It has its own language! Also, I can’t hear annoying things, or things that bother people, or loud noises, and I like that.”

### **Design**

This research study followed a phenomenological paradigm. The study emphasized the importance of the participant’s view and the setting in which he or she resides (Creswell, 2008). Though the researcher conducted the music therapy sessions, she also was an observer and an inquirer. Therefore, the data collected were subjective and reflexive (Hammersley & Atkinson, 1995), to a certain extent, based on the researcher’s experiences leading the sessions and analyzing the interview data (Rubin & Rubin, 2012). Data were rooted in interviews, observations made by the researcher, discussions, and song creations, as highlighted in phenomenological paradigm studies. The observations made likely directly influenced how the researcher conducted weekly sessions, as well as how she perceived the results of the research study. With this in mind, the researcher took measures to decrease biases (see validity section). She also was aware of what impact her participation had on the participants and on the overall results of the study.

This was a qualitative research study designed around several qualitative methodological parameters. Features of qualitative research that were directly discussed

included flexibility and limited structure, seeing through the eyes of Deaf adolescents, and an emphasis on the context (Bryman, 2004).

Inherent in the concept and implementation of music therapy is the notion of flexibility depending on the needs of the client. This research study embraced this concept of music therapy in some ways. The literature provided a variety of songwriting guidelines, including lyric creation and music creation ideas, which the researcher adopted for the purpose of providing structure in the method. Lyric creation concepts the researcher embraced included free brainstorming, the use of client poems, and spontaneous, structured story making. Music creation concepts included improvisation, music sound effects, and rhythmic-based aspects of music. Although the researcher implemented these strategies, there was also flexibility built into the protocol. As the researcher led songwriting sessions, she followed the lead of the group as to how much structure within the songwriting experiences was necessary. Bryman (2004) suggested that important concepts or aspects of a participant's social world might present themselves during the study. The researcher may have not considered the concept prior to study implementation, but recognized the value of the data presented. For this reason, the researcher intended to be flexible in the songwriting experience, as well as in designing a semi-structured interview that provided room for variability.

Another principle of qualitative research that the researcher utilized was seeing through the eyes of the participants. In order to determine the feasibility of songwriting with Deaf adolescents, it was imperative to understand their perspective and what they believe about the process. Not only was it important to see the process through their point of view, it also was crucial to obtain this information in order to consider recommendations for

applications for music therapy services with the broader Deaf population. Without the perspective of the participants, the researcher may come to an incorrect conclusion based on limited perspective and biases. Therefore, comprehending the social world (e.g., Deaf culture characteristics, idioms, social norms) was a salient piece of the overall study.

Emphasis on the context is another inclination of qualitative research. This research study placed attention on the details. The researcher outlined and scrutinized the process from beginning to end. Along with this information, she discussed and evaluated the setting, participants, culture, and overall “big picture.” The purpose of this detail was to provide the readers with a clear understanding of the context of this research study and how it applies to the profession of music therapy. Bryman (2004) noted detail-oriented findings are essentially the core of naturalistic research. The researcher hoped to grasp and present both the larger picture and the details, which made up the picture, in order to provide readers and colleagues with clarity and cognizance of the findings and information.

### **The Researcher**

The researcher was a board certified music therapist who grew up immersed in the Deaf community due to being born to a Deaf father. She grew up learning ASL and English simultaneously, and spent a great deal of time with Deaf community members. While studying music therapy, the researcher noticed that Deaf individuals are not often provided music therapy services. She knew how important music was to the Deaf community, and believed music therapy is just as important for Deaf individuals as it is for hearing people. Therefore, the researcher decided to look into what music therapy within a Deaf school setting might look like and how Deaf students might respond to it. Though she was hearing, the researcher was fluent in ASL, and familiar with aspects of Deaf culture.

## **Procedure**

School staff identified students who met study criteria and mailed parents of these students a letter informing them of the study and requesting signed consent (see Appendix D). The researcher then met with volunteers for the study to describe the study and obtain their assent for participation (see Appendices E and F). Following parent consent and student assent, the researcher collected pertinent data from student records, including information concerning type and level of hearing loss, augmentative communication devices used (if any), and indicators of language development. She then met with each volunteer for a brief, individual assessment interview (see Appendix G) in which she ascertained the student's relationship to music, how the student perceives music, and the student's perceptions of being a Deaf teenager.

The group contained four students. Each participant had the opportunity to attend nine songwriting-based music therapy sessions, each lasting one hour, throughout the course of the semester. The researcher conducted the songwriting music therapy sessions in the guest room of the girls' dormitory. The school administration and residential life staff determined this location.

## **Data Collection**

Music therapy sessions included (a) a check-in, (b) a group discussion on a songwriting topic (brainstorm or suggested by theme derived from check-in), (c) a group songwriting experience, and (d) a closing. The researcher structured songwriting experiences according to the group needs by creating a song from scratch (least structured approach). Lyric and music creation loosely followed songwriting techniques such as free brainstorming; selecting words from a list of words; role playing; spontaneous, structured

story-making, word-painting (Wigram, 2005); lyric creation pre-improvisation; and video recording the creation (Derrington, 2005). Informal goals that were addressed included increasing self-expression and improving social behavior and interaction with others. Following each of the sessions, the researcher recorded detailed notes of responses and processes of the participants (Merriam, 1998). Songwriting material developed by the group was included in the data analysis.

The researcher selected three study participants who regularly attended and actively participated to take part in a semi-structured interview (see Appendix H) following the conclusion of group music therapy songwriting sessions. Brantlinger and colleagues' (2005) interview question recommendations to incorporate questions that are clearly worded, not leading, and are relevant to the study informed the development of the interview questions. A trained interviewer conducted the interviews in ASL in a private location at the school. The interviews lasted approximately 30 minutes. The interviews were video recorded, translated by a trained ASL interpreter, and transcribed into written English. Following the data collection, the researcher coded the transcriptions based on thematic and overarching arguments on the feasibility and implications of songwriting with this population. Interview transcriptions, therapist notes, and songwriting material were considered the main sources of data.

### **Session Notes**

**Group experiences.** The group actively participated in musical games, improvisation, active music “listening,” and songwriting. The beginning stage sessions focused on group cohesion and rapport building, mainly through musical games, ASL portrayals of recorded music, and brainstorming original song ideas. Similar to the pilot



study, improvisation was challenging at first, but as the students became more comfortable with the instruments and group music creation, improvisation became more meaningful for the group members.

Mid- to late-stage sessions focused on brainstorming discussions. The music therapist provided a large blank piece of paper, a recommendation given by a colleague (K. Christenbury, personal communication, October 24, 2013), to write any and all ideas down. Once the students determined an overall theme, they each took turns sharing and writing down their ideas. The original theme was “weak become strong,” and the students decided to create two columns for the “weak” side and the “strong” side. The words in each column represented the comparisons of the two concepts. The students shared many ideas and had the opportunity to contemplate, discuss, and organize their thoughts together.

**Song creation.** Though the original theme the students chose was “weak become strong,” the concept shifted and eventually settled on the idea of “bullying.” The song was titled *You Like Bullying?* (see Appendix C). Similar to the pilot study groups, this song also took on a spontaneous, structured story-making nature as well. The rhythmic accompaniment (created by the music therapist) on the drum developed through the ASL signing of the song by the students. The group members decided who would sing (in ASL) and who would accompany. Ultimately, two of the students sang, performing the verses as solos and the chorus as a duet, and the music therapist and one student accompanied on two large drums (djembe and gathering drum).

### **Validity**

The study focused on confirmability, respondent validation, and authenticity with an emphasis on fairness and educative authenticity (Bryman, 2004). Qualitative research, by

nature, assumes that a researcher will bring a unique, personal perspective into the study.

The researcher used several strategies to augment confirmability in this study. The researcher discussed and documented findings with thesis committee members to decrease potential biases in data analysis.

Lastly, the researcher emphasized authenticity throughout the research study. The findings and conclusions fairly represented all viewpoints of the interviewees, which likely embodied themes and ideology of all group members involved in the study. The researcher sought to illustrate fairly the implications of songwriting music therapy with Deaf adolescents. Also, the researcher hoped the consolidation of findings would educate fellow music therapists and members of the Deaf community on the implications and importance of using music therapy with Deaf individuals.

### **Data Analysis**

Therapist notes, original song content, and interview responses were considered in the data analysis. The data were compiled, analyzed, and grouped by common themes in two main ways, an open-coding and closed-coding process. The researcher initially coded the interviews, therapist notes and song lyrics in an open-coding format, allowing themes to emerge naturally. Once these themes were identified, the researcher then re-coded the data specifically based (closed-coding) on themes as they related to the research questions. All the information was then compiled and organized within the context of the research question to which it referred.

