The Function of Improvised Song Creation for Individuals with ASD in Formation of Identity: A Grounded Theory Investigation

Jesse Asch
Molloy College
This research was completed as part of the degree requirements for the Music Therapy Department at Molloy College.

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The Function of Improvised Song Creation for Individuals with ASD in Formation of Identity:

A Grounded Theory Investigation

A THESIS

Submitted in partial fulfillment of the requirements
For the degree of Master of Science
in Music Therapy

by

JESSE ASCH
Molloy College
Rockville Centre, NY
2016
MOLLOY COLLEGE

The Function of Improvised Song Creation for Individuals with ASD in Formation of Identity: A Grounded Theory Investigation

By

JESSE ASCH

A Master’s Thesis Submitted to the Faculty of Molloy College In Partial Fulfillment of the Requirements For the Degree of Master of Science May 2016

Thesis Committee:

Barbara L. Wheeler
Dr. Barbara Wheeler
Faculty Advisor

Dr. Alan Turry
Committee Member

Dr. Suzanne Sorel
Department Chair

May 14, 2016
Date

May 14, 2016
Date

May 14, 2016
Date
Abstract

The purpose of this study was to investigate the function of improvised song creation for two individuals with autism spectrum disorder in the formation of self-identity using grounded theory analysis. Data were collected through video recordings of archival clinical sessions. The method included analyses of musical, lyrical, and interpersonal transcriptions of sessions. The transcription process included a combination of holistic listening and Nordoff-Robbins Music Therapy indexing techniques. A grounded theory coding process was employed to identify concepts and categories related to the broader context of identity formation from patterns in the data and to develop theoretical conclusions from these concepts. Findings included concepts presented under domains of (a) musical emergence, (b) lyrical emergence, and (c) interpersonal emergence of identity. These concepts were as follows: (a) musical emergence: finding musical synchronization, expansion of the voice, types of singing (reflection, unison, and harmonization), musical style, song structure; (b) lyrical emergence: lyrical initiation and development, song of self, and use of abstracted or metaphoric language; (c) interpersonal emergence: choosing to create a song, finding roles, nonverbal acknowledgment, and integrating client preferences and tendencies. Additional findings revealed how improvised song creation served to allow the client to be engaged in a collaborative, exploratory performance of the self through an aesthetically and creatively driven process. Conclusions and implications of theory to clinical practice and methods are presented. In addition, the needs of individuals with autism spectrum disorder and relevance of their sense of identity in broader sociocultural contexts are discussed.

Key words: improvised song, autism spectrum disorders, music therapy, identity, therapeutic relationship, improvisation, grounded theory.
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On a more personal level, I would like to thank my family for their irreplaceable love and kindness. I have been lucky enough to not only be nurtured by their love, but also see the acceptance that they carry throughout their daily lives and interactions. Immersing me in consideration of both civil rights and an appreciation of the arts from an early age has been a clear influence on who I strive to be today. Thank you to Gabriela Ortiz, who has always reminded me to shine my brightest throughout the challenges of my graduate studies and the thesis process. Thank you to my friends and fellow musicians who keep me balanced and remind me of the personal importance of spontaneity, creativity, playfulness, and relationship.

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Introduction

This research study involved an investigation into the function of improvised song creation for two individuals with autism spectrum disorder (ASD), as it was perceived to aid in their formation of self-identity. The study explored these themes through the use of a grounded theory analysis. I served as the primary researcher as well as the primary music therapy clinician for both of the individuals (a preteen male and female) and purposefully sampled archival clinical work that I believed would allow for exploration of the proposed questions of this study. Both clients were seen along with a co-therapist. One client was seen in individual treatment (2:1), and the other was seen in a small, three-person group (2:3).

Data were collected through recordings from archival clinical sessions. I analyzed video and audio segments of the musical and therapeutic relationship as communicated through musical, lyrical, and interpersonal interactions in the music therapy session. Analysis was informed by grounded theory and used a coding process in order to identify concepts and categories from patterns in the data. From these emerging concepts and categories, I identified themes and preliminary theoretical suggestions as to the function of improvised song creation in formation of identity. Discussion regarding the implications of the theory to clinical practice and methods is presented. The relevance of clients’ sense of identity is explored as a means to consider the needs and treatment of individuals with ASD within music therapy and in a broader sociocultural context.

For the purposes of this study, *improvised song creation* is defined as spontaneously created musical and verbal components as produced in the moment by the client and facilitated by the music therapist to create an aesthetic whole (Amir, 1990). This is developed out of early Nordoff-Robbins Music Therapy (herein NRMT) literature that defined song as “the setting and
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expression of thought, forms and ideas that have personal significance for the child” (Nordoff & Robbins, 2007, p. 2). Amir (1990) further reflected that this “created product is a concrete symbol of validation, reflection, and affirmation of the self” (p. 63). As later discussed, this affirmation of the self is not just a reflective creation of self but is also an active production of the self in the moment through exploration of musical and aesthetic forms (Aigen, 2009; Frith, 1996; Ruud, 1997, 2014), potentially contributing to a sense of identity formation. Additionally, the improvisatory nature of song creations studied herein can be understood as adding an element of live, dynamic, and potentially unplanned exploration and interaction between the client(s), music, and therapists.

For the purpose of this study, identity formation is defined through psychosocial and existential lenses as a multifaceted orientation process of the self, involving facets such as the past, present, and future of a person (Hacker, 1994); one’s environment (Bilsker, 1992); development of meaning and purpose in life (Frankl, 1984; Yalom, 1980); and “significant themes of existentialism” (Fitzgerald, 2005, p. 3). Simply put, identity is defined as the “self-in-context” (Ruud, 2010). It should be noted that the definition of self is not static but is instead in constant flux.

A study of this nature is important to the field of music therapy and equally important to treatment for individuals with ASD due to a dearth of research on this specific topic. This study seeks to move beyond symptom management and explore higher levels of mental health needs for these individuals. A majority of the existing literature on ASD treatment focuses on educational, behavioral management, and/or social and communicative needs (Wong et al., 2015). This study is important as it expands current understanding of music therapy to work at psychotherapeutic levels of mental health and wellbeing for individuals with ASD by providing
strategies and interventions when working with a client who expresses such needs from the clinical environment. This study adds to an existing body of literature and potentially expands music therapists’ views on working with clients with ASD.

Additionally, this study contributes to a contemporary discussion referred to as the neurodiversity movement (Shapiro, 1993; Silberman, 2015). The neurodiversity movement attempts to reframe autism and ASD as an inseparable part of one’s unique way of being rather than a disabled part of oneself that needs to be fully overcome, controlled, or oppressed. In doing so, self-advocates on the spectrum are seeking an acceptance of their neurological differences rather than being asked to change in conformity to a normative, neurotypical person. As such, all individuals would be perceived as on a spectrum of neurodiversity as opposed to within a neurotypical versus atypical binary. This mindset also honors the strengths and abilities of the individual in addition to perceived disability. Additionally, the neurodiversity movement aims to build a greater autism community, empowerment and opportunity for those forming this community, and influence directions of future research and clinical practice. This study contributes to this movement in two ways: (a) by allowing for an understanding of ones identity as a self-identified “autistic person” (Sinclair, 2013) or in relation to his/her autism and (b) by treating the improvisational content of the session as a purposeful musical creation, respecting the creative integrity of clients in analyzing their contributions. As such, this study seeks to promote awareness and understanding of the individual differences of those with ASD, while also promoting all individuals access to the arts and creative expression, regardless of disability.

Formally stated, my research questions were to understand: (a) What musical, lyrical, and interpersonal themes arose for clients within the study and how do these clinical themes relate to
the broader context of identity formation? (b) What function or functions does improvised song creation serve in the formation of identity for the clients studied?
Identity and ASD

Whereas some attention has been paid to the relationship between disability and one’s identity (Shakespeare, 1996), little attention has been paid to the process of identity formation as it occurs specifically for individuals with ASD. The existing literature on this subject emanates predominantly from self-identified autistics and other self-advocates who have relayed their own personal biographies to inform an understanding of the impact of autism on their own formation of identity.

Individuals including Temple Grandin, Jim Sinclair, and John Elder Robison have written extensively on their own insights via their personal experiences as self-identified autistics. The contributions of these voices have added to a budding ASD community, advocacy from within the ASD population, and a renewed perspective regarding the complexities of what it might mean to be diagnosed with ASD. Despite the validity of these first person perspectives from self-identified autistics, this literature is considered by many as contributing to a sociocultural and sociopolitical movement rather than as contributing to or influencing the existing body of evidence based research. Within the scope of evidence based practice (EBP) self-reporting is generally considered too subjective in nature to be regarded as sound research.

For this reason, there is a disparity between existing trends in research and aspirations for future research as reflected by those within the neurodiversity movement (Silberman, 2015). Silberman (2015) has even gone so far as to state that fundraising organizations like Autism Speaks have been “resistant to the input of autistic adults, who are arguably in the best position to decide what kinds of research would benefit autistic people and their families most” (p. 473). Whereas current, long standing trends in autism research focus on understanding causality and
treatment of ASD through a medicalized model of disability, the neurodiversity movement encourages movement toward “helping autistic people and their families live happier, healthier, more productive, and more secure lives in the present” (p. 470).

The paucity of research in this domain reflects a lack of value placed on understanding identity formation among other psychosocial and mental health needs for individuals with ASD. Though identity will be more thoroughly defined in later sections, identity can be briefly conceptualized as “the self-in-context” (Ruud, 2010, p. 40). This “in-context” can include intrapersonal and interpersonal relationships as well as “orientation to larger groups, to our situatedness in numerous contexts throughout life” (p. 40). Erikson (1968) held the successful creation of identity as a central aspect of development and considered the ability to be in reciprocal relationship as the greatest resource for such development. It has been found, however, that the social deficits inherent to ASD negatively impact relational aspects such as companionship, security, helpfulness, goal directed behavior, sharing, positive affectivity, intimacy, help, and closeness (Bauminger et al., 2008).

Returning to the stance of the neurodiversity movement, it would be suggested that these features associated with ASD should be considered differences rather than deficits. Through this lens, medically defined symptoms of autism are seen less as symptomatic or problematic and more as deviations from standardized expectations of a social normalcy. Whether viewed by the individual with ASD as a deficit or a core feature of his or her way of being, it seems apparent that these aspects in context to self and others must have some degree of impact on the formation of identity.

Ratner and Berman (2015) postulated that the core features of ASD have a direct effect upon identity development. These authors studied the relationship between core deficits of ASD
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and identity development, specifically focusing within what they termed as identity commitment (i.e., a sense of certainty about the self) and exploration (i.e., continual testing of and uncertainty about the self). Ratner and Berman concluded that autistic features such as deficits in social relatedness, social anxiety, and circumscribed interests negatively predicted identity commitment and positively predicted identity exploration, identity distress, and existential anxiety. The suggestion that the marked presence of autistic traits correlate with difficulty in identity formation warrants further exploration of the existential and psychosocial needs of individuals with ASD. It should be mentioned that identity formation and exploration are continuous processes (Ruud, 1997) that are not exclusive to ASD, drawing parallels between identity formation as experienced by those with ASD and those considered neurotypical in development.

Looking beyond the core deficits of ASD, the label of ASD itself may contribute to an identity of disability (Shakespeare, 1996). Johnstone (2004) noted that identity also exists on both personal and societal levels. Such labels can be “ascribed by another and thus delimiting; or it can be self-ascribed and empowering” (Johnstone, para. 33). Johnstone noted that “some find solace in avoiding the term disability in their lives while others openly embrace the term and identify primarily with it. Additionally, such identification has political ramifications, as many activists in disability policy are self-identified as disabled” (para. 33). These variables reflect upon the multifaceted nature in which identity formation may occur.

Mogensen and Mason (2015) conducted interviews with five individuals with varying manifestations of ASD in an attempt to understand identity as experienced by those labeled as having ASD. The range of thematic material developed from the participants’ data attests to the diversity, complexity, and individualized differences of those along the autism spectrum. Significant relationships were found between diagnosis and personal identity, diagnosis and
social relational processes, and the facilitation of agency and control (Mogensen & Mason, 2015). Mogensen and Mason (2015) found a range of experiences within the overarching theme of diagnosis and personal identity, ranging drastically from perceptions of diagnosis as oppressive to liberating. One experience of a 13-year old individual claimed no significance of ASD to his personal identity but felt that others, particularly adults, “saw him as different” (Mogensen & Mason, p. 261). From this range of findings, Mogensen and Mason concluded that “personal meaning and experiences young people attribute to a diagnosis of autism are complex and multifaceted…understand[ing] it in relation to their personal biography” (p. 261).

It should be noted that studies such as the aforementioned rely upon “high-functioning” individuals to provide verbal interviews and testimonials that “low-functioning” individuals might have more difficulty articulating and producing. Similarly, the proceeding study focuses on considered high-functioning individuals who provided lyrical and musical contributions as supported by the therapist to join into spontaneous, expressive song creation. It is the researcher’s belief that the context of the music therapy session allowed for access to more creative, expressive, and fluid expressions of self than may have been possible in a strictly verbal exchange external to this environment.

Autistic self-advocate Temple Grandin (2013) suggested that labels such as “high-functioning” and “low functioning” are overly simplistic, noting her own inability to speak until after age 3 and severe behavioral issues through her teenage years. As researcher, I align with this perspective, understanding that ASD can manifest in myriad ways. Individuals have varying ranges of functional capacities across levels of development, however the label high-functioning coincides with those who are deemed to have higher cognitive functioning, failing to consider the holistic picture of the client. Grandin also reflected upon the need for creative processes by
offering a definition of creativity as provided by the journal *Science*. She stated that creativity might be defined as “a sudden unexpected recognition of concepts or facts in a new relation not previously seen” (p. 128). In defining creativity in such a way, we may begin to understand its inherent link with identity formation and an exploration of self-in-context.

**ASD and Current Treatment**

In understanding the spectrum of needs for those with ASD, it is important to be familiar with the most recent reclassification of ASD in the *Diagnostic Statistical Manual of Mental Disorders* (5th Ed.; American Psychiatric Association [APA], 2013) (*DSM-V™*), as this sets the tone for the prevalent perception of ASD. The *DSM-V™* reclassifies autism, Asperger syndrome, pervasive developmental disorder - not otherwise specified (PDD-NOS), and high-functioning autism under the single umbrella term of ASD. Hence, ASD is a truly a spectrum disorder, ranging broadly in its manifestation from individual to individual. Additionally, the diagnosis does not exist in isolation but in relationship to a number of other biological, environmental, and individualized differences. By understanding that these factors are in relationship with one another, development of a child with ASD may be viewed as a fundamentally nonlinear and interactive process. Relating this to treatment, it is important to understand that while clinicians may have their own theoretical orientations, they attempt to remain nonprescriptive and “flexible in their thinking and practice of music therapy to ensure they meet the needs of their clients” (Baker, 2015, p. 9).

It is also necessary to understand the core deficits of autism and potential symptomatic manifestations of these core deficits. Greenspan (2001) detailed that deficits and/or delays primarily involving social/emotional communication may include the ability to empathize or take the perspective of another (Baron-Cohen, 1994); higher levels of abstract thought (Minshew &
Goldstein, 1998); joint attention, social referencing and problem solving (Mundy, Sigman, & Kasari, 1990); affective reciprocity (Baranek, 1999; Dawson & Galpert, 1990; Dawson & Osterling, 1995; Tanguay, Robertson, & Derrick, 1998); and functional language (Wetherby & Prizant, 1993). These are not all requisites of ASD, but they may occur in various groupings and severities depending upon the individual.

