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*Conducting Our Inner Critic Chorus: Development of a Method for a Music Therapy Intern and
Young Adults in a Partial Hospitalization Program*
Capstone Thesis
Lesley University

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Music Therapy

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Abstract

The voice of the Inner Critic has shown to have harmful effects on the mental health of young adults, while self-compassion has shown to have the potential to mitigate these effects. This thesis reviews the literature on the theories of Mindful Self-Compassion and Community Music Therapy singing and songwriting. The knowledge acquired was the basis of the method, *Conducting Our Inner Critic Chorus*, that was developed. In the method, participants conduct the movement from their Inner Critic to their Inner Compassionate. The method was applied to young adults in a psychiatric partial hospitalization program group context five times. Afterwards, the method was applied to the author, a music therapy and mental health counseling intern and also a young adult, in an individual context once. The methods were analyzed for their ability to implement the Mindful Self Compassion components of mindfulness, self-kindness, and common humanity as well as the Community Music Therapy components of mutuality, participation, and empowerment. Through the lens of arts-based research, results from the group and individual method yielded the following two conclusions. First, music therapy provides a holistic experience of the Inner Critic by connecting the thoughts of the Inner Critic with the associated physical and emotional feelings. Additionally, applying a music therapy self-compassion method to patients and therapy interns is beneficial because a reciprocal relationship exists between the person helping and the person being helped.

Keywords: Inner Critic, Mindful Self-Compassion, Community Music Therapy, Therapeutic Songwriting, Group Singing, Young Adults, Music Therapy Intern, Mental Health Counseling Intern, Partial Hospitalization Program

Conducting Our Inner Critic Chorus: Development of a Method for a Music Therapy Intern and Young Adults in a Partial Hospitalization Program

Introduction

“You’re so un-original,” “one of your classmates would have come up with something better by now,” “this is your thesis, your introduction has to be perfect,” “how did you get this far into graduate school anyway?” Every moment of my day, including coming up with the introductory sentence of my thesis, is accompanied by an internal dialogue. Sometimes that voice is screaming at me and sometimes I don’t even notice it, but it’s always there, which makes me ask the following questions. Am I the only one who has this internal voice? Does this voice get in the way of me helping others? How would someone go about changing this voice to be kinder in the first place? The fact that the person I talk to the most is myself and that I’m actually quite mean to myself is exactly why I wanted to study the Inner Critic for my thesis.

At the beginning of young adulthood, I was in many ways where the young adult patients I work with at my music therapy and mental health counseling internship are now. Anxious, shy, isolated, and in the midst of a transition, in this case to college, my negative self-talk was at one of its loudest points. This is why at age 18 I turned to songwriting for the first time. With my first lyrics “I wouldn’t do it, I couldn’t do it, but I wanna let it out” in my song “Let it Out,” I acknowledged that using my voice for self expression was important to my mental health. Later, at age 21, I turned my attention to my internal voice as I recognized the harmful effects of negative self-talk on my mood with the lyrics “I forgot what I told you, did you mean what you said, what we tell ourselves matters” in my song “Light Up Your Brain.” At age 24, I saw my internal voice as coming from a specific mental health issue, disordered eating, in my song, “Enough is Enough.” I started the song with the lyrics “I know I’m not thin enough, I know I’m not thin” and repeated them on loop underneath the rest of the song until replacing them with the

lyrics “I know that I am enough, I know I’m enough” at the end. By singing the lyrics to each of the above songs, I let myself feel the shame, fear, and hurt and move towards pride, courage, and hope. With my body as the instrument, I felt the shift again and again. First was the heaviness of my back slouched and head and eyes down, as if shrinking myself. Next was the catharsis of my eyes watering and the sensation of goose bumps and tingling in my fingertips. Last was the lightness of my spine straightening, shoulders moving back, and eyes lifting forwards.

Throughout my young adulthood, I used songwriting to become aware of when and what harsh things I was saying to myself and the impact they had on my body and mood, ultimately realizing that speaking more kindly to myself was an option.

I did not connect these negative thoughts and emotions to my Inner Critic, just one part of myself and a being in and of itself that speaks harshly to me, until recently. In my Clinical Musicianship class one year ago, I was given the assignment, “create a musical representation of your inner critic.” I chose to create a recording of myself singing looping melodies of my negative thoughts like “I can’t,” “no,” “you’re not good enough,” and “why bother.” To share the representation with the class, I spontaneously conducted my peers in singing my thoughts as if as a chorus. My professor, Dr. Becky Zarate, then suggested that my peers switch to what they thought the positive version of that thought would be on my command. That class experience, informed by nine years of songwriting and singing as a personal coping skill, was the basis of the method I developed for my thesis. I had the opportunity to apply the method to clinical and community-based settings, including Lesley University’s Community Day of Scholars co-led with Nora Woofenden and Carol Smolenski, group supervision for my mental health counseling intern cohort at my internship, and Brown University’s Arts Initiative community and student songwriting workshop. My thesis, however, focuses on the application of my method to young adults, including myself and the patients I worked with at my internship.

Now 25 years old and at the end of young adulthood, I used my identities as a white, straight, cisgender, female, middle class, graduate student, counseling intern to understand the Inner Critic. I combined the fields of Mindful Self-Compassion as well as therapeutic songwriting and group singing into a method in which participants listen to and then decrease the volume of their Inner Critic to increase the volume of their Inner Compassionate. In developing the method, I found that music therapy is an appropriate modality for working with the Inner Critic because thoughts can be connected to feelings, both physical and emotional. The group and individual forms of the method I developed supported that self-compassion is a mutually beneficial process because my ability as a therapy intern to develop self-compassion increased my ability to have compassion for the patients and support patients in developing self-compassion.

Literature Review

Going into my thesis, I already had myself as proof of the positive impact that music can have on a young adult's Inner Critic. I now set out to review the existing literature to see if the young adults at my internship could benefit too, as my gut was telling me they would.

Mindful Self-Compassion. I reviewed the literature on how people think and feel about themselves. Up until the early 2000s, good mental health in America was defined by having high self-esteem because those individuals tended to be more happy and positive (Lyubomirsky, Tkach, & DiMatteo, 2006). However, as studies found that self-esteem is associated with narcissism and inconsistency, self-compassion became the trend (Neff & Vonk, 2009). While self-esteem places emphasis on achievement for which the Inner Critic can be seen as motivating, one self-compassion study refutes that claim in the finding that self-compassion is positively correlated with intrinsic motivation and negatively correlated with anxiety (Neff, Hsieh & Dejitterat, 2005, p. 270). Among the fields that emerged were Paul Gilbert's Compassion Focused Therapy and Kristin Neff, along with Chris Germer's, Mindful Self-

Compassion (MSC). The first theory is grounded in biology and Cognitive Behavioral Therapy, while the second theory aligns more with humanistic therapies. The aspects of humanism found to align with MSC after reviewing the literature were “a profound respect for the dignity and autonomy of clients, a recognition that people are their own source of wisdom and growth, a belief in an inner drive to become fully human, and the importance of empathy between therapist and client” (Robertson, 2015, p. 16). The reason is that self-compassion, as presented by Neff and Germer, is a skill that all individuals can learn with practice. Within humanistic theory, the skill aligns with resource-oriented theory as individuals can rely on themselves in times of struggle. As my training in expressive arts therapies at Lesley University has been largely humanistic-based, I chose MSC as the theory of compassion to be the foundation for my music therapy Inner Critic method.

MSC is, in many ways, a return to Buddhist tradition where self-compassion is one of the four immeasurables, mindfulness is seen as a practice, and people are interconnected to the point that they are one. In her pioneering book on the subject, Neff (2011) outlines self-compassion, a mitigating factor against the Inner Critic, as requiring the following aspects:

“First, it requires self kindness, that we be gentle and understanding with ourselves rather than harshly critical and judgmental. Second, it requires recognition of our common humanity, feeling connected with others in the experience of life rather than feeling isolated and alienated by our suffering. Third, it requires mindfulness— that we hold our experience in balanced awareness, rather than ignoring our pain or exaggerating it” (Being Kind to Ourselves section, para. 1)

Throughout this thesis, the distinction is made between allowing awareness of one’s negative thoughts after denying the existence of one’s Inner Critic and mindfulness as the step further of non-judgmental observation of these negative thoughts. Ultimately, Neff states that “while these

aspects of self-compassion are conceptually distinct, and are experienced differently at the phenomenological level, they also interact so as to mutually enhance and engender one another,” which is why in developing my method described later having all three components was important (Neff, 2003b, p. 89). Also of note here is that self-compassion is not simply the opposite of self-criticism because self-compassion includes not just self-kindness, but also mindfulness and common humanity (Zhang, Chen, Tomova, Bilgin, Chai, Ramis, Shaban-Azad, Razavi, Nutankumar & Manukyan, 2019, p. 1324).

