Songwriting as Self-care - A Burnout Prevention Tool for Mental Health Professionals: Development of a Method

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Songwriting as Self-care - A Burnout Prevention Tool for Mental Health Professionals:

Development of a Method

Capstone Thesis

Lesley University

May 2, 2019

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Specialization: Music Therapy

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Abstract

In this capstone thesis, songwriting is examined through a critical, humanistic lens to determine whether or not it can be used as a legitimate method of self-care to prevent burnout and minimize perceived symptoms of stress, anxiety, and depression in mental health professionals. Therapeutic songwriting is an intervention grounded in analytical theory that aims to access the unconscious mind and uncover deep emotions, which is the foundation of this study. Rather than focusing on the effects songwriting has on clients, the researcher was interested in the benefits of songwriting for individuals working in the field of mental health. This project was a self-study that explored the therapeutic benefits of songwriting within the home setting of a white, American, female-identifying cisgender individual, 25 years of age. Through qualitative, arts-based research, data was primarily collected in the form of journaling, video and audio recordings, lyric and music analysis, and intrinsic observation. Results showed a significant decrease in perceived symptoms of anxiety, including shortness of breath and nervous sweating, as well as a significant decrease in perceived symptoms of burnout, including feelings of depersonalization and emptiness. Overall, negative physiological and psychological symptoms decreased following this songwriting intervention, and there was an increased satisfaction with quality of life. This method of self-care could be beneficial to mental health professionals who are prone to burnout and vicarious traumatization, and it could also be useful for anyone in search of a new self-care technique.

Keywords: self-care, burnout, songwriting, vicarious traumatization, music therapy, expressive arts, depression, anxiety, stress, mental health, mental health professionals
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Introduction


In today’s western society, we place a strong emphasis on a fast-paced, high-demand work culture. Inevitably, this taxing way of living eventually causes stress and fatigue, which can potentially lead to burnout – no matter the field we are pursuing. However, working in the field of mental health tends to add an additional layer of emotional demand due to potential transference and countertransference, re-traumatization, et cetera (Dattilio, 2015). In referring to mental health professionals, Dattilio explains, “years of conducting such tedious work can often have profound effects on one’s own psyche, let alone our physical health, predisposing us to serious illness in later years” (2015, p. 393).

Self-care means something different for each and every person, and the literature has yet to agree on an operational definition for this term (Richards, Campenni, & Muse-Burke, 2010). One agreement in the clinical profession, however, is that in order to maintain a healthy work-life balance and prevent mental exhaustion, it is ethically necessary for mental health professionals to engage in a personalized self-care process (Richards, Campenni, & Muse-Burke, 2010).

In recent years, it appears that the stigma of mental illness within our culture has considerably decreased, and available mental health services have significantly increased, but we still have a long way to go to eliminate the stigma entirely. According to Corrigan & Rao (2012), self-stigma is a major issue that occurs when a person with a mental illness begins to internalize the public stigma surrounding their illness. This internalization of negative perspectives often
worsens one’s mental health conditions and causes more emotional pain (Corrigan & Rao, 2012). Therefore, having a self-care plan is incredibly important for everyone, but especially for those who struggle with anxiety and depression. Developing positive coping strategies can help reduce the frequency and longevity of negative symptomatology (Corrigan & Rao, 2012).

Songwriting meets all of the criteria for a positive self-care routine because the process of writing a song contains many elements of self-empowerment that can aid in the reduction of unwanted symptoms of emotional distress due to anxiety and depressive disorders. These symptoms may include overwhelming fear, rapid heartbeat, numbness, emptiness, and depersonalization (Corrigan & Rao, 2012). Music has the power to alter our mood through variations in tempo, speed, key signatures, dynamics, lyrical content, and instrumental choice. For me personally, achieving a final artistic product is the most empowering aspect of songwriting as self-care because I am able to take terrible feelings of grief, doubt, fear, and self-hate, and transform them into something beautiful. Having a tangible musical product, or a transitional object, to revisit during times of struggle has been vital to my healing process and is a major component of my theoretical orientation. For me, this includes a transcription of composed lyrics, melodies, and harmonies, and lastly, a studio-recorded version of my song, which involves other musicians and incorporates drums, bass, guitar, piano, and vocals. The therapeutic process of songwriting will be discussed further in the review of the literature.

