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Positive Psychology in Therapeutic Songwriting for Older People Living With Depression

Development and Investigation of an Individual Therapeutic Songwriting Program

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Department of Music Therapy

Faculty of Fine Arts and Music (MCM)

The University of Melbourne

Dedication

I dedicate this doctoral thesis to my two boys, to my parents, to my family

For a life full of music and happiness

Abstract

This thesis with publication presents the results of the development and investigation of an individual therapeutic songwriting program that is merged with elements from positive psychology. It was based on the requirement of new non-pharmacological treatments to address the individual needs of older people living with depression (McCall & Kintziger, 2013). A literature review with seven studies demonstrated that positive psychology can be effective in decreasing depressive symptoms in older people. Furthermore, a systematic review and meta-analysis could identify therapeutic songwriting as an effective treatment for reducing depressive symptoms in adults aged 18 and older, with slightly higher positive effects when applied in people aged 65 and older.

The therapeutic songwriting program that was developed in this thesis was based on Seligman's (2011) wellbeing theory, which presents five essential elements to achieve a flourishing life: positive emotion, engagement, relationships, meaning, and accomplishment. The therapeutic songwriting program integrated these elements through the composition of three songs and an ongoing musical ritual in order to augment the benefits of both music therapy and positive psychology for older adults with depression.

For the examination of the program, four residents with depression in residential care facilities participated in this individual therapeutic songwriting program. The single-group pilot study examined four elements that can lead to evidence-based healthcare (FAME; Pearson et al., 2005):

The element 'Feasibility' examined the study protocol in terms of recruitment, outcome measurement, and session frequency. Overall, the findings suggested that the applied study protocol was feasible in the given context.

The 'Appropriateness' of the entire intervention program and individual program elements for older people with depression in a residential care facility could be confirmed through the analysis of interview and video data, alongside a fidelity assessment of the intervention protocol.

In order to test the 'Meaningfulness', two different aspects were evaluated. Potential mechanisms of change from the therapeutic process that were meaningful for the residents were

detected through the analysis of interview and video data. Mechanisms were related to *songs and the songwriting process*, experienced *gratitude*, awareness and activation of *memory and memory skills*, and the importance of a *good therapeutic relationship*. In addition, meaningful themes that were experienced beyond the therapeutic context were explored through a content analysis of the song lyrics. Themes were contact with *family and friends*, *going out*, *reminiscing*, and expressing *gratitude*, as well as identifying stimuli *that evoked positive feelings and contributed to improved wellbeing*.

Finally, the 'Effectiveness' of the therapeutic songwriting program was examined using both quantitative and qualitative data. The quantitative outcome measurements demonstrated a reduction in depression and an enhancement of wellbeing in all participants. Furthermore, the qualitative data revealed an increased awareness of positive aspects in participants' lives, an awareness of their own abilities and an improvement in self-esteem.

The small sample size of four participants enabled an in-depth analysis of the developed therapeutic songwriting program. Findings suggest that it can present a novel and highly promising treatment option for older people living with depression.

Declaration

This is to certify that:

i. This thesis comprises my own original work towards the degree of Doctor of Philosophy except where indicated in the Preface.

ii. Due acknowledgement has been made in the text to all other material used.

iii. The thesis is fewer than 100 000 words in length, exclusive of tables, maps, bibliographies and appendices as approved by the Higher Degrees by Research Committee.

Estenfeld, Germany, 23/11/2024

Jasmin Eickholt

Preface

The following thesis is related to different publications within my PhD candidature. Authorship of publications was determined in collaboration with the supervisory team. Details of the content and contributions of the co-authors are described below.

Publications included as a chapter:

Section 4.2 – article submitted for publication

Eickholt, J., Tamplin, J., Gold, C., & Clark, I. (submitted for publication). Therapeutic songwriting in depression: A systematic review and meta-analysis.

The systematic review and meta-analysis examined the effects of therapeutic songwriting on depressive symptoms in adults aged 18 years and older. The literature review was conducted in order to identify potential effects and aspects of therapeutic songwriting that may be beneficial for the development of the intervention program. My co-authors contributed by supervising the project, cross-checking results, reviewing and editing the writing, parts of the visualisation, and statistical calculations.

Section 9.2 – article, accepted in *Nordic Journal of Music Therapy*

Eickholt, J., Tamplin, J., & Clark, I. (accepted). Therapeutic songwriting to enhance wellbeing and decrease depression in older people living in residential care: A lyric analysis of participant-composed songs.

The content of the song lyrics from the single-group pilot study was analysed. By exploring the experiences, interests, and needs of older people living with depression, themes were identified that could be integrated into their daily lives in future care. My co-authors contributed to the project by supervising it and reviewing and editing the writing.

Publications containing findings from this thesis

Chapter 6 – published article

Eickholt, J., Baker, F. A., & Clark, I. N. (2022). Positive psychology in therapeutic songwriting for people living with late-life depression: An intervention protocol. *Brain Sciences*, *12*(5), 626. https://doi.org/doi:10.3390/brainsci12050626

This article comprises a short version of the intervention program. It was not presented as a chapter to allow for a detailed explanation in Chapter 6, which provides a clear and detailed overview of each session and important background information for future studies. My co-authors contributed by reviewing and editing the writing and supervising the program development.

Accompanying publication during the PhD candidature

Section 4.1 – published article

Dunphy, K., Baker, F. A., Dumaresq, E., Carroll-Haskins, K., Eickholt, J., Ercole, M., Kaimal, G., Meyer, K., Sajnani, N., Shamir, O. Y., & Wosch, T. (2019). Creative arts interventions to address depression in older adults: A systematic review of outcomes, processes, and mechanisms. *Frontiers in Psychology*, *9*(2655). https://doi.org/10.3389/fpsyg.2018.02655

This systematic review examined the existing literature on creative arts interventions for older adults with depression. The review concentrated on the results of four different modalities: art, dance, movement, drama, and music. Specific consideration was given to the processes in each modality that contribute to change, as well as the mechanisms resulting from these processes. The data from the studies included in this review was used for the literature review in Section 4.1 to identify studies that used therapeutic songwriting and singing interventions. For the article, the co-authors contributed to conceptualising and designing the study, being responsible for data collection, the initial stage of analysis, and data entry of studies from disciplines other than music therapy, and the second phase of analysis and writing in all disciplines, including music therapy.

Chapter 9 – accepted book chapter

Eickholt, J., & Thompson, Z. (accepted). Shared mechanisms and outcomes for older adults with different clinical conditions – Similarities between singing and songwriting interventions for wellbeing. In E. Campbell, T. Wosch, & J. Tamplin (Eds.), *Music therapy in dementia care: Applications in residential and home-based care*. Reichert Publishers.