These three components of self-compassion are part of the MSC conceptualization of the Inner Critic. In this thesis, the voice of the Inner Critic is used interchangeably with negative thoughts and negative self-talk. Research shows that the Inner Critic is associated with shame, which MSC can address. The reasoning is given in one article that “because self-compassion is explicitly non-self-evaluative, it should alleviate feelings of shame and, in turn, reduce any shame-driven tendencies to conceal one’s internal experiences” (Zhang, et.al. 2019, p. 1325). The Inner Critic is also associated with perfectionism. One study found that perfectionism and stress decreased as self-compassion increased for communication sciences undergraduate and graduate students during a mindfulness program (Beck, Verticchio, Seeman, Milliken & Schaab, 2017). By contrast, Neff uses the phrase “inner compassionate self,” supporting the conclusion that people have an Inner Compassionate not just the more talked about Inner Critic within themselves (Neff, 2020a). The term voice of the Inner Compassionate is used at times in in the paper, while positive reframe thought or positive self-talk is used at other times. The inner Compassionate is associated with resiliency (Shattell & Johnson, 2018). The Inner Compassionate is also associated with authenticity because more self-compassion fosters decisions that are more authentic to the self (Zhang, et.al., 2019). While the much of the research I came across aimed to silence the Inner Critic, Mindful Self-Compassion supported the decision

in my method to first listen to then quiet down the Inner Critic. My belief is that the authentic Self is created when the self chooses which parts of the Inner Critic and which parts of the Inner Compassionate will be integrated into one's identity. The term, Self, is capitalized as in Jungian psychology in which the capitalized Self is the deeper, authentic self a person is born with beyond the identity that they portray publicly (Mathews, 2007). Similarly, the terms, Inner Critic and Inner Compassionate, are capitalized throughout the thesis to signify that as parts of the Self they are personified identities that exist in and of themselves, as if a person's name.

Review of the existing studies found that these benefits of MSC had the potential to apply to the participants of my method. First, MSC has proven to benefit the specific stressors of young adults, the age range of which both myself and the participants at my internship fall under. These stressors include: school and career (Neff, Hsieh, Dejittat, 2005; Saeed & Sonnentag, 2018), mental health of depression in transition to college (Terry, Leary, & Mehta, 2013, p. 283) and alcohol use (Wisener & Khoury, 2019), social including friends (Dupasquier, Kelly, Waring, & Moscovitch, D, 2020) and partners (Zhang, Chen & Shakur, 2020). Of note, several of these stressors proven to be mitigated by MSC were specific to women: mental health issues that they disproportionately face, including eating disorders (Webb, Fiery & Jafari, 2016) and Post Traumatic Stress Disorder from sexual assault (Hamrick & Owens, 2019). This information was important in applying the method to gender diverse participants at my internship and, later, when I decided to apply the method to myself, a woman. In addition to young adults, the research supported that music therapy interns could benefit from MSC as applied in my method, leading me to the decision to apply the method to myself. The Buddhist concept exists that having compassion implies having compassion for both self and others (Neff, 2003a, p. 224). A recent study found that a ten week mindfulness program provided female therapists in training with increased acceptance, compassion for self and others, and attention (Dorian & Killebrew, 2014).

Another study found that awareness, the first step of self-compassion under mindfulness, benefitted music therapists in the professional field (Chang, 2014). Research on what would be the overlap of these articles, self-compassion in music therapy interns, was not found.

The literature on self-compassion, ultimately, pointed to self-compassion benefitting both the self and others. I aimed to explore this in my method by developing versions for myself as a music therapy intern and the young adults I work with at my internship.

Community Music Therapy. The music therapy approach that supports my method is Community Music Therapy (CoMT). While some argue that the field has always existed and does not need a name, the field gained a name in the early 2000s with primary founders being Mercedes Pavlicevic and Gary Ansdell. At the heart of the philosophy of CoMT is that therapy occurs within a given context that should be taken into account.

“Pioneers of the profession of music therapy often aligned their practices with those from medicine or psychotherapy due to the need to compete for resources within institutions” (Aigen, 2014, p. 194). This medical model, as in the clinical setting of my internship, is typically individualistic. Meanwhile, CoMT takes a community approach by recognizing commonalities as well as similarities between individuals. In the words of author, Ansdell, “Community Music Therapy is an anti-model that encourages therapist to resist one-size-fits-all-anywhere model (of any kind), and instead to follow where the needs of clients, contexts, and music lead” (Pavlicevic & Ansdell, 2004, p. 21). Considering that self-compassion is a need of the participants at my internship, the individualistic medical model was not sufficient. The reason was that increasing self-compassion includes recognizing common humanity. Only in developing a method that helped participants find their similarities between each other as a community, could their individual needs be fully met.

The medical model, as opposed to CoMT, also sets up a strict boundary between therapist

and patient. In CoMT, however, the argument is that "when individuals are engaged in mutually empathic and mutually empowering relationships, both people are becoming more responsive in fostering the well-being of the other and of the relationship itself; both people are growing through connection" (Jordan & Hartling, 2002, p. 51). I interpreted this as how my ability as a therapy intern to develop self-compassion would impact that of the participants, and vice versa. Through the literature review, I began to identify myself as part of the population of my participants, not only as a young adult, but also as someone who would benefit from practicing self-compassion more. De-pathologizing my participants' experience with low self-compassion as part of their diagnoses was a matter of finding the similarities, and therefore common humanity, between them and myself. The MSC belief that compassion for self and compassion for others are inseparable aligned with CoMT here. I came to see this self-care not as selfish in the least, but as beneficial for the clients, once again returning to the CoMT idea that the therapeutic approach should be adapted beyond the Western standard for the client's needs. Of note is that CoMT does not imply that the therapist will take care of the participant (Surrey, 1997). It is for this reason that I decided to create a method, separate from the group method, which remained focused on the participant's health, where I could foster my self-compassion independently.

Much as the development of a personal as well as group version of my method dismantled the distance between therapist and patient, the way music was used also fit into CoMT. The following techniques can be considered participatory practices. "Traditional power structures are challenged by participatory practices," as the therapist lets the individuals lead the direction of the therapy session by being a part of the music creation (Stige & Aarø, 2011). From my interpretation, being empowered to create music without needing experience equates to gaining a sense of empowerment over one's thoughts, both of which they might have seen as impossible

previously.

One of the techniques that I reviewed through the lens of CoMT was group singing. While group singing is a long-standing tradition of human cultures, only in the last twenty years has research emerged on the positive effects the practice can have on the mental health and well being of amateur singers (Dingle, Clift, Finn, Gilbert, Groarke, Irons, Bartoli, Lamont, Launay, Martin, Moss, Sanfilippo, Shipton, Stewart, Talbot, Tarrant, Tip & Williams, 2019). Group singing can include singing in unison or in vocal parts, singing familiar songs or songs written by the participants, or even chanting in place of singing. My rationale for researching singing, while my method ended up using chanting in the group context, was that chanting aligns more with singing than talking because there is a rhythmic and melodic variation and intentionality. In singing all together rather than individually the emphasis can become on process more than product or performance. Among the health benefits, group singing has been shown to act as a coping skill during stressful events (Genevieve, Camic & Clift, 2012). The practice has also proven effective in decreasing symptoms of depression in one study (Antink, Weymann, & Ohls, 2019). Specifically related to the Inner Critic is that group singing has proven to increase self-confidence and self-esteem (Williams, Dingle & Clift, 2018). The reasons behind these benefits lie in the socialization and joy that are fostered.

Studies have found that group singing can provide connection and a sense of belonging as members work towards a common goal, the song (Williams, Dingle & Clift, 2018). In one study in particular, a participant said in reference to the experience, “You all draw breath together. It’s unlike a conversation where one person goes, and then the other. Producing the same sound together with others and making music, just with the voice, there is a kind of magic to it” (Shakespeare & Whieldon, 2018, p. 154). These studies were relevant in developing a method for the groups at my internship site.