According to Joiner & Silva (2012) suicidal ideation is often resolved through feelings of connectedness to others, as well as an increased sense of meaningful contributions (Joiner & Silva, 2012). Music, songwriting, and recording can allow one to discover their inner voice and share their stories with others, which in turn, allows them to build deeper connections with the people around them and make meaningful contributions to their external environment. Through
sharing experiences with others and relating to each other’s stories, we are able to overcome challenges.

As a young adult diagnosed with Generalized Anxiety Disorder, Major Depressive Disorder, and Obsessive-Compulsive Disorder, self-empowerment has always been vital to my survival. With all of the societal stigmas surrounding mental health, it is only natural to absorb some of these judgments and believe the stigma that has been fabricated. Consequently, this can lead to intense feelings of self-doubt and criticism as we compare ourselves to societal norms. According to Corrigan & Rao (2012), this idea of self-empowerment is key to challenging the stigma we embody in ourselves as a consequence of the world we live in. Through a personal perspective, when experiencing the uncomfortable symptoms of fear and uncertainty, or the emptiness of depression, the only tools that can fully pull me out of what I perceive to be dissociative episodes are musical improvisation and songwriting. Music is a full sensory experience, which provides stability and allows me to ground myself in the present moment. Feeling the piano keys beneath my fingertips immediately soothes my racing mind and sparks my creativity. In this way, songwriting is a form of mindfulness for me. It cultivates a serene space for me to embrace and validate any intrusive or unwanted thoughts I might have, as well as distract me from stimulating surroundings. Music serves as a container when there is no other outlet and securely holds and organizes my emotions.

The purpose of this self-study was to explore the tangible impact that songwriting might have on an individual’s mental health and to observe any recurring themes or elements that might come up in the music. Furthermore, perceived levels of stress, anxiety, and depression were examined to see if there were any changes throughout the study. Data for this study was collected over a two-month period through written lyrics, musical recordings, observations,
journaling, and other means of artistic expression. The goal in conducting this self-study was to gain a greater insight regarding the mental health benefits of songwriting and its ability to prevent burnout for clinical professionals. Furthermore, it was my hope that this study could also offer information regarding self-care strategies to people pursuing other careers, of all ages and backgrounds.

The premise of this study lies in the desire to examine the songwriting process and explore its healing characteristics, through a personal and professional lens. As a researcher and clinician, I wanted to better understand how I could utilize this method of self-care in my current work as an inpatient psychiatric music therapy intern, as well as my future career as a Licensed Mental Health Counselor (LMHC) and Music Therapist (MT-BC), in order to prevent burnout and maintain emotional stability. Having struggled with Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), and Obsessive-Compulsive Disorder (OCD) in the past, I wanted to determine songwriting’s validity as a method of self-care and processing in order to prevent a drastic relapse of depression, countertransference in my work, and the possibility of re-traumatization.

This study primarily manifested out of interest in exploring a devastating series of events that occurred during my first year of study at Berklee College of Music. At the commencement of my collegiate career, I was heavily grieving the sudden loss of my maternal grandmother, with whom I was very close. Only two weeks later, my paternal grandmother passed away from a long battle with breast cancer. After spiraling into a deeper depression, I lost all interest in the things I loved most, including socializing with friends, practicing piano, and running long-distance, which resulted in my further isolation. Additionally, in April of 2013, I witnessed the
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tragic events of the Boston Marathon bombings that took place on my college’s campus, and I made the impulsive decision to leave the city and abandon my musical career.

I share this personal story because it is the foundation of this study. The emotions and turmoil that I experienced at this time had no direct outlet, and a major part of my support system of loved ones was lost during a critical life transition. It was difficult for me to function and find purpose in this world, and I struggled significantly with feelings of emptiness and inadequacy in many aspects of my life, including important relationships.

Looking in retrospect, songwriting was the only thing that helped me overcome this dark time. My proposition for developing this study was that if I could overcome a mental health crisis this significant through the use of songwriting, then there must be some therapeutic elements that could be transferrable to mental health professionals who might be witnessing similar symptoms of stress, anxiety and depression, or experiencing these symptoms personally, that could potentially lead to burnout.