This book chapter presents a comparative analysis of the findings presented in Chapter 9 of this thesis with the dissertation by Thompson (2021). The objective was to identify shared mechanisms and outcomes relevant for older adults living with depression, dementia, and family caregivers of people living with dementia. A German version of this book chapter will follow in 2025. Thompson's contribution was to engage in a collaborative exploration, conceptualisation, and discussion of the similarities between the two theses, as well as contribute to the writing of this chapter.

Public Presentation and Dissemination

The intervention program from Chapter 6 was presented in 2020 by a poster presentation at the „32. Werkstatt für musiktherapeutische Forschung Augsburg“ [32nd Workshop for Music Therapy Research Augsburg] at University of Augsburg. In addition, it is regularly included in the training of music therapists in the Master's degree „Master Musiktherapie für Empowerment und Inklusion (M.A.)“ [Master Music Therapy for Empowerment and Inclusion] at Technical University Würzburg-Schweinfurt in Germany, and presented in various workshops for music therapists.

Funding

This research project was made possible by the Melbourne Research Scholarship provided by the University of Melbourne (fee remission and stipend). My training in positive psychology to develop the intervention program was part-funded by the INNTAL Institute (Germany).

Acknowledgment

This dissertation was only possible with the contribution of many people. First, I would like to thank the participants in the pilot study. Working with you showed me how important it is to take this project forward. Thank you for being so open and willing to share your valuable life experiences, and for allowing me to use your unique experiences for this thesis. I would also like to thank all the residents who were involved in the development of the therapeutic songwriting program by allowing me to test my initial ideas in our music therapy sessions. I am deeply touched that the songs accompanied some of you until your last days of life.

I would like to express my sincerest gratitude to the University of Melbourne for providing me with the valuable opportunity to realise my vision through the PhD program and the scholarship. I am also deeply grateful to numerous individuals at the University of Melbourne who have provided invaluable support and guidance throughout my PhD journey.

To my primary supervisor, Dr. Imogen Clark: I am deeply grateful to you for accompanying me during this period. You have supported me from the very beginning. In Germany, we say 'Doktormutter' [doctoral mother], which is a good expression because you helped me to find myself as a researcher. You always encouraged me, motivated me, believed in me and stood by my side. You inspired me and helped me to develop ideas, determine the methods, and discuss the findings. You shared your knowledge and experience with me while encouraging me to follow my own path.

To Associate Professor Jeanette Tamplin: You showed me in your clinical work how thrilling research can be and motivated me to go deeper into the field research. Thank you for your work as Advisory Committee Chair in the early stage of my candidature and for your support as a supervisor. Particularly in the last two years, you have supported me with your feedback in evaluating the participants' valuable experiences from the pilot study. You also provided great support in carrying out the systematic review and meta-analysis.

To Felicity Baker: You motivated me to apply to the University of Melbourne through our DAAD project, making it possible for me to start on this path. I would like to express my gratitude for this, as well as for the inspiration you gave me when I developed the therapeutic songwriting program.

To Professor Katrina McFerran: Thank you very much for organising the CAMTRU seminars. Because of you, I could learn a lot about the application of research methods and also find out where my position as a researcher is. I would also like to thank you for taking over the Academic Chair for the last two years and for your always valuable feedback.

To our Creative Arts and Music Therapy Research Unit (CAMTRU): Your constructive feedback in the CAMTRU meetings helped me to organise my research in the best possible way. By inviting international guests with a great knowledge, I was able to know many different research methods and perspectives. I am particularly, but not exclusively, grateful for the feedback and insights of Professor Joke Bradt, who encouraged me to move away from my purely quantitative orientation to appreciate mixed methods designs. I am also very grateful to Professor Michael Silverman, who has inspired me greatly with his research on therapeutic songwriting and who has given me valuable feedback on my therapeutic songwriting program.

To my CAMTRU colleagues: I would also like to express my gratitude for your feedback, motivation and support over the years. My special thanks go to Dr Zara Thompson: our exchanges about the PhD, but also in private, were so valuable and motivating. Thank you for the inspiring discussions and your final proofreading. I am glad that a friendship has grown out of our time together at the university and I am also looking forward to further research projects with you. I am also thankful to Dr Ella Dumaresq: you inspired me from the very beginning with your shared experiences, and you supported me to keep going when the PhD seemed unachievable.

People from other universities and institutions and beyond have also supported me. I would like to express my deep gratitude to my colleague from the Technical University of Applied Sciences, Prof Thomas Wosch. You accompanied me as my professor and supervisor during my Bachelor's and

Master's degrees, and also enabled me to plan and work on great research projects. You gave me the basis for this thesis. Thank you for also accompanying me on my PhD journey. For our intensive and creative discussions, and especially including the German perspective.

I would also like to thank Prof Christian Gold. Through your supervision of my Master's thesis, you discovered my interest in research and gave me valuable experience in planning research projects by involving me in the development of the international MIDDEL project. You helped me to think bigger. Thank you also for your advice on the quantitative measurements in the pilot study and support in the statistical analyses of the systematic review and meta-analysis.

I would like to thank the Inntal Institut for the scholarship to become a Certified Professional in Positive Psychology, which enabled me to give depth to this work. Special thanks go to Jens Schreyer for his support in the development of this therapeutic songwriting program in a German context.

To my MT colleagues and friends, Tabea Thurn and Dr Laura Blauth from the Technical University of Applied Sciences, and to Associate Professor Elsa Campbell from the University of Music and Performing Arts Vienna: Thank you for our constructive conversations on different areas of my thesis, but also for celebrating smaller achievements throughout this research project.

Finally, I would like to express my gratitude to my family and friends for their support. The following section is written in German to make this understandable for them.

An meine lieben Eltern: Ich danke euch für viele Jahre, in denen ihr mich unterstützt habt. Ihr habt immer an mich geglaubt, seid mit mir durch den Bachelor, Master und nun die Doktorarbeit gegangen. Ihr habt mich stets motiviert nach den Sternen zu greifen. Ohne euch wäre ich nie so weit gekommen. Ich danke euch insbesondere für die Unterstützung seit der Geburt meiner Kinder. Ihr habt mir ermöglicht auch als Mutter diese Arbeit erfolgreich abzuschließen.

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Danken möchte ich darüber hinaus all meinen Freunden, die mich in den letzten Jahren begleitet haben, mit die Erfolge gefeiert und mich stets motiviert haben.