In addition to group cohesion, singing together in choirs or choruses has been shown to increase positive emotional states and foster enjoyment (Williams, Dingle & Clift, 2018). The self-kindness component of MSC can be interpreted as a positive emotional state. The assumption I make from the literature then is that while in the positive state of singing, being kind to oneself will come more authentically, and vice versa. Local community sing leader, Nick Page, has stated, “Music teaches beauty. Creating beauty is an act of compassion. When we make music, we are making the world a more beautiful place” (Page, 2020). In this way, the pleasurable aesthetic of music is a representation of the emotion of compassion.

A review of the CoMT literature related to my method, *Conducting Our Inner Critic Chorus*, specifically included group singing of original songs. The creation and performance of original songs falls under the music therapy technique of therapeutic songwriting. Felicity Baker first established this subsection of music therapy after seeing the benefits of writing songs with young adults in rehabilitation for traumatic brain injuries in 1992 (Baker, 2015a, p. 3). Therapeutic songwriting is defined as “the process of creating, notating and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive and communication needs of the client” (Baker & Wigram, 2005, p. 16). Songwriting has been found to be an effective mental health method for therapy groups, which are representative of communities, when group size, group cohesion, group conflict, and group composition are considered (Baker, 2013). Specific to my method’s exploration of the Inner Critic is that songwriting was found to be effective in teaching psychiatric patients coping skills (Silverman, 2011). This led me to believe that songwriting could be effective in teaching the coping skill of self-compassion in my method. Another study found that music therapy students developed personal insight of their strengths and weaknesses and understanding of songwriting as a coping tool for themselves, not just the people they work with (Baker & Krout, 2012). This

last study further supported my idea, first brought up by the MSC literature, to apply the Inner Critic method to myself after the young adults at my internship.

A trend in the research of singing and songwriting was the potential for a holistic experience of the Inner Critic. In explaining the benefits of arts-based research for a researcher, one author stated, “artistic means are necessary to best convey the nature of these findings. Sometimes the value of music therapy is in the power, beauty, or holistic dimensions of the client’s experience” (Robertson, 2015, p. 15). The participants I engaged in a holistic experience of the Inner Critic through singing and songwriting. In one study on singing, the value was found to be that the music helped a participant “connect her words to her body and subsequently to her feelings in a natural flow so that she could be more fully present to herself and more genuine in her responses (Austin, 2008, p. 119). In songwriting, one argument found is that, in contrast to speaking or writing, the use of music helps to accurately relay the inner world of the songwriter (Baker, 2015b). In the case of the method I developed, music refers to the melody and rhythm of the voice as no instruments were used for background accompaniment. The quote by Yip Harburg that “words make you think thoughts, music makes you feel a feeling, but a song makes you feel a thought” explains how accurately relaying the inner world may be a matter of cognitive and emotional unity (Miller, 2011). As I researched, I began to hypothesize if this holistic experience could be considered an instance of mindfulness, one of components of self-compassion required by MSC.

In completing the research, I came to understand how specific choices within singing and songwriting could benefit my participants and myself. I researched the use of hearing ones voice back. Externalizing ones thoughts and feelings and then hearing them back in ones voice on a recording has been concluded to have benefits (Day, Baker, Darlington, 2009). In another study, “listening to their songs... can help students to reflect on their feelings and help to clarify and

validate them” (Baker & Wigram, 2005, p. 74). In my personal method, recording my voice on a loop pedal and hearing it back as I sang new thoughts fell under the research on recorded music. In my group method, the use of vocal parts entering staggered and the singing of different parts at the same time, had the potential to create a similar experience to recording and listening back. Relevant here is the distinction of active music therapy where music is created through composition, re-creation, or improvisation and receptive music therapy where music is listened to (Bruscia, 2014, p. 130-134). Through the use of vocal parts, active music making of singing co-occurred with receptive music listening of hearing peers sing their parts. I also researched the technique of conducting and found that the existing research typically places the music therapist in the role of conductor in group singing. In my method, though, I had participants switch from the role of member of the chorus, primarily actively music making, to that of conductor of the chorus, more so a receptive music experience. My research on CoMT as a whole is what led me to create a client directed method where the participant, not the therapist, is the conductor. Through the choices to include vocal parts and conductors in my method, the music brought to life the parts of the self, including the Inner Critic and the Inner Compassionate from MSC.

Mindful Self-Compassion and Community Music Therapy. In reviewing the existing literature on MSC and group singing and songwriting within CoMT, articles were not found explicitly connecting the theories. I could see the MSC components of mindfulness, self-kindness, and common humanity as trends underlying the group singing and songwriting studies I found. I could also see how the common humanity component of MSC aligned with CoMT’s mutuality and the possibility of moving from mindfulness to self-kindness aligned with CoMT’s empowerment of the individual. Connecting the fields, which I saw the potential for, in an original method entailed applying music therapy to one exercise of MSC. This exercise, particularly relevant to exploring the Inner Critic, is entitled “Changing your critical self talk”

(Neff, 2020a). Neff's states that the exercise can be done by writing in a journal, talking out loud to oneself, or thinking silently, while in my method chanting and singing was chosen. Neff breaks up the exercise into three steps. The first step is to notice when self-criticism is happening, including exact phrase and tone of the Inner Critic and any people their Inner Critic resembles. The second step is to soften the Inner Critic voice not by judging it for being critical, but by speaking compassionately to it. An example of speaking to the Inner Critic compassionately would be "I know you're worried about me and feel unsafe, but you are causing me unnecessary pain. Could you let my inner compassionate self say a few words now?" This second step is one that was not initially explored in my method. The third and last step is to reframe what the Inner Critic said to be more positive and friendly. She suggests using physical gestures of warmth, like stroking ones arm, which was replaced by the tone of chanting in my method. Please see Appendix A for full exercise.

Group Method

The above theories and research studies in MSC and CoMT informed the development of my method, the first version of which was group-based and titled *Conducting Your Inner Critic Chorus*.

Setting. The group version of my method was applied at the psychiatric hospital where I am completing my internship for mental health counseling and music therapy. The hospital has an emphasis on Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Acceptance and Commitment Therapy, and Schema Therapy. Expressive arts therapies are beginning to be integrated into their programming with Dance and Movement Therapy, specifically, having been integrated into one unit of the hospital last year. My internship is one of their first experiences working with a music therapist.

The opportunity to apply my method was in the young adult partial hospital unit, where my

placement is as a program therapy intern. This crisis stabilization program has rolling admission and meets for three hours, three to four days per week for a total of four to six weeks, depending on the individual's needs. Each day consists of three group therapy sessions, each one hour long. Individuals return to their own residences at the end of each day. While there are groups on coping skills as well as open processing, the group that music therapy was integrated into was one that is based on a theme, a session plan for which is provided by the hospital. The intention in my method was, ultimately, to bring community philosophy into the clinical setting of a young adult psychiatric hospital unit.

Participants. The partial hospital unit of my internship is made up of young adults, defined as individuals between the ages of 18 and 26. The site refers to individuals as patients, but for the purposes of this paper, the term participant is used. The choice is made in an effort to align with CoMT philosophy of dismantling the hierarchy of therapist above patient that can serve to disempower the patient. The participants present with a myriad of diagnoses, including depression, anxiety, and bipolar disorder. Secondary diagnoses include substance abuse, eating disorders, psychosis, autism spectrum disorder, ADHD, ADD, and borderline personality disorder. In many cases, they are experiencing social isolation, difficulty with executive functioning, ineffective interpersonal communication, lack of motivation, avoidance, and varying levels of personal insight. The participants often have experienced suicidal ideation and self-injurious behavior recently, but which are no longer active. Due to the rolling admission of the program, participants are at varying levels of familiarity with the program and the other participants. While all individuals are in the young adult age range, they represent a diverse set of gender, sexual orientation, race, education-level, and socioeconomic identities.

While music listening is often cited as a coping skill for the young adults in the program, they have varying levels of experience and comfort with singing, songwriting, and other forms of

music making. For each session of the day, the young adults are split up into two groups based on social dynamics of the milieu and their individual needs. These criteria formed the decision process for individuals being placed in my music therapy group, rather than the traditional talk therapy group on the same theme happening simultaneously, the first two times that I led the method. In the final three groups, the participants were made up of patients who had opted for music therapy to be included in their recovery.

Procedure. The method was run a total of five times at my internship site, distributed throughout the year so the same participants were never in the group twice. I led the session independently each time, while I was observed by a different program therapist in the unit during the first, third, and fifth session respectively.