**Literature Review**

There is a large amount of interest and research on the topic of self-care and burnout prevention in the field of mental health, as well as songwriting as a therapeutic tool that is implemented in sessions with clients. However, in my research, I have not found any publications that examine songwriting as a specific method of self-care for mental health professionals to utilize outside of work in order to achieve a healthy work-life balance. This is an exciting discovery to make as a researcher because I now have the opportunity to dive into this area and share my personal accounts and findings. My desire to indulge in this subject is driven by the cathartic experiences I have felt while engaging in the songwriting process. There is something special about this particular means of artistic expression that rejuvenates my soul and
has the ability to heal. I am able to unpack my thoughts and relieve stress more effectively than any other method, and it is my hope to share my knowledge and experiences with other professionals in the field and perhaps inspire others to find their creative outlet.

**Self-Care**

In the field of mental health, self-care is a vital aspect of the profession. Without the ability to monitor our own wellbeing and recognize our personal limits, how can we expect to successfully teach others to do so (Neumann & Gamble, 1995)? Most of us enter this field with the desire to support others through difficult times, but it is imperative that we have a self-care routine in place that gives us the space to process, breathe, and soothe our own minds. Otherwise, we would not be successfully helping anybody, and in fact, we would be harming ourselves by not taking care of our emotional needs. For the purpose of this study, self-care is defined as the disciplined care of oneself through the use of relaxation and meditative techniques, creativity, and self-soothing materials to release pent up emotions, process hardship, and to prevent the possibility of professional burnout.

**Burnout Prevention and Vicarious Traumatization**

Vicarious traumatization is an extreme negative effect of counseling that we need to be aware of and protect ourselves from as mental health professionals (Halevi & Idisis, 2018). With the constant witnessing of other people’s hardships, comes the natural wish to take pain away from others and experience the hurt for them. Although it is not physically possible to do so, it is part of our empathic response to working so intimately with clients in need. It is absolutely imperative that we find a way to help ourselves cope with the difficult circumstances we are exposed to in this field in order to prevent vicarious traumatization. These negative experiences have “a cumulative impact and its influence extends beyond the boundaries of treatment
sessions, affecting the therapist’s personal life,” (Halevi & Idisis, 2018, p. 698). Furthermore, we must also account for any outside experiences that might negatively impact our ability to remain present in our work and develop a process for preventing possible counter-transference in our sessions.

According to Neumann & Gamble (1995) trauma work can elicit a variety of responses in clinicians. Somatic symptoms can include “headaches, nausea, and sleeplessness, intrusive imagery, increased feelings of personal vulnerability, difficulty trusting others, emotional numbing and flooding, and sexual difficulties” (p. 343). Over time, these negative symptoms can continue to compile and lead to professional burnout, which can be characterized by depersonalization from the client, compassion fatigue, mental exhaustion, stress, poor physical health, and the desire to quit (Dorociak, Rupert, & Zahniser, 2017).

The professionals who are at a higher risk of experiencing burnout are often those that work with a large caseload, challenging population or environment, or receive poor supervision (Butler, Carello & Maguin, 2017). Unfortunately, the clinicians who are often the most dedicated to their jobs, or who have the strongest desire to heal, are typically the ones who are most vulnerable to burnout due to their high-stress work environments (Butler, Carello & Maguin, 2017). Furthermore, many of us are driven to pursue the field of mental health after experiencing mental health issues ourselves. An important question to consider for this study is: how do we successfully treat clients who suffer from mental illness, while we ourselves, are suffering from a mental illness?

**Self-Care Strategies**

All of the literature points towards the importance of self-care and the necessity of proper supervision within the field of mental health. However, all professionals should engage in self-
care behaviors, no matter which field they pursue. One of the major areas of self-care that is at the forefront of this field is having a work-life balance. With increased vulnerability to vicarious traumatization and burnout, maintaining a healthy work-life balance is essential. It is very common for clinicians to bring work home with them and think of their clients beyond the hours of the workday due to planning, reviewing notes, and adjusting treatment plans.