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Abbreviations

BDI-II	Beck Depression Inventory Second Edition
CCT	Clinical Controlled Trial
CI	Confidence Interval
CSDD	Cornell Scale for Depression in Dementia
d	Cohen‘s *d*
EPDS	Edinburgh Postnatal Depression Scale
FS	Lyrics from the ‘Flourishing Song’, e.g. Anna-FS.2 identifies the second song lyric line in the ‘Flourishing Song’
FS-D	Flourishing Scale (German Version)
G-TSW	Group Therapeutic Songwriting
GDS	Geriatric Depression Scale
GRADE	Grading of Recommendations Assessment, Development and Evaluation
GS	Lyrics from the ‘Gratitude Song’, e.g. Anna-FS.2 identifies the second song lyric line in the ‘Gratitude Song’
H	Ho et al. (2014)
HADS	Hospital Anxiety and Depression Scale
I-TSW	Individual Therapeutic Songwriting
IPA	Interpretative Phenomenological Analysis
M	Mechanism
m	Month(s)
MADRS	Montgomery-Åsberg Depression Rating Scale
MD	Mean Difference
MM	Meléndez Moral et al. (2015)
MSS	Meaningfulness of Songwriting Scale
NCT	Non-Controlled Trial
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
P	Proyer et al. (2014)
PERMA	PERMA profiler: Positive emotion, Engagement, positive Relationships, Meaning, Accomplishment
PhD-9	Patient Health Questionnaire
POMS-SF	Profile of Mood States Scale
Post	Post-test
Pre	Pretest

PS	Lyrics from the 'Pleasure Song', e.g. Anna-PS.2 identifies the second song lyric line in the 'Pleasure Song'
R	Ramirez et al. (2014)
RCF	Residential Care Facility
RCT	Randomised Controlled Trial
RevMan	Review Manager
RoB	Risk of Bias assessment tool for randomised controlled trials
S-C	Salces-Cubero et al. (2019)
SC	Standard Care
SH	Smith and Hanni (2019)
SMD	Standardised Mean Difference
T	Therapist
TA	Taghvaienia and Alamdari (2020)
TAU	Treatment As Usual
TSW	Therapeutic Songwriting
V	Video, for example, Willa-V2.1 = first statement in the second session
WHOQOL-OLD	World Health Organization Quality Of Life - OLD scale
Q	Interview Question, for example, Anna-Q2.2 = Second part of the response to Intervention Question 2
.C	Lyric line of a Chorus, for example, Anna-FS.2C defines the second lyric line of the 'Flourishing Song' as chorus

1 Introduction

1.1 Motivation for the Topic and My Clinical Position

"Uncover what's strong instead of what's wrong"

This motto has a powerful influence on my work as both a clinician and a researcher. In my work with older people, I appreciate their history, knowledge, and experiences. They may have faced serious challenges in their lives, and notwithstanding, many of them enjoy an active life full of engagement and satisfaction. I am impressed by their strength and their perseverance in the face of adversity. They stay aware of what evokes pleasure and gives them a sense of meaning while expressing humility and gratitude for their life.

Depression is a mental disorder that can result in a loss of previously experienced enjoyment and pleasure (ICD-11 Code 6a7*; World Health Organization, 2019). People affected may reduce their participation in activities, experience feelings of worthlessness, and lose their sense of meaning. My motivation for this research project is to develop a strategy for decreasing depressive symptoms and regaining their emotional wellbeing by drawing on the knowledge I gained from the various disciplines in which I have been trained. I am a qualified social worker, specialising in behavioural modification. My music therapy training was specialised in working with people with disabilities and older people with dementia and late-life depression. Furthermore, as part of this research project, I have completed training in positive psychology to become a certified positive psychology professional.

Prior to this research project, I conducted a cluster randomised pragmatic trial examining the effects of group music therapy compared to recreational group singing on depressive symptoms in residential care facilities (Werner et al., 2017). The level of depressive symptoms improved significantly, with a medium effect size (after ten weeks of treatment: mean difference Montgomery-Asberg Depression Rating Scale 4.50 points, 95% CI 2.51 to 6.50, p<.001, Cohen's *d*=0.5; Werner et al., 2017). Within the music therapy sessions, I worked within a person-centred approach and used various music therapeutic methods, including singing individually written songs. Based on my clinical

judgement, I observed a strong bond between the songwriter and the self-written songs, which reinforced my belief that therapeutic songwriting is particularly beneficial in older people living with depression.

My experience as a music therapist and social worker has further influenced this research project. By the time the study presented in Chapter 7 commenced, I had been working with older people for over six years. Based on my clinical and scientific experience, I consider myself primarily an objectivist. However, when an objectivist approach is inadequate or insufficient to address a research question, I draw upon my clinical experience to provide an interpretive perspective.

1.2 Thesis Overview and Challenges

This thesis is submitted 'with publication'. Consequently, two chapters are presented in the submitted form. In addition, one article provides a short version of the intervention program, and another article compares the findings from this thesis with those from another dissertation that investigated music therapy with older people. The remaining material has been retained in an unpublished state.

To maintain consistency in the format of this thesis, the articles included are presented in accordance with the APA Style 7th edition, although the version submitted and published in the journals may have other formats. It was, therefore, possible that differences in styles (e.g., the numbering of chapters and the presentation of references) between the articles and this thesis occur. In addition, the requirements of the journal may have led to differences in voicing between chapters. The figures and tables have been numbered in accordance with the sequence in which they appear in this thesis, regardless of the numbers assigned to them in the original publications. The chapters included as articles and the short form of the published intervention program included co-authors. Their contribution to the articles has been acknowledged in the preface. In addition, bridging material is included at the beginning of the chapters to contextualise the content in the scope of the larger thesis.

The structure of this thesis is divided into two parts. In Part A, a literature review and background information for developing the intervention program are provided, followed by a conclusion and presentation of the research purpose and plan. Part B.1 describes the intervention program, while Part B.2 details the implementation and subsequent investigation of the intervention program.

The global pandemic caused by the SARS-CoV-2 virus has had a significant impact on this thesis. When the first four participants from the single-group pilot study completed the study protocol, the first cases of COVID-19 appeared in Germany. Following the subsequent lockdowns and restrictions, it was not possible to visit residential care facilities for one year. Consequently, I was unable to recruit additional participants. Therefore, I changed the research design to a primarily qualitative approach with an in-depth analysis of the four participants only. The quantitative data that was previously collected for these four participants was used to triangulate the qualitative findings.

Part A: Background

Depression in older people has a significant impact on quality of life. The literature review in Chapter 2 explains the importance of treating this mental health condition. Chapter 3 gives an overview of the theory of positive psychology and explores the effects of positive psychology interventions in treating depression in older people. Music therapy is another effective treatment for depression in older people. Therapeutic songwriting as one method of music therapy is presented in Section 4.1. Due to a lack of studies on therapeutic songwriting in older people, a systematic review answers the question of how effective this intervention music therapy is for reducing symptoms of depression in adults aged 18 and older in Section 4.2.