## **Chapter Five**

### **Results**

This chapter includes the results of the study of group music therapy sessions held with four Deaf adolescent girls at the state school for the Deaf. The chapter incorporates findings as they relate to the research questions, as well as concepts that emerged in both the music therapist's session notes, and the post-study individual interviews with the students.

The research questions for the study were as follows:

1. What are the benefits and challenges of music therapy songwriting services for Deaf adolescents?
2. What specific aspects of music (e.g., song genres, elements of music, etc.) assist in facilitating emotional expression during the songwriting process?
3. What themes do Deaf adolescents address in the songwriting process?
4. What specific techniques and strategies are effective in working with Deaf adolescents?

### **Themes**

Several themes emerged through analysis of the music therapist's session notes, written in a narrative style, and the interviews of three of the four students. The following are the findings categorized by research question.

## Research Question 1

The first research question dealt with identifying the benefits and challenges of music therapy songwriting services for Deaf adolescents. Though there were more benefits identified, some challenges also existed during the research study.

**Benefits.** The researcher found three main (primary) benefits of engaging Deaf adolescents in songwriting and three secondary benefits derived from the interviews and the music therapist notes. The primary benefits include group cooperation, self-expression, and changing one's perception of music. Secondary benefits included students showing emerging confidence, identifying coping skills, and exploring deep issues. This section will explore each of these benefits.

Group cooperation was mentioned the most by all the participants. The three interviewees alluded to the idea of working together nine times collectively. When asked what the individual's perception of the group as a whole was, each member responded similarly. S. remarked,

There were no accusations or blaming and no disagreements between us.

We wrote the song, then we would agree and if someone didn't like something about it, we would revise it. We explained why and understood each other.

A. described a specific example when she responded,

It was good. We helped and we learned. Some, like S. and K., didn't know the word or what it meant, and E. didn't know about the word, so I would help with the words.

E. described the cooperation most directly.

...the four of us, we had fun cooperating together. We played together.

We supported one another, and showed respect to one another. We socialized, brainstormed, and enjoyed it.

The working together to create something meaningful, learning to appropriately disagree, and feeling empowered to help one's peers in some way was important for the participants. Each individual believed they were encouraging and supporting their fellow group members, while simultaneously being supported and encouraged themselves. The communal act of creating a song together was valuable for providing a space to validate and uplift each other. The researcher also recognized this theme in the review of session notes. Only one student attended a particular session, and the music therapist asked if she wanted to continue brainstorming and writing the song. The student requested to wait, saying, "It's a team job."

Self-expression was another important theme identified mainly by the students themselves. On multiple occasions, the interviewees mentioned opportunities to share their personal opinions (whether similar or dissimilar to their peers') with little to no opposition or antagonism from their peers. E. stated this beautifully, saying, "Everyone had an opportunity to share what the music meant to them and share how they felt. Knowing how I felt and how others felt, that's what I liked the most." Often, sharing aloud one's thoughts helps to clarify what he or she really believes. The researcher recognized this as participants shared their feelings and experiences, noticing the expressions and body language transform as they spoke. Self-expression for the participants was cathartic and valuable.

Another significant benefit was a noticeable change in the Deaf individual's perception of music. This occurred in various ways for different students depending on their history and relationship to music prior to the study. S. had previously attended a public

school and participated in the band by playing saxophone. She shared that she was told she could no longer play in the band because she was Deaf. Though the details of this incident are not known, S. openly shared her dislike of the occurrence and mentioned that she was “scarred” from the experience. During her interview post-music therapy, S. shared a powerful realization.

I was scarred by that experience in public school because they didn't let me play because I was Deaf. But I joined Anna's group. ... It made me feel good. I was hooked. I want to be involved more now than before.

S.'s appreciation for music had been diminished because of her painful experience as a Deaf individual in a hearing school's concert band. Perhaps she felt incompetent to participate in music creating and performing. Through the songwriting-based music therapy experience, S. became aware of alternative ways to appreciate music.

On the other hand, E. had attended the school for the Deaf much of her academic career and had very little experience with music prior to the music therapy group. During her initial interview, E. noted that she rarely “listened” to music in any way. Music was seemingly insignificant to E. On the contrary, during the post-music therapy interview, E. expressed how her view of music had shifted. When asked what she thought about music now, she replied, “I feel like I want more music. I felt inspired by it, and I want Deaf people to learn more and get more involved in music. I want to see it more.” Not only did her own personal opinion of music change, she felt it was important enough that her community should experience it. Music became increasingly valuable to E. as an individual and to her in a cultural and communal sense.

One secondary benefit revealed was that students showed emerging confidence. When S. was asked if her experience with music was different than before (in public school concert band), she responded, “Yes. It made me feel good.” Contrary to her experience related to music in a regular public school, S. had a positive, uplifting experience with music within the context of the songwriting-based music group. Similarly, when E. was questioned regarding the original song created by the group, she mentioned, “We became confident with the positives.”

Another benefit of the group songwriting experience was increased ability to identify coping strategies. S. recognized how music can be used to decrease anxiety or to express emotions. “...If there was arguing or conflict [we could] beat the drum hard to get out the frustration and feel better – to reduce the frustration easily.” She identified a way she can potentially use music to reduce her frustrations. A. also connected to a coping strategy based on her interactions with E. “Well, E. prays to God when she feels sad about anything.” This topic emerged when A. expressed her sadness and frustration with her parents’ situation. She was able to recognize how others handle sadness or frustration, and potentially adopt their practices as her own.

In addition to identifying means of coping, the students explored deeper issues. Through the songwriting process, especially in the context of brainstorming topics and ideas, the students identified issues that were real and meaningful. The first idea suggested was “bullying.” After the initial suggestion, the brainstorming took a different direction, but eventually came back to bullying with the final song being completely about bullying. Unquestionably, bullying was an issue several of the group members either presently were facing or had experienced in the past. The music therapy sessions served as a container for

the students to explore their feelings, thoughts, and perceptions of bullying and how it affected them personally, as well as how it affects the community as a whole. The songwriting group created a space for the students to recognize what they struggle with and what gives them strength.

**Challenges.** In addition to the many benefits songwriting-based music therapy provided for the Deaf adolescents, two challenges were identified. These challenges were sporadic attendance and improvisation difficulties.

Group members' attendance was inconsistent due to the nature of residential life activities after school hours. This was a substantial issue, as it affected every session in the study. Not only was this topic mentioned seven different times in the researcher's session notes, but the students also referred to it in the post-music therapy interviews. The researcher found this to be a stressful, yet unavoidable aspect of the study. On two occasions the music therapist arrived for the session only to find out that none of the students were available. Five out of seven sessions consisted of only one or two students. There was no session in which all four students were present the entire time.

The sporadic attendance issue was related to the students' attending a residential school. Each afternoon was filled with homework time, sports team practices, and various activities, some required and some optional. The need for homework time became an issue with K. near the end of the study, because she was failing her classes, and it became mandatory for her to stay in the library after school to study. As a result, she was unable to participate in the majority of the lyric writing or in the final performance of the group's original song.



The constantly changing group members also affected the group process and songwriting experience at times. After multiple weeks of brainstorming, the music therapist urged the group members to begin writing the lyrics. One session, when the music therapist suggested that it was time to begin the lyric writing, K. responded, “It’s a team job.” Ultimately, the lyrics were written in the last two sessions, so that were not completed until the day of the performance and final session.

When asked to describe her relationship with the other group members, E. stated “K. – well, she missed” and “...She missed a lot ‘cause she forgot to do her homework,” suggesting some frustration with the lack of commitment to the songwriting group. Though there was no evidence of a lack of group cohesion due to the sporadic attendance, this is a potential challenge that may affect future songwriting focused music therapy groups with Deaf adolescents in a residential facility.

Musical improvisation played an important role in the songwriting process, especially in creating group cohesion and setting the stage for creating music and lyrics as a group. Improvisation was a challenge initially. The first few times of improvising together as a group were irregular and scattered, as if each group member were in their own world, unaware of the music created by the music therapist or their peers. This was not unexpected based on the similar challenges of the pilot study groups. One student in particular seemed to express her nervousness through laughter. The music therapist described K.’s reaction to the first improvisation as follows: “While playing the djembe... she watched the music therapist and E. and proceeded to laugh at the way the others were playing (imitating the way they played).” K.’s insecurity with the music creation generated a distraction for the other group members. The first several experiences with improvisation were described as “sporadic and

more like following what the others were playing, as opposed to creating music together.” This may have been a result of the students having had little previous opportunity to participate in making music with others.