In each session, the intervention was introduced by a fifteen minute didactic on a theme provided by the hospital. In the first, second, and fifth session, the didactic was on cognitive defusion, which “aims to help individuals notice thoughts as just thoughts rather than things that are literally true” by creating distance between the individual and their thoughts (Levin, Haeger, An, & Twohig, 2018, p. 844). The connection here is that in my method, participants can see their thoughts as coming from their Inner Critic as just one part of the self, while restructuring those thoughts to represent their Inner Compassionate as an equally valid part of the self. Through chanting these internal thoughts out loud, distance is created between the Self and the Inner Critic and Inner Compassionate. In the third session, the didactic was on the “failure schema.” Taken from schema therapy, the concept is that individuals’ pasts have caused them to be hypercritical of ones flaws and inevitable failures (Young, 2012). Hyper-criticalness is seen as coming from the Inner Critic in my method. The fourth session included a didactic on “silencing the inner critic,” in which there is a definition of the Inner Critic. My idea was to listen to, then quiet down the Inner Critic rather than silencing the Inner Critic entirely, though. A full

description of my intervention that followed these didactics can be found in Appendix B.

The session concluded with verbal processing of the music intervention as a group. My prompts included “what emotions came up as we were chanting the Inner Critic’s thoughts?,” “what was it like to be in the center of the circle as your peers were chanting the Inner Compassionate?,” “do you feel like you could be the conductor of your own thoughts?,” and “how can you apply this practice to your everyday lives?”

Data Collection. Consistent with arts-based research, data was collected as I wrote in a journal after each application of the group method to the participants. I included physical and emotional observations of the participants through the lens of personal reflection. I also noted phrases of negative and positive self-talk from the participants.

Data Analysis. Analysis took the form of using my journal entries to identify the themes of participants self-talk compared to those found in the literature review. I noted if the literature review themes of social (relationships, family, and friends), achievement (school, career, and profession specific), and mental health (anxiety, depression, substance abuse, and eating disorders) were expressed by the participants. I also noted from my journal entries any themes brought up by the participants that were not found in my literature review. Physical and emotional analysis took the form of identifying any changes in self-compassion, both in myself and in the participants, from the beginning to the end of the session and any key moments of such. I noted if and when the three components of MSC and any concepts of group singing and songwriting were present in my group method.

Personal Method

In order to properly address the interpersonal nature of self-compassion found in my literature review, I did not just analyze the participants’ experience of my method, *Conducting Your Inner Critic Chorus*, but also created an individual version of my method to apply to

myself, entitled *Conducting My Inner Critic Chorus*. While the group method was applied five times throughout the year, the personal method was applied just once after I was done leading the group sessions.

Setting. While the group method took place at a clinical site, the individual method of my arts-based research took place in the comfort of my bedroom in my family's home. As my mother, father, and sister were at home during my method, I had the door closed to allow for increased vulnerability and honesty when bringing out my Inner Critic.

Participant. As stated previously, I am a straight, white, cisgender female from an upper middle class family. As a twenty five year old, I am at the end of the age range of the participants at my internship. I am in my final year of study at Lesley University, pursuing credentials as a Licensed Mental Health Counselor and Board Certified Music Therapist. I have dealt with mental health issues similar to those of the individuals seeking treatment at the psychiatric hospital. My current level of distress, though, is of less clinical intensity than the young adults I am working with at my internship. While the participants of my group method have varying levels of music experience, I studied music for my undergraduate degree. The instrument I am most comfortable with is my voice as I have a background of individual vocal training and participation in singing groups, predominantly a cappella groups. I have been writing songs for nine years and have been performing those songs in a more professional context for four years.

Procedure. My individual method began with compiling a list of the themes of self-talk found in my literature review and any added from leading my group method. I then wrote down a phrase from my Inner Critic and Inner Compassionate respectively for each of these themes. After identifying phrases for each theme and before completing my music intervention, I took Kristin Neff's Self-Compassion Scale quiz. The scale ranging from 0-5 sets up the following opposites: mindfulness and over-identification, self-kindness and self-judgment, and common

humanity and isolation (Neff, 2003a, p. 230). Over-identification, specifically, is in reference to a person having a single failure and then assuming that they as a human are automatically a failure. Please see Appendix C for blank Self-Compassion Scale quiz.

As in the group method procedure, I started the intervention by addressing my Inner Critic. I had the list of my self-talk phrases per theme in front of me to use as lyrics to spontaneously sing melodies to. Since my comfort level with singing is higher than the participants at my internship, I chose to sing rather than chant. Before beginning the song that used a vocal loop pedal, microphone, and amplifier, I started an audio recording. To begin the song, I recorded one negative thought after the other layered on top of each other that were sung back to me through the amplifier. I referenced my list of self-talk per themes again as lyrics for the positive versions of those thoughts next. Without ending the repeating back of the negative thoughts through my amplifier, I recorded myself singing positive thoughts over each other. Upon finding a comfortable way to end the song, I ended the audio recording. After completing my music intervention, I took the Self-Compassion Scale quiz again.

Data Collection. I collected data from my personal method by journaling about the experience, both after completing the intervention and while listening to the audio recording of the song that resulted. Specifically, I transcribed the lyrics of my song. I also wrote down my Self-Compassion Scale score before and after applying the method to myself.

Data Analysis. From my journal entry, I noted physical and emotional changes that occurred from the beginning to the end of the intervention, along with any key moments. I took note of which themes of young adult self-talk, both from my literature review and group method, were present in the transcribed lyrics of my song. I checked if all three components of self-compassion and any concepts of CoMT were evident. I calculated the change in my Self-Compassion Scale scores from before and after the method. I analyzed if and how much my numerical self-

compassion increased and if this matched any perceived change in self-compassion.

Group Results

Since my intention was to create a method that combines two fields of study, the results of my group method were analyzed in terms of their ability to meet the benefits of MSC and CoMT songwriting and group singing. Results for all five groups are relayed in the order of the steps that the session was run in each time. A chart of group results is in Appendix D.

Writing of the Inner Critic and the Inner Compassionate. Participants began the intervention by writing down individually two examples of the voice of their Inner Critic and Inner Compassionate. Many participants were quick to write down their negative thoughts and others joked that they had more than two negative thoughts. When members with psychosis were present in the room, there was the clinical consideration that they would have difficulty distinguishing their Inner Critic from any hallucinations. The few times that these members were present, they chose to use the examples provided by myself or peers as their negative and positive thoughts to write down. In looking back, words like “should” and “can’t” were frequently written on their slips of paper, as were statements born out of comparisons. The language typically used by their Inner Critics was defined by absolutes like “always,” “never,” “no one,” and “everyone.” There was also often no distinction between failing once in a specific situation and being a failure. The stressors of young adults found in my literature review were confirmed as the source of the participants’ Inner Critics. These were social (relationships, friends, family), achievement (school, career, profession specific), and diagnosis (depression, anxiety, eating disorders, substance abuse). In addition, though, the participants’ self-talk over the five sessions also included generalizations like “you’re a failure.” I initially saw these statements as a defense mechanism to be less vulnerable to the group by being less personally specific. They also included identity self-talk, where society’s view of their race, class, gender,

or sexual orientation had been internalized, such as the fear of “passing” as a transgender individual. Lastly, I found that the Inner Critic was often personified as someone from their past, which the participants were not always aware of previously. Participants, thereby, began to understand the sources of their negative self-talk. Through lyric writing, the participants became aware of the voice of their Inner Critic, but this did not become mindfulness until they found connections between their and their peers’ thoughts when chanting.

While participants were quick to write down negative thoughts, they paused, asked clarification questions, and looked around the room when asked to positively reframe the thoughts. I interpreted this as participants being unaware that self-kindness, one of the components of MSC, was an option and not having acquired the skill yet. When looking at their papers afterwards, I found that the participants’ techniques of practicing self-kindness included exercising patience and acceptance. They also often used proof from their past to refute a negative thought. Sometimes the Inner Compassionate was the exact opposite of their negative thought, while other times the words were just less harsh. Participants became visibly relieved and more willing to write when I told them that they did not have to believe the Inner Compassionate yet. With this admission, it became clear to me that participants could hear the words of the Inner Compassionate, without being emotionally and physically connected to them. Through lyric writing, I observed participants practice initial awareness, though not yet non-judgmental observation, of their Inner Critic and self-kindness of their Inner Compassionate.