2 Depression in Older People

2.1 Prevalence

The number of people living with depression increases constantly. Currently, it is estimated that there are more than 280 million people living with depression, representing approximately 3.8% of the global population (World Health Organization, 2023a). In the European Union, 7.2% of the population is affected by chronic depression (Eurostat, 2021; see Table 1). In 2019, Germany was ranked fourth, with 11.6% of people living with chronic depression (see Table 1). Furthermore, the prevalence of depressive symptoms was found to be significantly lower among older adults aged 65 and above (8.0%) compared to adults aged between 25 and 64 years (12.8%). However, the prevalence of depressive disorders appears to be particularly high amongst older adults living in residential aged care. A systematic review and meta-analysis revealed that depressive mood was prevalent in 53% of residents in residential care facilities, while major depressive disorder was identified in 27% of residents (Q. Wang et al., 2024). Therefore, it is important to identify interventions that provide effective support and treatment for older people who experience the movement to a residential care facility.

Table 1

Prevalence of Depression in the European Union (Eurostat, 2021)

Prevalence chronic depression	All ages (<15 years)	25-64	Over 65 (European Union rank)
Total	11.6 (4)	11.6 (4)	8.0 (13)
Men	9.9 (3)	10.1 (3)	6.4 (8)
Woman	13.1 (5)	13.2 (6)	9.3 (15)

One reason for the increasing rates of depression might be the increasing percentage and number of older people worldwide, alongside decreasing worldwide fertility rates (He et al., 2016). More developed countries in Europe have a total fertility rate that is under the replacement rate of 2.0 newborns since 1970. Although the fertility rate is becoming more stable, it is estimated that the rate will remain less than the required 2.0 newborns, with an increase from 1.6 to 1.7 newborns by 2050. At the same time, the global life expectancy at birth is expected to increase from 2015 to 2050. Worldwide, an increase from around 8 years, from 68.6 years to 76.3 years, is estimated. In Europe, the average is estimated from 77.3 years to 82.1 years. Following this, the total number of people with late-life depression can increase worldwide.

In addition to lower back pain and headache, depression is one of the three most common reasons for females to experience loss of healthy life years due to disabilities (GBD Disease and Injury Incidence and Prevalence Collaborators, 2018). In males, depressive disorders are in the fifth position of the most common reasons, besides low back pain, headache disorders, diabetes, and age-related hearing loss[1]. The reasons for the higher prevalence of depression in females in general were explored by Albert (2015). One reported reason could be biological factors, such as hormonal changes experienced across the lifespan, including those triggered by puberty, menstruation, pregnancy, and perimenopause (Albert, 2015). This argument can be supported by Q. Wang et al.'s (2024) systematic review and meta-analysis with 28,501 participants. Their results indicated a prevalence of depressive mood in 35% of female residents compared to 19% of males in residential care facilities. In Germany,

[1] Non-binary participants were not included in the present study.

about 13.1% of females showed chronic depression in comparison to 9.9% of males (Eurostat, 2021). The potential higher rate of depression among older women might be relevant, particularly when considering the higher rate of women in residential care facilities who may have different needs than men (Brath et al., 2022). Therefore, it might be beneficial to develop new interventions that are particularly appropriate and meaningful for older women with depression living in residential care facilities.

2.2 Risk Factors and Prevention

Risk factors for the development of depression in later life are, in general, different to younger people and often a combination of different factors. Negative experiences in the past and stressful life events, such as the loss of loved ones, and the presence of depression in personal or familiar history, can be factors that can influence the development of depression (Birrer & Vemuri, 2004; Singh & Okereke, 2015). Other factors are related to their age, they can lose their social roles, such as being an employee (Singh & Okereke, 2015), marital status (Birrer & Vemuri, 2004), or they may have reduced opportunities to participate in activities (Fiske et al., 2009). Further, physical health conditions can influence the development of depression (Birrer & Vemuri, 2004), for example, insomnia, diseases of the nervous system, and cognitive impairment (Fiske et al., 2009).

A close social network and engagement are important to avoid loneliness and isolation as another risk (Singh & Okereke, 2015). Likewise, the support of psychological strengths and emotional regulation can strengthen someone's personal traits to avoid a lower sense of mastering challenges (Fiske et al., 2009; Singh & Okereke, 2015) and alcohol use (Birrer & Vemuri, 2004). While psychological and social risk factors (Fiske et al., 2009), as well as a range of medications, diseases, and biological factors can cause depression (Birrer & Vemuri, 2004; see 2.5), positive experiences, such as good health, higher education, a good socioeconomic status, religious involvement and experiencing meaning in life (Fiske et al., 2009) can act as protective factors against depression. Many of these elements are also found in positive psychology (e.g. social network, engagement, support of

psychological strengths, and experiencing meaning in life; Peterson & Seligman, 2004; Seligman, 2011).

2.3 Symptoms and Diagnosis

Symptoms of a depressive disorder, diagnosed by ICD-11, can include a depressive mood (e.g. feeling sad, irritable, or empty), other cognitive, behavioural or neurovegetative symptoms (e.g. reduced energy and engagement in activities), and the loss of interests, enjoyment, and concentration (ICD-11 Code 6a7*; World Health Organization, 2019). Other symptoms can include tiredness, disturbed sleep, or reduced appetite. A person living with depression can experience reduced self-esteem and confidence and feel guilty and worthless. Further, people with depression can experience memory deficits, anxieties and difficulties in expressing and processing emotion (Levin et al., 2007).

The degree of severity of depression is divided into mild, moderate, and severe depression in the ICD-11 classification. With a mild depressive disorder, the person has some of the presented symptoms in a mild form, and activities of everyday life are slightly more difficult than usual. In a moderate form of depression, the person experiences more symptoms of depression in a more severe way. People with moderate depression have considerable difficulties in more daily activities, in work, social, or domestic areas. People living with severe depression experience most of the presented symptoms or fewer symptoms at a higher intensity. The person is not able, or has limited capacity, to fulfil daily activities. Further distinctions are if the depressive disorder is a single episode or recurrent, and if the depressive disorder has co-occurring psychotic symptoms (ICD-11 Code 6a7*; World Health Organization, 2019).

The diagnosis of depressive disorders is more difficult in older people in comparison to younger people (American Psychiatric Association, 2010; Pocklington, 2017). There is no specific distinction of diagnostic criteria for older people in the ICD classification (Pocklington, 2017). However, older people commonly report physical symptoms like fatigue and poor or reduced sleep as more prominent than the aforementioned symptoms of a depressive disorder (American Psychiatric

Association, 2010; Pocklington, 2017). These reported symptoms might also be associated with other diseases, such as physical illness, dementia, or the natural aging process. Therefore, depression is often underdiagnosed and untreated in older adults.

The negative impact of depression can manifest in different life areas. Older people living with depression can experience impaired cognitive and social functioning (Fiske et al., 2009). In addition, they may be at risk of self-neglect, which can result in higher morbidity and mortality. In some cases, suicide can be a consequence of depression. Studies in Hong Kong and Mexico found depression as a common factor for suicide in older people. Paul et al. (2003) conducted a survey of older living in private households in Hong Kong (n=917). Suicide ideation was shown in 25.9% of people with late-life depression (n=116), compared to 2.5% (n=801) in older people without depression (Paul et al., 2003). In Mexico City, Borges et al. (2015) interviewed 2,003 older people about suicide ideation and found depression as one of the main reasons, besides physical disorders, anxiety and psychosis. The influence of dementia on suicide ideation was small (Borges et al., 2015).