In order to play in synchronization with one another, the group members had to be focused on listening with their residual hearing and the vibrations produced by the instruments. This was a challenge for the participants. Additionally, the researcher was stretched to find ways to structure the improvisations in a way that was successful. Reiteration and repetition of the importance of focus and listening to one another seemed to enhance the musical interactions in the group setting.

### **Research Question 2**

The second research question related to specific aspects of music (song genres, elements of music, etc.) that may assist in facilitating emotional expression during the songwriting process. Several aspects of music were determined to be beneficial in promoting emotional expression.

**Instrumentation.** Specific instruments appeared to be more advantageous during the songwriting process. The music therapist originally presented a variety of instruments for the students to choose from. These instruments included a djembe, large gathering drum, buffalo drum, bass tone bar, a cajon, guitar, and various hand percussion instruments (e.g., egg shakers, guiro, and maracas). Most of the time, the students consistently chose the instruments with which they were more familiar (e.g., the drums). To encourage an exploration of sounds and instruments, the music therapist would chose instruments that were less familiar. Even with the additional exposure, the students continued to choose the loud drums.

The researcher theorizes that these particular instruments were chosen based on the ability to slightly hear with their residual hearing the sound produced and due to the capacity of the drums to create a strong beat. The students were also able to feel the vibrations, yielded by the larger drums, as they performed the music in ASL. For example, S. specifically mentioned her solo verse being accompanied by the drum. “Second was my solo with a negative verse with the drum.” Both verses were actually accompanied by the drumbeat, but S. was more sensitive to the drum as she performed her solo. She also recognized the importance of the strong beat to emphasize the meaning behind the words she was expressing (the “negative” verse).

The music therapist recognized the value of the strong beat and the instruments, which produced strong vibrations, and incorporated this concept into the opening experience each session. As recorded in the session notes, “The group would play a beat on the drum/shaker/instrument, while the individual signs how they feel to the beat. ...[K.] used a lot of expression (facial and body language) and signed to the beat of the music.” This statement represents how a group member found the strong beat and use of instruments to be a source of support and foundation through the process of expressing herself.

Though the various hand percussion instruments were rarely chosen, a student with cochlear implants, hearing aids, and overall more residual hearing found them to be valuable. When questioned on how she was involved in the group process, A. responded “with the drums, and I forgot the name – shake, shake (motions playing egg shakers).” A. found meaning through playing both drums and egg shakers, a seemingly unimportant instrument. Perhaps, for Deaf individuals with cochlear implants or more residual hearing, instruments with a softer sound production may be needed.

**Rhythm, volume, tempo.** In addition to instrumentation, other elements of music were important in the overall process of songwriting and in facilitating emotional expression. The rhythm, volume, and tempo aspects intertwined and showed evidence to be foundational for the original song creation and performance. S. mentioned how the accompaniment affected the portrayal of the two verses, noting the differences between her verse (the negative verse with the drum) and the peaceful, smooth verse. Though the rhythm remained the same for both verse, the volume decreased for the peaceful, smooth verse, establishing a change in how the message was rendered.

The rhythm, which was created after the lyrics, specifically followed the emphasis the students placed on certain signs while practicing the song. For example, when the girls sang the chorus “You like bully?,” they placed stress on the “you” and “like,” resulting in two strong beats followed by two weak beats (**1 and 2**, 3, 4). The music therapist created the rhythm after observing how the students signed the chorus and played the rhythm for the participants. They agreed that the rhythm matched the style and message. While S. and E. practiced their verses, S. guided the music therapist and A. on how to accompany (still fairly loudly, but not as forcefully for the first verse, and softly and gently for the second verse).

A. referred to how she accompanied the song by stating, “It was hard. Well, I did (motions drum beat...).” She recalled the challenge and the success of her part in the song creation and said, “I liked the rhythm and the loudness.” Though she was not performing the song in ASL, she was able to express the song in a way that was still meaningful, through the accompaniment. The rhythm, volume, and tempo were important for the participants to fully express the meaning behind the lyrics.

**ASL.** The ASL also played a role in how the students expressed themselves. The visual nature of ASL portrayed the emotional content behind the lyrics. Though originally the students mentioned having vocals in addition to the ASL music, the final product featured only drums and ASL. The participants acknowledged that the sign language was enough to portray their message. After S. wrote the first verse and chorus, the music therapist suggested practicing what was created. The session notes stated, “She wrote the chorus quickly with a lot of expression and feeling! Then we practiced (S. doing the ASL, and the music therapist on the drum) a few times.” The ASL representation of the music was sufficient. The message was clearly delivered through body language, facial expressions, and the lyrics in ASL. It was powerful for the students to create and perform a song in their own language, expressing their feelings and thoughts in a way that was comfortable to them.

### **Research Question 3**

The third research question related to the themes that emerged through the songwriting process. The main theme, which eventually became the focus of the final song creation, was bullying. Several sub-themes were also identified and discussed.

**Bullying.** Bullying is an issue for all adolescents, but perhaps even more so for Deaf adolescents. “Bullying” was the very first idea mentioned by K., when the music therapist first presented the notion to create an original song. The participants had an opportunity to explore what bullying is and how it has affected them personally. Included in the notes taken after the last session, the music therapist recorded, “The girls discussed the meaning of ‘bullying’...” Each participant mentioned the theme multiple times. S. told the interviewer,

We talked about bullying. We talked about “Do you like bullying?” We discussed the negatives. Later E. signed [her] half and finally asked “What

do you think about it yourself?” “How do you feel about bullying?” “Do you think bullying is funny?” “No – No.”

E. Also referred to the topic of the song when she stated, “We did a song about bullying. We had the negatives and the positives.” A. also described the theme. “Yeah, about bullying. We had the words about bullying, and the other side was about not bullying (motions 2 columns).”

Each participant was able to contribute to the songwriting experience, since each could connect to the topic in some way. When asked who decided on the theme, S. stated, “The group did – all worked together – not individually, but the three of us created it.” S., being the only participant present during the session when we began the lyric creation, was able to share her own personal experiences of being bullied for being Deaf and having a “different voice” in the public school she had attended. She was able to express through the songwriting process how she felt being bullied. The topic of bullying was relevant and meaningful to the students.

**Subthemes.** The subthemes that emerged were closely related to the idea of bullying. The original theme the group selected was “weak become strong.” The students originally found the idea of weak becoming strong through the ASL performance of *Roar* by Katy Perry. This theme continued to emerge throughout the songwriting process and set the tone of the final work. The concept intertwined with the idea of bullying, and the portrayal of the song included a “weak/negative” verse, followed by a “strong/positive” verse.

Other subthemes that developed were noted in the researcher’s session notes: “Other subcategories included not respecting others, feeling frustrated, being lonely, being negative, inspiring positivity, protecting others from getting hurt, strength in God, being brave, and

resiliency.” Each of these concepts were discussed and expounded upon, though not all were included in the final original song.

#### **Research Question 4**

The final research question dealt with specific techniques and strategies that appeared to be effective in working with this population. Several techniques seemed to be valuable, including a specific brainstorming technique, musical games, improvisation and instrument exploration, and incorporating ASL performances.

**Brainstorming.** The specific way the music therapist presented the task of brainstorming involved a large piece of paper and a bundle of felt-tip markers. When the students had decided the theme, the music therapist wrote the topic in the middle of the paper and handed the markers to the students. The students spent multiple sessions writing down more ideas, elaborating on the previously written ideas, and deciding what was most important. The large piece of paper was ideal, as all the students could clearly see what was written. It also provided space to create two sides – positive and negative. The visual aspect of this brainstorming was mentioned by several of the participants. A described it in this way: “Well, we used paper. And we put down different things about bullying...” and “We had the words about bullying, and the other side was about not bullying (motions 2 columns).” E. also described the brainstorming on paper when she said, “We had the negatives and the positives,” and “We went around the circle and brainstormed ideas, and we wrote down all the positives and negatives, and we had a chance to talk about it.” S. omitted any discussion on the brainstorming portion because she was only involved in the songwriting experience.

**Musical games.** The musical games were spin-offs of typical icebreakers developed by the music therapist to assist the participants in becoming comfortable with the group, the

instruments, and the music therapist. Though the games did not always transpire as planned, the overall goal was achieved. The students got to know each other on a different level outside of the academic setting as they laughed and became comfortable both with the group and with playing instruments in a non-threatening way.