Vocalizing of the Inner Critic. As participants moved into chanting, first of their Inner Critics, I made the following observations. When entering the room and when writing down their negative and positively reframed thoughts, the participants bodies appeared to be stiff and defined by slouching and minimal eye contact with peers. When asking the participants to stand up to chant the Inner Critic, they were slow to do so and some even groaned. I saw this as a sense

of “stuckness” in the low moods that they came into the room with. Simply writing down the possible positive thought once and without music did not seem to do enough to change their mood. The participants were hesitant and quiet in beginning to chant even as I demonstrated with them. The first pair in each of the five groups chant consistently stopped chanting and laughed nervously when I stopping chanting with them to move on to teach a thought to the next pair. Even once several of the pairs were going, the group would often cringe or, again, laugh when a new negative phrase came up. I noticed that the chanting of the Inner Critic was relatively quiet and musically inconsistent. I interpreted this as a lack of confidence that can accompany the Inner Critic voice. The chanting was also monotonic, as if the voice of the Inner Critic limited their ranges of expression. By using their bodies as instruments when chanting, participants embodied not just the words of their Inner Critics, but the feelings of which they may have been avoiding. Participants may have still been judging themselves for having negative thoughts and for feeling the emotions and physical sensations of their negative thoughts at this point. Initial awareness became mindfulness when participants saw their peers embodying their Inner Critics. Over-identification, the opposite of mindfulness, was prevented as participants saw each of their peers embody a different negative thought of theirs, thereby becoming their Inner Critic that they once saw as synonymous with themselves first in their mind and then in chanting out loud. Less inclined to judge their peers than themselves, by non-judgmentally observing their peers, participants non-judgmentally observed their own negative thoughts the peers were chanting.

While participants were largely stuck in their own heads and appeared to be thinking and feeling the same ways to me during the lyric writing, during group chanting they were together in feeling the emotions of the Inner Critic. Initially there was a fear of being judged by peers, and even shame, and participants hesitated to start chanting. Group chanting, though, seemed to bring an element of joy to the group. While the laughter may have been nervous, there was a sense of

lightness and humor, and therefore safety, when telling the group of young adults to chant in a circle. The joy found to be inherent in group singing was found to be particularly relevant to the clinical setting of my group method as dealing with the Inner Critic was a heavy topic and the participants were already in negative emotional states from being at the high level of crisis stabilization. The participants were engaged, as is often argued to be the benefit of expressive arts, but even more so participants were engaged in a positive emotion when chanting as a group, even as they worked with their Inner Critics. This extended to members of the group who had social anxiety, Autism Spectrum Disorder and psychosis.

The chanting enabled the phenomenon of participants nodding or verbally expressing that they related to someone else's negative thought when another pair chanted it or the pair they were in was tasked with chanting it. There was often an element of surprise and even disappointment that others felt the same negative way about themselves. A possible universal experience with negative self-talk meant a shift away from isolation and the uniqueness of suffering. As the participants heard their negative thoughts said back to them by peers, the room was immersed by a shared sense of sadness. In being asked to chant negative thoughts to each other, participants expressed guilt about saying these remarks to the group because they could see the negative effects it had on the other people. Participants, thereby, developed an awareness of the negative effect their Inner Critic could be having on them. Commentary on this included the oddity of why we would say these things to ourselves when we wouldn't say them to others. In developing empathy for others in the experience of the Inner Critics, the participants began to develop empathy for themselves. Ultimately, the MSC components, mindfulness and common humanity, were noted when participants chanted their Inner Critics. The common humanity that was experienced here was in line with a CoMT, rather than individualistic medical model because by finding similarities between each other their individual needs were addressed.

During the Inner Critic stage of my group method, I demonstrated options of how to respond to the Inner Critic. The participants acted as the Inner Critic chorus that I was the conductor of in this step. Participants listened attentively as I exited the room to demonstrate ignoring the Inner Critic and standing in the middle of the circle to demonstrate giving in to the Inner Critic. I explained to the group that as the conductor, my choice was to be part of the chorus circle listening to the Inner Critic, giving myself permission to feel the painful emotions because this was how I could get through them. In demonstrating that as the conductor I could choose to move the chorus into vocalizing the Inner Compassionate, the groups remained engaged, but still with a visible sense of hopelessness from having been in the mind of the Inner Critic. While my intention was for the group to move directly into the positive self-talk, three out of the five times, the groups stopped chanting entirely when I conducted them to be quieter. I interpreted this as the Inner Critic had made them feel a sense of wanting to give up. The low mood felt by both the individual participants and the group as a whole, both when they kept chanting and stopped chanting, is what made the following transition to the Inner Compassionate so powerful.

Vocalizing of the Inner Compassionate. Embodiment was once again afforded by chanting, in this case, of the Inner Compassionate. The participants appeared relieved when asked to chant their Inner Compassionate thoughts. My impression was that less effort was involved in being kind to themselves, even though being kind to themselves was difficult to see as a realistic option. By now, the participants had become comfortable with chanting and when switching to the Inner Compassionate, their laughter switched from nervous to authentic in its joy. Still remaining standing in a circle and vocalizing could have made the participants tired but they stood up straighter as if having more energy when switching to self-compassion. Their bodies appeared looser and more relaxed. Many times, the participants, without any prompting from me, would start doing a specific creative movement in their pairs. The vocalizations here, while still

chanting, became closer to singing. They were more melodic and playful. The rhythm of the chanting here, as opposed to the Inner Critic, was more consistent, as if more confident than a life spent listening to the Inner Critic. Even before a member of the group conducted any increase in volume or tempo, the chanting got louder and faster, when embodying the Inner Compassionate. This is an increase that often happens in music when people become excited.

In addition to identifying the associated physical and emotional feelings, participants began to see self-kindness as a choice. Just as participants were given the opportunity to see how letting themselves feel the Inner Critic to get through it was a choice, they had the opportunity to make choices about their Inner Compassionates. By standing in the middle conducting their peers, their Inner Compassionate Chorus, to get louder, quieter, faster, slower, or cut out certain thoughts, participants appeared empowered. When a participant first stepped into the middle, taking ownership over their thoughts caused hesitation, but many participants after conducting several dynamics appeared more confident. While it was again unclear if the several members experiencing hallucinations could comprehend the metaphor of the Inner Critic chorus, they appeared empowered in connecting with their peers when conducting. Overall, participants gained an understanding of what self-compassion felt like and a sense of agency to bring more of that feeling into their lives. This agency fit into the CoMT philosophy of empowering individuals whose negative thoughts may have left them feeling disempowered.

While common humanity during the Inner Critic phase was marked by empathy for others, the Inner Compassionate phase was marked by altruism. At this stage, participants' heads were lifted higher and they were making more eye contact, both in their pairs and with the group at large. Only a few members across the five sessions declined to stand in the middle of the circle of their peers chanting the Inner Compassionate taking. Many members who were typically socially anxious agreed to go to the middle of the circle when a peer chose them to go next. Trust

had been built that they wouldn't judge each other. The key here was that participants were willing to take a personal risk if it was related to a connection with a peer. Of note was that the members who were appeared disengaged and connected less with peers in traditional talk groups, including those with psychosis and Autism Spectrum Disorder, were engaged when the method got to the Inner Compassionate stage. This was regardless of if the metaphor of the Inner Critic chorus was clear to them or not. Moreover, I did not notice a difference in engagement when members of the group were assigned based on their interest in music therapy on the hospital survey and those assigned before the survey's creation. I interpreted the participants' smiles, laughter, and dancing in the middle as them now knowing in an embodied, not just cognitive way, how it felt to have others express compassion to themselves. From this standpoint, they could know the next time if they are being compassionate towards themselves and then self-compassion could then become a habit. In these ways, common humanity occurred between participants, including those typically isolated, as altruism in the Inner Compassionate section of my group method. While I moved through the Inner Critic in a limited amount of time, preventing participants from becoming stuck there, I let them live in the feeling of the Inner Compassionate for longer before moving into the group discussion.