Additionally, there is growing evidence of a link between depression and dementia. Depression can be one of the most common co-occurring symptoms of dementia (Cerejeira et al., 2012), with approximately 43 % of people living with dementia affected by depression. Conversley, depression can also be a risk factor for, as well as a prodrome of, dementia (Bennett & Thomas, 2014; Cerejeira et al., 2012).

2.4 Interventions

The treatment of depression varies depending on the type of depression (NICE, 2022). The National Institute for Health and Care Excellence (NICE) in the United Kingdom offers a guideline for the recognition and management of depression in adults. At the beginning of the treatment of depression, the person living with mild or moderate depression can be supported by a comprehensive assessment of the depression and the associated problems, as well as support to improve sleep hygiene (NICE, 2022). Low-intensity psychosocial interventions, individual or group cognitive

behavioural therapy approaches, and individual self-help programs can be offered, as well as structured group physical activity programs. Further, the person can receive antidepressant medication. If these interventions are not effective, or if the person has moderate or severe depression, the treatment intensity can be increased and interpersonal therapy and behavioural activation, and, in some cases, repetitive transcranial magnetic stimulation and electroconvulsive therapy, can be offered (NICE, 2022). Electroconvulsive therapy is effective in minimising the risks of suicide or side effects of other treatments for people with severe acute depression that is resistant to other therapies. When a relationship has a negative influence on the individual's depression or the partner may be beneficial to the treatment, behavioural couples therapy can be effective (Baucom et al., 2018; NICE, 2022). Moreover, short-term psychodynamic psychotherapy can be offered for people with mild or moderate depression if other interventions are declined (NICE, 2022).

The German "S3-Leinlinie / Nationale Versorgungsleitlinie" (S3-clinical practice guideline) published by the German Society for Psychiatry and Psychotherapy, Psychosomatic and Neurology (DGPPN) provides recommendations for the treatment of depression (Bundesärztekammer et al., 2022) that are similar to the NICE-guidelines, such as evidence-based psychosocial interventions, antidepressants, psychotherapy and other non-medicinal somatic forms of treatment. The recommended psychotherapy includes further systematic therapy and group talk therapy.

According to the S3-clinical practice guideline, the evidence suggests that cognitive behaviour therapy approaches, interpersonal psychotherapy, reminiscence therapy and psychodynamic psychotherapy showed significant positive effects on depression, particularly in older people (Bundesärztekammer et al., 2022). In addition, the referred studies of the guideline showed controversial results as to whether non-drug treatment is better than antidepressants. However, better effects in the treatment of severe depression could be found if antidepressants were offered combined with cognitive behaviour therapy (Bundesärztekammer et al., 2022). While there are some suggestions that seasonal depressive disorder can be treated with light therapy, evidence of the efficacy is insufficient. Auxiliary therapies like ergo therapy and socio therapy can be offered

depending on the individual needs of the patient. The purpose of socio therapy is to enable patients with illness-related psychosocial deficits to access medical and medically prescribed services. Ergo therapy helps patients to improve or maintain their basic ability to work and their independence in everyday life (Bundesärztekammer et al., 2022).

In conclusion, different guidelines propose a variety of potential interventions. They allow for the consideration of the individual health and environmental conditions of people living with depression in order to develop adequate treatment plans. Nevertheless, some potential interventions have not yet been recommended due to insufficient supporting evidence or the quality of existing studies.

2.5 Side Effects of Treatment

Treating depression with pharmaceuticals can have several side effects. In general, the overall physical health and side effects need to be considered and monitored (NICE, 2022). The effects of medication can be influenced by age, comorbidities and medications (Bundesärztekammer et al., 2022). Particularly, when the person receives medicine that can have a negative influence on the gastrointestinal mucosa or on the clotting, the risk of bleeding increases (NICE, 2022). Some medications can further lead to a serotonin syndrome that can include, for example, changes in mental status, agitation, shivering and tremors, and incoordination. (Birrer & Vemuri, 2004). Other side effects of medication can be, for example, anxiety, weight gain, headache, sexual dysfunction, sleep disturbances, blood pressure abnormalities, and urinary disturbances (Corponi et al., 2020).

Electroconvulsive therapy, as a treatment option for severe depression, is associated with several side effects (Wajima, 2016). Cardiovascular events may be provoked due to the impact on the central nervous system. Other complications can be epileptic seizures, hypoxia, or laryngospasm, among others. In addition, cognitive domains such as anterograde and retrograde memory are affected (Porter et al., 2020). Further commonly reported side effects include headache, muscle aches, nausea, and vomiting (Li et al., 2020). The risks of side effects may be higher in older individuals (NICE,

2003). Consequently, electroconvulsive therapy should only be offered if all other potential treatments have been considered ineffective for the person.

2.6 Access and Adherence to Treatment

In addition to the aforementioned contraindications, the adherence to treatments for depression can be variable. This may be because of structural problems in the health system, such as difficulties in maintaining appropriate care due to a lack of medication or multiple prescribers (Zivin & Kales, 2008). McCall and Kintziger (2013) emphasise the worldwide insufficient healthcare infrastructure in meeting the needs of people living with late-life depression, with an increasing gap in the future predicted. Moreover, the perceived negative stigma of living with depression, the lack of trust in treatment options, and physical limitations can negatively influence treatment adherence (Zivin & Kales, 2008).

2.7 Conclusion

Given the high prevalence of depression, it is important to provide effective support and treatment. Despite a range of existing treatments, recommended by different guidelines (NICE, 2022, Bundesärztekammer et al., 2022), side effects and challenges in adhering to treatments to prevent people living with depression from seeking or successfully completing treatment. It is recommended to consider the patient's individual needs and preferences when recommending different intervention forms (NICE, 2022). Individualised therapy may be helpful in building trust and, therefore, support treatment adherence. In older people living with depression, new treatments are needed that are accessible and meet their needs (McCall & Kintziger, 2013). Therefore, novel therapeutic agents and interventions are required to identify new effective treatment modalities for older adults (Lavretsky, 2016).

Some potential interventions are not yet included in clinical guidelines. Positive psychology is a newer branch of psychology that has become more prominent since 1998 (Blickhan & Eid, 2018).

While there is growing evidence of the effectiveness in treating depression (Bolier et al., 2013; Chakhssi et al., 2018; Sin & Lyubomirsky, 2009), positive psychology is not yet considered in the NICE or S3 guidelines. Only one study applying a positive psychotherapy approach (Seshadri et al., 2021) has been considered in the S3 guideline as part of mindfulness-based cognitive therapy.