**Improvisation/instrument exploration.** Similar to the pilot study, improvisation and instrument exploration were beneficial and effective with this group. Though it was a challenge at times to convey the importance of creating music *together*, the participants recognized the power of the music and appreciated the opportunity to play instruments together. This appeared to be true both in sessions with multiple students in attendance, and in one-on-one sessions.

In one particular one-on-one session with K., improvisation and allowing for instrument exploration were important for building rapport. The music therapist noted the effect the time spent exploring and creating ultimately had on K.:

The music therapist gave her the opportunity to play [the guitar], and K. spent about 7 minutes exploring the guitar. She asked a lot of questions (What are these frets? What are the dots for? Pegs? Etc.) ... K. continued to explore changing pitches on the strings and mentioned that with her hearing aids she could hear the changes. The music therapist suggested they play together (music therapist on drum), and they began, but K. quickly stopped and said that she liked the sounds and could hear both the guitar and drum. She then continued to explore the instrument on her own. She asked for a pick and played around some more with the pick. She shared stories about her brother ... and his guitar, and mentioned that



she had played his guitar before. ... After a while, K. and the music therapist switched instruments and began to improvise. K. stuck with the improvisation for several minutes, following the strumming patterns of the music therapist on the guitar. She appeared to be very connected to the music and the music therapist.

Though the shift was subtle, there was a noticeable change in how K. interacted musically with the music therapist.

Each of the interviewees mentioned how music-making was valuable for them. E. said, "We played the drums, the guitar, games with the drums, and there were other things we did too." S. also mentioned the improvisation by stating, "We all played and it was fun." During a one-on-one session with S., after an improvisation, she smiled and mentioned that she wanted to learn to play the drums. Allowing for time to explore the instruments and sounds was crucial for increasing the participant's comfort with music as a whole, and it also gave them an opportunity to experience something new.

**ASL performances.** This finding was two-fold. The music therapist incorporated ASL performances of pre-recorded songs (providing balloons for the students to hold and more strongly feel the vibrations) and ultimately the final song was performed in ASL, which also manifested as an effective strategy for this group. The music therapist recognized the impact the ASL performances encompassed and noted this in her session notes.

Both girls watched attentively, neither looked away throughout the whole song! Afterwards, K. said she was fascinated with the signing. E. said she enjoyed the song and made the connections of what it meant. K. said she liked the words and theme of "being strong."

The incorporation of ASL performances of pre-recorded songs mainly served as a starting point for the songwriting experience and lyric discussions. Its purpose was meaningful when observed from the perspective of the big picture. The performances gave the students an idea of what their song may look like upon completion, and it assisted in providing a starting point for the brainstorming activity.

Secondly, the students decided to perform the final song in ASL. Not only did they perform for the video camera, but also they asked to perform for all the other residential students. This performance was meaningful for them, and they mentioned the experience during their interviews. S. noted that “E. – she and I signed the song. A. played the drum. We went out and performed for our friends. We all played and it was fun.” E. also enjoyed the performance and described it this way: “Yes, expressing. Writing down the words, performing the music, and involving people. I really enjoyed that.” The music therapist recounted the moment “we videorecorded the song, then performed it twice – once for just the girls, then a second time for the girls (who already saw it) and for the boys. The audience clapped and showed appreciation for the song!” The peer recognition and admiration was important, just as the community involvement was significant.

### **Summary of Findings**

The researcher identified themes in the transcripts of interviews and in therapist notes and grouped them based on relevance to the research questions. The first research question dealt with identifying the benefits and challenges of music therapy songwriting services for Deaf adolescents. The benefits of songwriting-based music therapy services for Deaf adolescents far outweigh the challenges. Benefits included group cooperation, self-expression, changing one’s perception of music, emerging self-esteem, identification of

coping skills, and exploration of deep issues. Challenges that materialized during this process included attendance issues and improvisation struggles.

The second research question considered specific aspects of music (e.g., song genres, elements of music, etc.) that assisted in facilitating emotional expression during the songwriting process. Three themes were found including instrumentation, specific elements of music (e.g., rhythm, volume, and tempo), and the use of ASL in the musical context. The third research question related to the specific topics or themes that emerged through the songwriting process. The main theme identified was bullying with various secondary themes that supported the main idea.

The fourth research question considered specific techniques and strategies that showed to be effective in working with this population. Several techniques seemed to be valuable, including brainstorming by writing ideas on a large piece of paper, musical games, improvisation and instrument exploration, and incorporating ASL performances. The identification of all the themes and how they relate to the research questions provides the reader with both a detailed understanding and bigger picture of the research study.

## **Chapter Six**

### **Discussion**

This chapter reviews the results and how they relate to the literature. To begin, the researcher will provide a summary of the identified themes and discuss their relation to the literature. Following this will be an exploration of limitations of the study, and the chapter will close with suggestions for further study.

#### **Summary of Findings**

The findings of this study included several important concepts. Group cooperation, emerging confidence, increased self-expression and changes in one's perception of music were identified benefits of providing songwriting-based music therapy services for Deaf adolescents. Challenges included sporadic attendance and improvisation. Specific instrumentation, emphasis on rhythm, volume, and tempo, and the use of American Sign Language (ASL) were recognized as important aspects of music to incorporate in music therapy sessions with Deaf adolescents. A theme that appeared to be particularly relevant for Deaf teenagers in the songwriting process was bullying, with a few other subthemes such as weak becoming strong, positive thinking, and resiliency. The use of brainstorming on a large paper, incorporation of musical games, and allowing for improvisation and instrument exploration was also identified as possible techniques for music therapy with Deaf adolescents.

## **Comparison to Previous Literature**

Various researchers (Arnold & Little, 2003; Baker & Ballantyne, 2013; Baker et al., 2008; Edgerton, 1990; Enright et al., 2008; Pellitteri, 2000; Rickson & Watkins, 2003) have identified group cooperation to be beneficial in supporting positive adolescent development and emotional expression. Rickson and Watkins (2003) discussed the process of allowing the group members to take more responsibility and make more choices as sessions progressed. This study reflected a similar process, slowly allowing for more peer decision-making, and ultimately a group decision to perform the final song. Arnold and Little (2003) noted that peers provide support, criticism, and camaraderie, which also seemed to be important for the participants of this study.

Pellitteri (2000) also mentioned the importance of individuals creating music together and how music creation helps form a unique bond within the group. This bond, in turn, encourages individuals to be more open to expressing and externalizing their emotions and feelings. This was certainly true for the participants of this study. The girls described their relationships with each other and the importance of cooperating together and supporting each other during the post-music therapy interviews. Baker et al. (2008) mentioned that songwriting allows for validation of ideas and feelings, which was also an important finding in this study, both from the perspective of the person validating and the person being validated.

The finding that group songwriting facilitated self-expression mirrored previous literature findings. Similar to the findings of Gold and colleagues' (2007), this study found that the songwriting process addressed clinically relevant goals, which included emotional expression and improving social behavior and interaction with others. The opportunities for

the participants to express themselves emotionally went hand-in-hand with learning to appropriately interact with each other. As the girls encouraged each other to share personal insights, they felt more freedom to express their own feelings and ideas. The important target goals found in Baker and colleagues' (2008) survey are congruent with the areas of benefit for this particular study. These included decision-making, developing a sense of self, externalizing thoughts/emotions, telling the client's story, and gaining insight into thoughts and feelings.

Though self-esteem was not a direct outcome of this study, emerging confidence was identified as a benefit in this setting. Confidence may lead to increased self-esteem over time. Self-esteem was an important area highlighted by previous literature. The literature pointed to an increased need related to Deaf adolescents and self-esteem issues (Kossewska, 2008), so finding potential means of increasing self-esteem is crucial. Baker and colleagues' (2008) survey of music therapists attested to the fact that songwriting may enhance self-esteem and help develop a sense of self. They also mentioned that the process of songwriting held significance in assisting the development of self-esteem and self-confidence. Additionally, Gooding (2008) recognized that songwriting might improve self-esteem. In this study, the participants themselves identified their own process of gaining confidence, paralleling previous findings (Baker et al., 2008; Gooding, 2008).

Gooding (2008) also noted that music therapy might address developing and identifying coping skills. One participant was able to identify and adopt ways of coping through the group discussions, while the other group members recognized the possibility of using songwriting or music as a means of coping with difficult issues.

The finding that music therapy may change a Deaf individual's perception of music was not found in the previous literature. Participating in the music therapy group changed one individual's perception of music that had been based on past, painful experiences. Moreover, the experience in the music group changed another's perception of music and how it may relate to the Deaf community as a whole in the future.