Based on my research, self-care strategies that have been thoroughly examined and supported include regular exercise and sleep patterns, mindfulness, self-soothing activities or hobbies, and allotting time for their own psychotherapy, which commonly incorporates therapeutic frameworks such as Cognitive-Behavioral Therapy (CBT) or Dialectical Behavior Therapy (DBT) techniques (Kuhn & Flanagan, 2016). “Because counselors spend a significant amount of time providing services to others, it is suggested that they themselves see the benefits of counseling” (Richards, Campenni & Muse-Burke, 2010, p. 249).

It is important to recognize that self-care is unique for each individual. It is something that should be experimented with on an individual basis and developed through a trial and error process. The main goal to keep in mind when engaging in self-care behaviors is whether or not the activity is actually helping to reduce perceived levels of stress, depression, and anxiety (Ayala, Winseman, Johnsen & Mason, 2018).

A recent study examined the imperativeness of self-care as a professional working in a helping field and speaks upon the manner in which gender plays a role in the experience of burnout (Kuhn & Flanagan, 2016). The order of burnout symptoms varies amongst males and females (Kuhn & Flanagan, 2016). Males typically experience depersonalization as the first sign of burnout, followed by cynicism and emotional exhaustion, while females typically experience mental exhaustion first, and then depersonalization and cynicism (Kuhn & Flanagan, 2016).
Furthermore, females report a decreased sense of accomplishment when they are experiencing burnout, which is not something that males typically report (Kuhn & Flanagan, 2016).

Burnout is not a topic to tread lightly because it often can lead to depression, and in extreme cases, it can also be a factor for suicide. In fact, “those working in psychiatric hospitals have a considerably higher rate of suicide or breakdown than do average citizens” (Priestley, 1994, p. 108). There has been an increased sense of urgency for the implementation of self-care due to the increased number of suicides reported per year in the United States (Kuhn & Flanagan, 2016).

In another recent study, The Health Promoting Lifestyle Profile II assessment tool was utilized to examine the benefits of the following self-care categories: nutrition, physical activity, interpersonal relations, spiritual growth, stress management, and health responsibility on perceived stress and quality of life (Ayala, Winseman, Johnsen & Mason, 2018). The study found that participants reported decreased symptoms of stress and increased satisfaction with quality of life when engaging in these self-care domains (Ayala, Winseman, Johnsen & Mason, 2018). It is crucial for professionals to adopt some of these strategies and begin to incorporate them into their daily lives if they are not doing so already.

**Songwriting as Self-Care**

There is a major gap in the published literature regarding the utilization of creative outlets for self-care, and more specifically, the process of songwriting. The arts are time-consuming and might potentially be viewed as intimidating for those who do not consider themselves to be artistically inclined. However, there is something special about the process of making art that can be cathartic and healing for individuals, regardless of their artistic ability. The following self-study will further examine the topic of songwriting as self-care and processing as an attempt to
mend this gap in the literature and to demonstrate the vital role the arts can have in burnout prevention. This self-study will attempt to encourage other mental health clinicians and professionals to find ways to implement creativity into their self-care routines and perhaps provide them with a new tool.

The presence of the creative and expressive arts is significantly increasing within therapy, and research has supported its positive impact on the human body. In regards to music specifically, Stuckey & Nobel (2010) report, that “music can calm neural activity in the brain, which may lead to reductions in anxiety, and that it may help to restore effective functioning in the immune system partly via the actions of the amygdala and hypothalamus” (p. 255).

The process of songwriting is much similar to the process of expressive writing, which has shown to have significant benefits. Songwriting occurs on many different levels, including sensory, cognitive, social, and emotional, which can attest to its ability to facilitate processing and healing (Stuckey & Nobel, 2010). Songwriting provides a space for people to write about difficult moments in their lives and make sense of hardships. The creative element of combining the actual writing of words or lyrics with musical improvisation and composition brings this technique to a whole new level of healing. It allows a person to create something beautiful out of something that could have previously been perceived as a struggle in their mind. The writer has the ability to manipulate the words and story in any way they like and view the situation through more than one perspective. This activity and method of self-care also creates aesthetic distance, which is “the use of imagery that can be seen as separate from the self,” (Carey, 2006, p. 58). This distance often makes it easier to approach intense feelings because the person acts as the observer, rather than the experiencer. It allows the person to expel the struggle from their mind and create meaning in a new, reconstructive manner.
Most of the existing literature is concerned with songwriting as a therapeutic intervention for clients in both group and individual therapy settings. Therapeutic songwriting utilizes strategies, such as lyric replacement, to make music therapy more accessible to clients with little-to-no prior musical experience (Baker, 2015). However, examining songwriting as self-care for the clinician, rather than the client, will help fill this current gap.