After stopping chanting, the empowerment of the intervention appeared to make participants feel more comfortable expressing their wants and needs, whether it be asking to drink water or stating while laughing that chanting was a lot of work. This came up in the method enough times that I started to joke with the participants, "it takes a lot of energy to work with your Inner Critic." In the discussion that followed, the positive chanting is what participants stated remained stuck in their heads, as if the music provided a different form of remembering self-compassion. The energy remained high, as participants were more engaged in the discussion after the music intervention than they were in the didactic before. Even while there was debate about whether

the Inner Critic was motivational and the difficulty of translating the intervention into daily life, the participants were invested in their treatment. I saw this as a positive sign because self-compassion is not a goal to achieve, but something to practice and being willing to practice is the first step. The benefit of the CoMT concept of participatory practice was exemplified in this observation. As the groups ended and participants left the therapy room, I observed that participants were still in the Inner Compassionate state of mind that was defined by Neff's components of self-kindness and common humanity.

Personal Results

In leading the method at the young adult partial unit of the hospital where I was interning, I began to see my self-compassion as inseparable from the participants I worked with. I learned the following about myself through applying my personal, individual method. Please see Appendix E for table of personal results.

Writing of the Inner Critic and the Inner Compassionate. In the initial brainstorming of self-talk, I developed awareness, but not yet non-judgmental awareness, of my Inner Critic in the same way that my group participants had. I was able to identify personal examples of the Inner Critic in all the themes I found in the literature review and those added after working with the participants. My own negative self-talk often matched the exact phrases, not just the themes, of my participants. Moreover, as I engaged in a method comparable to the one done at my internship, the faces and voices of the participants I did the method with were brought to mind. Even though I was doing the method individually rather than in a group, the interpersonal concept of empathy occurred as I found ways that I related to the participants' Inner Critics. This realization was enabled by the CoMT, rather than medical model, recognition of mutuality even in therapeutic relationships. Engaging in the common humanity component by empathizing with my participants allowed me to be more empathetic towards myself, thereby moving from

judgmental to non-judgmental awareness of my negative thoughts. The additional MSC component of mindfulness was, therefore, satisfied in this step as well. As I identified my Inner Critic related to being a music therapist specifically, I realized that on the days when my negative self-talk was louder, I had more difficulty being present, authentic, and flexible in leading the participants through the group method. The realization here was that when I was not engaging in self-compassion, I had more difficulty fostering the same in others, further demonstrating the MSC belief that self-compassion is interpersonal and the CoMT belief that mutuality exists in the therapeutic relationship.

In addition to the Inner Critic, I was able to draw out the voice of my Inner Compassionate for all of my negative phrases that matched the participants' themes. In doing so, I engaged in the MSC component of self-kindness just as my group participants had. I found myself using my participants' techniques of reframing, including proof, acceptance, patience, and perspective, to come up with my own Inner Compassionate phrases. In this way, I followed the therapeutic contract by maintaining focus on the participants during the group method, while I was the one being helped by the participants in doing the personal method afterwards. This was consistent with CoMT, as opposed to medical model, approach where boundaries between therapist and patient exist but a mutual relationship is recognized. Having seen participants be able to act compassionately towards themselves or be open to exploring this while expressing the difficulty of doing so, I saw self-compassion more as an option for myself. I wonder if another element here was that I perceived myself as helping others during the group method, which unintentionally helped myself. I was reminded of this altruism when I applied the method of the groups to myself. Upon reflection, common humanity between the participants and myself took the form of empathy during the Inner Critic and altruism during the Inner Compassionate. While I engaged in mindfulness of my Inner Critic when I was reminded of my participants, I had

difficulty maintaining this when I took the Self-Compassion Scale quiz. With the score of 1.66 out of 5.0 where 3.0 is the average, I became aware that my self-compassion was below average, but this label caused me to feel critical of myself, ironically, for being too critical of myself.

Vocalizing of the Inner Critic. While in the group setting, individual lyric writing of negative and positive thoughts was followed by vocalizing as a group, applying the method to myself meant continuing the process individually. With my musical background, I felt comfortable singing which gave me more range of emotional expression than when participants had more monotonically chanted their inner critic. While I had previously engaged in songwriting by writing down the thoughts of my Inner Critic and Inner Compassionate, this next step also included songwriting because I felt comfortable straying from the list of pre-written thoughts in a way that the participants may not have. By allowing myself to be spontaneous with lyrics, I became aware of which thoughts came to mind more automatically and aligned with the musical tone of the Inner Critic I had created.

To represent to physical embodiment that I expected music to allow me in addressing my Inner Critic, I began the song by tapping on the microphone. A rhythm reminiscent of my heartbeat to run throughout the song was established. The first lyric I sang was “you’re weak.” When the group used generalizations like this, I thought of this as a defense mechanism to not have to be more personally specific. However, I realized this generalized phrase was powerful because it impacts many areas of my life: my identity as a woman, my experience with having a mental health diagnosis, and my career as a music therapist with the fear that if I cannot help myself then cannot help others. The cognitive power of the lyric was enhanced by the musical choice I made to leave a pause after. While my intent was to leave room for other thoughts to be audible when layering, there was also a strong emotional impact of having to sit in the silence after hearing this painful thought. The melody of the line did not go up in pitch at the end like a

question so the pain I sat in was the belief that this thought was an absolute fact.

I continued mindfulness of my inner critic with the next line, “no one cares about you,” where I tapped into my negative beliefs related to social situations with the thought that being in a romantic partnership is more important than connections with family members and friends. Within this thought, my career as a singer-songwriter came out as I faced the fear that audience members are not listening to what I have to say in my music. The next line, “you won’t get better,” which I heard the young adults at my internship echo often, is directly tied to my experience with depression where symptoms feel like they will last forever. Interestingly, with each line I added, the melodies felt sweet, the timbre of my voice felt gentle, and the harmonies of the negative self-talk remained consonant. I noted that I did not need to make the music demonstrate more discomfort because I already felt the pain of singing and hearing back my thoughts and any more discomfort may have been overwhelming. While I used the same amount of negative thoughts as the participants, I finished vocalizing the voice of my Inner Critic in less time than them, most likely because my background in songwriting has made me more comfortable with externalizing my negative thoughts. In other words, I came into the method already accustomed to the participatory practices referenced by CoMT that empower participants. In this moment, I was overcome with a flush of energy moving from my head down as if shame and eyes watering as if disappointment. Having developed physical and cognitive mindfulness of my Inner Critic, I was now tasked with transitioning to my Inner Compassionate.

Vocalizing of the Inner Compassionate. My choice as the empowered conductor of my own chorus was, in the moment, to not turn down my Inner Critic. I chose to accept the thoughts and let my Inner Compassionate become louder than the Inner Critic with each repeated recording, instead. I had to take a moment before this to switch my state of mind because like the participants, I had become stuck in my Inner Critic with more negative thoughts coming to mind

that I could fit into a single song. After this pause, I used the lyrics as an opportunity to see my mental health struggles as examples of my strength or, in other words, my resiliency. In the lyrics, I also reminded myself to look around at the people in my life to disprove that I was alone. Finally, I prioritized inner over outer beauty in my reframed lyrics. There ended up being a nasally quality to my voice in the Inner Compassionate section. I reflected that the quality was sweeter than how I usually sing, much like how these lyrics were sweeter than how I usually am to myself. I aimed to spend more time with my Inner Compassionate than with my Inner Critic, just as the participants had done. While I included the same amount of thoughts as the group participants, singing the positive thoughts in my personal method took less time than the group method because there was not the part of participants taking turns conducting the dynamics of the chorus. To add time, I first layered harmonies that were increasingly higher pitches so that they felt more impactful. The louder the phrases became and the more times they were repeated, the more I felt as if I was convincing myself that the positive statements were true. Wanting to stay in the positive, self-kindness component of MSC for longer and feeling like I had more to gain from the intervention, I added the following section of the Self.