Instrumentation was important as it related to improvisation and the final performance of the original song. Similar to Darrow and Gfeller's (1991) findings, the participants commonly chose low frequency, percussive instruments and instruments with vibrotactile surfaces, both while playing and while performing. Hsiao and Gfeller's (2012) research examined musical perception of individual's with cochlear implants, and noted that some instruments are less pleasant through a cochlear implant, but not all instruments were considered (mainly piano, flute, trumpet, and violin). Hsiao and Gfeller noted that individual instrument preferences might vary; therefore, smaller, quieter instruments may be more meaningful for individuals with more residual hearing.

Rhythm was another aspect of music that previous literature found to be meaningful with groups of adolescents, as well as with Deaf individuals. Though improvisation was a challenge initially, rhythm-based improvisational music experiences did promote organization individually and within the context of the group, as Rickson and Watkins (2003) recognized. Additionally, Darrow and Gfeller's (1991) suggestion to incorporate rhythm activities with Deaf individuals found to be valuable. The researcher found Darrow's (1995) observation that Deaf individuals are more likely to respond to rhythmic aspects of music to be accurate in this particular study.

The use of ASL within the musical context was also meaningful and reflected previous findings. Though Wigram's (2005) suggestions regarding songwriting and creating original lyrics did not specifically relate to ASL, he described the use of word painting as a potential method for songwriting. This idea of "word painting" was adopted and modified to fit this particular group of participants. The words were "painted" visually through ASL during the final performance of the song. The original song was created and performed in the language of the participants. This concept reflected Darrow and Gfeller's (1991) recommendation for music therapy techniques with Deaf individuals.

Though previous literature did not identify specific themes or topics that may come about during songwriting with Deaf adolescents, the themes that were established were relevant and applicable to teenagers with or without hearing loss. Issues such as bullying, frustration, loneliness, negativity, resiliency, and finding strength are topics that many individuals may face at some point during adolescence. Particularly for Deaf adolescents, frustration due to hearing loss and academic stressors may be more common topics requiring discussion and exploration. The topics chosen by the group members in this study reflect Van Gent and colleagues' (2011) comment regarding deafness contributing to emotional insecurities.

Wigram's (2005) recommendation to include free brainstorming and spontaneous, structured story-making as a means of lyric creation was found to be beneficial in this particular study as was Darrow and Gfeller's (1991) suggestion regarding the use of visual aids related to the technique of brainstorming with the use of a large piece of paper. All the group members could clearly see the paper, ideas, and words written on it, allowing for inclusion of all group members and better understanding of concepts.



Improvisation and instrument exploration were additional techniques mentioned in previous literature (Edgerton, 1990) that appeared to be effective in encouraging emotional expression. Edgerton advocated the combination of improvisation and lyric writing, which facilitated both expression and group cohesion in the present study. The group members were given the opportunity to express their individual ideas, thoughts, and emotions through both improvisation and writing lyrics. The combination of improvisation and songwriting allowed for increased self-expression for the individuals and also created a space for the group to bond and connect on various levels.

### **Limitations**

The limited number of sessions prevented the creation of more songs as a group. The group members had little opportunity to explore other issues that may have developed with more time and discussion. This limitation was noted during the pilot study and became much more apparent in final study. The final results, specifically related to topics and techniques, were likely affected by the short time span of the therapeutic services.

In addition to the short period of treatment, sporadic attendance of the residential students was recognized as a limitation to this study. This not only proved to be challenging in regards to group cohesion and group songwriting, it also affected the researcher's session notes and the post-music therapy interview data. Other themes may have potentially emerged, but the lack of member consistency may have negatively affected the final results of the study.

Another limitation dealt with the interviewer. She was chosen based on her status as a member of the Deaf community and her relationship with the students. Being Deaf herself, the interviewer was able to interview the participants in their native language. The

interviewer was trained on how to conduct the interview and use the semi-structured interview questions as a guide, but occasionally asked leading questions during some of the interviews. Despite these problems with parts of the interviews, important information still emerged through them.

The dual role of researcher and therapist is another limitation of this study. One main source of data included the session notes of the researcher. Self-reported data has the potential to be biased. Selective observations and memory should be considered in understanding the findings of the study. The researcher took notes immediately after each session, but may have overlooked or not remembered important details during the sessions.

The issue of language was a limitation of the study. Though the researcher was fluent in ASL, she was not actively involved in the Deaf community, especially with Deaf adolescents. She did not recognize all the slang phrases and signs used by the participants and often had to ask for clarification. It is possible the researcher misunderstood or overlooked important information that was shared in the group.

The nature of qualitative research is the examination of details related to setting, participants, and other context-related information. The design of this particular study did not consider the use of other measures that may capture the overall process and dynamics of the study. The use of video recordings throughout the study, and interviews of staff and faculty or family members may have been beneficial for understanding a broader picture of what occurred throughout the process.

Lastly, generalization is another limitation that should be considered. Due to the nature of qualitative research and the specifics of this study, the results cannot be generalized

to other songwriting-based music therapy for Deaf adolescents. This study included only four participants in one school setting.

### **Recommendations for Further Study**

While this study provided some insight into the feasibility of songwriting-based music therapy for Deaf adolescents, much remains to be investigated. None of the participants in this particular study claimed to write ASL poetry; therefore, it was not incorporated in the songwriting process. Future research with Deaf individuals might consider the use of ASL poetry in the songwriting process. Due to the importance of ASL poetry within the Deaf community, a study of the results of integrating ASL poetry and songwriting could yield beneficial information for music therapists working with Deaf individuals and groups.

One new finding of this study was that music therapy songwriting might change how the individual perceives and relates to music. This subject should be investigated in future studies in a more systematic way. Techniques and methods of music therapy interventions with Deaf individuals may be modified to be more beneficial and effective over time. This also may provide more guidance on how to structure music therapy sessions from the start of the therapeutic relationship, so that Deaf clients may be able to recognize music as a therapeutic tool early in the process.

Another area that invites further research is related to the themes of songwriting identified by Deaf individuals and how they may compare to themes identified by their hearing counterparts. This thesis identified three different groups of Deaf adolescents, producing three different themes (Deaf pride, daydreaming, and bullying). Two of the themes (Deaf pride and bullying) connected, either directly or indirectly, to deafness-related issues,

while two of the topics (daydreaming and bullying) could be associated with general adolescent matters. Additional research should be conducted to learn whether Deaf adolescents tend to write songs spontaneously about deafness-related issues. Results of this could potentially assist music therapists working with this population to be more prepared, possibly with ASL songs or other music therapy techniques related to the specified topics dealing with deafness.

### **Recommendations for Practitioners**

Therapeutic songwriting with Deaf adolescents has endless possibilities. Bringing music and creativity to Deaf teenagers can be engaging, motivating, and therapeutic. It is important to situate the music therapy sessions within the individual's cultural setting. In other words, the music therapist must be familiar with aspects of Deaf culture, know ASL (at least basic signs) or have an ASL interpreter present to ensure accurate communication.

It is also important to understand that the songwriting process with Deaf individuals may look slightly different than with hearing individuals. The use of melody is less important compared to providing strong, rhythmic vibrations. Finding connection through the music is also significant and challenging. Encouraging the group members to be aware of each other, the music, and themselves is foundational and requires patience.

Patience is key. One important notion the researcher became aware of multiple times is the need to just listen and accept what the participants had to say. Allowing them to share their experience helped build rapport and trust, resulting in a willingness to work and expose their pain. Creating a space and time for this act of sharing is crucial in the therapeutic process. Incorporating songwriting with Deaf individuals is rewarding for both the practitioner and client, and it may yield long-term results unseen by the music therapist.

## **Conclusion**

This study is the first to explore therapeutic songwriting for Deaf adolescents. As such, it provided some insight into what music therapy, with an emphasis on songwriting, may offer with this population. A pilot study preceded the research study in order to provide guidance and clarification for the main study. The study identified and discussed both benefits and challenges along with specific aspects of music that may be effective for this population. The researcher noted themes that evolved in this study and beneficial techniques and methods of both songwriting and music therapy in general for allowing for emotional expression.

This study suggests that therapeutic songwriting-based music therapy services for Deaf adolescents are feasible. Music therapy has a place in the Deaf community, and adaptations and modifications must be made in order to provide the most effective interventions for this population. Based on the outcomes of this study, therapeutic songwriting is one possible intervention that music therapists can and should use with Deaf adolescents.