**Method**

For this pilot self-study, the researcher was primarily interested in exploring whether or not songwriting could be coined as a legitimate method for preventing professional burnout. The study was designed to show the benefits of songwriting on one’s perceived levels of stress, anxiety and depression, and it was suspected that reported negative symptomology would decrease as an immediate outcome of engagement in this artistic experience. Furthermore, the researcher wondered what results would look like over a longer period of time. Would one’s perceived quality of life significantly increase if they were to continue implementing this particular songwriting intervention as part of their daily self-care routine?

**Participant Demographics**

Whereas this was a self-study, I must preface that I held multiple roles in this process as the researcher, the participant, and the author. As the participant, I identified as a 25-year old white, American, cisgender female. It is significant to mention that I had received extensive musical training in piano and songwriting prior to this study, including six years of private instruction and one year of formal undergraduate education at Berklee College of Music in Boston. At the time this study was implemented, the participant was interning on an acute psychiatric unit for children and adolescents in the Suffolk County of Massachusetts where they worked 25-30 unpaid hours per week. The participant was also working diligently towards
receiving a Master of Arts degree in Clinical Mental Health Counseling and Music Therapy from an AMTA-Approved graduate program in Boston.

While maintaining this role as participant, I was managing several outside stressors at the time this study was conducted, which could have potentially influenced the outcomes. I held three paid positions, one of which was a private piano instructor in Brighton, where I taught 15 children per week. Often times, this position greatly paralleled the responsibilities of a music therapist. Furthermore, I was undergoing a major health issue during this study that required medical attention and surgery, which could have impacted my baseline level of stress due to physical discomfort.

Procedure

The set-up of this study was for the participant to engage in the songwriting process whenever they were feeling overwhelmed by symptoms of anxiety or depression, which ended up being a total of three formal sessions. Prior to each songwriting session, the participant took a few moments to do a body scan and document any current symptoms of stress and anxiety through journaling. Following this journaling component, the participant then engaged in the songwriting process. For the purpose of this pilot study, this included playing a weighted keyboard and singing improvised lyrics simultaneously, as well as transcribing lyrics into a notebook and recording melodies via the iPhone voice memo application. At the end of the songwriting segment, the participant then took a moment to do another body scan and document any changes in current symptoms of stress and anxiety through journaling. This overall process is represented in Figure 1 below. Then, as the researcher, I organized and reflected on all the data gathered in this study through personal artistic reflection, referred to as “Response Art” in Figure 1.
Whereas I served as both researcher and participant, all journal entries and art pieces created throughout this study will be utilized as data for the results, as well as any lyrics that were transcribed electronically or onto paper, and voice memos that were recorded in order to save improvised melodies or harmonies. Whereas I could not visually observe the participant as a neutral party, I videotaped myself during the songwriting sessions to review after and jot down important notes regarding what I heard, saw, and felt through the lens of a researcher witnessing this process. The journal entries that I documented in the role of participant were also valuable products of this study because they targeted the specific results that I was looking for as the researcher, which were reported symptoms of stress, anxiety and depression, both before and after the songwriting intervention.

Results

Findings

As predicted, at the completion of this study, reported levels of stress, anxiety and depression were significantly lower than what was reported at the beginning of the study. There was a large pool of data collected throughout this study, in the form of artwork, journal entries, lyrics, recorded melodies, and rhythms that all contribute unique information. The results will focus on major themes that came up in the journal entries and transcribed lyrics, in the form of
words and imagery. Furthermore, considering my dual role as both the researcher and participant, I will examine and describe the artwork through as much of an objective lens as possible; At times I will write as the “participant”, which is when I was engaged in the body scans, journal writing, song writing, and art response. When I am reviewing the data, I will be using the term for myself as “researcher”, and I will observe and describe my findings after the method is completed.