Sensory processing issues and/or delays are also common within the ASD population and externalized symptoms of such can frequently become targeted goal areas within a behavioral approach (Kern, Wakeford, & Aldridge, 2007). Targeted external symptoms may include hand flapping, lack of eye contact, and engagement in various self-stimulatory behaviors. A criticism of targeting such behaviors is that treating externalized symptoms does not effectively reach the underlying root cause of the behavior or need of the child (e.g., increasing eye contact does not necessarily facilitate greater attention or communication). Additionally, research has suggested that gains made through strictly behavioral interventions typically do not generalize or maintain over time and were likely to reemerge elsewhere until the root and/or function of the behavior could be understood and addressed on a deeper, developmental level (Harris et al., 2015; Matson et al., 1996). Behavioral interventions may be appropriate when the individual’s behavior poses a danger to self or others. However, the use of behavioral techniques should not lessen the need to understand the underlying function of the behavior. Researchers have contended that stereotypic behaviors, such as echolalia, may function as an effective coping mechanism and a way into communicative interaction for those with ASD (Prizant, 1983; Sterponi, 2014). Similarly, Nolan and McBride’s (2015) studies in applied semiotics have identified “stimming is as much a sensory exploration as it is a balancing homeostatic response to externalities” (p. 1074).
Thus, attempts to modify and eliminate such coping mechanisms through behavioral conditioning can actually be seen as diminishing and potentially even traumatizing to the individual’s legitimate experience. Nolan and McBride (2015) noted, “medicalized discursive practices reduces the disabled person to an essentialized biological body” (p. 1069). Such language pits itself against the neurodiversity movement, which aims to understand autism as a sociocultural identity rather than simply a disability. As Connolly (2008) advocated:

Our strangeness to each other need not be the end of a shared world. We have to move to a place of learning from each other’s differences (and embodied experiences) rather than creating hierarchies of legitimacy which exclude (or reprogram) those who do not fit within the narrow parameters of what is considered to be the “norm.” (p. 245)

Conceptualizing treatment approaches on a gradient moving from external to internal, traditional behaviorist approaches focus on external symptom management or task specific learning, traditional developmental approaches focus on the core deficits or differences of an individual with ASD within the context of social/emotional relationship, and a traditional humanistic/existentialist approach focuses on the more expressive and emotionally based needs of an individual with ASD while also working within the relationship. Most recently, cognitive behavioral therapy (CBT) has also been utilized as an intervention to treat clinical anxiety as comorbid for high-functioning youth with ASD (Wood et al., 2015). This is a potentially positive trend that recognizes how neurodevelopmental disorders may make the biological, emotional, and social challenges of early adolescence an increasingly challenging period (Pearson et al., 2006).
Generally, such a strict approach in any of these realms likely fails to understand the gestalt of the client. Maslow (1968) alluded to this idea in suggesting that “healthy people” show a sense of integration. He stated that “in them [healthy people] the conative, the cognitive, the affective and the motor are less separated from each other, and are more synergic, i.e., working collaboratively without conflict to the same ends” (p. 208). In other words, these needs exist in relationship to one another in order for healthy functioning and wellbeing.

Greenspan (2001) has also suggested that these processes are occurring on multiple levels at the same time, adding to the complexity of the experience of an individual with ASD who may be dealing with biological differences such as sensitivity to sound or touch and/or language difficulties. He noted that this does not mean that children with ASD are “unable to learn to relate warmly through the availability of special interactions geared to their unique developmental profiles” (p. 21). Greenspan’s affect diathesis hypothesis postulated that “affective reciprocity is needed to create purposeful action and then related purposeful symbols and words” (p. 10). Developmental practitioners consider affective and meaningful interactions to be the basis upon which developmental learning may occur. Greenspan attempted to dispel misperceptions, distinguishing between capacity for reciprocity and relatedness and capacity to experience emotional intimacy. He stated, “If we distinguish a child’s capacity for deep, joyful relating from the capacity for affective, reciprocal interchanges, it is possible to observe that many children with autistic spectrum disorders are capable of the full range of warmth, love, and closeness” (p. 17). Greenspan referenced his earlier research, which indicated, “In our review of 200 cases, over half the children evidenced a deep rich capacity for intimacy and over 90% showed a continuing growth in this pattern” (Greenspan & Wieder, 1997, p. 17).
Despite this understanding, the emotional needs of clients with ASD are rarely viewed as a primary focus of treatment, particularly within EBP. EBP has its origins within the medical field but has since grown and developed, extending to multiple therapeutic modalities and populations. The National Autism Center (NAC) identifies four criteria for EBP as it pertains to ASD: (a) research findings, (b) professional judgment, (c) values and preferences of parents, care providers, and the individual with ASD, and (d) capacity or the ability of the therapist to implement a treatment with fidelity (NAC, 2009). A 2015 critical review of EBP for children, youth, and young adults with ASD found that of the 456 studies that met criteria, only one study explicitly stated a focus on “mental health” and “emotional well-being.” Simultaneously, 182 studies formed the largest category of “Communication” focusing on “ability to express wants, needs, choices, feelings, or ideas” (Wong et al., 2015, p. 1958). This highlights incongruence in ASD treatment between fostering a client’s ability to communicate and actually placing value upon the emotional expression within that communication.

**ASD, Current Treatment, and Music Therapy**

Within the field of music therapy, the American Music Therapy Association (AMTA) has defined EBP similarly as the “integrat[ion of] the best available research, the music therapists’ expertise, and the needs, values, and preferences of the individual(s) served” (AMTA, para. 1, 2010). However, there have been attempts to better understand how evidence informs music therapy practice beyond the confines of a medically based model, as well as the standard for what constitutes evidence (Abrams, 2010; Else & Wheeler, 2010; Kern, 2010). As music therapy has established itself as an emerging treatment for ASD by the National Autism Center (NAC, 2009) these approaches of behavioral, developmental, and humanistic/existential practice have been adapted to music therapy specific models. The humanistic/existential model is not
concretely defined in working with the ASD population, but it appears to live within models such as Music-Centered Music Therapy (Aigen, 2005a), Nordoff-Robbins Music Therapy (Nordoff & Robbins, 2007), and integrations of music centered models with psychodynamic practices (Turry, 1998). The following sections detail a number of these current treatment approaches in music therapy and ASD. An emphasis is placed upon songwriting techniques as they relate to the improvised song creation process examined in this current study.

**Applied behavioral analysis and music therapy.** Applied behavioral analysis (ABA) is the most popular of behavioral approaches when implemented in treatment for clients with ASD. ABA based approaches are recognized as established treatments by the NAC for children with ASD, meaning that they are considered to have sufficient evidence of effectiveness (NAC, 2009). They are stated to have efficacy “in reducing inappropriate behavior and increasing communication, learning, and appropriate social behavior” (U.S. Department of Health and Human Services, 2011). The considered establishment of such treatments is likely a strong factor behind many music therapists’ adoption of ABA techniques as it is simultaneously more popularized and more likely to receive funding than alternative treatment models. Additionally, ABA’s quantifiable targeting of direct and measurable behaviors makes this model more closely related to medical model from which EBP originated.

ABA can be defined as the applied science of studying and modifying behavior to promote a desired change. This originates from Pavlov (1929), who studied stimulus response and conditioning in dogs, and Skinner (1957), who further defined operant conditioning of behavior through the use of reward and punishment (i.e., positive and negative stimuli and reinforcement). In contemporary iterations of ABA, goals are broken down and developed to address specific, individual, measurable, and observable behaviors (Baer, Wolf, & Risley, 1968).
The four major principles of ABA are (a) reinforcement, (b) prompting, (c) task analysis, and (d) generalization.

In translation to music therapy practice, music is used as reinforcement applied in response to a desired behavior. When used as a prompt, music can provide cues to trigger information recall from the memory and stimulating a desired responsive behavior. Regarding generalization, it is stated that the musical cues may be brought into different contexts to facilitate carryover.

A strong criticism of this statement can be made by pointing out that if the supportive cue is still needed in every context, the skill has not truly generalized to other settings but is reliant upon the cue. While a behaviorist perspective may argue that eventually the cue is phased out, a recent study suggested that stimulus repetition learning as found in ABA practice actually heightens the common core characteristics of overspecificity and inflexibility in ASD rather than promoting more generalized learning from the naturalistic environment (Harris et al., 2015). Harris et al. (2015) explained that:

> The adverse consequences of repetition may apply to an even greater degree as the complexity of learning and behavior increases, such as in the domain of social behavior. Counterintuitively, reducing stimulus repetition may enhance learning and foster generalization in ASD. (p. 3)

The application of songwriting techniques to behaviorally oriented music therapy is most commonly associated with task analysis (i.e., the organizing and sequencing of tasks in an ordered manner) (Kern, Wakeford, & Aldridge, 2007). The therapist would compose such songs in order to address specific, sequenced scenarios for the client. This type of song creation differs
greatly from the improvisational song creation examined within this study, which is more so a collaborative and sometimes client led creation processes.

**Social Stories™ and music.** A related adaptation of behavioral techniques to a songwriting framework can be found in Social Stories™, as first presented by Carol Gray (Gray & Garrand, 1993). Social Stories™ are described as individualized stories or lyrics set to well-known or easily memorized melodies that are intended to convey pertinent information on how to react to particular scenarios (Brownell, 2002). These scenarios may range from memorization of multistep, self-care tasks (e.g., brushing teeth or getting dressed) (Kern, Wakeford, & Aldridge, 2007) to increasing prosocial behavior (Ivey, Heflin, & Alberto, 2004). It is understood that they are typically intended to address a variety of behaviors or skill sets that apply to social situations.

When setting the story to music, Brownell (2002) stated that a “Social Story™ is not about creating the most sophisticated, complicated rhythms, melodies, or harmonies. Melodies should be simple and memorable. Harmonies should be straightforward and reflect the mood of the story” (p. 122). The rationale is that the combined musical and lyrical content be predicable, comprehensible, and easy to recreate in multiple contexts. For ease of memorization, these melodies may even be derived from popular and simplistic musical themes.

A contradiction appears here since the emphasis on simplicity of music may not always honor the complexity of the individual’s social situation. An example of such is presented later in Brownell’s chapter on Social Stories™ (2002), which sets a story entitled “Personal Space in Playground Line” to the tune of “Take Me Out to the Ball Game.” It could be argued that a song of such simplicity and lightheartedness does not capture the mood of the issue of personal space as well as the emotional reactions that might accompany entering into another’s personal space.
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Using music in such a way minimizes its inherent potential to explore emotion and expressivity in more complex and subtle ways. Music need not always share the same emotional intensity as that of the lyric of theme. In fact, a therapist might pair contrasting music in order to create paradox and bring new meaning to a thematic song. What I believe to be important is that the therapist recognizes the potency of the musical material and uses it with intent. Additionally, the black and white concretizing of concepts called for in models such as Social Stories™ results in a lack of spontaneity and overdependence on prompts (Schreibman et al., 2015).

Another contradiction of the Social Stories™ method is the claim that the presentation of the song can be highly flexible and adaptable to the individual needs of each child while simultaneously asserting that it is important to ensure homogeneity in the performance of the song. The method even recommends that a recorded version of the song be used for those who are not comfortable delivering the song themselves, which contraindicates both the flexibility of the music and the interpersonal relationship in which the music is shared. The child is encouraged to actively participate by singing along to the song rather than solely being the recipient to the song. Being that these songs may be recorded or prewritten, the delivery of the intervention by a music therapist in not a necessity and may be delivered by “any other musically inclined team member” (Brownell, 2002, p. 126).

**DIRFloortime® Model and music therapy.** Whereas the previously mentioned approaches involve an adaptation of behavioral frameworks to a music therapy model, considering DIRFloortime® and music therapy involves an adaption of a developmental framework to a music therapy model. The DIRFloortime® model is a developmental framework originated by Greenspan (1992) that is utilized to conceptualize the unique profiles of individuals through a relationship based approach. Rather than addressing isolated, targeted skills and
behaviors, the DIRFloortime® model aims to take a comprehensive understanding of the individual’s social/emotional functioning and capacities, biological processing differences, and emotional interactions with his or her caregiver (Carpente, 2012; Greenspan & Wieder, 2006a, 2006b). This philosophy is encapsulated by DIRFloortime®’s unabbreviated title, standing for a Developmental, Individual Difference, and Relationship-based approach. These three components of the model complement each other by (a) identifying the social-emotional development of the child, (b) identifying what is impeding this development, and (c) understanding how the child relates and communicates with others (Carpente, 2011, 2012).

The NAC’s National Standards Report (2009) identified the DIRFloortime® Model as emerging treatment for individuals with ASD, suggesting that further studies meeting the criteria of EBP are necessary in establishing its consistency and validity as a therapeutic approach. It is important to mention, however, that music therapy as an entire approach is also identified as emerging treatment (NAC, 2009). Additionally, it is important to mention that DIRFloortime® as a whole is not meant solely as an intervention for individuals with ASD but has proven to be an effective model for functional social/emotional development as based upon typical child development (Greenspan, DeGangi, & Wieder, 2001). Floortime refers to a specific technique of the model that encourages play through following the lead and emotional investment of the child, using the child’s lead as an opportunity to join him or her in interaction and then challenge the child to more complex capacities of social, emotional, and intellectual functioning (Greenspan & Wieder, 2006a).

When adapted to music therapy, the DIRFloortime® Model seems to share similarities with improvisational music therapy techniques, most commonly found within Nordoff-Robbins Music Therapy (Carpente, 2011, 2012). These techniques may include grounding, reflecting,
enhancing, mirroring, imitating, synchronizing, and dialoguing to engage the child (Bruscia, 1987; Nordoff & Robbins, 2007; Wigram, 2004). The Individual Music-Centered Assessment Profile for Neurodevelopmental Disorders (IMCAP-ND) (Carpente, 2013), while not yet a standardized measure, is an assessment tool that aims to bridge the models of DIRFloortime® and improvisational music therapy by describing how various levels of social/emotional development may look within the context of a relational and improvisational musical interaction between therapist and client.

Geretsegger, Holck, Carpente, Elefant, Kim, and Gold (2015) described improvisational music therapy as “a procedure of intervention that makes use of the potential for social engagement and expression of emotions occurring through improvisational music making” (p. 3). The study highlighted unique and essential principles of improvisational music therapy, including facilitating musical and emotional attunement, musically scaffolding the flow of interaction, and tapping into the shared history of musical interaction between child and therapist (Geretsegger et al., 2015).

Further definition from Geretsegger et al. (2015) described improvisational music therapy as a “comprehensive and complex approach addressing various dimensions of the core characteristics of ASD simultaneously” (p. 20). Hence, while research is limited, it appears that prevalent similarities between the DIRFloortime® Model and improvisational music therapy include joining the child, engaging the child in a co-active therapeutic process, following the child’s emotional lead, providing affect and robust interactive experiences, and considering the relationship as context for interaction (Carpente, 2009, 2011, 2012; Greenspan, 1992; Nordoff & Robbins, 2007).
Nordoff-Robbins Music Therapy. Moving from addressing external behaviors to the core deficits of autism and development, a similar shift is seen in the usage of music from an extrinsic reward, stimuli, or prompt to a more intrinsic and integral part of the therapeutic experience itself. Within the developmental approaches discussed, music is used with an improvisatory flexibility and as a shared experience of interaction and communication between the client and therapist. Looking now at the model of Nordoff-Robbins Music Therapy (herein NRMT), the music is held as central to and inseparable from the therapeutic process.

At its core, NRMT is based upon the belief that all people have inherent musicality within them, regardless of pathology. This musicality, referred to as the “music child” is viewed as a creative and healthy part of the self, that, when accessed, can result in holistic growth and development for the client (Nordoff & Robbins, 2007; Turry, 1998). Within NRMT, it is believed that “change is accomplished in and through musical processes and transfers from these into the life of the client outside the therapy room” (Turry & Marcus, 2003, p. 199). The therapy is described as a collaborative approach that allows the development of expression, flexibility, spontaneity, and initiative. Further, the relationship between the client and therapist is described as that of a creative partnership (Guerrero & Turry, 2013).

At its foundational levels, NRMT aligns greatly with the DIRFloortime®, placing strong emphasis on the therapeutic relationship and developmental goals achieved through the therapeutic process (Nordoff & Robbins, 2007). By engaging the child in an exploration of the communicative potentials of music, the child may come to develop social reciprocity, the ability to mirror another, and emotional attunement and reciprocity (Guerrero & Turry, 2013). As the child engages in musical co-creation in this way, Nordoff and Robbins (2007) theorized that the
innate potentials of the child emerge, redefining the child’s sense of self in relation to others and the surrounding environment.