Music therapy as part of art therapies is also not currently included in the S3 guidelines for depression due to the heterogeneity, high or unclear biases, or small sample sizes of studies (Bundesärztekammer et al., 2022). However, the S3 guideline for psychosocial therapies in severe psychiatric diseases recommends offering music therapy depending on the individual's needs and preferences (Gühne et al., 2019).

3 Positive Psychology in Older People Living With Depression

The World Health Organization (2015) recommends healthy ageing in an age-friendly world. The treatment should change from focusing on curative treatments to providing integrated care. In the past, therapy intended to treat mental illness within a disease framework that emerged from the negative effects of environmental stressors. The focus was on pathology, weakness and damage (Seligman & Csikszentmihalyi, 2000). The World Health Organization recommended interventions for older people that also support wellbeing (World Health Organization, 2017).

Subjective wellbeing can be defined as a status whereby a person experiences more positive than negative emotions, in addition to the experience of life satisfaction (Blickhan & Eid, 2018). Happiness as an indicator of positive emotion is divided into two types: hedonic and eudaimonic happiness (Blickhan & Eid, 2018). Hedonic happiness includes the positive emotion triggered, for example, by savouring and pleasant experiences. Eudaimonic happiness includes life satisfaction. The person lives according to their values and goals to achieve a fulfilling life with the best possible self. For a limited time, even unpleasant moments can occur to achieve this. Both types of happiness are important for wellbeing. Besides the experience of positive emotion, it is important that the person is engaged in achieving their happiness.

One discipline that aims to improve wellbeing is positive psychology. Positive psychology was first introduced by Maslow in 1987, defined as the study of a good person and psychological health, which includes, for example, confidence, peace and compassion, kindness, and humanity (Hart, 2020). A newer definition from Seligman and Csikszentmihalyi (2000) sugggests that positive psychology aims understand the complexity of human's behaviour. Whereas previous psychological theories assumed that an individual only responds to stimuli, and behaviour was externally reinforced, newer understandings consider the individual as being capable of making decisions, thereby enabling them to master situations and become efficacious. The approach of positive psychology aims to "catalyz[e] a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities" (Seligman & Csikszentmihalyi, 2000, p. 6). Positive psychology focuses

on strengths, virtues, and building positive qualities by acknowledging valued subjective experiences (Seligman & Csikszentmihalyi, 2000). These subjective experiences can be divided into past, present and future experiences. While the feeling of wellbeing, contentment, and satisfaction is important regarding the experiences of the past, flow experiences and happiness are important in the present. For the future, they emphasise the importance of experiencing hope and optimism. Positive psychology was defined as a wellbeing-focused science and practice that studies conditions and processes to reach a flourishing life or an optimal function (Hart, 2020).

The following chapter presents the principles and elements of positive psychology, as well as the evidence of positive psychology for older people. The first part presents the development of the wellbeing theory by Seligman (2011). Important strengths and elements are explained, including examples of possible interventions that can enhance these elements[2]. The second part demonstrates the effects of positive psychology interventions and elements on wellbeing and depressive symptoms in older people.

3.1 Theory of Positive Psychology - Wellbeing and Flourishing

Positive psychology was strongly influenced by Seligman's (2011) original theory of 'Authentic Happiness', which focuses on happiness and life satisfaction. It consists of three features of happiness:

- The pleasant life with positive emotions, such as pleasure, rapture, ecstasy, warmth, and comfort
- The engaged life relates to experiences of flow, such as being one with music, the experience when time stops, and/or self-consciousness ceases to exist during activities
- The meaningful life is one in which an individual feels a sense of connection to and service to something that they perceive to be a greater entity than themselves

[2] An overview of all presented positive psychology interventions are in the Appendix C. Not named interventions are named by the author and identified by italics.

Seligman et al. concluded that happiness positively affects health, success, and social engagement (2005). However, three arguments limited their initial theory of 'Authentic Happiness'. First, in Western population, happiness is commonly understood as being in a cheerful mood. However, the presented theory also links happiness with engagement and meaning, which are unrelated to a current emotional status (Seligman, 2011). This argument can be confirmed by the definition of subjective wellbeing, where positive emotions are important for hedonic happiness but not necessarily in eudaimonic happiness. As another limitation, Seligman (2011) argued that elements are missing in the theory of authentic happiness. Positive emotion, engagement and meaning are not comprehensive enough to achieve authentic happiness. People have to decide individually what they need to achieve a flourishing life. The final argument is that authentic happiness is often measured by estimating life satisfaction. On the one hand, life satisfaction represents the current emotional status rather than authentic happiness (Seligman, 2011). On the other hand, the theory of authentic happiness does not recognise that perceived engagement and meaning cannot be measured accurately by estimating life satisfaction. Due to these limitations, Seligman (2011) introduced their new 'Well-Being Theory' that emphasised five measurable elements of positive psychology. These elements (acronym PERMA) are essential for wellbeing and flourishing:

P ositive Emotion
E ngagement
R elationships
M eaning
A ccomplishment

To achieve a flourishing life, the individual needs these elements as core features, but also at least three of six additional features: self-esteem, optimism, resilience, vitality, self-determination and positive relationships (Seligman, 2011).

The challenges of aging can be solved successfully and with improved wellbeing if an older person realises what to do in challenging situations and adjusts accordingly (Snyder et al., 2011). Individual resources and coping skills, spirituality, and physical health have a big impact on perceived stress in older adults' health and wellbeing, as do environmental and social support (Smith & Hollinger-

Smith, 2015). Coping with loss can lead to personal maturation (Bannink, 2012). Over the long term, trauma can even lead to a higher level of psychological functioning (see post-traumatic growth; Seligman, 2011). Other elements of successful aging are engagement in meaningful activities and good social relationships (Snyder et al., 2011). All these elements can be found in different PERMA elements of the wellbeing theory and in developed character strengths.

3.1.1 Character Strengths in Positive Psychology

The five areas of PERMA can be achieved using individual character strengths (Seligman, 2011). The attributes of character strengths reflect the individual's traits and the essence of their own identity (Niemiec, 2017). Character strengths are the capacities for behaving, thinking, and feeling, and the medium through which positive outcomes for oneself and others can be achieved. Applying the individual's most robust strengths leads to an improvement in wellbeing (Seligman, 2011).