The Self. I surprised myself at the end of the song by going off of the structure of negative and corresponding positive thoughts. The last line of my Inner Compassionate set me up for this as I followed the second person structure by singing, “you’re doing your best,” but then switching the lyric to “I’m doing my best.” Through the change, I created less distance between myself and my Inner Critic and Inner Compassionate, a first step in uniting the three into an authentic Self. Here was when I understood on a deeper level what the capitalized version of the Self, included throughout my thesis, meant. The other reason I saw this section as authentic was that I was engaging in spontaneity, which I believe is an act of authenticity. My choice as conductor here was to sing these lines not as layered voices to be repeated on loop in the

background like my Inner Critic and Inner Compassionate. Rather I sang each line once just as myself without going through the microphone and fading into the background. One of these lines was “Whenever it’s getting bad, remember: compassion, self-compassion,” which highlighted the importance of self-compassion for everyone, especially young adults, that I took away from my literature review and group method. Meanwhile, the lyric “For them, for you, for me” represented the belief within my Self from the beginning of my thesis process and validated by my arts-based research, that as a therapist compassion for self and compassion for others are inseparable acts. After engaging in the cognitive, emotional, and physical of my Inner Critic and Inner Compassionate, I felt the need to move into a solely emotional and physical place where I could just be with my deeper Self. I vocalized on “oh” and sang a line about the feeling, which at that moment was “lightness” in my fingertips and pulsing of compassionate energy throughout my body. At this point, I turned down the volume, but then had become in tune enough with myself to realize that I needed more of the music. Here, I let myself just listen and sway to the music. In writing my thesis, the melody and lyrics of this Self section are the ones that stuck in my head. I believe this happened because of the power with which they were sung and their musical aesthetic appeal that came out from being more in the music at this point in the song.

When I felt ready to end the music, I had difficulty deciding how and had to exercise kindness towards myself. I first vocalized a melody that seemed to be less consonant or even out of key of the background repeating thoughts. The pressure of the last line being perfect, a non-compassionate word at its core, had made me doubt my abilities. As a result, I had more difficulty coming up with a line than if I had stayed present with the music. My challenge was to keep singing melodies until one felt right to me, while not focusing on the recording was picking up on these alleged flaws. In not giving up, I was able to end on a phrase that felt more musically pleasing to me. In the moment, the last line came out as “the only compassion is self-

compassion” and immediately afterwards I wished that I had added the word true for it to read, “the only true compassion is self-compassion.” The message I was left with in applying the music intervention to myself was that aiming to be my best, like adding true to the last lyric, can exist while also being kind to myself.

After completing my personal method, I turned to the Self-Compassion Scale quiz. While I felt a higher level of self-compassion, I was curious if my score on the quiz would say the same. My overall score from before and after my song had increased from 1.66 to 3.02, moving from below average to average self-compassion. I felt a sense of pride here, but also noticed that with my now higher level of self-compassion I no longer felt the need to be validated by a quiz. Instead, I took the results as data, while already knowing within my Self that I was worthy and capable of being compassionate towards myself. Please see Appendix F for full song lyrics of the personal method. An audio recording of the song has been included separately.

Discussion

Findings. For my arts-based research thesis, I combined MSC with CoMT group singing and songwriting to develop group and personal versions of my method. Components of MSC were satisfied as first awareness then mindfulness was fostered as the participants and I identified the voice of our Inner Critics and self-kindness was fostered as participants and I brought out the voice of our Inner Compassionates. The last component of MSC, common humanity was achieved as participants chanting together the movement from self-criticism to self-compassion and I experienced empathy as the themes of the participants’ self-talk was the basis of my own. My group and personal methods also integrated the philosophy of CoMT as the therapy group acted as a microcosm of a community. Participants identified similarities and differences between each other in the group setting in order to meet their individual needs. Identifying the same overlaps between myself, as a music therapy intern, and the participants, was made

possible by the mutuality of relationships recognized in CoMT. The participants, ultimately, helped each other foster self-compassion, just as the participants and I helped each other foster self-compassion in the separate methods. As the participants chanted and I sang, we all participated in and thereby took ownership of our personal journeys with self-compassion. This empowerment, inherent to CoMT where the therapist is not assumed to be directing the patient, was heightened by the participants' act of conducting their negative thoughts. The concept here was that participants were directing their thoughts instead of their thoughts directing them. Through the use of singing, songwriting, and recording, both individually and as a group, the philosophies of MSC and CoMT were captured by my methods.

In both the group and personal applications of my method, music therapy provided a holistic experience of working with the Inner Critic. Both sessions began with the cognitive realm typically associated with the Inner Critic by identifying negative thoughts that ended up falling into themes of young adult stressors. The starting point was the participants and myself being stuck in their heads. Before the method, the danger was that a participant could notice their mood declining, but not be aware that the harsh way they talk to themselves may be causing or furthering that decline. Participants could also notice physical discomfort, and only after the fact connect that to emotional distress. With songwriting and singing as a way to embody and then externalize the Inner Critic, I observed both the participants and myself become aware of the negative thoughts running through our heads constantly and identify the feelings associated with those thoughts. This matches Mindfulness Based Cognitive Therapy in which mindfulness practice, as included in MSC, “will help you see the connection between downward spirals and... feelings that we are simply ‘not good enough’” (Access MTBC, 2020). As participants chanted and I sang the words of the Inner Compassionate, we became aware of not just what the possible positive thoughts would read, but what they would feel like to believe. In conducting the

musical aspects of the Inner Critic and Inner Compassionate, we acted out what it would feel like to be the conductor of our internal choruses.

In addition to a holistic experience, the results of my method in the group and individual contexts suggested that a collective experience, guided by common humanity, occurred. In the group setting, connections were formed between the participants. They experienced empathy as they related to each other's Inner Critic statements and altruism as they cheered on each other's Inner Compassionates. As leader of the group, I felt empathy as I identified the similarities between the participants' and my Inner Critics. In working with my Inner Compassionate, I felt altruism as I noted that increasing the self-compassion of participants of my group method thereby increased my self-compassion by seeing it more as a possibility. I also concluded that increasing my own self-compassion enabled me to better help others increase their self-compassion as I was more present in leading my group method when my self-talk was kinder. Noticing the parallels in between the group and personal method, I re-named my method to be *Conducting Our Inner Critic Chorus* to account for the collective experience.

Limitations. Within these findings, that a self-compassion based music therapy method has the potential to create a holistic and collective experience of working with the Inner Critic, there were limitations. While arts-based research has the unique advantage of personal reflection acting as data, the approach can include biases. I disclosed my identities at the beginning of the thesis for this reason. While my participants had more diverse identities than myself, they were interpreted through the lens of my identities of white, straight, cisgender, female, graduate level student, musician, and born into an upper middle class family. My extensive experience in songwriting and performance may have also impacted the satisfaction I felt as I had the musical training to create music that accurately reflected my mood in my personal method, unlike the participants in my group method. The thesis was written with the intention of balancing out the

benefits and drawbacks to arts-based research, but my conclusions should be interpreted by taking into account my possible biases.

Further Considerations. The assumption is that the method has potential to have a positive impact on multiple populations, but this expansion on diversity, however, would require further research before confident conclusions can be made. One area where this could be further explored would be applying the method to age groups beyond young adults. Another area would be if the method helps therapists in the field in addition to those in training, like myself. Any conclusions about prevention of burnout or compassion fatigue for therapists in the professional field cannot yet be made.

Future development of the method could include expansion from one session to a series of sessions. The group settings, specifically the short-term structure of my internship site, did not allow this. The method as a single session showed benefits for groups and myself as an individual. That said, Neff's original exercise "Changing your critical self talk" advises completing the method over several weeks to change one's relationship with their Inner Critic in the long term (Neff, 2020a). Using myself as a frame of reference, I know that when I stop writing songs for months at a time, I lose awareness of and agency over my negative self-talk. The understanding here is that self-compassion is not a goal to reach but a state of mind to practice. Additional sessions could include more time spent meeting one's Inner Critic to empathize with and forgive it for additional self-kindness as well as sharing the song created in the individual method with a group to enhance common humanity. The short-term structure of my internship did allow for such multiple sessions. My method can, therefore, be understood as the first step in individuals beginning to understand the importance of addressing their Inner Critic and Inner Compassionate for their mental health.

Conclusion

From the very first sentence of writing my thesis on self-compassion, I was critical of myself. Article after article that I read on MSC for my literature review imparted onto me how damaging negative self-talk could be to one's mental health. Further reading showed me that my personal use of songwriting and singing to address my Inner Critic had the potential to benefit others. Even with the literature to support my belief that self-compassion is worth exploring and that music therapy is a fitting modality to do so, my Inner Critic told me things like "what makes you qualified to develop this method?" and "there's no way your method will ever work." Pushing through my negative self-talk to develop and then apply my method though, I found that my method's use of music and lyrics allowed for a holistic and shared understanding of the Inner Critic and the opposing Inner Compassionate. I observed changes in the body language, facial expressions, and comments of the participants. I also felt the changes in my body and mood when applying the method to myself, with the positive change in my Self-Compassion Scale score as affirmation. I, ultimately, heard and then silenced my own Inner Critic to develop a method that seemed to do the same for others.