NRMT and music-centered thinking align themselves most traditionally with humanistic thinking. Rather than emphasizing developmental terminology such as “joint attention,” the therapist aims to allow for expressive freedom, creativity, peak experiences, intrinsic learning, and self-actualization through the music and clinical relationship (Bruscia, 1987). The client may engage in joint attention and interaction with the therapist, but this is considered a phenomenon that occurs naturally through the client and therapists’ co-creation of a shared meaningful and musical experience. Developmental psychologist Colwyn Trevarthen (1999) explained that “[music] is also a direct way of engaging the human need to be sympathized with - to have what is going on inside appreciated by another who may give aid and encouragement” (p.8). In such a music-centered approach, it is through the act of musicing itself that the therapeutic change will occur. This sense of musical creation should be intrinsically motivating and gratifying rather than relying upon extrinsic reward (i.e., behavioral reinforcement). This does not mean that behavioral changes do not occur, but they are viewed as the externalization of a more profound change of character via expanded awareness of self in music (Nordoff & Robbins, 2007).

Relating back to themes of identity formation and ASD, the theoretical framework of NRMT appears most prevalent in the literature and germane to my questions as the researcher. Aigen (2005b) further explored NRMT foundations. He noted:

Both members of this therapy team [Nordoff and Robbins] believed that specific, universal human experiences lie latent within the various musical forms. When a handicapped child can live in-and fully realize-an interval, melody, idiom, or song structure, this child can realize qualities such as expressive freedom and feelings
of wholeness and completion that pathological conditions normally inhibit…

When this musical response becomes internalized, the child is then able to live in the musical whole and achieve the expressive, aesthetic and social gratification of being part of something larger than himself. (p. 24)

Being open to the allowance and possibility of this depth of experience for an individual with ASD sets this theoretical orientation apart from the other specified approaches to working with ASD in music therapy.

With an understanding of these various treatment approaches, looking at a survey of clinical practices and trainings (Kern, Rivera, Chandler, & Humpal, 2013) provides a picture of current trends in music therapy practice in meeting the needs of individuals with ASD. Despite the criticisms of behavioral approaches shared within the previous sections, a majority of 54.2% of music therapists who participated in this study were found to apply a behavioral approach to music therapy. Comparatively, only 14.4% denoted NRMT, 4.2% denoted a psychodynamic approach, 12.3% denoted eclectic approaches, and few denoted DIRFloortime®, the developmentally oriented model previously described (Kern et al., 2013). One potential reason for such a disparity in the numbers may be that NRMT is a post-master, advanced training, making a smaller percentage of music therapists eligible to work in this model.

Another reason for this striking contrast in popularity of approach likely relates to the impetus for the type of work (Bruscia, 2014). Understanding impetus as describing how music experiences and relationships lead to therapeutic change, Bruscia identified two primary ways of considering impetus for change: outcome oriented strategies and experience oriented strategies. Behavioral techniques would locate themselves under outcome oriented strategies, wherein specific goals are formulated (typically pretreatment) and outcomes are operationally defined.
Bruscia described these outcome oriented strategies as “based upon cause-effect and stimulus-response relationships...problem-oriented and often evidence-based, [where] the therapist is a scientific expert, treatment planner, and supportive professional” (p. 177). The specificity and clear cut nature of the outcome oriented impetus likely leads to its popularity in working with individuals with ASD. The addressing of external behaviors is easily measured, making it favorable to traditional understandings of EBP.

Alternatively, “experience-oriented strategies involve engaging the client in a music experience and inherent relationship in order to provide opportunities for both client and therapist to clarify and address the client’s therapeutic needs” (Bruscia, 2014, p. 179). The goals are not determined prior to meeting, and the music may manifest in ways that are telling of the therapeutic needs of the client and how these needs may be addressed and worked on within the music. This idea of music as process allows the therapeutic treatment to be tailored to the long term and short term individualized needs of the client. Experience oriented strategies reflect the relationship based theories of developmental learning and allow room for deeper exploration of emotional, psychosocial, and existential needs of the client as they may arise in session (Aigen, 2005a; Nordoff & Robbins, 2007; Ruud, 1997). This aligns with theoretical orientations of improvisational, Music-Centered, and Nordoff-Robbins music therapies.

**Identity and Song Creation**

Cross-disciplinary literature provides various overlapping definitions of identity. For the purposes of this study, identity is understood primarily through a psychosocial and humanistic/existential perspective. Simply put, identity formation begins through “self-in-relationship” and develops into an understanding of “self-in-context” (Ruud, 2010, p. 40). Offering a perspective from the humanities, Ruud (1997, 2010) identified four such contexts as:
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(a) personal, (b) transpersonal, (c) social, and (d) those specifically tied to elements of space and time. Erikson (1968) wrote:

The conscious feeling of having a personal identity is based on two simultaneous observations: the perception of self sameness and continuity of one’s existence in time and space, and the perception of the fact that others recognize one’s sameness and continuity. (p. 50)

Identity exists at both personal and societal levels. Occurring continuously over a lifelong process, identity formation involves how one both relates to and sets themselves apart from their social milieu.

While explained through psychological frameworks, these perspectives show that identity equally lends itself to sociocultural studies and is existent beyond the theoretical realm. Both identity and music are not exclusive to the therapeutic setting but are relevant in daily living. In fact, both musician and audience have classically explored and claimed a sense of identity through musical avenues.

Creative musical expression of the artist/musician serves not only as exploration but a proclamation. The claiming of a sound or a style allows musicians to declare themselves through an aesthetic, affective representation of who they might understand themselves to be in a given moment. Just as identity involves both personal and societal aspects, the musician almost seems incomplete without the prospective listener/audience member. The music listener also chooses music that resonates on a personal level with himself or herself. In doing so, the listener simultaneously gains identity in a cultural or subcultural collective. This may be as subtle as responding to a lyric or musical motif or as outward as choosing to take on a musical cultural identity (e.g., joining the punk rock scene). Equally, styles such as “folk,” “blues,” and “roots
rock” seem to define themselves through a certain degree of authenticity on the part of the musician.

An understanding of music and identity beyond the confines of the session room then lends itself to informing the functions of music and identity within the clinical process. Music centered thinking supports this continuity between nonclinical and clinical musical experiences. Aigen (2015) emphasized that some music therapists are musicians “work[ing] in therapeutic contexts to bring the inherent benefits of musical and musically based experiences, rather than therapists who use music as a tool to achieve goals that are not specific or unique to music” (p. 20). For this reason, themes of music, song creation, and identity are herein explored from a sociocultural perspective as they relate to music therapy.

**A sociocultural perspective.** In attempting to understand the functions of music in the nonclinical context, literature refers to the idea of being in music as an active process (Aigen, 2005a, 2005b, 2015; Elliot, 1995; Frith, 1996; Ruud, 1997, 2010). Elliot (1995) defined the concept of *musicing* as:

> Not merely to move or exhibit behavior. To act is to move deliberately, with control, to achieve intended ends… Musicing in the sense of musical performance is a particular form of intentional human action…to perform music is to act thoughtfully and knowingly. (p. 50)

Frith (1996) connected this idea of musical performance to concepts of self-identity, highlighting that musicing with others quickly puts one into the sense of both self and other. He elaborated that the self in performance comes to life in the moment in stating:

> Individual, family, gender, age, supercultural givens, and other factors hover around the musical space but can penetrate only very partially the moment of
enactment of musical fellowship. Visible to the observer, these constrains remain unseen by the musicians, who are instead working out a shared vision that involves both the assertion of pride, even ambition, and the simultaneous disappearance of ego. (p. 110)

The idea of performance of self makes an argument for both the social process of musicing and the aesthetic process of creating something that sounds “right” or “beautiful” in an expression of self. Scholars have theorized that musicing, a self in action, is not just a reflective performance of self but also a production of the self in the moment through exploration of musical and aesthetic forms (Aigen, 2009; Frith, 1996; Ruud, 1997, 2010). Additionally, music may provide peak (Maslow, 1964), flow (Csikszentmihalyi, 1990), or other transcendent experiences that contribute to identity formation through an added sense of meaning or purpose.

Focusing specifically on song creation, these themes of music and identity also extend into lyrical creation and content. Shakespeare (1996) referred the metaphoric concept of identity as “narrative which focuses on the stories we tell about ourselves and our lives” (p. 99). In its initiation, rap music was also viewed as “a narrative of social inequalities in urban communities” but has since expanded beyond the specific community to become “an example of genuine empowerment of a nondominant group” (Short, 2014, p. 4). Understanding identity as “self-in-context” (Ruud, 2010, p. 40), we may understand the range of these narrative stories from the individual to the individual in culture, community, or other social contexts.

Hays (as cited in Baker, 2015a) proposed that the term sociocultural encompasses the full spectrum of diversity in people, including “generational, extent of disability, religious and spiritual orientation, ethnicity and racial identity, socioeconomic status (SES), sexual orientation, indigenous heritage, national origin, and gender” (p. 41). Each of these social and cultural factors
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plays a dynamic role in one’s continual formation of identity. Additionally, each of these social and cultural factors has its ties to music whether it is for recreational use, purposes of heritage, community, emotional expression, spiritual and religious practices, and/or some other form signifying ones membership to a particular social or culture group. Baker (2015a) stated that “when the music created matches the musical identity of the songwriters, creating songs becomes a medium to connect or reconnect with their sociocultural identity” (p. 81). Hence, from the therapeutic perspective, music and song creation may be utilized as a resource allowing for reclamation, exploration, awakening, or affirmation of self-identity (Koelsch, 2013).

**Song creation and music therapy.** Aigen (2009) researched the application of a musicological method of analysis known as *schema theory* (Lakoff & Johnson, 1980). Primarily referenced externally to the field of music therapy, Aigen applied this method in an analysis of music occurring within the clinical setting. Schema theory has its foundations in the ideas that “our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature” (Aigen, 2009, p. 244). Relevant concepts to musical and artistic form include verticality, container, part-whole, source-path-goal, and force. In essence, innate attributes of music, such as the musical architecture of a piece, movement, adherence to and breaking from form, can be abstracted to have greater metaphoric significance.

Aigen (2009) examined two pieces of clinical music, a composed song and an improvisation (both within the NRMT model), through this concept of schema theory. Aigen determined that such an analysis of music emphasizes connections between decisions made in the temporal, melodic, and harmonic dimensions of the music and specific clinical goals. He affirmed that analysis of music through schema theory also establishes congruence between clinical and nonclinical uses of music, musical experience and extramusical experience, and
lessens marginalization between disabled and nondisabled individuals (Aigen, 2009). This work was formative to the current study, as it influenced a way of making connections between attributes of the clinical improvisations sampled and the potential significance of these improvisations for the clients.

The suggestion that individuals may benefit from their engagement with music despite level of disability supports earlier mentioned theories on the benefits of the creation of song as shared across populations to address identity formation, self-expression, and self-advocacy. Additionally, this connects to earlier ideas of the performance of self, narrative, and metaphor in music, drawing connections between song form and lyrical and musical content into a larger picture of the individual in music. Finally, in relation to ASD, this resonates with the previously mentioned concept of the music-child in NRMT, postulating that an innate musicality resides in all individuals allowing access towards wellness and self-actualization.

The remainder of this section will reference a recently published book titled *Therapeutic Songwriting: Developments in Theory, Methods, and Practice* by Felicity Baker (2015a) and related studies that led up to the release of this publication. This publication details Baker’s engagement in intensive research spanning the course of 4 years (2011-2015), aimed at developing a deeper understanding of multiple facets of songwriting as a therapeutic intervention. These facets included: (a) purpose, (b) perceived strengths and limitations, (c) therapeutic orientation underpinning songwriting approaches, (d) methods of creating lyrics and music, (e) life of song beyond the therapy setting, (f) role of songwriter, therapist, and music in the songwriting process, (g) factors impacting songwriting process, and (h) unexpected breakthroughs and negative songwriting experiences. Baker’s work is highly relevant to this study as it is the most current research exploring in-depth theory, practice, and method for
creation of song in the clinical music therapy setting. Additionally, Baker’s referencing the function of song and songwriting across multiple contexts in a nonpopulation specific manner begins to suggest unexplored, potential applications of song and songwriting for individuals with ASD.

Baker’s organization of findings makes reference to Bruscia’s (2014) previously mentioned strategies: outcome oriented and experience oriented ways of thought. Baker (2015a) contributed a third category, known as context oriented thought and organized the orientations as follows:

1. Outcomes-oriented: Medical, behavioral, educational, and cognitive behavioral;
2. Experience-oriented: Psychodynamic, humanistic, Gestalt; and
3. Context-oriented: Cultural psychology, sociology, and anthropology (p. 8)

Each is compared and contrasted in understanding of the role of music, therapist, and client in the clinical process and perspectives on treatment, outcomes, efficacy, and evaluation.

Further examining these roles in the clinical songwriting process, a preceding article from Baker (2015b) focused on the role of music in the process. Baker’s rationale in conducting this study derived from a predominant focus on outcomes and lyric analysis in existing literature on therapeutic songwriting, leading her to ask, “If the music was unimportant why do we bother to create it?” (p. 123). A thorough literature review provided by the author highlighted that the music is important in “communicating the emotions of the songwriter, stimulating moments of insight to the self, fostering identity transformation, and enhancing self-esteem” (p. 126).

Baker (2015b) sought to further understand, “What role does the music and the music creation process play in the therapeutic songwriting process?” (p. 126). Baker arrived at three themes and 18 categories. The three themes are: (a) music’s power to convey messages and
emotions, (b) music has a clinical purpose, and (c) music and individual expression. Each of these themes is then correlated with a number of subcategories, correlated with quotes as examples of such.

While few of the therapists interviewed for Baker’s (2015b) study were working with clients with developmental disability or ASD, some of these subcategories draw direct correlations to the core deficits of ASD, such as fostering communication and interaction. Examples of such include music adds emotional backing to the lyrics, music can compensate for limitations in language expression, music can overcome blocks in the therapy process, creating music increases engagement and investment in the process, music (genre) can connect people to their sociocultural identity, music enables people to express and try new identities, music that represents a person’s musical identity increases its meaning and authenticity, and music enables a socially valued means of sharing self with significant others (Baker, 2015b). It appeared that the role of music in the songwriting process facilitated similar aspects to goals of social/emotional communication as would be implemented for the ASD population.

Interestingly, only six of the 45 participants in Baker’s (2015b) study considered themselves to be music-centered in practice, possibly addressing the lack of literature representing the role of music in songwriting.

Despite the thoroughness of this text, little definitive information is provided on the usage of songwriting or song creation with those with ASD, likely due to a small sample of the population working specifically with clients with ASD. References are made to previously mentioned uses of song, such as the setting to familiar structure and working on concrete and strategic planning. However, one interview from text resonates greatly with this current study. This details how one young man with mild to moderate autism had created songs within an
individualized music therapy context specifically about his experience of being a person with autism. Baker (2015a) detailed that “his songs suggested that [autism] experts should cease making assumptions about what people with autism feel and need, and that it would be more beneficial to ask them directly” (p. 247). This client felt so strongly about his message that he sent his song to Tony Atwood, a clinical psychologist and an expert on what at the time had been referred to as Asperger’s syndrome. Hence, it appears that the songwriting process not only facilitated an outlet for expression and deepening sense of self but also further developed the client’s identity within the context of a social and political community.

This last point resonates with an inspiration for the current study as it acknowledges the simultaneous transformation of identity on multiple levels. Considering my experience as a clinician, the co-creation and sharing of a meaningful song cannot only influence the client’s self-concept but also redefine his or her identity in the eyes of societal figures such as parents, teachers, or therapists. The client is abilified in the eyes of these external figures as he or she is actively performing a sense of self previously unknown to the others. In turn, the others’ perspectives of the client will have changed, and it is likely that this will be reflected in future interactions, opportunities, and levels of support provided with the client.