**Journal Entries**

The participant’s recorded journal entries played a prominent role in this self-study. The purpose of these journal entries was to capture descriptions of the participant’s symptomology after each body scan. In session one of this study, the participant’s very first journal entry following the initial body scan reported symptoms of burnout, defined in writing as “depersonalization, withdrawal, emptiness, and exhaustion.” The participant also reported to be “feeling on edge with a racing heart.” Following the songwriting portion, the participant described feeling “relieved.”

Session two took place three days later. Words vital to mention from the journal entry prior to the songwriting segment included “misunderstood, broken, empty” and “isolated, withdrawn, distant, numb.” Post-songwriting and body scan, the participant wrote about feeling “rejuvenated and empowered.”

In the fourth and final session of the method, the journal entry following the first body scan reported “tired, drained,” and the journal entry following the last body scan used the words “resilient and relaxed, focused and empowered.”

In the role of the researcher, it was clear that many of the words utilized in the journal entries shared meaning. For example, prior to the songwriting, a majority of the recorded words
revolved around feelings of burnout and disconnection from the exterior world. Following the songwriting portion, most of the vocabulary consisted of feelings of rejuvenation and resilience, and feelings of revival of the inner soul. Reflecting on the whole process as the researcher, it was observed that somatic symptoms included words of far less intensity near the end of the study, such as “tired and drained,” in contrast to the words of higher emotional charge near the beginning of the study, which were, “depersonalization, withdrawal, emptiness, and exhaustion.” This change in wording could potentially reflect a shift from overarching, indecipherable symptoms of stress towards more direct, tangible emotions. This might allude to the success of songwriting as an intervention for relieving perceived anxiety and depressive symptoms.

**Songwriting**

An interesting finding from the songwriting segment of the method was that the participant chose to work on the same song throughout all four formal sessions. Rather than improvising something new each session, the participant built off of what was created at the beginning of the study. The researcher observed that at first, the music began as an improvisation in the key of A minor, utilizing the i, VI and VII chords, which are transcribed below:

*An Improvisation in A Minor*

\[
\begin{align*}
i &| VII | VI | VI | \\
i &| VII | VI | VI | \\
i &| VII VI | i | VII VI | \\
i &| VII VI | i | VII VI | \\
V &| i | VII | VI \\
V &| i | VII | VI \\
VI &| VI | i
\end{align*}
\]
When reviewing this recorded session, the researcher noted that the music sounded gentle, peaceful, and reflective. In later sessions, this same chord progression was transformed into a lyrical-based work. As demonstrated in the lyrics below, there was a strong sense of imagery within the song:

*Porcelain Doll*

Am           G
Like a porcelain doll sitting on the shelf she waits,
F
For someone to take her down and play,
F       Am
See the beauty behind her fraying dress she wears
G           F
Is black and blue, from all the pain that she endures,
F
from all the tears that have no cure.

Am           G           F
And all they see is the beauty that was manufactured in a factory.
Am
Her fragile little heart is made of stone,
G           F
Nothing but a hollow shell, she’s all alone.

E       Am           G           F
What if I fall all the way to the ground, slow motion, spinning around?
E       Am           G
What if I break? Not a lot more I can take,
F
One foot from the edge, but no one’s there to save me from this mess.

For the purpose of this study, the lyrics will not be analyzed. However, in briefly reflecting on the lyrics transcribed above, which describe a porcelain doll, one might sense an expression of inadequacy or abandonment. “Symbols can function as indirect, non-confrontational ways to communicate and transport thoughts and feelings to consciousness,” (Baker, 2015, p. 183). The researcher also wondered if the lyrics could be a representation of the
feelings of burnout that the participant was experiencing at the time from the stressful internship placement on the inpatient psychiatric unit.

**Response Art**

As mentioned previously, artistic reflections were done while in the role of the participant, after each session of the method. In addition to these pieces, the participant opted to create a visual representation at the commencement of the self-study, prior to any formal method procedures. The first sketch, Figure 1 is shown below and was not paired with any form of body scan, songwriting or journaling.