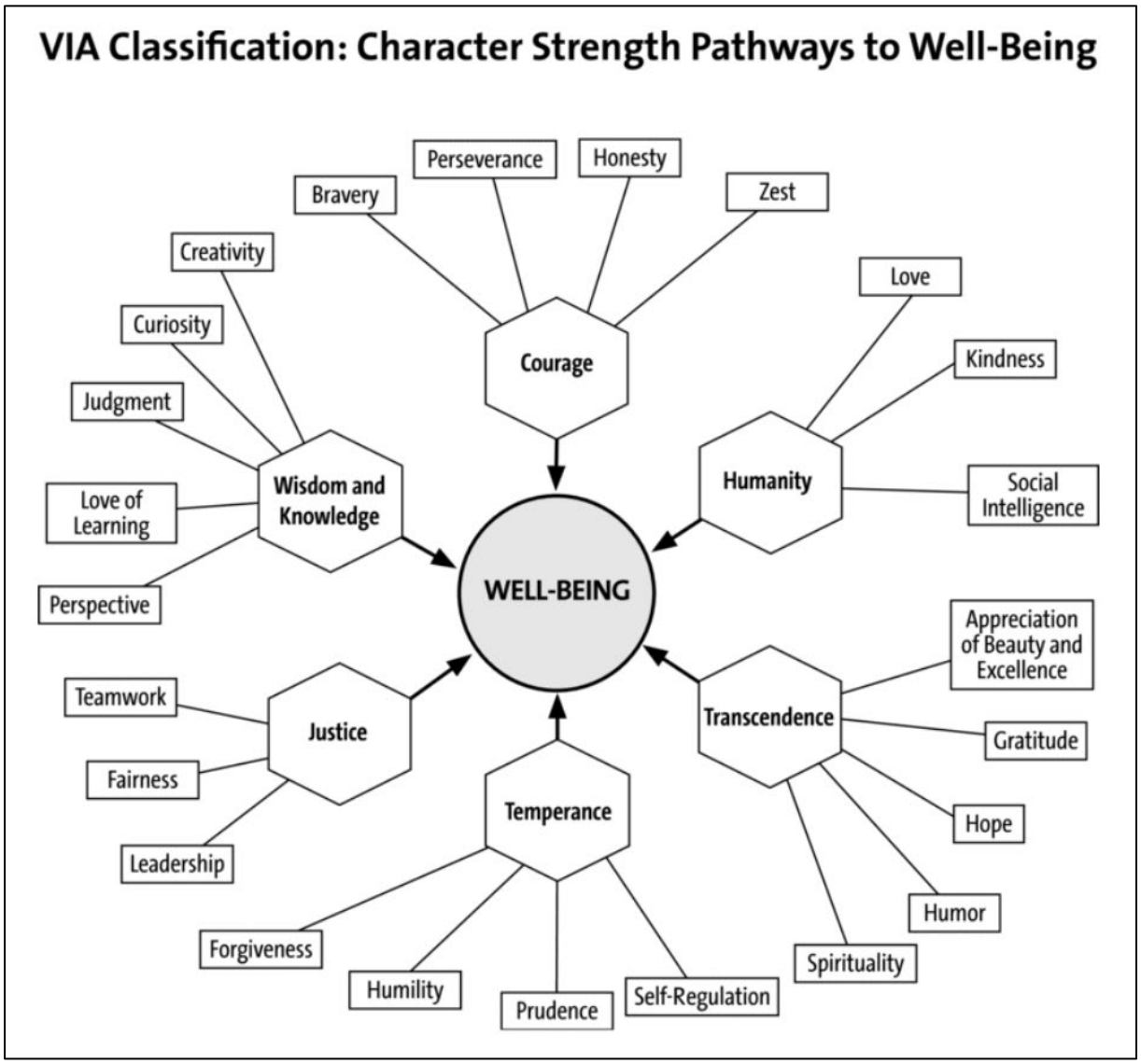
3.1.1.1 VIA Classification of Character Strengths

The 24 strengths of the 'VIA Classification of Character Strengths' emerged from a three-year cross-culture research project that aimed to find strengths that are universal and valid worldwide, independent of religion, culture, and belief systems (Niemiec, 2017). These character strengths are allocated to six universal virtues that are also valued independently of different traditions and cultures. Figure 1 shows the result of the 'VIA Classification of Character Strengths', which shows six virtues and 24 allocated strengths (Niemiec, 2017, p. 301)[3].

[3] Permission to replicate this table has been given by Via Institute.

Figure 1

Virtues and Character Strengths by Niemiec (2017, p. 301)



In order to ascertain the extent to which each individual strength is developed, the VIA Institute for Character developed the VIA Inventory of Strengths (VIA-IS), a tool designed to identify and measure the relative strengths of individuals. The free online survey is translated into 35 languages and enables the individual to get an actual ranking of their own highest, middle and least-developed strengths (Niemiec, 2017). This survey takes approximately 15 minutes for 120 questions. The person estimates their degree of agreement for each statement (VIA-Institute on Character, 2020).

Diverse positive psychology interventions can support the identification, development, broadening, and use of the individual character strengths. Through the intervention 'you at your best', people can become aware of their strengths. Here, the person writes about a time when they were at their best. Then, the person will identify the strengths experienced during those times (Seligman et al., 2005). Another intervention is the 'reflected best self'-exercise. The targeted person asks people in their environment for moments when they were at their best (Meyers et al., 2013). To support someone in solving their problems, solution-focused coaching (*Problem-solving*) works with the individual's character strengths (Meyers et al., 2013). Here, the development of strengths is focused on finding a solution to problems.

The development and power of strengths are influenced by life events and phases and can change over time (Niemiec, 2017). Martínez-Martí and Ruch (2014) investigated the development of character strengths and their influence on wellbeing over a lifetime. The 945 participants of this survey were between 27 and 57 years old. Comparing age ranges, kindness and humour were more shown in the younger group (age 27-36), whereas love and religiousness were more shown in the group of 47-57-year-old participants. The strengths hope, zest, and humour were highly correlated with wellbeing. On the other hand, hope and zest, love, social intelligence, and perseverance were highly correlated with life satisfaction.

While all character strengths can be developed in different intensities, dependent on individual experiences, 'signature strengths' are those strengths that are essential for the self-concept (Blickhan & Eid, 2018). The combination and intensity of signature strengths are unique to each individual. Seligman (2011) described different indicators for signature strengths. At first, the person feels authentic with their strengths, thereby experiencing themselves as "This is the real me" (Seligman, 2011, p. 74). Further, the person feels excited about applying their signature strengths and practising them. The person is motivated and needs to use their strengths generally in their lives in different ways. Another attribute is that using strengths empowers the person rather than exhausting them. Finally, the use of signature strengths results in enjoyment and enthusiasm.