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As concluded, there is a limited literature looking specifically at songwriting or song creation techniques with ASD and developmental disability (Baker, Wigram, Stott, & McFerran, 2008, 2009). Despite this lack of literature, a recent study showed that 44% of a given sample of clinicians working with individuals with ASD utilized songwriting techniques one to two times per week (Baker et al., 2008, 2009). Baker’s studies provide some of first documentation of songwriting approaches for these client populations. Results showed that songs were most often
created within a single individual session. Within most cases, clients made choices about the
lyrics created as the therapist shaped the music. There was little direct rationale provided for
these choices. Over 50% of clinicians in said study used improvised music often within their
work, creating songs out of verbal contributions of the client (Baker et al., 2009). It is noted that
many time these songs were “distributed to a wider audience” (Baker et al., 2009, p. 51),
suggesting a product oriented mentality. Much research in still needed to determine the full
potentials of songwriting or improvised song creation for individuals with ASD.

Bruscia (1987) is cited within Baker (2009) as suggesting that:

Song improvisations bring the child [non-specific to ASD] to a deeper level of
awareness of his/her feelings and tolerance for his/her expression. Through
improvisation, the therapist can give permission and support to the child to
express feelings that the child perceives as forbidden, dangerous, or
overwhelming. The musical structure and context of the song make it safe for the
child to experience feelings kept out of the consciousness because of their
threatening nature. (p. 51)

Similarly, the same study shared that “four of the top six goals underpinning songwriting
were psycho-emotionally focused – develop a sense of self; externalizing thoughts, fantasies, and
emotions; telling the client’s story; gaining insight or clarifying thoughts and feelings” (Baker et
al., 2009, p. 33). However, the study found that clinicians working with clients with ASD focus
more on developmental goals, with a primary focus on social skills and a lesser alignment with
these psycho-emotional goals. Further research is necessary in order to gain a deeper
understanding of the potentials of improvised song creation for children with ASD. If these
psycho-emotional areas are inherent to the process of songwriting, it is conceivable that they are present when working with individuals with ASD.

Aigen’s qualitative study, *Here We Are in Music: One Year With an Adolescent Creative Music Therapy Group* (1997), examined group work within the NRMT model that called for the clinicians to effectively address this broader range of needs for a group of adolescents with varying developmental disability. The therapists found it essential to communicate to the clients that immediate feelings, concerns, and interests would be accepted within the group. This was achieved through reflecting and developing spontaneous expressions into improvisatory song creations, attempting to enhance each client’s self-awareness of their emotional sharing in the group. Aigen stated that:

In contrast to a verbal psychotherapy group where various themes and issues become overly manifest, in this group it became necessary for the therapists to perceive or interpret the clients’ crucial issues and create musical forms in which these issues could be expressed and worked on. (p. 53)

Aigen (1997) further explained that reporting these musical forms, also identified as improvised songs, was essential to conveying the nature of the clinical experiences. He concluded that experiences contained in the music were difficult to capture verbally, however were “not peripheral to the therapy, but actually contain the therapy, in many cases” (p. 62).

Nordoff and Robbins (2007) shared this reflection on song:

Each song takes on the particular identity that its melodic form and verbal content bestow on it; it also takes on a special life of its own in the flow and events of the therapy experience. A song can stabilize yet animate; for one child it may become refuge from the changing flux of therapy experience, for another, a defined,
exciting platform of experience from which impulsive leaps into new communicative behaviors may be taken. (p. 243)

Ritholz and Robbins (1999) described the improvisational and compositional process of song creation as an essential part of the NRMT model. The resource *Themes for Therapy: From the Nordoff-Robbins Center for Music Therapy at New York University* (Ritholz & Robbins, 1999) shared that themes offered were the natural outcome of “meeting children, their needs, and their abilities, in and through music … originated in therapists’ responses to individuals or groups and are therefore truly client-inspired” (p. 6). It is worth mentioning that, at times, due to the limited verbal capacities of clients, the therapist draws from indirect influences of the client (e.g. movement or nonverbal vocalization), using song as a means of inviting the client further into active music making. Due to the creative, verbal content provided by the participants in the current study, it would seem that these participants held more of an equal role in the song creation process than in traditional NRMT work, which many times involved clients with lesser verbal abilities.

In regards to the potency of song, Ritholz and Robbins (1999) implied the potential for impact upon identity formation and expression, stating that song carefully and intentionally chosen for a group or individuals could become “potent means of strengthening self-awareness [and] bring positive healing to those with a damaged or undeveloped sense of self” (p. 7). The current study aimed to build upon this understanding of song efficacy through the examination of two individuals who utilized improvised song creation in an apparent attempt to explore self-reflective themes in a shared, musical manner.
Method

The purpose of this study was to facilitate deeper understanding of the mechanisms of improvised song creation which clients access and utilize within their individualized music therapy processes through the qualitative approach of grounded theory (Corbin & Strauss, 1990). Grounded theory has been described as “the discovery of theory from data systematically obtained from social research” (Glaser & Strauss, 1967, p. 2). This research approach was particularly useful for generating explanatory theory that further understands social and psychological phenomena as it relates to the topic at hand. What follows is my personal and professional relationship to the topic of study and a thorough description of the method.

Stance of the Researcher

As the researcher, this topic is of personal interest to me as it relates to my personal philosophies on music and the humanities. Beginning with my own connections to music, I have found music to be an inherent part of being human. In my own relationship to music, I have experienced peak moments of flow, expression, clarity, pleasure, intrinsic gratification, and a heightened connection to self and others. Along with these impacting experiences, music has become an integral part of my identity. I identify myself as a musician, artist, and, more broadly, a musical being.

In my own relationship to concepts of identity, I believe it is important to develop a secure and grounded base, while remaining open to self-growth. I believe the self should not be static, and that this is unnatural, however a foundation is a necessary in order to navigate multiple contexts and integrate them accordingly. As an adolescent and young adult, songwriting has proven an effective method for capturing and meditating upon aspects of myself
Further, I find that creativity is a necessary facet of health. Just as we are in constant relationship with our external environments, I believe that we are our own ecosystem, constantly receiving input and needing a way in which to express and output that which we are processing. It is my belief, as the researcher, that we use creative expression as a positive means of self-exploration or self-declaration. Alternatively, negative, inwards forms of repression or depression of the self or even oppression by others in external environments may occur. Music serves as one such medium for creative expression. A prime example of such is the origins of hip hop and rap culture in which the musical and lyrical content serves as a vehicle for expression both individually and within a collective community. Short (2014) commented that “engaging in Rap became a way in which Black youth created ‘… a collective catharsis...a way of expressing their ‘…pain and joy, sorrow and ecstasy...’” (p. 4). Here, it is seen that the music not only serves as an expression of the individual identity but as the collective identity of a larger group of people. Music may then carry the potential for similar value when applied in the clinical, therapeutic setting, allowing the client an avenue for self-exploration, expression, and connection to self and others.

As stated within the literature review, current trends in treatment approaches for individuals with ASD tend to be behavioral in nature, followed by developmental approaches, and/or educational approaches (Wong et al., 2015). Behavioral approaches have been known to focus predominantly on external symptoms (Kern, 2015), targeting training on specific behaviors in an outcome oriented approach (e.g., increasing eye contact, encouraging scripting language, or decreasing hand flapping). Developmental approaches, in contrast, focus more directly on the underlying core deficits of autism, such as fostering affective communication and interaction within a meaningful relationship (Casenhiser, Shanker, & Stieben, 2013). While these clinical
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approaches both have their place within work with children with ASD, there is a deficit of literature that focuses more on mental health, the psychosocial, and existential needs of clients with ASD.

Over the course of 4 years working with the ASD population, I have found a need to focus on the individualized strengths and needs of each client, at times necessitating movement beyond the core deficits of ASD. In understanding the needs of individuals with ASD, my philosophy holds that an individual with ASD is still to be understood as an individual. Being open to understanding the individual differences of each client allows for a more holistic understanding of the needs of the client as well as the strengths and preferences that they bring as a unique resource to the therapeutic process (Rolvsjord, 2010). As such, I have come to orient myself from a humanistic and client centered perspective.

While many clients work within realms of development (i.e., the ability to attend, engage, relate, and communicate), clients have also utilized music in a way that places greater emphasis on processing of emotional needs. This has been seen through various expressive instrumental and lyrical improvisations that have given me, as the clinician, greater insight and empathy to the gestalt of these clients, their inner emotional worlds, and their identities as individuals beyond and in relation to the confines of a specific disability.

Within my clinical experience with clients on the autism spectrum, I have worked with multiple clients who have initiated ideas that developed into improvised song form and spontaneous lyrical and musical creation as an apparent means of sharing this inner world and establishing a stronger sense of identity in the session room. With the understanding that other clinicians have experienced similar phenomena in their work, I am curious to examine moments of client led improvised song creation in order to gain a deeper understanding of the mechanisms
that clients access and utilize within their individualized music therapy processes. Additionally, I aim to study the common themes of these improvisations as they relate to identity formation and expression of self, both as an individual and an individual within the ASD community. As such, this may make a case for the usage of improvisational song creation techniques and an increased focus on the understanding and honoring these inner worlds and mental health needs of clients with ASD.

At the time of the clinical sessions selected as data for this research study, I was nearing the end of my Level 1 training as a NRMT music therapist. For this reason, the clinical work is particularly influenced by the training and principles of NRMT theory and practice.

**Design**

This research focused on the qualities and functions of improvised song creation as a client-initiated intervention by the participants within this study. The research was qualitative in nature, employing an analysis of process-oriented work as it occurred within the naturalistic setting of the music therapy session. Qualitative research was most appropriate for a study of this nature as it provided an open and flexible design. More specifically, the research design followed a grounded theory framework as a means of coding and extrapolating meaning from the musical, lyrical, and interpersonal data of the sessions. Grounded theory was considered a "way of thinking about and studying social phenomena" (Corbin & Strauss, 2014, p. 2) in order to build theory from the data. Charmaz (2007) provided the explanation that "grounded theory methods consist of systematic yet flexible guidelines for collecting and analyzing qualitative data to construct theories 'grounded' in the data themselves" (p. 2). An emergent design was used, allowing the study design to change flexibly as called for by the evolution of the research
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Process. Purposeful sampling was utilized, focusing on clients and sessions in which the occurring phenomena germane to my questions as the researcher.

Participants

Selection of clinical data was based upon the following criteria: (a) client must have a formal diagnosis of autism spectrum disorder, (b) client must display capacities for verbal and musical interaction, (c) sessions must involve the client’s initiation of improvised song, which is then developed and supported by the therapist into a substantial experience, (d) must involve sensed themes of identity formation. Two client participants were utilized within this study. As the researcher, I used data from my own clinical work within this study. The parent or guardian of each client was given an informed consent document that detailed additional information and allowed for questions before signing. This document was signed by participant’s legal parent or guardian, the treating co-therapist of the participant, and the primary investigator.

Data Sources and Collection

Data were selected through purposeful sampling of archival video and audio as retrieved from relevant available sessions of each of participant meeting the criteria specified above. One session video from each of the two participants were selected. The selected samples stood out as clear examples of client-initiated song creation, from which pertinent information could be derived. Due to the verbal capacities of these clients, there were clear moments in which each client explicitly requested that he or she and the therapists create a song together. A transcription of musical, lyrical, and interpersonal observations were taken from each clinical excerpt. Musical transcriptions were transcribed using Finale Music Composing & Notation software. Additionally, descriptive transcriptions of the music were recorded on Microsoft Word. Lyrical transcriptions were recorded verbatim on Microsoft Word and descriptive transcriptions of
interpersonal observations (e.g., interaction, relatedness, expression, or affective qualities) were notated using Microsoft Word. These transcripts were cross-compared, in order to understand the song creation process as greater than a sum of its parts. Due to the small amount of gathered data, this study is considered a pilot study in grounded theory, providing preliminary results that may yield the need for a larger and more extensive grounded theory study. Gathering more data in a future study could allow for greater data saturation and theoretical development to occur.

Protection of Human Subjects

The Institutional Review Board of Molloy College approved the study in order to ensure the highest standards in the protection of human subjects. Steps taken to protect the privacy and confidentiality of research participants included the use of pseudonyms for research subjects, and all notes and session videos were kept in a secure and locked file cabinet.

Data Analysis Procedure

As a researcher, I made the decision to adapt the original wording of identity “formation” to a broader encompassing criterion of “formation/expression.” In doing so, I felt that I was able to not only discuss growth that occurred for each client but also the ways in which they were able to express and share themselves effectively through the intervention of improvised song creation.

Raw data were analyzed with multiple viewings, and important segments of the sessions were transcribed in three separate ways: (a) a musical transcription, (b) a lyrical transcription, and (c) a descriptive transcription of interpersonal observations (e.g., interaction, relatedness, expression, or affective qualities).

There were several methods for analysis, beginning with holistic listening (Lee, 2000), which entailed listening to the entire improvised song creation several times in its entirety in order to gain a sense of the whole. The ability to continually shift between the larger picture of
the song as a whole and the inner workings of the song proved invaluable in understanding the value of the therapeutic process for these clients, the themes that were shared among them, and how they specifically fit within the framework of improvised song creation. This approach felt not unlike studying an actual precomposed piece of music, wherein one would not try to learn how to play a piece without first listening to it as a whole.

The holistic listening method was adapted for this study in order to include multiple viewings of the video with the audio in order to also assess aspects of social/relational communication that may have been nonaudible (e.g., body movement, facial affect). Using NRMT (2007) indexing techniques, the session samples were transcribed as to detail the (a) musical, (b) lyrical and (c) social/interrelated content of the improvised song creations.

These transcripts were written in a continuous script-like fashion in order to maintain the gestalt of the sample. Lyrics were written in quotations, social interactions annotated in italics, and musical descriptors were written in plain text but outside of quotations. An example from one of the samples read as follows:

0:44 J (Jamie): “And lunch, and snack, and morning work.” 

J pauses singing and looks at PT (primary therapist) in apparent expectation of something. CT (co-therapist) is also leaning forward and listening. J looks back at the keys of the piano and continues singing. “And pack up and go home. You unpack, that means you’re ready for school, and school starts at 8:05.” J now seems to be lining up his phrasing more intentionally with the patterned structure of the piano. He continues to sing on the G3. “School starts, there’s another school. School summer school. And at 3:05.” 

J looks again at PT who is looking back while singing in response. CT goes to get drumsticks from the other side of the room,
adding conga and cymbal to the musical exchange.

PT: “At 3:05” Sung in a more sustained legato, melodic expansion for the first time. “That’s when…school…”

J: “Is over” J takes another leap up a perfect 5th from G to D and then resolves on the 4th, C, which is sung over the PT’s sustaining on the V chord (G major).

Notated musical transcriptions were then taken to highlight predominant aspects of the song creations, such as the establishment of themes; changes in melody, articulation, and/or dynamic, back and forth musical exchange between client and therapist; and transitions from one section of song from to the next. These were written with inclusion of all aspects of the music, including any contributions of client(s) and therapists. This helped to not only capture the music as a whole but also observe relationships and interactions between the musical choices as made within the improvisations. A description of the analysis process is as follows:

1. Transcriptions of sessions (i.e., musical, lyrical, and interpersonal observations) were reviewed several times in order to identify salient moments, properties, interactions, structures, or processes occurring in relation to guiding questions of improvised song creation and identity formation/expression for each client. Each client’s transcript was reviewed separately and moments that appeared relevant and significant to song creation/expression/identity were highlighted.

2. Next, I engaged in the data with freeform note taking of my thoughts and impressions regarding the highlighted segments. For instance, transcript A’s highlighted section, “PT and CT suspend the music here, however J plays the piano in quarter note tone clusters and begins the lyrics independently and in a directive manner,” included notes such as “J shows more musical leading.” The
words “lyrics independently” and “directive manner” were underlined as it appeared to be significant to the research topic.

3. Notes and highlighted segments were reviewed once again to both expand upon and refine wording, thoughts, and organization of ideas.