![Figure 1](image)

**Figure 1 (Art Response Prior to the Method)**

The next image (Figure 2) was created in response to session 1 of the method. The researcher noticed the use of color, in contrast to the first image. The quote written faintly in the background of this image reads “I’m not a stranger to the dark,” which is a popular song lyric from The Greatest Showman track *This is Me*. While holding this dual role as the participant, the researcher has chosen to share that the participant often incorporates this song with patients at the hospital with the goals of promoting empowerment and self-acceptance. The researcher notes that it was fascinating to see this lyric emerge in the artwork because it linked together the songwriting process of this study with the participant’s real-life experiences in the profession.
Figure 2 (The Method: Session 1)

Figure 3 below was done in response to the second session of the method. At this point, the participant had titled the developing song *Porcelain Doll*. At this point in the research, there were completed lyrics to go along with the chordal accompaniment:

“Like a porcelain doll sitting on the shelf she waits
For someone to take her down and play,
See the beauty behind her fraying dress she wears,
Is black and blue.”

Figure 3 (The Method: Session 2)

Figure 3 shows a human-like figure, without portraying any identifying characteristics. The researcher noticed the hard contrast between light and dark shading, with the only color being the blue shoes on the figure’s feet.
The last piece of artwork, Figure 4, was done in response to the third and final session of the method. The songwriting that took place during this particular session incorporated vocals and keyboard accompaniment, as well as additional electronic instruments that were programmed on the participant’s keyboard, such as synthesizers, guitar and strings. This image contains the most color out of any of the images created during this study and also brings the viewer’s focus to two prominent symbols: a broken heart and a tear.

![Figure 4 (Method: Round 3)](image)

**Additional Observations as the Researcher**

As evidenced in all the artwork above, a key theme that emerged from this study was the idea of aesthetic distance. Figure 1 was sketched at the commencement of this study, prior to any songwriting intervention, to serve as a baseline artistic representation of intrinsic observation. This image was a close-up of a woman’s face, and the researcher observed that it might symbolize the symptoms of depersonalization, withdrawal, and hollowness that the participant was experiencing at that time.
When observing the second image, Figure 2, the researcher thought that this could potentially represent the fusion of the participant’s reality and their creative universe. There appears to be a shift from the first image, a self-portrait, to the second image, which is more of an abstract symbol.

As noted previously, Figure 3 captured the silhouette of a doll, excluding any identifying features. The researcher observed that the doll was facing towards a blank wall with its back to the viewer. The researcher observed that this particular image might reflect the aesthetic distance that was emerging for the participant at this point during the songwriting process. The researcher was curious if at this time, perceived symptoms of burnout were being expelled from the participant’s body and projected onto an inanimate object through detailed imagery and analogy, both in the artwork and in the transcribed lyrics. The researcher observed that this might have created a healthy distance that could have been responsible for eliminating some of the perceived negative symptoms for the participant.

In Figure 4, the doll’s face finally appears and reveals itself to the viewer. However, this time, the doll has blue eyes and blonde hair. In the first image, the doll had possessed black hair. The researcher notes how the doll’s physical characteristics transformed throughout the study and took on an entirely new appearance, which resulted in further consideration of aesthetic distance.

An interesting detail to examine is the participant’s use of color in each of these images. Figures 1 and 3 both primarily utilize black and white art materials to convey perceived emotions, but Figures 2 and 4 both incorporate colors. In observing Figure 2, the researcher considered that the contrast between the thick, dark background and the colorful shooting star in
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the center could possibly symbolize an acceptance of inner struggle or a desire to maintain hope in times of darkness.

A theme of “overcoming” was evident in the participant’s artwork. Although the song itself had a minor quality and the lyrics appeared heartbreaking on the surface, the felt emotion behind the music was strength, resilience and overcoming hardship. The journal entries, artwork and music all appeared to mirror one another in terms of emotion, artistic inspiration, and product.