## References

- American Academy of Child and Adolescent Psychiatry. (2011a). Normal adolescent development part I. *Facts for Families*, 57. Retrieved from [http://www.aacap.org/cs/root/facts\\_for\\_families/facts\\_for\\_families](http://www.aacap.org/cs/root/facts_for_families/facts_for_families)
- American Academy of Child and Adolescent Psychiatry. (2011b). Normal adolescent development part II. *Facts for Families*, 58. Retrieved from [http://www.aacap.org/cs/root/facts\\_for\\_families/facts\\_for\\_families](http://www.aacap.org/cs/root/facts_for_families/facts_for_families)
- American Music Therapy Association. (2013a). What is music therapy? Retrieved from <http://www.musictherapy.org/about/musictherapy/>
- American Music Therapy Association, Inc. (2013b). *2013 AMTA member survey and workforce analysis*. Retrieved from <http://www.musictherapy.org/documents/>
- Arnold, H. B., & Little, R. (2003). Developmental needs of adolescents with limited parenting experiences. *Research for Educational Reform*, 8(2), 3–14.
- Baker, F. A., & Ballantyne, J. (2013). “You’ve got to accentuate the positive”: Group songwriting to promote a life of enjoyment, engagement and meaning in aging Australians. *Nordic Journal of Music Therapy*, 22, 7–24.
- Baker, F., Wigram, T., Stott, D., & McFerran, K. (2008). Therapeutic songwriting in music therapy, Part II: Comparing the literature with practice across diverse clinical populations. *Nordic Journal of Music Therapy*, 18, 32-56.
- Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Council for Exceptional Children*, 71, 195-207.

- Bruscia, K. (1987). *Improvisational models of music therapy*. Springfield, IL: C. C. Thomas.
- Bryman, A. (2004). *Social research methods* (2<sup>nd</sup> ed.). New York, NY: Oxford University Press.
- Christie, K., & Wilkins, D. M. (1997). A feast for the eyes: ASL literacy and ASL literature. *Journal of Deaf Studies and Deaf Education*, 2(1), 57–59.
- Creswell, J. W. (2008). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (3rd ed.). Upper Saddle River, NJ: Pearson Education.
- Darrow, A. (1993). The role of music in deaf culture: Implications for music educators. *Journal of Research in Music Education*, 41, 93–110.
- Darrow, A. A. (1995). Music therapy for hearing impaired children. In T. Wigram, B. Saperston, & R. West (Eds.), *The art and science of music therapy: A handbook* (pp. 363-384). Langhorne, PA, England: Harwood Academic Publishers.
- Darrow, A. (2006a). Sounds in the silence: Research on music and deafness. *UPDATE: Applications of Research in Music Education*, 25(1), 5–14.
- Darrow, A. A. (2006b). The role of music in deaf culture: Deaf students' perception of emotion in music. *Journal of Music Therapy*, 43, 2–15.
- Darrow, A. A., & Gfeller, K. (1991). A study of public school music programs mainstreaming hearing impaired students. *Journal of Music Therapy*, 28, 23-39.
- Darrow, A. A., & Loomis, D. M. (1999). Music and deaf culture: Images from the media and their interpretation by deaf and hearing students. *Journal of Music Therapy*, 36, 88–109.

- Darrow, A. A., & Novak, J. (2007). The effect of vision and hearing loss on listeners' perception of referential meaning in music. *Journal of Music Therapy, 44*, 57–73.
- Derrington, P. (2005). Teenagers and songwriting: Supporting students in a mainstream secondary school. In F. Baker & T. Wigram (Eds.), *Songwriting: Methods, techniques, and clinical applications for music therapy clinicians, educators, and students* (pp. 68–81). London, UK: Jessica Kingsley Publishers.
- Eccles, J. S., Midgley, C., Wigfield, A., Buchanan, C. M., Reuman, D., Flanagan, C., & Iver, D. M. (1993). Development during adolescence: The impact of stage-environment fit on young adolescents' experiences in schools and in families. *American Psychologist, 48*(2), 90–101.
- Edgerton, C. D. (1990). Creative group songwriting. *Music Therapy Perspectives, 8*, 15–19.
- Eldik, T. V., Treffers, P. A., Veerman, J. W., & Verhulst, F. C. (2004). Mental health problems of deaf Dutch children as indicated by parents' responses to the child behavior checklist. *American Annals of the Deaf, 148*, 390-395.
- Enright, M. S., Schaefer, L. V., Schaefer, P. S., & Schaefer, K. A. (2008). Building a just adolescent community. *Montessori Life, 20*(1), 36–42.
- Gentile, A., & McCarthy, B. (1973). *Additional handicapping conditions among hearing impaired students*. Washington, DC: Gallaudet University, Office of Demographic Studies.
- Gold, C., Wigram, T., & Voracek, M. (2007). Predictors of change in music therapy with children and adolescents: The role of therapeutic techniques. *Psychology and Psychotherapy: Theory, Research and Practice, 80*, 577–589.



- Goldstein, S. L. (1990). A songwriting assessment for hopelessness in depressed adolescents: A review of the literature and a pilot study. *The Arts in Psychotherapy, 17*, 117–124.
- Gooding, L. F. (2008). Finding your inner voice through song: Reaching adolescents with techniques common to poetry therapy and music therapy. *Journal of Poetry Therapy, 21*, 219–229. DOI: 10.1080/08893670802529209
- Hammersley, M., & Atkinson, P. (1995). *Ethnography: Principles in practice* (2nd ed.). London, UK: Routledge.
- Harris, M., & Terleksi, E. (2010). Reading and spelling abilities of deaf adolescents with cochlear implants and hearing aids. *Journal of Deaf Studies and Deaf Education, 16*(1), 24-34. DOI:10.1093/deafed/enq031
- Hauser, S. T., & Safyer, A. W. (1994). Ego development and adolescent emotions. *Journal of Research on Adolescence, 4*(4), 487–502.
- Hsiao, F., & Gfeller, K. (2012). Music perception of cochlear implant recipients with implications for music instruction: A review of the literature. *Applications of Research in Music Education, 30*, 5-10. DOI: 10.1177/8755123312437050
- Kossewska, J. (2008). Personal identity in deaf adolescents. *Psychological and Pedagogical Survey, 1-2*, 67–75.
- Larson, R. W. (2011). Positive development in a disorderly world. *Journal of Research on Adolescence, 21*(2), 317–334.
- Luckner, J. L., & Cooke, C. (2010). A summary of the vocabulary research with students who are deaf and hard of hearing. *American Annals of the Deaf, 155*, 38–67.

- McFerran, K. (2009). Quenching a desire for power: The role of music therapy for adolescents with ADHD. *Australian Journal of Education, 33*, 72–83. DOI: 10.1375/ajse.33.1.72
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey-Bass.
- Montello, L., & Coons, E. E. (1998). Effects of active versus passive group music therapy on preadolescents with emotional, learning, and behavioral disorders. *Journal of Music Therapy, 35*, 49–67.
- Pellitteri, J. (2000). Music therapy in the special education setting. *Journal of Educational and Psychological Consultation, 11*, 379–391.
- Rickson, D. J., & Watkins, W. G. (2003). Music therapy to promote prosocial behaviors in aggressive adolescent boys – a pilot study. *Journal of Music Therapy, 40*, 283–301.
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data* (3<sup>rd</sup> ed.). Thousand Oaks, CA: Sage.
- Sharma, M., & Jagdev, T. (2012). Use of music therapy for enhancing self-esteem among academically stressed adolescents. *Pakistan Journal of Psychological Research, 27*, 53–64.
- Shaver, D., Newman, L., Huang, T., Yu, J., & Knokey, A. (2011). *Facts from NLTS2: Secondary school experiences and academic performance of students with hearing impairments*. Menlo Park, CA: SRI International. Retrieved from [www.nlts2.org/fact\\_sheets/nlts2\\_fact\\_sheet\\_2011\\_02.pdf](http://www.nlts2.org/fact_sheets/nlts2_fact_sheet_2011_02.pdf).
- Steinberg, L., & Morris, A. M. (2001). Adolescent development. *Annual Reviews, 52*, 83–110.

- Tamplin, J. (2006). Song collage technique: A new approach to songwriting. *Nordic Journal of Music Therapy, 15*, 177–190.
- Traxler, C. B. (2000). The Stanford Achievement Test: National norming and performance standards for deaf and hard-of-hearing students (9<sup>th</sup> ed.). *Journal of Deaf Studies and Deaf Education, 5*, 337–348.
- U.S. Department of Health and Human Services, Office of Population Affairs. (2013). *What is adolescence?*. Retrieved from [http://www.hhs.gov/opa/familylife/tech\\_assistance/etraining/adolescent\\_brain/Overview/what\\_is\\_adolescence/index.html](http://www.hhs.gov/opa/familylife/tech_assistance/etraining/adolescent_brain/Overview/what_is_adolescence/index.html)
- van Gent, T., Goedhart, A. W., & Treffers, P. (2011). Self-concept and psychopathology in deaf adolescents: Preliminary support for moderating effects of deafness-related characteristics and peer problems. *Journal of Child Psychology and Psychiatry, 52*, 720–728.
- Veach, L. J., & Gladding, S. T. (2007). Using creative group techniques in high schools. *Journal for Specialists in Group Work, 32*, 71–81. DOI: 10.1080/01933920600978570
- Wigram, T. (2005). Songwriting methods – similarities and differences: Developing a working model. In F. Baker & T. Wigram (Eds.), *Songwriting: Methods, techniques, and clinical applications for music therapy clinicians, educators and students* (pp. 246–264). London, UK: Jessica Kingsley Publishers.