In developing the method, *Conducting Our Inner Critic Chorus*, perhaps my most important conclusion was the inability to separate entirely the results of my group method from the results of my personal method. Coming out of young adulthood having worked with members of that age group, I am entering the professional world of music therapy with the understanding that practicing compassion for myself is related to having compassion for others and helping others develop compassion for themselves. Returning to my method one last time, I will act as conductor of my own chorus as it relates to finishing writing my thesis. I choose to listen to and then turn down the volume of my Inner Critic saying, "Your thesis has to be perfect" and choose to turn up the volume and sing along to my Inner Compassionate saying, "Your thesis is good enough... and so are you."

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Appendix A (Neff, 2020a)

This exercise should be done over several weeks and will eventually form the blueprint for changing how you relate to yourself long-term. Some people find it useful to work on their inner critic by writing in a journal. Others are more comfortable doing it via internal dialogues. If you are someone who likes to write things down and revisit them later, journaling can be an excellent tool for transformation. If you are someone (like me) who never manages to be consistent with a journal, then do whatever works for you. You can speak aloud to yourself, or think silently.

1. The first step towards changing the way to treat yourself is to notice when you are being self-critical. It may be that – like many of us — your self-critical voice is so common for you that you don't even notice when it is present. Whenever you're feeling bad about something, think about what you've just said to yourself. Try to be as accurate as possible, noting your inner speech verbatim. What words do you actually use when you're self-critical? Are there key phrases that come up over and over again? What is the tone of your voice – harsh, cold, angry? Does the voice remind you of any one in your past who was critical of you? You want to be able to get to know the inner self-critic very well, and to become aware of when your inner judge is active. For instance, if you've just eaten half a box of Oreo's, does your inner voice say something like "you're so disgusting," "you make me sick," and so on? Really try to get a clear sense of how you talk to yourself.
2. Make an active effort to soften the self-critical voice, but do so with compassion rather than self-judgment (i.e., don't say "you're such a bitch" to your inner critic!). Say something like "I know you're worried about me and feel unsafe, but you are causing me unnecessary pain. Could you let my inner compassionate self say a few words now?"

3. Reframe the observations made by your inner critic in a friendly, positive way. If you're having trouble thinking of what words to use, you might want to imagine what a very compassionate friend would say to you in this situation. It might help to use a term of endearment that strengthens expressed feelings of warmth and care (but only if it feels natural rather than schmaltzy.) For instance, you can say something like "Darling, I know you ate that bag of cookies because you're feeling really sad right now and you thought it would cheer you up. But you feel even worse and are not feeling good in your body. I want you to be happy, so why don't you take a long walk so you feel better?" While engaging in this supportive self-talk, you might want to try gently stroking your arm, or holding your face tenderly in your hands (as long as no one's looking). Physical gestures of warmth can tap into the caregiving system even if you're having trouble calling up emotions of kindness at first, releasing oxytocin that will help change your bio-chemistry. The important thing is that you start acting kindly, and feelings of true warmth and caring will eventually follow.

Appendix B

The Inner Critic is defined for participants at the beginning of the session as the part of oneself that says negative thoughts to them. Participants are asked to describe their personal Inner Critic using the five senses: sight, smell, taste, noise, and feeling. Participants are asked to write down a negative thought on one side and the positive reframe of that thought on the other side of a piece of paper, phrased as “you are _____.” They do this for two pieces of paper. After shuffling the group members’ papers, as many papers as those in the room excluding the therapist are selected. The therapist teaches a musical way of saying the negative thought to be repeated on loop to two participants at a time, layering on top the next partnership’s negative thought until a full vocal round is occurring. The therapist demonstrates being the Self who is the conductor while the clients embody their Inner Critic Chorus. While the group members continue to chant, the therapist demonstrates the choices they have in responding to their Inner Critic, including leaving the room as ignoring the Inner Critic or standing in the middle of the chorus circle as giving in to the Inner Critic’s negativity.

In pausing the group to move into the positive reframe, the therapist embodies the Self who is empowered to mindfully observe the Inner Critic then conduct their thoughts to a more compassionate state of mind. Responding to self-criticism with self-compassion takes the form of the therapist instructing each pair to come up with a musical way of saying the positive version of the thought on the other side of their paper. Each partnership’s musical thought is layered on top of each other until a full vocal round is once again created. The therapist, at this point, tells the group that they do not have to believe the positive thought yet, or ever, but to just give themselves the opportunity to see what it would feel like to believe that thought. The therapist then picks one participant to stand in the middle of their peers chanting positive thoughts, as in their Inner Compassionate, to them. From this spot, the participant conducts all

the thoughts or a specific thought to be louder, softer, faster, or slower. That participant picks someone else to do the same until everyone has had a chance to be in the middle. The group chooses one of the positive thoughts to end on repeating all together. After the group has had the opportunity to verbally process, the positive sides of the thoughts that were not selected for the chorus are read by each participant one at a time with the group chanting the thought back once.

Appendix C (Neff, 2020b)

Test how self-compassionate you are

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost Never	Occasionally	About Half Of The Time	Fairly Often	Almost Always
1	2	3	4	5

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. I'm disapproving and judgmental about my own flaws and inadequacies.</p> <hr/> <p>2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.</p> <hr/> <p>3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.</p> <hr/> <p>4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.</p> <hr/> <p>5. I try to be loving towards myself when I'm feeling emotional pain.</p> <hr/> <p>6. When I fail at something important to me I become consumed by feelings of inadequacy.</p> <hr/> <p>7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.</p> <hr/> <p>8. When times are really difficult, I tend to be tough on myself.</p> <hr/> <p>9. When something upsets me I try to keep my emotions in balance.</p> <hr/> <p>10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.</p> <hr/> <p>11. I'm intolerant and impatient towards those aspects of my personality I don't like.</p> | <p>12. When I'm going through a very hard time, I give myself the caring and tenderness I need.</p> <hr/> <p>13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.</p> <hr/> <p>14. When something painful happens I try to take a balanced view of the situation.</p> <hr/> <p>15. I try to see my failings as part of the human condition.</p> <hr/> <p>16. When I see aspects of myself that I don't like, I get down on myself.</p> <hr/> <p>17. When I fail at something important to me I try to keep things in perspective.</p> <hr/> <p>18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.</p> <hr/> <p>19. I'm kind to myself when I'm experiencing suffering.</p> <hr/> <p>20. When something upsets me I get carried away with my feelings.</p> <hr/> <p>21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.</p> <hr/> <p>22. When I'm feeling down I try to approach my feelings with curiosity and openness.</p> <hr/> <p>23. I'm tolerant of my own flaws and inadequacies.</p> <hr/> <p>24. When something painful happens I tend to blow the incident out of proportion.</p> <hr/> <p>25. When I fail at something that's important to me, I tend to feel alone in my failure.</p> <hr/> <p>26. I try to be understanding and patient towards those aspects of my personality I don't like.</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Appendix D

Field	Individual work of IC & Comp		Group Results		Inner Comp	Conclusion
	Inner Critic	Inner Comp	Inner Critic	Inner Comp		
MSC Components	Mindfulness	Self Kindness	Mindfulness	Common Humanity	Self Kindness Common Humanity	an experience of SelfComp
MT technique	Songwriting	Songwriting	Singing	Group Singing	Singing	a holistic experience
					Conducting	

Appendix E

Field	Writing of Inner Critic + Inner Compassionate			Personal Results		Conclusion
				Inner Critic	Inner Compassionate	
MSC Components	Mindfulness	Self-Kindness	Common Humanity	Mindfulness	Self-kindness	an experience of self-compassion
Music Therapy Techniques	Songwriting	Songwriting	Songwriting	Singing, Songwriting	Singing, Songwriting	aholistic experience

Appendix F

You're weak

No one cares about you

You won't get better

Shy, lazy, too big

Your weakness requires strength

Look who cares about you

What's important is within

You're doing your best, I'm doing my best

For them for you for me

Oh oh oh, I can feel it, baby can you feel it?

But whenever it's getting bad, remember:

Compassion, self-compassion

The only compassion is self-compassion

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Music Therapy, MA**

Student's Name: Morgan Johnston

Type of Project: Thesis

Title: *Conducting Our Inner Critic Chorus: Development of a Method for a Music Therapy Intern and Young Adults in a Partial Hospitalization Program*

Date of Graduation: May 16, 2020

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

Thesis Advisor: Meg Chang