4. Notes and highlighted segments were then compared against each other through theoretical sampling to determine relationships and/or differences. Notes and highlighted segments were then cross-compared amongst one another so as to not be considered in isolation and to validate initial interpretations. As the researcher, I continuously asked questions about what was understood and what was not understood, going back to the data when necessary. This step involved creating tables and diagrams to organize notes and highlighted segments. For example, moments of lyrical back and forth occurring in each song had been given the label of “reflection” and “musical reflection/affirmation.” These moments were then compared with one another to understand the potential of shared significance between these instances. Similarly, the inherent structures of the samples were cross-compared, such as transitions to the B sections of the songs and the musical, lyrical, and interpersonal transcriptions that aligned with these moments.

5. Here categories began to form as I extrapolated the prevalent commonalities within the selected samples. At points these categories remained descriptive in nature and were not confined to headings so as to not lose the value of the finding too early on in an overly reductive representation. An example of such was the categories “Wider range of singing, creative leaps, more thoughtful musical choices” which eventually became the concept of “Expansion of voice.” I
continued to return to the raw data in each step in order to allow room for any new emergence of data and for the data to saturate. Only after the process of integrating and refining all the concepts into the selection of a core category can the grounded theory emerge (Corbin & Strauss, 1990).

6. Categories were then reviewed once more, and headings were given to conceptualize the emergent results. These included 12 concepts, five falling under (a) musical emergence, three under (b) lyrical emergence, and four under (c) interpersonal emergence of identity. These concepts were as follows: (a) finding musical synchronization, expansion of the voice, types of singing (reflection, unison, and harmonization), musical style, song structure; (b) lyrical initiation and development, song of self, and use of abstracted or metaphoric language; (c) choosing to create a song, finding roles, nonverbal acknowledgement, and integrating client preferences and tendencies.

It appeared that the data were giving me no new information in regards to the question (a). As a result, data analysis continued in abstracting themes for question (b). It appeared that the organization of the codes underneath the constructs of (a) musical emergence of identity formation, (b) lyrical emergence of identity formation, and (c) interpersonal emergence of identity formation provided sufficient data to answer the first of two primary questions of this research study.

As such, it was as if the research questions that I had laid out as the researcher had led me subsequently from one answer to the beginnings of the next in the research process. By understanding (a) what musical, lyrical, and
interpersonal themes arose for these clients in relation to identity
formation/expression, I was able to begin to extrapolate (b) the function that
improvised song creation had served in their processes. In other words, the codes
that had been organized into constructs appeared to answer question (a) and then
became the basis for the emergence of themes for question (b).

7. While considering themes for question (b), What function or functions does
improvised song creation serve in the formation/expression of identity for each
client?, I returned to the raw data on multiple accounts in order to verify that the
themes that were becoming established still tied back to what I could gather from
the individualized experience of each of these clients in the video/audio samples. I
wanted to ensure that the theoretical development and formation of conclusions
had not become too abstracted from the sessions themselves.

8. Concepts from question (a) were isolated, and their value was considered in
relation to the function of improvised song creation as a means to address identity
formation/expression. From these concepts, themes were created that involved the
following: collaborative process, performance of the self, and an aesthetic and
creative process.

9. The themes were then plotted into visual diagrams to as to fully understand the
connections between the main constructs and themes that had risen out of them.
This provided both a visual understanding through which aspects of improvised
song creation could be utilized in order to work within specific goal areas as well
as a more music-centered understanding of the mechanisms inherent to
improvisational song writing that functioned to promote identity
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formation/expression.

10. When the data were fully saturated and major themes were developed, a summary of findings was completed and delivered.

Ensuring Trustworthiness

As the researcher, I engaged in a variety of strategies to increase the validity of findings through disproving assumptions against data and using the “constant comparative method” (Silverman, 2005, p. 224) by comparing ideas, theories, and data against one another. To establish trustworthiness, I triangulated data from three sources: musical transcriptions, lyrical transcriptions, and interpersonal observation transcriptions. This technique was used to “accurately increase fidelity of interpretation of data by using multiple methods of data collection” (Kolb, 2012, p. 85).

Measures taken to promote validity in this study were documenting detailed, thorough transcriptions of sessions through musical transcriptions; lyrical transcriptions; and interpersonal observation transcriptions. In addition, I have written my assumptions, experiences, and emotional reactions within the Stance of the Researcher section presented in the Method in order to identify my bias.
Results

The following discussion of research findings addresses the two primary research questions: (a) What musical, lyrical, and interpersonal themes arose for these clients and how do these clinical themes relate to the broader context of identity formation/expression? (b) What function or functions does improvised song creation serve in the formation/expression of identity for each client? Before presenting theoretical constructs and themes that emerged from the data analysis, a brief narrative setup is provided to help the reader contextualize the scenarios in which these improvised song creations occurred.

The summaries provided are based upon the transcriptions taken from each sampled session. The summaries themselves were not part of the data analysis procedure but are being shared to allow the reader to engage more dynamically with the results. For this reason, the audio excerpts of the samples have also been made available. The whole of each audio sample has been included to accompany the brief summaries provided, allowing the reader to first hear the improvised song creation in its entirety. Following, specific excerpts of audio have been purposefully included to accompany and illustrate the findings of the researcher.

Music Therapy Summaries

The following section describes in brief what occurred during each music therapy excerpt with some detail. The first sample focuses on participant Jamie, who was being seen within an individual, 2:1 setting. The second sample is originates from a 2:3 group setting with members, Sarah, Felix, and Benjamin. For the purposes of focusing upon the individualized experience of the participant, I have chosen to highlight Sarah’s experience in the group’s improvised song creation because she initiates the idea of song creation. The roles of group members will be discussed as they relate to Sarah’s experience. I served as the primary therapist within both of
these sessions and had worked with both clients for some time prior to the selected excerpts. For this reason, it is necessary to consider the therapeutic relationship as a given within these clinical samples.

**Jamie, Whole Audio Sample**

*Jamie’s music therapy session.* The excerpt begins as primary therapist (PT) lightly plays in a regular rhythmic pattern on the piano. Jamie is looking at co-therapist (CT) and talking about the “vowels in the song.” This is Jamie’s way of saying what notes are necessary in order to play the song that is about to begin. These typically have no actual correlation to actual harmonic content, but rather appear to be Jamie’s way of directing the process and finding his way into a musical exchange. PT introduces a basic, stable chord progression on the piano in the key of C Major (alternating between a I7 and V76) as Jamie dialogues with the CT about what instrument he should play. Jamie joins in playing on the upper register of the piano and begins to create the lyrics in a speak-singing manner. “In the directory office they have all teachers. Teachers that you get. An X period…” With the initiation of the lyric, the PT begins playing in a more harmonically grounded manner, predominantly switching between I and IV. Jamie is sitting upright and continues to play the piano on occasional downbeats. His singing is rhythmic to the natural cadence of his words at first then slows and becomes more synchronous with the PT’s piano play.

As the song continues, a lyrical and musical exploration unfolds. Lyrically, this entails Jamie’s relaying his own experience as a student by describing the circumstances of other students from a more general perspective. Such exemplary lyrics include: “You unpack, that means you’re ready for school, and school starts at 8:05” and “And the schools; some schools end in May.” Musically, Jamie takes on the role of both leader and follower, choosing to
manipulate the elements of music (i.e., melody, rhythm, dynamic, articulation) both independently and in response to the musical choices of the therapists. Relevant examples will be discussed as related to the questions of the researcher.

**Sarah, Whole Audio Sample**

**Sarah, Felix, and Benjamin’s music therapy session.** The excerpt begins with the group preparing to engage in the performance of an improvised song. Prior to this selected sample, Sarah had expressed that she and her friend had recently gotten into an argument, which she had been reminded of during the session, and requested to have a song about this event. As the selected excerpts begins, Felix, who is sitting at the piano, blows a reed horn and calls Sarah’s name loudly in an attempt to gain her attention. Sarah is rolled back on the floor, laughing loudly with her head thrown back and holding a microphone. Her laughter appears to be an anxious response to the suggestion that she is about to share her song idea. Benjamin and the CT are sitting in the center of the room with tambourine and tubano (standing drum) respectively. PT stands next to the piano and taps the handle end of a drum mallet on the piano cover in imitation of a conductor using his baton to gain the readiness of an ensemble. Using the microphone, Sarah introduces each member of the group, including the PT and CT, and his or her instrument of choice, continuing the idea of a mock performance.

PT cues in Felix at the piano. It should be noted that Felix has some formal training on the piano. As music starts, there is some discrepancy between the tempo of Felix’s piano play and Sarah’s lyrical improvisation, but these too become increasingly synchronous and relational over the course of the improvised song creation. As in the first sampled excerpt, as the song continues, a lyrical and musical exploration unfolds. Lyrically, this entails Sarah’s expression through condensed and metaphoric thoughts on her relationship with her friend. One such
exemplary lyric would be: “My friend and I. We are in ties. We know who we are, who we are. We know who you are. Because it’s gonna work out together.” Musically, Sarah, like Jamie, takes on the role of both leader and follower, choosing to manipulate the elements of music (i.e., melody, rhythm, dynamic, articulation) both independently and in response to the musical choices of the therapists and group members. Additionally, Sarah’s dance-like movements that accompany her singing seem to be inseparable from her involvement in this experience. Relevant examples will be discussed as related to the questions of the researcher.

**Research Question A**

The following section addresses the research question: What musical, lyrical, and interpersonal themes arose for these clients and how do these clinical themes relate to the broader context of identity formation/expression? Relevant concepts will be shared under (a) musical emergence of identity formation/expression, (b) lyrical emergence of identity formation/expression, and (c) interpersonal emergence of identity formation/expression. It is important to note that these categories of musical, lyrical, and interpersonal emergence are reliant upon one another and could not have occurred in isolation. Findings are organized under categories to best align the concepts with the domain through which the emergence of identity formation/expression seemed most apparent

**Musical emergence of identity formation/expression.** Five concepts were found under the first category, musical emergence of identity formation/expression: finding musical synchronization; expansion of the voice; types of singing (reflection, unison, and harmonization); musical style; and song structure. Each concept is described below, drawing commonalities between the sampled excerpts. Audio examples will be available for further exposure to these concepts through both written and auditory example.
Finding musical synchronization. Within both clinical samples, there was a common theme of beginning the improvised song with a sense of musical disjointedness. This predominantly showed itself within tempo variance between the client(s) and the therapist(s). The following excerpts can be heard as illustrative of this movement from disjointedness into synchronization:

Jamie, Excerpt 1

The transcript from Jamie’s song reads:

Jamie’s speak-singing is rhythmic to the natural cadence of his words at first and then slows, becoming more legato to synchronize with the PT’s piano play…CT is keeping a basic beat on the cymbal in a laid back manner.

Sarah, Excerpt 1

Similarly, the transcript from Sarah’s session notes:

Felix begins to play a slowly arpeggiated I-V-IV in F major. Simultaneously, Sarah had begun a beat-boxed rhythm into the microphone, however looks at Felix and says, “That’s not how my song’s supposed to be…It’s supposed to go like this…” PT, “Oh, so it’s supposed to go a little faster?” Sarah, “Yeah”… Sarah, sung, “I know that it will work out just fine.” She modulates and expands sung range to match Felix’s accompaniment, which also appears to bring Felix into greater reciprocity. Benjamin also joins in on tambourine, solidifying tempo with basic beat.

This ability to navigate a shifting temporal space appears integral to the improvisational process as it allows for the players to locate one another in the space of the music. As the songs progress, the clients are each able to adjust from his or her initiated ideas to line up phrasing, fall
into a stronger, more established groove, and become more synchronized with the other players (both therapists and clients). The usage of a basic beat by the CT and then by Benjamin in excerpt 1 and 2 respectively suggests that this establishment of groove is also felt by other members of the experience, as it is reinforced in these moments by their playing. In relation to identity formation, this finding of musical synchronization suggests a movement from the intra- to the interpersonal as the client is considering not only his or her own musical idea but also how to adjust to meet those around him or her. The self therefore takes on greater definition when it is understood in relation to others or surrounding environment.

As the songs continued to unfold, there were additional moments of fluctuation and flexibility that occurred both from the client but also in response to the client, highlighting the reciprocal nature of synchronizing. Hence, the identity of the client is both expanding to meet the other players in the music while also making the other players increasingly aware of and responsive to his or her identity.

*Expansion of the voice.* Another prevalent theme present in both improvised song creations was the expansion of the voice (broader range of singing with regards to articulation and melodic intervals), occurring over the course of each song. Numerous examples of this were found throughout both musical transcriptions and intensive listening. Interestingly, both Jamie and Sarah began their songs by speak-singing the first few phrases on the tonic, as relative to the instrumental accompaniment provided. As the songs continued, each client expanded his or her vocal presence by singing in a more legato, lyrical manner, suggesting a more musically connected presence. Additionally, the clients both left the tonic and sang in a wider range of their voices (see Table 1).
Jamie, Excerpt 2

Sarah, Excerpt 2

As heard within these excerpts, this broadened range made itself apparent through creative leaps heard from the clients (Nordoff & Robbins, 2007). This concept refers to idea that the client is taking a melodic and intervallic risk in the music, spontaneously reaching for a note that they had not before. This may be attributed to the client feeling the impulse to make a musical and aesthetic choice in relation to his or her environment. However, once that creative leap is made, it is no longer an unknown territory to the client. In both samples, the client can be heard reaching upward for a note and then exploring the range in between that note and tonic many times before reaching for the higher interval yet again.

As such, the importance of this occurrence in relation to identity can be considered to mirror an expansion of the self. As the client feels more comfortable to explore his or her own voice, this expansion becomes integrated into a broadened sense of self. The creative leap is no longer a taking of chance but is now a part of the client’s grown presence and an available tool for musical creation and expression.

Types of singing (reflection, unison, and harmonization). Relating to this expansion of the voice, there are three distinct types of singing that became apparent through analysis, as provided by the therapist in response to the developing music of the client. As this involves relational singing between therapist and client, this particular concept could be considered equally interpersonal in nature. However, the musical components seem inseparable from describing the impact of and distinctions between these three types of singing, which are: reflection, unison, and harmonization.
Reflective singing occurred within both clinical samples and refers to the therapist’s direct repetition of the phrase of the client. It is reflective in essentially every way, reflecting lyrical, rhythmic, and melodic components of the client’s singing. This type of singing seemed to occur in pauses left by the client, predominantly within earlier stages of the improvisation, during which it seems the client may be looking toward the therapist and/or other clients and locating themselves within the improvised song creation.

**Jamie, Excerpt 3**

The direct reflection by the therapist allowed the client the experience of validation in their musical and/or lyrical ideas and affirmation that these ideas are being heard and received by the therapists and/or peers within the group. This appeared to have the effect of propelling the client forward into the creative process as shown through both Jamie’s and Sarah’s continual creation of lyrical content. At one point within Sarah’s song, after being directly reflected twice by the co-therapist, Sarah sang, “Everybody listen, listen, listen,” seeming suddenly more aware that she is sharing her expressions with the group through song.

Unison singing still involves the usage of a client driven idea but sang back with more immediacy and less concern for the clarity of the back and forth than heard in reflective singing. At these points, there appears to be a greater sense of mutuality and flow within the improvised song creations, and a level of prediction is necessary from the therapist to meet the client in this way. The client’s expressed identity seems to momentarily merge with that of the therapist as they are working together to deliver the message of the improvised song creation.

Harmonization then signifies the beginning separation of this merger, as the client and therapist take separate parts that are directly relational to one another. The client now can move beyond a strengthened sense of self with the direct support of others, and into a sense of self
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amongst and in relation to others. Harmonizing suggests the ability to locate oneself in relation to others or some sense of stabilized ground. Harmonization, as I am using it, does not refer strictly to the singing of a harmony to the part but rather creating a complementary musical part to that of the client that is separate from yet enriches the client’s musical part. This appeared to be the most complex form of sung interaction and occurred toward the end of each improvisation, mostly over the chorus sections of the song. Prominent examples include the therapist’s creation of a slow chorus phrase that was complemented by Jamie’s quick and rhythmic reply, as well as the end of Sarah’s piece in which the therapist, co-therapist, and Sarah all chose notes in a sustained harmony with one another (see Table 1):

**Jamie, Excerpt 4**

**Sarah, Excerpt 3**

Though it is not overtly present in the sampled excerpts, the next elaboration of this concept would likely be the use of musical and relational dissonance. Referencing the developmental philosophy of “Theory of Mind” (Baron-Cohen, 2001), this would allow the client to hear the ideas of the therapist and/or peers that are differing from his or her own.