Discussion

The aim of this self-study was to advocate for songwriting as a legitimate self-care strategy and to also explore the relationship between self-care and professional burnout that currently exists in the literature. Over the course of three sessions, the participant engaged in the songwriting process and kept a journal of their symptomology, created art, and completed body scans. Results showed that as predicted, perceived levels of stress, anxiety and depression decreased after this creative intervention. More specifically, there was a decrease in reported physiological symptoms of anxiety, which according to one of the participant’s journal entries, had included “shortness of breath and nervous sweating,” as well as a decrease in perceived symptoms of burnout, which included “depersonalization and feelings of emptiness,” according to another journal entry.

Limitations

There are many limitations to consider in regards to this self-study. Since there was only one participant, there were no experimental or control groups to compare outcomes. Findings were solely based on qualitative, personal accounts, and the participant/researcher’s musical ability influenced the results in a positive way. The dual relationship that the participant held as
the researcher created a bias because outcomes could be predicted based on knowledge of self, musical skills, and previous experience or belief in songwriting’s ability to relieve feelings of stress, anxiety and depression. Although it would be possible for another researcher to physically replicate this study, outcomes would vary depending on the researcher’s level of knowledge of songwriting, their ability to play an instrument or write lyrics, and/or their willingness to engage in a potentially unfamiliar creative arts process. Therefore, a major limitation to consider within this study is that the results are not directly generalizable to other mental health professionals or populations. However, this process could be paralleled through another means of creativity that a mental health professional could develop into their own method of self-care.

Another limitation to consider is the amount of external stressors that were present for the participant and researcher at this time. As a full-time mental health professional, levels of stress, anxiety, and depression could be viewed differently than what the participant perceived and claimed at the time of this study. Everyone holds a different baseline for the amount of stress they can manage in their lives, as well as what types of settings, jobs, and tasks are more stressful than others. It is difficult to control for this in research, and mental health settings vary greatly in the types of demands they require of employees.

Implications for the Field of Expressive Therapies

As discussed, most of the existing literature surrounding songwriting is concerned with its implementation as a therapeutic tool for clients in both group and individual therapy settings. Furthermore, although there is a lot of research about self-care and burnout prevention within the field of mental health, this author found no mention of songwriting as a specific method of self-care for mental health professionals. This study attempted to bridge this gap and show the importance of finding a self-care routine that works. This self-study took a small step towards
demonstrating the healing power of songwriting and provides a basic foundation to build upon in future research. Furthermore, the concrete method and procedures that were developed during this study could easily be implemented in individual therapy sessions with clients. It could also be an ongoing process and would make sense to incorporate as an individualized self-care routine outside of therapy.

**Recommendations**

This was a pilot study that barely scratched the surface of songwriting as self-care. It is my hope as a researcher that others will consider this capstone project and expand upon it on a larger scale. It is recommended that more participants engage in this approach and that a control group is incorporated. Without a control group, there is no data to compare the results with from the participants who were involved in the actual intervention. Next steps would be to have several mental health professionals engage in this songwriting intervention, for a longer period of time, to measure whether or not their perceived levels of stress, anxiety and depression, are indeed, reduced as a result of this method.

**Conclusion**

Songwriting is a beautiful work of art. Much like journaling, songwriting is a method of processing and expressing emotions. It is a safe place, free of judgment, for a person to unravel and share their darkest moments. The advantage that songwriting has over regular journaling is the fact that the words can become lyrics. When combined with music, there is a new sense of power and resilience that is added to the words themselves. Writing a song is a full-sensory experience that provides a tangible product, or transitional object, that can assist with an individual’s healing process.
Songwriting also promotes connection. Not only does songwriting allow people to connect with their inner souls, but it also catalyzes the formation of positive relationships with others. People are able to overcome their personal traumas, hardships and struggles much faster when they can relate to others who are going through similar experiences and not feel as alone.

One of the qualities of songwriting that the researcher admires the most is its ability to heal in times of darkness. When verbal communication with others is inaccessible due to feelings of numbness, emptiness and depersonalization, the ability to represent these incredibly touching moments through music and/or lyrics is a beautiful process.
References


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Type of Project: Thesis

Title: ___ Songwriting as Self-care - A Burnout Prevention Tool for Mental Health Professionals: Development of a Method______________________________

Date of Graduation: ____May 18, 2019______________________________

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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