Woolsey, M. L., Harrison, T. J., & Gardner, R. (2004). A preliminary examination of instructional arrangements, teaching behaviors, levels of academic responding of deaf middle school students in three different educational settings. *Education and Treatment of Children, 27*, 263–279.

World Health Organization. (2013). *What do adolescents need to grow and develop in good health?* Retrieved from [http://www.who.int/maternal\\_child\\_adolescent/topics/adolescence/grow/en/index.html](http://www.who.int/maternal_child_adolescent/topics/adolescence/grow/en/index.html)

**Appendix A**  
**“Daydream”**

Verse 1:

Today we go to class.

The teacher is boring.

All we see is “blah, blah, blah.”

We start daydreaming about being popular,  
famous in the media, and about our future.

Chorus:

Daydreaming is so awesome.

Daydreaming is so wonderful in song.

Verse 2:

We daydream about being famous in basketball.

We daydream about our goal to become a success.

We daydream about having fun with family and friends.

Chorus:

Daydreaming is so awesome.

Daydreaming is so wonderful in song.

**Appendix B**  
**“Deaf Pride”**

Chorus:

We are Deaf  
We are proud  
We are proud Deaf forever  
No shame in our game

Verse 1:

Deaf can do everything.  
Deaf can do sports.  
Deaf are smart.  
Deaf can do it!

Chorus:

We are Deaf  
We are proud  
We are proud Deaf forever  
No shame in our game

Verse 2:

Hearing people think that we can't talk.  
Hearing people think that we can't get a job.  
Hearing people think that we can't go to church.

Deaf can do it!

Chorus:

We are Deaf

We are proud

We are proud Deaf forever

No shame in our game

Verse 3:

Deaf can be famous and play music.

Deaf can go to college.

Deaf can dance.

Deaf have our own language.

Deaf can do it!

## Appendix C

### “You Like Bullying?” (in ASL)

Chorus:

You like bully?  
You like bully?  
Bully is not funny,  
It can ruin your life!  
You like bully?  
You like bully?

Verse 1:

When I got bullied,  
I felt heart break and depressed.  
I tried to solve the problem.  
They had bullied me too much.  
Next day, I did not go to school.  
I obsessed negative, they had bullied me that I was hurt.

(Repeat chorus)

Verse 2:

Now I think I can become strong and be proud.  
They had bullied me, then I protest and walk away from who bullied me.  
I don't care what people think about who I am.  
When I see other people felt hurt and bullied,  
So, I decide to help other people make felt better.  
Just don't worry about old past,  
Now new day.  
I already feel blessing and inspire positive.

(Repeat chorus)



## **Appendix D**

### **Consent Form**

(For parents of students under 18 years old and those over 18 who have legal guardians)

DATE

Dear Parent/Guardian,

Your child is invited to participate in a research study. The purpose of this research is to explore the feasibility of therapeutic songwriting with Deaf adolescents who attend residential school. The study will be conducted by Anna Johnson, a board certified music therapist and graduate student in music therapy at Appalachian State University. Anna grew up in the Deaf community and has experience providing music therapy services for children and adolescents. The music therapy sessions will be provided after school at the North Carolina School for the Deaf in Morganton. The school director, Dr. Audrey Garvin, from NCSD has sent this letter to you, but will not be involved in the group.

The group will focus on songwriting based on topics presented by the students. It will provide the opportunity for your child to participate in a music group where they can write songs, play instruments, and be with peers who share the common experience of deafness. This project is the foundation for Anna's thesis, which is a component of her Master of Music Therapy degree. Anna's work will be supervised by Dr. Cathy McKinney, director of the music therapy program at Appalachian State University.

Students will participate in eight weekly group music sessions between September and December, 2013. Sessions will be one hour in length, and take place after school in a location decided by NCSD administration. In September, Anna will meet with the students who are interested in participating in the group to describe the study, read aloud the student assent form, answer students' questions, and secure written assent (for those under 18) or consent (from those 18 and over) from volunteers. Each participant then will meet individually with Anna to talk about his or her experience with music, how he or she experiences music, and his or her perception of being Deaf. This interview will take no more than one half hour. Following written consent, Anna will review participants' school records to collect pertinent data concerning type and level of hearing loss, and augmentative communication devices used (if any). Your child may be selected to take part in a final interview about the experience of the music therapy group after all the sessions are completed. The interview will last no more than an hour. These final interviews will be conducted by a research assistant in American Sign Language, and then interpreted by an ASL interpreter. Total time involvement will be no more than 9 hours.

In written and oral presentation of this work, all descriptions of the students, their experiences, and their responses will be anonymous. No child's name or other identifying information will be revealed in order to protect the privacy of the child and family. All records will be confidential to the extent permitted by law. Records will be available only to Anna and her supervisor. Your child's participation in music therapy is entirely voluntary and he or she may withdraw consent for his or her participation at any time, for any reason, and without penalty.

Confidentiality will be addressed within the group as group rules, and participants will be assured that information will be kept private by the researcher and research assistants to the extent permitted by law, unless the child's or another's safety is at risk. If a child reveals information regarding possible abuse or thoughts of harming him/herself or another, Anna would be required to break confidentiality.

Participation in this study may or may not have direct benefit to individual participants, and no promise or guarantee of benefits can be made for the students. The major benefit resulting from participation in this study is to help the investigators understand the feasibility of therapeutic songwriting for Deaf adolescents.

Because the nature of this music group is related to deafness, some difficult or painful emotions may arise. If this does happen, students will be encouraged to share about the emotions, and use the music to help with them. If students need further assistance outside of group time, help will be available through Anna, or other resources will be provided.

All group members will be encouraged to keep important information shared private and confidential and not talk about other people's stories outside of group. We hope to have a safe space for your child to be in during the group, and if something is bothering him/her about anything related to the group, we will hope to support the child and deal with the issue at hand.

Anna will video record the students performing songs they have written and learned during the sessions, as well as the follow-up interviews with three selected students. If your child agrees to participating in the video recording of the performance of these songs and interviews, I will request he or she to sign the consent release and waiver form prior to the recording.

If you have any questions, please contact Anna at johnsonae@email.appstate.edu or 252-289-0619; her supervisor, Dr. Cathy McKinney at 828-262-6444; or the IRB Chair, Dr. Timothy Ludwig at ludwigtd@appstate.edu, irb@appstate.edu, or 828-262-7981. Please return one copy of the signed forms in the envelope provided. If you consent for your child's participation, Anna will contact your child to set up a meeting with the other members of the group to learn more about the project so that your child can also decide if he or she wants to participate. Your signature here signifies acknowledgement of the group's purpose.

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 Parent/Guardian Signature

---

 Date

---

 Name of Child

---

 Print Parent Name

---

 Parent's Phone Number

I hereby give Anna Johnson and Appalachian State University the right and permission to include my student in video recordings for use in the research project titled

“Therapeutic Songwriting for Deaf Adolescents.” These recordings will show the group performing songs they have written and learned during the sessions. I acknowledge Anna Johnson’s or the University’s right to edit or treat such video material at its discretion. I understand that each student included in the DVD will be provided with a copy of a DVD of the songs written by the group and that the DVD may be used in professional presentation of this work. I have been given sufficient time to review and seek explanation of the provisions of this Release, I have carefully read and understand them, and I agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release.

My child (may \_\_\_\_\_) or (may NOT \_\_\_\_\_) be included in the DVD of the songs written by the group. (Check one option)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I hereby give Anna Johnson and Appalachian State University the right and permission to include my student, if selected, in interview video recordings for use in the research project titled “Therapeutic Songwriting for Deaf Adolescents.” These recordings will show my student’s responses to interview questions post-music therapy sessions. They will be used only in collecting information to better understand the participants’ perceptions of the songwriting experience. I have been given sufficient time to review and seek explanation of the provisions of this Release, I have carefully read and understand them, and I agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release.