**Musical style.** Similarly, musical style appeared to become a driving theme in each improvisatory song creation. Both Jamie and Sarah’s improvised song creations likened themselves to pop idioms, showing the potential influence of pop music culture in shaping their musical creations. In fact, both songs had distinct musical attributes similar to that of preexisting musical pieces: Jamie’s borrowing ideas from The Beatles’ “Hey Jude” and Sarah’s actual quoting of melodic motifs from James Horner’s “My Heart Will Go On” from *Titanic*. The clients’ use of pop idioms in song may then not only be a vehicle for personal expression but also
stylistically connect the clients to the broader identity of being a preteen within American pop culture.

Furthermore, there appeared to be a communal consideration for the overall aesthetic of the piece. Such examples can be seen in both samples when members (CT and Benjamin, respectively) made the conscious choice to introduce a new instrument or new way of playing an instrument in a particular moment, seemingly only to enrich the stylistic whole of the piece. This in turn provided validation and support to the client who symbolically became the “frontman/woman” (a lead singer of a pop or rock group) within the musical group. Once such example from Jamie’s transcript reads as follows:

J’s lyric/melody becomes heavily syncopated against the steady rhythm of the therapists in an almost rap-like manner. CT’s drumming also becomes more stylistic here. He is switching between drum and cymbal in a rock-pop groove; even adding fills on the drums in multiple turn-arounds (see Table 1).

It appears that the embracing of a musical style provides a larger musical concept through which the members of the group may connect and act as collaborative artists together. Simultaneously, the client’s assumption of the “frontman/woman” identity, allows the client to embody a persona that they may try on and express themselves through, experiencing themselves in a potentially novel and impactful way.

**Song structure.** Another shared attribute of the improvised song creations appeared to be the importance of song structure. Understanding that both samples are created with reference to pop stylings, the songs idiomatically moved through structures of introduction (I), verse (A), a further developed verse (A2), bridge (B), chorus (C), and conclusion, commonly referred to as outro (O). The songs’ structures were as follows:

These structures lent themselves to the natural development of the songs, as the introductions allowed for the beginnings of musical and lyrical ideas to occur in a way that was not yet completely determined. There was room for uncertainty and for the members to explore ideas in relation to themselves and one another in loosely temporal musical space. Within these introductory sections, the music could be heard lingering around the tonic before forming a more developed progression upon which the verse may begin to occur.

Musically, the verse continued around the tonic but ostinated a simple chord progression that was repeated as many times as needed. Lyrically, these verses conveyed the details of the songs (e.g., images, events, emotions). As these were improvised songs, the lyrics appeared to form in a free-associative manner as related to a chosen theme. As these musical and lyrical ideas appeared to reach a greater momentum, the music transitioned to a bridge section. This bridge section, which moved both songs to a progression anchored around the vi chord, provided a section that was in contrast to the verses and disallowed the verse from becoming overly repetitious. These sections appeared to encourage musical and lyrical development, bringing the clients expressions into a heightened musical environment.

The bridge traditionally culminates in a strong transitional V chords, as it did here, allowing the verse to return in an anticipated manner. Coming out of the heightened experience of the bridge, both returns to the verse showed the client’s ability to reflect on the verse in a more musically and lyrically complex and expressive manner. Additionally, at this point, other members (clients and therapists) seemed to play into the verse in a more driven and poised
manner. The following excerpt is illustrative of the impetus built in movement from section to section, and is described in Table 1 as follows:

**Sarah, Excerpt 4**

F transitions to the B section for the second time. His playing appears to be in a pulled back, staccato manner...S: “My friend and I are like ties together.” Here there is a pause in the music before the group simultaneously chooses to come in with increased dynamic and subdivided rhythm.

As this format repeated itself with a developed level of musical and lyrical richness and intensity, it became apparent that there was a bigger picture rising out of each improvisation. Due to the improvisatory nature of each song, there appeared to be a great amount of impetus behind each song, as if it is realizing itself through its own unfolding process. As the researcher, I see this as a clear parallel between the unfolding of song structure and the process of formation/expression of the self, as the client is realizing his or her own self through the developing sections of the song structure.

As the chorus was finally reached, both songs returned to the tonic but with thickened instrumentation, voicing, and the addition of multiple voices sharing the lyrical and melodic content. Simple and repetitious phrases were used (e.g., “Everybody goes to school” and “My friend and I”), which did not seem to be new content but rather a centralized theme summarizing the content of the rest of the song up until these points. The reaching of the chorus felt celebratory and was a peak experience in regards to the musical momentum, dynamic, and lyrical content coming together in a coherently expressed moment.

**Lyrical emergence of identity formation/expresssion.** Three concepts were found under the second category, lyrical emergence of identity formation/expresssion: lyrical initiation and
Improvised Song, ASD, and Identity

thematic development; a song of the self; and the usage of abstracted/metaphoric language. Each concept is described below, drawing commonalities between the sampled excerpts and their relationship to ASD. Audio examples will be available for further exposure to these concepts through both written and auditory example (see Table 2).

**Lyrical initiation and thematic development.** A central concept around both improvised song creations was the clients’ lyrical initiation and further thematic development over the course of the improvised song creation. Described earlier within the music therapy summaries, both Jamie and Sarah initiated their songs with a very clear and fully developed lyric, setting the stage for the improvisation that is about to unfold. Jamie’s lyric regarding the “teachers that you get” seemed to be a more loosely tied lyric that was not overtly focused on a specific idea but rather leading to a chain of connected thoughts, in a stream of consciousness sort of manner, from which a greater theme and personal significance was eventually revealed. In contrast to this, Sarah initiated lyrics (i.e., “My friend and I”) that became repeated as a centralized focus and later the chorus of the song. This seemed to provide an anchor from which Sarah could lyrically explore her related thoughts and feelings before returning to the broader thematic statement. It is my impression as both the researcher and therapist that the format of these improvised song creations allowed the clients access to much higher levels of introspection and the ability to express such within the creative template supported by the therapist. This was expressed in Sarah’s lyric, “you know we are together, we’ll never tear ourselves apart. My friend and I are like ties together.”

**Song of the self.** As described, each client-initiated song creation continually developed across musical, lyrical, and interpersonal dimensions. Within the lyrical realm, it became
increasingly apparent that these songs were not only expressions of the self, but were actually autobiographical in nature.

Jamie’s song reflected upon the experience of being a student through multiple perspectives. Generally, the lyrics relayed insight to the day to day lived experience of Jamie, offering Jamie an opportunity to self-reflect while simultaneously sharing his lived experience with the therapists in a relational manner. He explored themes such as when school breaks occur, what a student does throughout the day, and going to camp during the summer, all suggesting his integration of sociocultural concepts into his individual identity. Further into the song, the lyric, “Yeah, if you’re a teenager you go to middle school,” suggested Jamie’s interest in not only exploring his current identity as a student but the potentials of his own future to one day become a teenager and go to middle school.

Sarah’s song can be perceived as a song of hope due to its musical pairing of a strongly pulsed tempo and major key with lyrics reflecting upon the future of a seemingly damaged friendship. Prominent lyrics in relation to formation and expression of identity included examples such as, “We know you, and I know I, because we’re friends, we’re pairs, everybody knows that.”

**Sarah, Excerpt 5**

These lyrics summarized the multifaceted nature of identity as they mention the self in context to self (“I know I”), in context to others (“because we’re friends”), and in context to a larger societal and/or universal context (“everybody knows that”). The interplay between these contexts within this single line of music suggests their value as a means by which Sarah can best understand and convey her current perception of self through the improvised song creation.
Sarah’s placing of value upon being a friend and self-identifying was best summarized within the lyric, “We know who we are…because it’s gonna work out together.”

These songs of the self, in turn, not only allow for formation and expression of identity but also bring the identity of the client more presently into the view of the therapists and/or other group members. This changed awareness of the client’s identity for the therapists holds implications both within the moment of creation as well as the long term conceptualization of the client’s work.

*Use of abstracted/metaphoric language.* As Jamie and Sarah each assumed the role of the lead vocalist, the usage of lyric became an additional mode through which the self could be accessed. Through this lyricism, both Jamie and Sarah could be heard using abstracted or metaphorical language, allowing them access to identity formation and expression in multiple ways.

For Jamie, an example of such would be his evolution through multiple writing perspectives, each allowing him to contemplate his own identity as an elementary school student through a different viewpoint:

**Jamie, Excerpt 5, 6, 7**

Within the beginning, Jamie used abstracted language such as “you unpack, that means you’re ready for school” and “Your vacation starts on April 2nd,” removing from himself from the narrative. The use of “you” and other second-person language allowed Jamie the opportunity to reflect upon his own experience through a removed lens, potentially making it easier to relay these experiences.

Jamie transitioned into a broader reflection on the theme, singing, “…they have schools in different states and they open every season.” His referencing of unspecified places and times
where school exists showed Jamie’s connection to being a student within a larger societal culture. Finally, Jamie shared the lyrics, “Or, like Britney Hoskee…” and later “People I know are from my camp, you don’t even know them,” referencing people and ideas that were more close and personal to him. The evolution of Jamie’s stance from the second-person to a first-person perspective seems to communicate an increased awareness of and comfort with exploring personal themes within improvised song.

Sarah’s song was equally filled with similar moments and perhaps even more so with metaphor. One such example is the lyric, “My friend and I, we’re in ties together,” which could be understood to reference a seemingly inseparable bond between her and her friend. The use of language in this way not only allows lyric to be an expressive medium but also allows the client to make further aesthetic choices in the collaborative shaping of the improvised song creation. Lyrical choices, such as those described, as well as musical choices made in the context of improvised song, communicate a sense of artistry on client’s behalf. Not only does the context of improvised song provide an outlet by which a client can share self-reflective themes, but the ability to also act as a poet/artist/musician within these experiences may additionally expand, develop, or nourish a creative identity for these clients.

**Interpersonal emergence of identity formation/expression.**

Examining the data of the interpersonal transcripts, I found it most important to examine this data in relationship to the lyrical and musical transcriptions and full gestalt of the improvisational song creations. As researcher, it was important to understand that none of these transcripts could have existed in isolation, but were reliant upon one another as inner workings of the greater whole of the experience. There were, however, a few important concepts specific to interpersonal emergence of identity that were understood as follows:
**Choosing to create a song.** Prior to both improvised song creations, the conscious decision was made by the client to engage in a “song.” Though I, as the researcher, cannot objectively understand what each client understood a “song” to be upon these verbally initiated requests, the decision to engage in the concept of song allowed for a container in which the improvisation could occur with some sense of directedness (see Table 3). In this premusical context, the idea of engaging in song can be viewed as providing the means to an experience rather than actually capturing the essence of the experience itself.

**Finding roles.** Another commonality of these premusical interactions was the assignment of musical roles among the players (therapists and group members) present. Within Jamie’s session, Jamie told the co-therapist that he “can listen to it [the song],” but after a pause, follows up with, “Rick, you can play actually…play your instrument.” Similarly, Sarah introduced each of the players, speaking into a microphone and excitedly stating his or her name and the instrument that he or she would be playing (see Table 3):

**Jamie, Excerpt 8**

**Sarah, Excerpt 6**

The premusical referencing of the other members suggests what is at least a basic awareness of others. The client’s assignment and referencing of roles also seems connected to the inherent dynamics of being a musical group or band and engagement in the performance of these dynamics. In regards to identity, this assumption of roles suggests an attempt to locate oneself in relation to others. It should be mentioned that these roles are not static, as there is some give-and-take within the music, and the players appear comfortable to add or subtract instrumentation as they are inspired to do so.
**Nonverbal acknowledgement.** A basic but significant concept that surfaced from the interpersonal interactions was that of nonverbal referencing and acknowledgment. This was viewed through gestures such as smiling, nodding, or simply looking at the therapists or group members. At times, these gestures appeared to be in anticipation or expectation of a musical moment. Other times, these gestures followed a musical moment in acknowledgment. One such example from the transcript reads (see Table 3):

J sings C-Ab, now outlining the 5th and minor 3rd of a iv…CT *facial expression and head nod appears to communicate a sense of acknowledgment to J and that his is, for lack of a better word, “digging” J’s musical choice.*

It is significant to mention that, even with this moment, Jamie, the primary therapist, and co-therapist all continued to play as though nothing spectacular needs to be acknowledged but that this is just a piece of the music that they are creating. The ability to have this feedback creates a continuous cycle of output and feedback, validating the client and highlighting the interpersonal nature of the musical exchange. Similarly, the musicing itself creates a feedback loop as the players are engaged in a simultaneous process of listening and responding through their own musical contributions.

**Integrating client preferences & tendencies.** A last concept is the integration of client preferences and tendencies into the context of the improvised song creation. For Jamie, these preferences and tendencies presented lyrically in his desire to list months and holidays sequentially, which he does within the improvised song. For Sarah, these preferred tendencies presented within body movement, as she danced, bounced in rhythm, and struck poses in moments of her improvised song. Within certain noncreative contexts, the actions would each be viewed as potentially inappropriate or stereotypic behaviors of ASD. Within the context of the
Improvised songs, however, the client is able to integrate his or her way of being in a purposeful and directed manner. As such, the improvised song experience allows aspects of the client’s identity to be recontextualized and experienced by themselves and others in a new way.

**Research Question B**

This next section addresses the research question: What function does improvised song creation serve in the formation/expression of identity for each client? Coming from research Question A, which examined the clients’ experience in a more descriptive and thematic manner, Question B aimed to build theory from these descriptive themes in order to understand the broader functions of improvised song creation as a therapeutic medium. At this point, the triangulations of the data were increasingly necessary in order for the theory to fully emerge from the data.

What I, as the researcher, came to understand was a very music-centered stance on what improvised song creation was able to offer the client in relation to formation and expression of identity. In other words, given the preexisting establishment of a therapeutic relationship, I believed that I was coming to understand what improvised song creation intrinsically could offer a client. After all, being that both clients had initiated the movement into improvised song creation, I was curious to understand what they knowingly or unknowingly were seeking from this means of musicking. What I came to were themes that, when combined, formed a working definition of the function of improvised song creation. It appeared that improvised song creation functioned to allow the client to be engaged in a collaborative, exploratory performance of the self, through an aesthetically and creatively driven process. Each of these themes will be explored individually for greater understanding.
**Collaborative process.** As understood through the descriptions provided for question A, the improvised song creation process is inherently interpersonal in nature when created within the context of music group. Both the 2:1 individual setting and 2:3 group settings in music therapy support this type of work. Concepts such as musical synchronization or falling into a groove, singing in unison and harmony with others, finding roles, and acknowledging others in a musical group all involve an exploration and location of self in relation to others that is inherent to collaborative and cocreative musical process. The collaborative process carries a sense of give and take, leading to greater mutuality between players in the musical process. As described, this mutuality not only allows the client to explore relationships with others but also allows his or her identity to become more present to others in the musical process.

For Sarah, the importance of this collaborative process appeared to be paramount to her formation and expression of identity. As mentioned, her song involved hope for a friendship, which is mirrored by her simultaneously exploring this theme with friends in the therapy setting. I would typically use the phrase “peers” when referencing clients among one another in the music therapy setting, but in this case, I know that Sarah considered these group members to be...
friends from my experience working with the group. The ability to be supported musically while sharing this idea with her friends seemed to add to a sense of pride that she had in being a friend to others and was paralleled by lyrics such as, “We know its gonna work out together.” The therapists repeated, “Together,” again emphasizing this parallel process.

**Exploratory performance of the self.** The idea of sharing oneself or aspects of oneself through an improvisatory song creation aligns meaningfully with concepts of identity formation and exploration. Concepts such as expansion of the voice, finding a musical style, lyrical and musical thematic development, and sharing of supercultural givens all involve a performance of the self. Understanding that identity is in constant flux, choosing to create a song in a given moment could be compared to taking a snapshot of oneself to capture a given moment in time. However, the spontaneous and improvisatory nature of these song creations places less emphasis on a perfected and composed moment and places more emphasis on a stream of consciousness exploration on the self or the personal subject matter chosen by the client. As the client makes musical choices or voices ideas within the music, he or she appears to become increasingly aware of these choices and engages more deeply in this sounding of the self. This process in multileveled in nature because the self comes across both through the subject matter brought in by the client and perhaps even more so in the in the moment performance of the subject matter through the musical, lyrical, and interpersonal ways of being. As stated within the literature review, musicing is a self in action. It is not just a reflective performance of self but also a production of the self in the moment through exploration of musical and aesthetic forms (Aigen, 2009; Frith, 1996; Ruud, 1997, 2014).

**Aesthetically and creatively driven process.** Considering the thematic elements thus far, we can begin to see an artistic, aesthetic, and creative process that is inseparable from
Improvised song creation. Concepts including development of song structure, poetic lyricism, coming into a musical style, and the evaluation of and acting upon musical choices all exhibit an inherent consideration of aesthetics in improvised song creation. Perhaps most difficult to articulate, this consideration of aesthetic implies that the client is choosing to create something that he or she wants to sound pleasing or beautiful in nature. Defining what “pleasing” or “beautiful” should sound like is not for the therapist to judge or overly insert bias upon but instead involves acknowledging that the client is making choices in the moment in order to create what feels right or what he or she would like to hear.

In the context of these sessions, however, the improvised song creation was collaborative. Hence, the music that was produced in those moments can be understood as that of the combined aesthetic choices of clients and therapists. Simultaneously, Jamie and Sarah’s assumed roles of the lead singer allowed group roles and dynamics to unfold such that other clients or therapists assumed a supportive and facilitative role to the impetus of the leader. In moments where the aesthetic choices of the players lined up synchronously, such as spontaneous harmonization or felt pauses in the music, it appeared that the players experienced a heightened sense of connectedness to the music and to one another through the act of musicing together. Hence, the aesthetic and creative process informs identity as it allows the client to partake with others as an artist, nurturing a creative part of self and potentially expanding this part of his or her identity. This creative identity may in turn be integrated, impacting the client’s whole sense of being.
Discussion

Engaging in grounded theory analysis of the raw data selected, a deepened understanding was reached on the functions of improvised song creation and the mechanisms that allow such functions to occur. The results from this research reflect and build upon the preexisting literature of music therapy treatment, practice, and philosophy. Furthermore, the results contribute to the social discourse on autism and disability. In this section, I have included my personal experience as the researcher alongside a discussion based upon my findings on improvised song creation's ability to address identity formation and expression for individuals with ASD. This discussion highlights four main categories, which are: engaging in the research process; implications for music therapy interventions; implications for current treatment approaches with ASD; and implications for the neurodiversity movement.

Engaging in the Research Process

As researcher and clinician, this research process continually reminded me of the cyclical relationship between theory, practice, and research, each of which inform and propel one another forward. Entering into the grounded theory research process grew organically out of the process oriented clinical work as it occurred within the naturalistic setting of the music therapy session. In a need to better understand the phenomena occurring for each client and across multiple sessions, hypotheses and theoretical musings began to occur. Throughout the research process, I sensed that my understandings of the clients were changing, and my stance toward the clinical work wanted to follow suit. Even before engaging in a formalized research process, I was aware that these clients’ identities had shifted in my mind, as I had grasped an insight to them in a broader sociocultural context. As such, I was curious to analyze if there had been perceivable shift for them within the music as well.
Another facet tying the clinical process to the research were the more simplified indexes already being kept as a form of clinical notetaking. The watching back and indexing of clinical process promotes spending greater time with the clinical work in order to develop a deeper clinical perception of the client, therapist, and their relationship in music. Nordoff, Robbins, and Robbins (2011) drew connections between the indexing process and research stating, “Indexing encourages an open attitude of investigation and provides important opportunities for more formal research” (p. 60). Pursuing grounded theory research on spontaneous and improvisational creation was equally interesting. Coming out of the research process, I felt that I had reached a greater understanding of what I had set out to explore. At the same time, I understood that theoretical structures were only able to emerge through the allowance of a flexible and cocreated clinical process.

Identity Formation through Song Creation

In understanding the importance of identity, I at first considered the NRMT concept of the “music child,” which expands beyond the confines of the “condition child” in allowing for transcendence of disability. While the selected participants provided clear examples of this through lyrical content and high functioning capacities, I believe that implications are also made to consider the psychosocial needs of all individuals with ASD. Aigen’s *Playin’ in the Band* (2005c) is among a number of studies that highlight a nonverbal client’s ability to engage in expressive, autonomous, and mutual musicing and how the musical, creative process uniquely allows this opportunity. In addition, Robarts (2003), a NRMT trained music therapist who integrates psychodynamic theory into her work, described the implications for improvised songwriting as “a bridge between our inner and outer worlds. . .when a song grows from spontaneously expressed feelings, it is in a sense both a container and transformer of feelings,
whereby new meanings may be forged” (p. 142).

A broader survey of songwriting from music therapy clinicians (Baker et al., 2009) found that “four of the top six goals underpinning songwriting are psycho-emotionally focused – “develop a sense of self; externalizing thoughts, fantasies, and emotions; telling the client’s story; gaining insight or clarifying thoughts and feelings” (Baker et al., 2009, p. 33). Additional areas that can be addressed through songwriting include communicating the emotions of the songwriter, stimulating moments of insight to the self, fostering identity transformation, and enhancing self-esteem (Baker, 2015b). My finding that improvised song creation functions to allow the client to be engaged in a collaborative, exploratory performance of the self, through an aesthetically and creatively driven process aligns with Baker’s recent findings. For example, the thematic content that arose from each individual (i.e., Jamie’s identifying as a soon-to-be middle school student and Sarah’s strong understanding of herself in relation to her friend) effectively changed my perception of each client’s identity to consider him/her in context to a broader sociocultural environment. This environment not only included the trials and tribulations of being a preteen male or female but opened up to the consideration of generational differences, extent of disability, religious and spiritual orientation, ethnic and racial identity, socioeconomic status, and other supercultural givens each of playing a potentially dynamic role in one’s continual formation of identity.

Psychosocial functions of improvised song creation are inherent to the music itself and are not necessarily extrinsic outcomes of the musical medium. However, the results from this study appear incongruent when considered in relation to a bulk of the literature on song creation with the ASD population. Clinicians working with clients with ASD focus more on behavioral and developmental goals, with a primary focus on task memorization or behavioral management,
social skills, and a lesser alignment with these psycho-emotional goals. Mental health and psychosocial needs of clients, however, should be considered in relationship with behavioral and developmental capacities in order to more fully grasp the biological, environmental, and individualized differences at play and the interaction between them. While coming from my own theoretical orientations, remaining flexible in thought and practice was necessary in order to meet the immediate needs as they arose for these clients in song creation.

**Implications for Music Therapy Practice**

Results from this study emphasize the need to revisit and expand current treatment focuses for individuals with ASD in music therapy. It is important to consider treatment from a more comprehensive perspective. In doing so, clinicians may gain a fuller understanding of their clients and more properly address a full spectrum of potential needs of the individuals with whom they work.

With the unique advantage of serving as both researcher and clinician, I am able to confirm that I went into both of these sessions with goals for the clients that revolved around sustaining attention and engagement, increasing communicative turn taking, affective expression, and adaptation to others within musical play. As the sessions unfolded, the clients’ increasingly present expressions of self-identity necessitated a refocusing of clinical perspective and an allowance of the song forms to unfold. It can be seen that through these improvised song creations, the preestablished goals were met for the client, but a deepened value of the clinical work simultaneously became apparent and a guiding force for client, therapist, and group members. Additionally, therapists and group members appeared invested in the creative compulsion to see the song formation to fruition.
Music-centered thinking (Aigen, 2005a) greatly demonstrates the means through which this work was able to occur. Aigen (2005a) proposed:

Client outcome is not a state of being achieved at the end of therapy but instead something that unfolds within the clinical process itself…it is the evocation of latent skills, capacities, functions, and experiences of self that may only be present while musicing. (p.109)

The implications in music therapy practice can be examined through a closer examination of the mechanism at play in song creation and the therapist’s role in facilitating the musical experience. Aigen (2005a), as informed by Elliot (1995), asserted that a music therapist is responsible for “creating conditions where musical creativity, musical expression, musical aesthetics, musical communitas, and musical transpersonal experiences can occur” (Aigen, 2005a, p. 108).

With a heightened awareness of the mechanism at play in improvised song creation, the therapist may manipulate elements of the musical, lyrical, and interpersonal exchanges with greater efficiency. For example, within my sampled clinical work, the use of my voice to reflect, sing in unison, and then harmonize with the clients each added a new element to the therapeutic process of the client. This allowed them to hear their own contributions in various recontextualizations, adjusting and expanding their own musical identity accordingly. While there was some awareness on my part of these clinical decisions in the moment of the session, this more in depth analysis helps to bring greater focus to these elements and their function within the whole of the songwriting process.

Simultaneously, it is important to keep this song creation process improvisational in nature, as to allow for the naturalistic development of ideas, expressions, and direction from the client. Results of the research should not dictate the process but can provide a guide as to the
potential paths that the song creation process may take and their significance to the client. Lastly, this study serves as an important reminder of the interpersonal dynamics inherent to musicing. It is important for the therapist to remember that without his/her active presence in the room, that the therapeutic value would be potentially nonexistent. Nordoff (2005a) stated, “Don’t forget, you’re communicating too...You can’t base the session entirely on what the child is doing. You, yourself are communicating, your communications should be certainly inspired by the child in the situation. So they have meaning” (p. 37).

Within my results, I mention the importance of the feedback loop in the song creation process, as the members are actively creating, listening, and responding to one another through moment to moment decisions. The therapist is encouraged to maintain awareness of his or her participation in this process and its value for the client.

**Implications for Neurodiversity Movement**

Through this study, it can be suggested that improvised song creation allows clients with ASD access to musical platform’s same functions as those of a neurotypical population, providing access to rich cocreative and psychosocial exploration. This aligns with the NRMT theory that all people have inherent musicality within them, regardless of pathology. Concepts of the “music child” are evoked, as the clients seem to access identity formation, expression, and development through the musical processes of improvised song creation (Nordoff & Robbins, 2007; Turry, 1998). The qualities of expression, flexibility, spontaneity, and initiative attributed to NRMT are present here and attribute to the clients’ ability to come into a fuller sense of identity through the music. As exemplified within this study, both Jamie and Sarah increasingly displayed a keen sense of musicality and an awareness of tonality, musical form, and structure.
The second notion that I come to is the importance of allowing clients with ASD access to the creative process. In the research process, I saw not only the emergence of a fuller identity in terms of a sociocultural context for each client but also the client’s emerging identity as an artist, musician, and creative collaborator. The claiming of a sound or a style allowed the clients, like musicians, to declare themselves through an aesthetic and affective representation of who they might understand themselves to be or even have the desire to be (i.e. trying on stylistic voices or personas). Additionally, musicing brought the clients into a greater sense of mutuality with the therapists and group members, establishing a dynamic of creative partnerships and decreasing a hierarchical dynamic that can be typical of the therapy session.

Though the partaking in improvised song creation and active musicing greatly empowered the clients, I also found that their autism was essential and unique to their identities. Exemplary aspects, such as Jamie’s fascination with calendar holidays and Sarah’s exaggerated movements to the music, illustrate the ways in which their unique interests, concerns, and ways of being were inseparable from the song creation process. This perspective aligns with the neurodiversity movement, which aims for an appreciation and acceptance of the individual neurovariations rather than treating autistic tendencies as an aspect of self to be suppressed or overcome.

Within a social discourse, access to musicing and other forms of aesthetic and creative participation should be considered a right made accessible to all individuals. Like other social justice advocacy movements, the neurodiversity movement does not just include an acceptance of differences of the autistic population but also an inclusive allowance of autistics to the opportunities and rights of the neurotypical population. These rights may span from the
opportunity to hold a paying job position to being able to partake in the arts as a creative medium for expression.

Again, in reference to whether this right is exclusive to what would be considered the higher functioning autistic population, I believe that it is not. Rather, to create aesthetic choices should be considered a general right and obligation of humanity. Even in working with a more severely autistic individual, to treat his or her contributions with a sense of perceptive intentionality is to treat him or her with respect as a musical, expressive individual. Prum (2016) expressed that we need not necessarily be cognizant of making “art” in order to make creative and aesthetic choices, stating:

Aesthetics is a consequence of the opportunity for sensory perception, some kind of cognitive evaluation, and choice, and when you have those three things occurring you have the opportunity for aesthetic evolution, and that gives rise to whole new dynamics that didn’t occur when those three things were absent. (Prum, 2016)

In understanding this concept, it would then seem our obligation as music therapists to allow the client space for choice to occur. It is through facilitation of client choice and responding therapeutically to aesthetic interactions that I felt these improvised song creations were able to occur and flourish.

Lastly, I believe that these song creations speak to the right of individuals with ASD to use the therapeutic setting in the same ways as a neurotypical individual might use the therapeutic setting. As clinically warranted, this would suggest moving away from clinician-driven goals and developing more collaborative goals in a therapeutic alliance with the client. Aigen (1997) stated, “If an important goal is enhancing a client’s emotional self-awareness…one must first convey the sense that what is felt in the moment is worth sharing with others” (p. 22).
Allowing clients with ASD to become more directive in their therapeutic processes may, in turn, continue to highlight a broader scope of needs for these individuals.

**Limitations**

Although this research effectively answered the proposed questions, I am additionally aware of its limitations. As stated, there was a dual relationship as I was both the clinician and the researcher within this study. A second and important limitation of the study was the inability to have member checking. This is an unfortunately common limitation to studies with the ASD population as many of these individuals are nonverbal or lacking in the ability to receptively and/or expressively partake in member checking of results. In this particular study, the clients both had verbal capacities. However, they were unable to express themselves as fluidly or elaborately outside of the active musicing of the therapy setting. Other limitations stemmed from the time constraints and nature of it being a thesis study. Such limitations included the limited sample size used within the study, focusing on only two selected moments, each about five to seven minutes in length. Another limitation was being the only researcher, which prohibited proper peer scrutiny of the data. However, working with an advisor and committee chair member did allow me to never become completely isolated in the research process. The time constraints of the project also prohibited me from gathering and integrating additional data sources into the study that may have led to greater triangulation of data as well as broader implications for theory development.

**Implications for Future Research**

A future research study could include a larger sample size and/or multiple examples of improvised song creation from the same client over a period of time. The concepts and theoretical constructs derived from this study could also be tested in future research by
implementing the intervention of improvised song creation to specifically address the psychosocial and emotional needs of a client with ASD. This would provide greater construct validity to the results of the present study and develop a greater understanding as to the efficacy of improvised song creation in identity formation of clients with ASD.

A thematic analysis of improvised song creations for clients with ASD could be instrumental in more deeply understanding the experience of individuals on the spectrum. Similarly, case studies and naturalistic inquiries of comparable work would continually add to this body of research. Other possibilities for research could be the addition of multiple forms of data in a similar study. This might include parent interviews that could be used to further understand the client or parent’s perception of the client in multiple contexts. Another important measure could be the addition of an assessment tool like the IMCAP-ND (Carpente, 2009) in order to understand the potential correlations between identity formation and functional developmental levels of clients.