My child (may \_\_\_\_\_) or (may NOT \_\_\_\_\_) be included in the DVD of the interviews. (Check one option)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## **Appendix E**

### **Consent Form**

(For students over 18 years old)

Dear \_\_\_\_\_,

You are invited to participate in a research study entitled Songwriting with Deaf Adolescents. The purpose of this study is to explore a group music therapy songwriting experience with residential high school and middle school students at the deaf schools in North Carolina. The study will be conducted by Anna Johnson, a board certified music therapist and graduate student in the music therapy program at Appalachian State University who also is fluent in ASL. The sessions will take place after school on the campus of the North Carolina School for the Deaf.

The study will provide the opportunity for you to participate in a music group where students will write songs, play instruments, and be with each other. The group of 5-10 students will meet one hour weekly for 8 weeks. This project is the foundation for Anna's thesis, which is a component of her Master of Music Therapy degree. Dr. Cathy McKinney, coordinator of the music therapy program at Appalachian State University, will supervise Anna's work.

Anna will meet with the students interested in the group to describe the study, answer questions, and secure written consent for participation. Anna will also collect data from student records regarding hearing loss and other pertinent information for the study. Following completion of the group sessions, several students will be invited to participate in a videotaped interview about their experience. The interview will include questions regarding the participant's personal experience in music therapy. The location of the interview will be determined by the school administration and will be conducted by a research assistant fluent in ASL.

The interviews will be video recorded, interpreted and transcribed. The video recordings and transcriptions will be stored on a password-protected computer. The researcher and her supervisor will be the only ones with access to this information.

In written and oral presentation of this work, all descriptions of the group members, their experiences, and their responses will be anonymous. In order to protect your privacy neither your name nor other identifying information will be revealed. All records will be confidential to the extent permitted by law. Records will be available only to Anna and her supervisor. Your participation in music therapy is entirely voluntary and you may withdraw consent for participation at any time for any reason and without penalty.

Participation in this study may or may not have direct benefit to individual participants, and we can make no promise or guarantee of benefits for you. The major benefit resulting from participation in this study is to help the investigators better understand the experiences of Deaf adolescents participating in group songwriting. There will be no compensation for participating in this study. Participants' rights in this study include the following: the choice not to participate, the right to withdraw at any time during the course of the study (music therapy sessions and/or interview), the right to choose not to answer a question asked during the interview, the right to review the interview transcript, and the right to review the participant profile.

Participants are responsible for the following:

- Attending as many sessions as possible
- Participating in sessions
- Answering interview questions honestly and accurately

This research project has been approved, as required, by the Institutional Review Boards of Appalachian State University and the North Carolina School for the Deaf.

---

I have read and understand the Informed Consent and conditions of this project. I have received answers to all of my questions. I hereby acknowledge the above and give my voluntary consent:

\_\_\_\_\_ Date \_\_\_\_\_

Participant's signature

Any questions or concerns about this research or its conduct may be addressed to:

Anna Johnson, MT-BC johnsonae@appstate.edu	252-289-0619 (cell)	
Investigator mail	Telephone	E-
Cathy McKinney, PhD, MT-BC mckinnych@appstate.edu	828-262-6444 (office)	
Faculty Advisor mail	Telephone	E-
Jay W. Cranston, MD irb@appstate.edu	828-262-2692	
Administrator, IRB mail Graduate Studies and Research Appalachian State University Boone, NC 26608	Telephone	E-

## Appendix F

### Student Assent Form

#### *Songwriting with Deaf Adolescents*

**What is research?**

We are asking you to be in a research study. Research is a way to test new ideas. Research helps us learn new things.

Being in research is your choice. You can say Yes or No. Whatever you decide is OK.

**Why are we doing this research?**

In our research study we want to see how music can help deaf and hard-of-hearing teenagers who go to a residential school.

**What will happen in the research?**

Each week the group will participate in writing songs, playing music, and sharing feelings with peers who share a common experience of being deaf or hard-of-hearing and living at school. The group will write songs to express feelings about school or life. The group will meet for 8 weeks for an hour each time and will begin in either August or September. Some students will be asked to be interviewed about their time in music groups after all the sessions are done. You will have the opportunity to ask any questions you may have before beginning the group. The group will meet on **Mondays at 4:00 pm**. We will meet in \_\_\_\_\_ at NCSD.

**What are the good things that can happen from this research?**

You will have the opportunity to participate in a music group where you can play instruments, write songs, and be with peers who share a common experience.

What we learn in this research may or may not help you now. When we finish the research we hope we know more about how music affects people who are deaf and hard-of-hearing and live at school. This may help other youth who are deaf or hard-of-hearing and go to a residential school.

**What are the bad things that can happen from this research?**

Because this music group may focus on the topics that are unpleasant, difficult or painful emotions may arise. If this does happen, you will be encouraged to share about the emotions, and use the music to help you with it. If you need further assistance outside of group time, help will be available.

Other students might not understand what you are doing in the group. All group members will be encouraged to keep important information shared private and confidential, and not talk about other people's stories outside of group. We hope to have

a safe space for you to be in during the group, and if something is bothering you about anything related to the group, we will hope to support you and deal the issue at hand.

The group leader will keep the information private unless your safety or someone else's safety is at risk. If you reveal information regarding possible abuse or thoughts of harming yourself or someone else, the group leader would be required to break confidentiality. In those circumstances, the group leader may talk with your parent/guardian to follow up.

If ever you feel uncomfortable sharing in the group or with answering interview questions, you can pass and not answer. It is ok if you choose to do this.

### **What else should you know about the research?**

Being in the research is your choice. You can say Yes or No. Either way is OK.

If you say Yes and change your mind later that is OK. You can stop being in the research at any time. If you want to stop, please tell the music therapist.

If it is ok with your parent or guardian, you may be in a video recording of the songs written by the group. If we make the video recording, each student will receive a copy of the video at the end of the group experience. This video may be used in presentations on the topic of deaf music groups and when presenting this research project.

Take the time you need to make your choice. Ask us any questions you have. You can ask questions any time.

---

**Name and Signature of Researcher Obtaining Assent**

**Date**

### **Participant's Statement**

**The researcher has told me about the research study. I had a chance to ask questions. I know I can ask questions any time. I want to be in the research study.**

---

**Name of Research Participant**

---

**nature of Research Participant**

**Date**

**Sig**

### **Researcher's name and contact information:**

Anna Johnson, board certified music therapist and graduate student  
(252) 289-0619, johnsonae@appstate.edu

Dr. Cathy McKinney, faculty mentor, Director of Music Therapy program  
(828) 262-6444

IRB Chair: Dr. Timothy Ludwig,  
ludwigtd@appstate.edu or irb@appstate.edu, 828-262-7981

## **Appendix G**

### **Semi-Structured Initial Assessment Interview Questions**

1. Tell me something about yourself.
2. How long have you attended NCSD?
3. Tell me about your relationship to music.
4. What are some ways you express yourself?
5. How do you deal with stress or problems?
6. What does Deaf culture mean to you?



## Appendix H

### Semi-Structured Interview Questions

1. Tell me about your experience with the music group.
2. Tell me about how you participated in the songwriting process.
3. Describe the songs your group wrote.
4. What was your perception of the group as a whole?
  - a. What were your peers like?
  - b. What kind of relationships did you have with other members of the group?
5. What was the music like?
  - a. What is your relationship to music like now?
  - b. What is your relationship to song lyrics?
6. What will you take from the music group experience?
7. What did you like most about the music group? What did you find most valuable?
8. If there were to be another songwriting group for Deaf teenagers, what would you suggest be done differently?

### **Vita**

Anna Elizabeth Johnson was born in Thibodaux, Louisiana. She is the daughter of Daniel (deceased) and Stephanie Johnson. Upon graduating from high school, Anna attended Gardner-Webb University in Boiling Springs, North Carolina where she earned a bachelor's degree in sacred music in May 2010. In the fall of 2010, she entered the equivalency/master's program for music therapy at Appalachian State University. While studying at Appalachian State University, Anna accepted a graduate research assistantship with Dr. Jennifer Snodgrass and later became music education program assistant under the supervision of Dr. Suzi Mills. Her internship at Fraser School in Minneapolis, Minnesota in 2012 marked the completion of the Equivalency in music therapy. Anna returned to Appalachian State University in the spring of 2013 to complete her master of music therapy degree. In January of 2013, Anna passed her board exam and became a board certified music therapist. In January of 2014, Anna accepted and began a position as a subcontract music therapist with Music Therapy Works in San Antonio, Texas. She primarily works with adolescents and adults with developmental and multiple disabilities.