Lastly, a study that I have interest in doing would be finding additional ways to engage with the sampled data. For example, engaging in an arts based examination of these song creations may elicit different results, potentially getting closer to the essence of the clients’ experiences in the creative process.
Conclusions

The descriptive concepts and themes developed through this research study contribute to an increased understanding of the potentials of improvised song creation for individuals with ASD, providing a closer look at the inherent mechanisms at play in musical, lyrical, and interpersonal interaction. Additionally, the emergent data highlights the latent psychosocial needs of individuals with ASD that may arise within the context of improvised song creation. Therapists are encouraged to employ a more comprehensive stance when conceptualizing the needs of their clients on the spectrum. As with the participants of this study, it is possible that such psychosocial needs may surface as elicited by the growth of the song, simultaneously containing and transforming the experience of the client. Music therapists trained in an improvisational framework may then utilize the improvised song intervention with greater awareness of the mechanism at play and their potential functioning to the needs of the client. A heightened awareness to the spectrum of needs for individuals with ASD contributes to improvements in the quality of care for these individuals. Concurrently, this awareness equalizes these individuals, contributing to the discourse of the neurodiversity movement.
References


Improvised Song, ASD, and Identity


Improvised Song, ASD, and Identity


APPENDIX A: IRB Approval Letter

Date: December 21, 2015
To: Professor Barbara Wheeler for Jesse Asch
From: Kathleen Maurer Smith, Ph.D.
Co-Chair, Molloy College Institutional Review Board
Patricia Eckardt, Ph.D., RN
Co-Chair, Molloy College Institutional Review Board

SUBJECT: MOLLOY IRB REVIEW AND DETERMINATION OF EXPEDITED STATUS
Study Title: The Function of Improvised Songwriting for Individuals with ASD in Formation of Identity: A Grounded Theory Investigation
Approved: December 21, 2015

Dear Professor Wheeler for Jesse Asch:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is approved by the committee. It is considered an EXPEDITED review per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects as defined in 45CFR46.101(b) and has met the conditions for conducting the research. Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified and submit the evidence in order to conduct your research.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

Changes to the Research: It is the responsibility of the Principal Investigator to inform the Molloy College IRB of any changes to this research. A change in the research may change the project from EXPEDITED status that would require communication with the IRB.

Sincerely,

Kathleen Maurer Smith, Ph.D.
Patricia Eckardt, Ph.D., RN
APPENDIX B: Consent Form

CONSENT FORM

Title: *The Function of Improvised Songwriting for Children with ASD in Formation of Identity: A Grounded Theory Investigation*

Researcher: Jesse Asch, MT-BC  
Molloy College  
1000 Hempstead Avenue  
Rockville Centre, NY 11570  
516-323-3333  
jasch@molloy.edu

Advisor: Barbara Wheeler, PhD, MT-BC  
Adjunct Professor, Molloy College  
barbara.wheeler@louisville.edu

This informed consent form has two parts:  
- Information Sheet  
- Certificate of Consent

Part 1: Information Sheet

Introduction
My name is Jesse Asch and I am a master’s level graduate student in music therapy at Molloy College. I am inviting you to participate in a study I am conducting, examining the use of improvised songwriting in formation and expression of self-identity. This topic will examine work with multiple clients who used improvised songwriting as a central part of their therapeutic process, meeting various emotional and expressive needs. By examining this topic, I will attempt to develop theories on the function of improvised songwriting to better inform the clinical practice of music therapists and address the needs of individuals with autism spectrum disorders.

With permission, one of your child’s past sessions, which have been videotaped for in-house purposes at The Rebecca Center for Music Therapy, will be analyzed. The video-recorded sessions will be used with the focus of studying musical, lyrical, and social elements as they occurred within the natural context of the music therapy session. Written documentation, video excerpts, and musical and lyrical transcriptions will also be used in this study.

Duration

Revised July 8, 2015
The collection and analysis of data will take place over the course of 3 months, from January to March 2016.

Confidentiality
Confidentiality of your child will be strictly maintained throughout this study. All of the data will be completely anonymous. The recorded sessions and written transcriptions kept throughout the process will be shared only with my faculty advisor, and these meetings will remain confidential. All recordings and transcripts of the data will be kept in an encrypted, password-protected folder on the primary researcher's personal computer. There are no foreseeable risks inherent with this study.

Benefits
Although there will be no direct benefits to your child, study could promote a focus upon psychosocial and mental health needs of individuals with ASD. The study can also lead to further development of theory, method, and practice of songwriting and improvisational techniques in music therapy, specifically with individuals with ASD. Preliminary findings from this study could warrant further and more extensive research efforts at a future date.

Sharing the results
You will receive a copy of the final report when the analysis is complete and conclusions are drawn. The study will be included in the thesis directory at Molloy College, and may be adapted for broader publication in music therapy journals at a later date.

Voluntary participation
Your participation in this study is entirely voluntary. There will be no consequences for choosing not to participate, and you may also change your mind later without consequence. Your child will not be compensated for participation in this study. You will not be charged for your child's participation in this study.

Contact
If you have any questions or concerns, please do not hesitate to contact me at my office at The Rebecca Center at (516)-323-3333. You may also contact my faculty advisor, Dr. Barbara Wheeler at barbara.wheeler@louisville.edu.

Molloy College's Institutional Review Board has reviewed this study; a committee whose purpose is to review research involving human subjects, ensuring participants are protected from harm. For questions about your child's right in this study, you may contact the Institutional Review Board:
Name
1000 Hempstead Ave.
Rockville Centre, NY 11571
(516) xxx-xxxx

Signing your name below indicates that you have read and understood the contents of this consent form and that you agree to have your child's video-recorded sessions used in this study. Please note that if you wish for your child to discontinue in the study, you may withdraw him/her at any time after signing this form without consequences of any kind. Thank you.

Part 2: Certificate of Consent

Revised July 8, 2015
An explanation of the procedures to be employed in this study, in which I have voluntarily agreed to participate, has been offered to me. All my inquiries concerning the study have been answered to my satisfaction. I understand that the information collected will be held in confidence, and that my child’s name will not in any way be identified. I understand that additional information about the study results will be provided, at its conclusion, upon my request. I know that I am free to withdraw from this study without penalty at any time. I understand that I will receive a copy of this signed consent.

The above information has been provided to me (check one)

___ In writing   ___ Orally

_________________________  ____________________________
Signature of subject           Date

_________________________  ____________________________
Signature of researcher         Date

(Optional) Complete the following if you wish to receive a copy of the results of this study:

NAME: _____________________________________________
       (Typed or printed)

ADDRESS: ___________________________________________
          (Street)
          ___________________  ___________________  __________________
          (City)             (State)          (Zip)

e-mail (optional) ________________________________________
### Table 1
Musical emergence of identity through improvised song creation.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Category</th>
<th>Examples of highlighted or noted transcript</th>
</tr>
</thead>
<tbody>
<tr>
<td>Musical synchronization</td>
<td>Early musical disjointedness (primarily varying tempos)</td>
<td>(J) <strong>0:28</strong> At first J’s singing is rhythmic to the natural cadence of his words and then slows, becoming more legato to match the PT’s piano play…J now seems to be lining up his phrasing more intentionally with the chordal structure on the piano. (S) <strong>1:55</strong> S: “My friend and I. We are in ties. I know we are. No higher five. I know that it will work out just fine.” Modulating and expanding sung range to match F’s piano accompaniment. This brings F into greater reciprocity as well.</td>
</tr>
<tr>
<td></td>
<td>Adapting to others, lining up phrases, falling into groove, synchronizing</td>
<td></td>
</tr>
<tr>
<td>Expansion of voice</td>
<td>Speak-singing on a single pitch</td>
<td>(J) <strong>1:15</strong> J: “…is over” J takes another leap up a perfect fifth from G to D and then resolves on the fourth, C, which is sung over the PT’s sustaining on the V chord (G major). (J) <strong>3:40</strong> J: “Your vacation a(e)nd, your vacation starts on April 2nd” J sings from G to E in a major sixth leap, descending diatonically down to C. (S) <strong>2:45</strong> PT: “My friend and I…” S: Waits, listening, strikes a pose in rhythm, placing hand on her hip, then matches F’s piano melody with her vocal melody, singing, “We’re in ties together.”</td>
</tr>
<tr>
<td></td>
<td>Widened range of singing (creative leaps)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>More legato, lyrical phrasing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appearing more thoughtful in musical choices</td>
<td></td>
</tr>
<tr>
<td>Types of singing (reflection, unison, and harmony)</td>
<td>Musical reflection/mirroring and validation from therapist</td>
<td>(J) <strong>1:50</strong> J: “Because it ends in June, then you go to camp. School ends in the summer.” PT: “It ends in the Summertime”…Lyrical exchange is more simultaneous and J looks at PT as they both sing. (J) <strong>5:25</strong> PT: “Everybody goes to school… Jason goes to school.” …J comes in directly on the downbeat and sings in falsetto, matching the harmonic movement of the song. J: “Five.” J looks at CT, who nods in acknowledgment. PT: “Five. Oh, Jason goes to school. School…” PT &amp; CT: “Five” PT and CT are both looking at J and sustaining a harmony in the lyric “5” again over the IV to iv transition. (S) <strong>2:33</strong> S: “We know it’s gonna work out together.” CT: “Together” sung in direct reflection of S’s melodic and lyrical idea. (S) <strong>4:00</strong> S initiates, “Oh, My friend and I” in a sustained, chorus-like cadence. CT and PT join in reflecting this phrase but take harmonies to the note, as the three sustain the phrase together. The accompanying music is particularly grounded and steady amongst the group members.</td>
</tr>
<tr>
<td></td>
<td>Singing/playing in unison, joining, affirming, and acknowledging</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Singing/playing in harmony or complementary parts, referencing and supporting</td>
<td></td>
</tr>
<tr>
<td>Musical style</td>
<td>Functioning as a band</td>
<td>-Referencing popular music</td>
</tr>
<tr>
<td>--------------</td>
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<td>---------------------------</td>
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<tr>
<td></td>
<td>-Making aesthetic and</td>
<td>idiomatic choices</td>
</tr>
</tbody>
</table>

(J) **1:30** J: “School started on September 2nd, 2014. It ended on June 26th. And it’s gonna end Friday June 26th, 2015.” Lyric/melody becomes heavily syncopated against the steady of the therapists in an almost rap-like manner. CT’s drumming also becomes more stylistic here. He is switching between drum and cymbal in a rock-pop groove, even adding a fill on the drums in multiple turn-arounds.  
(S) **2:40** S: “Everybody listen, listen, listen.” Comes off as an expressive and stylistic proclamation that is fitting of S’s assumed role of the lead singer to the group, as if they were in performance.

<table>
<thead>
<tr>
<th>Song structure</th>
<th>Usage of popular music structure (verse (A), bridge (B), chorus (C))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-Building tempo, dynamic, and expressive intensity</td>
</tr>
<tr>
<td></td>
<td>-Thematic repetition and development</td>
</tr>
<tr>
<td></td>
<td>-Musical container</td>
</tr>
</tbody>
</table>

(J) **Song structure**: Pre-A-A-B-A-A2-B-C-A-outro  
(S) **Song structure**: Pre-A-A-B-A-C-B-C-ending  
(J) **4:00** Verse momentarily develops to a Dorian progression (I-bVII-bII-IV-I). This circular progression creates an increased sense of momentum to the song.  
(S) **3:23** F transitions to the B section for the second time. His playing appears to be in a pulled back, staccato manner...S: “My friend and I are like ties together.” Here there is a pause in the music before the group simultaneously chooses to come in with increased dynamic and subdivided rhythm.

\[a\] All examples from transcripts have been labeled (J) and (S) in order to identify from which participant’s session it originates.
Table 2
Lyrical emergence of identity through improvised song creation.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Category</th>
<th>Examples of highlighted or noted transcript&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyrical initiation and thematic development</td>
<td>-J and S each appear to begin the improvised song creation with an idea of how they would like their song to sound and what it will be about. -Opportunities for lyrical repetition and expansion allow for active reflection upon a central theme for each participant.</td>
<td>(J) 3:05 Fourth verse/extended third verse J: “Like in different states they will have more…days before the vacation or April break, February break, December break…Rosh Hashanah break.” (J) 5:56 J: “And people I know are from my camp. You don’t even know them. You can meet them, any day you…” (S) 2:14 S: “My friend and I. We are in ties. We know who we are, who we are. We know who you are, because (S taps the microphone twice in rhythm) it’s gonna work out together.”</td>
</tr>
<tr>
<td>Song of the self</td>
<td>-Autobiographical in nature: J reflects on being a student among teachers and other students, having a class schedule, and preparing to go to middle school. S references a dispute between herself and a friend, reflecting upon the bond or “ties” that occurs in friendship. -Sharing of self through song allows participants’ whole identities as individuals to become more palpable to therapists and within group.</td>
<td>(J) 4:20 J: “And some schools like school 2, school 3, school 4, school 5, school 8, school ninety have camp… or like Britney Hoske.” PT: (spoken) “Who’s that?” PT maintains an F (IV) in 2&lt;sup&gt;nd&lt;/sup&gt; inversion, playing quarter notes as PT and J dialogue. J: “Someone I know.” (S) 3:00 PT &amp; CT: In unison, “My friend and I.” S: “(Inaudible) know that we are friends, and nobody will take us apart.”</td>
</tr>
<tr>
<td>Use of abstracted/metaphoric language</td>
<td>-Engaging with topic through multiple perspectives. -Using metaphor to bridge emotional idea to lyrical/artistic content -Additional means of engaging with expressive and creative process. -Symbolic thought.</td>
<td>(J) 2:45 J: “Schools in different states they have schools that school starts they have schools in different states and they open every season.” (J) 5:56 J: “And people I know are from my camp. You don’t even know them. You can meet them, any day you…” (S) 1:30 S: “Oh, my friend and I…We know you, and I know I, because we’re friends, we’re pairs, everybody knows that.”</td>
</tr>
</tbody>
</table>

<sup>a</sup> All examples from transcripts have been labeled (J) and (S) in order to identify from which participant’s session it originates.
### Table 3
Interpersonal emergence of identity through improvised song creation.

<table>
<thead>
<tr>
<th>Concept</th>
<th>Category</th>
<th>Examples of highlighted or noted transcripta</th>
</tr>
</thead>
</table>
| Choosing to create a song            | -Clients choose to engage in a song before the music starts. -Concept of song as the means to an experience. | (J) **0:01** J: “The vowels of this song are G, M, T.”  
(S) **0:01** Sample begins with the group preparing to engage in the performance of an improvised song, as requested by S…PT: “This song is called…” to which S replies, “My friend and I. Can I start yet?” |
| Finding roles                        | -Creation of a band dynamic; deciding and announcing of musical roles. -Adjusting roles throughout the musical experience as a means of relating to one another. | (J) **0:10** J: “Rick you can play actually.”  
CT: “Play what?”  
J: “Play your instrument.”  
(S) **0:36** S: “On the drum, Nathina! On the tambourine, Benjamin! On the pi-ya-no, Fe-lix-uh.”  
(J) **0:28** CT goes to get the drum sticks from the other side of the room adding conga and cymbal to the musical exchange.  
(S) **1:55** B joins in on the tambourine with a basic beat solidifying tempo with CT, who plays the tubano. PT plays cymbal in eight note pattern to emphasize rhythmic groove. |
| Nonverbal acknowledgement             | -Looking, smiling, nodding in a sense of approval and acknowledgment. -Listening and responding simultaneously. | (J) **2:10** J sings C-Ab, now outlining the 5th and minor 3rd of a iv…CT facial expression and head nod appears to communicate a sense of acknowledgment to J and that his is, for lack of a better word, “digging” J’s musical choice.  
(S) **2:45** F appears to be concentrating intently on the piano however also looks back and forth from the piano to S, around the room to the therapists, and back to the piano again. In apparent response, he moves the music back to the A section for the first time. |
| Integrating client preferences and tendencies | -Tendencies contextualized/normalized within song experience. | (J) **3:05** Fourth verse/extended third verse J: “Like in different states they will have more…days before the vacation or April break, February break, December break…Rosh Hashanah break.”  
(S) **1:17** S: “It’s supposed to go like this: My friend and I, we pair in ties, we know we ahahah (again, S begins laughing and moving her body in bouncing movements).” |

a All examples from transcripts have been labeled (J) and (S) in order to identify from which participant’s session it originates.