One way of identifying signature strengths is the Signature Strength Survey (see Appendix B). The person first decides which strengths described in the VIA Inventory of strengths are essential for their personality (see Figure 2)[4]. Then, they review the selected strengths to identify the strengths that are most important in their personality (VIA-Institute on Character, 2018). An excerpt of the Signature Strengths Survey follows:

Figure 2

Excerpt of Signature Strength Survey, retrieved from www.viacharacter.org

Essential Strength?	Character Strengths
	1. Creativity: You are viewed as a creative person; you see, do, and/or create things that are of use; you think of unique ways to solve problems and be productive.
	2. Curiosity: You are an explorer; you seek novelty; you are interested in new activities, ideas, and people; you are open to new experiences.
	3. Judgment/Critical Thinking: You are analytical; you examine things from all sides; you do not jump to conclusions, but instead attempt to weigh all the evidence when making decisions.
	4. Love of Learning: You often find ways to deepen your knowledge and experiences; you regularly look for new opportunities to learn; you are passionate about building knowledge.
	5. Perspective/Wisdom: You take the "big picture" view of things; others turn to you for wise advice; you help others make sense of the world; you learn from your mistakes.
	…

Another way to 'identify signature strengths' is to first take the VIA survey (VIA-Institute on Character, 2020). Then, the person notes the five highest strengths of the result list (Seligman et al., 2005). This identification of strengths has demonstrated a short-term positive impact on depressive symptoms (Seligman et al., 2005).

3.1.1.2 Individual Character Strengths

Every character strength has its own core features and can be used optimally, overused, or underused. The following descriptions are a summary of a detailed explanation of the six virtues

[4] Permission to replicate this table has been given by Via Institute.

(Niemiec 2017), signature strengths, and related interventions, based on works presented in books from Peterson and Seligman (2004) and Niemiec and Wedding (2014; Niemiec, 2017).

The Virtue 'Wisdom and Knowledge'

Creativity: Creativity is the novel and productive way of thinking that may include artistic achievements (Niemiec, 2017). It is about seeing and doing things in a different way. It can be enhanced by a supportive, open, informal, and reinforcing environment. An underused amount of creativity can lead to too much conformity, while overuse leads to eccentricity. The use of creativity is limited by time pressures and too close supervision, and too much critical examination. Through the positive psychology intervention '*find alternate solutions',* the person can be asked to generate a list of multiple alternate solutions for a problem to promote creativity. In an alternative intervention 'using signature strengths in a new way', the participant is asked to use their identified strengths for one week in a new and different way (Seligman et al., 2005). Following the definition of Seligman (2011), this intervention should be especially effective when signature strengths are used since there is a natural desire to use them in different and new ways (see definition of signature strengths above).

Curiosity: Curiosity is the interest in experiences for its own sake. The related subjects and topics are fascinating (Niemiec, 2017). Curiosity is one of the five most common strengths associated with happiness and life satisfaction, and linked to engagement, intelligence, life longevity, meaning and relationship (Niemiec, 2017). An underuse can result in disinterest, and overuse, in nosiness. An intervention ('*features of activities*') might be to pay attention to three new features of an activity, that is not favoured by the person (Niemiec, 2017). Another way of boosting curiosity is to encourage a group to '*share something novel and interesting'* about the individual's life (Ho et al., 2014).

Judgement / Critical thinking: This strength is about examining things from different perspectives instead of coming to an immediate conclusion (Niemiec, 2017). It is the ability of a person to change their own mind by considering all facts to avoid bias, resistance, suggestion, and manipulation. Judgement and critical thinking help in making decisions. Too little of this strength leads

to a thoughtlessness, too much to a narrow mind. One positive psychology intervention for developing this strength ist '*contradict arguments'*: People can be trained to develop judgement and critical thinking by acknowledging arguments that contradict their own beliefs, attitudes, or behaviour (Niemiec, 2017).

Love of learning: An extension of curiosity with the tendency to gain deeper knowledge and enhance efficacy and competency is the love of learning (Niemiec, 2017). This strength is often linked to academic success and can evoke positive experiences and contribute to wellbeing. An underuse can result in complacency, and an overuse may lead to a feeling of knowing everything. The intervention '*benefits in uninteresting topics'* aims to strengthen a love of learning by asking to what extent the person themselves or the world would benefit from a topic that is not very interesting for the person (Niemiec, 2017).

Perspective: The person is able to give wise advice and has a broad view of the world (Niemiec, 2017). Wisdom is often associated with increasing age (Sin & Lyubomirsky, 2009). This strength is linked to high engagement, successful aging, and wellbeing in older people (Niemiec, 2017). Too little use of the strength 'perspective' can lead to a superficiality, whereas an overuse can lead to being overbearing. The intervention '*meet a wise person'*: aims to help expand perspectives by having or imagining a conversation with a wise person. The imagination should contain possible questions and responses, as well as different nuances and possible advice from the discussion (Niemiec, 2017).

The Virtue 'Courage'

The virtue Courage can generally be improved by discussing the meaning of courage (Ho et al., 2014). For this intervention, a story is provided based on a famous person who faced *'life challenges'*.

Bravery: Brave people confront themselves with their fears and adversity, with threats, challenges, difficulties, or pain (Niemiec, 2017). They stand for their rights and convictions, even if they are unpopular. By this, they build resilience and active coping skills. An underuse of bravery can

lead to cowardice, whereas an overuse can lead to foolhardy behaviour. In the positive psychology intervention '*defining bravery*', bravery can be promoted by seeking appropriate reasons to describe oneself or someone else as brave (Niemiec, 2017).

Perseverance: This strength enables the individual to persevere with a task until it is completed. It is linked to engagement, success, and diverse achievements. Someone with insufficient perseverance can feel helpless, and with too much perseverance, it can lead to obsession. This strength can be improved by the practice of '*reappraisal of adversities*'. By training awareness of the positives, good, meaning, or learning from the event, the mentality of continuing the task can be maintained (Niemiec, 2017).

Honesty: Honesty is being true to oneself and authentic with others (Niemiec, 2017). The act of telling the truth is not the only component of this concept; it is also about taking responsibility for one's own feelings and actions. It allows a more accurate assessment of one's own intentions and commitments. Too little honesty can present as phoniness, and too much honesty leads to righteousness. Honesty can be practised by encouraging someone to get a full sense of choice and self-expression in their behaviour (Intervention '*honest behaviour'*; Niemiec, 2017).

Zest: Someone with a well-developed zest is enthusiastic about living life (Niemiec, 2017). It is about living life with excitement and energy, as it is like an adventure. Thus, a person with zest feels alive and activated. This strength is linked to engagement, health behaviours, meaning, work, and life satisfaction. '*sharing positive experiences*' with others can improve energy and vitality. Further, spending '*time in nature'* can improve zest and vitality (Niemiec, 2017).

The Virtue Humanity

Love: Close relations to people with reciprocal sharing and caring are valuable. Love is one of the strengths most associated with life satisfaction (Niemiec, 2017). Further, love facilitates the development of empathy, tolerance, and forgiveness. If this strength is underdeveloped, the person

can experience emotional isolation, whereas an overuse can cause emotional promiscuity. To boost love, '*spontaneous loving acts'* can be performed (Niemiec, 2017).

Kindness: Being kind means doing favours, good, helping, and taking care of others (Niemiec, 2017). Kindness helps against the negative effects of stress and trauma and leads to optimism, social connectedness, goal mastery, and the reduction of anxiety, self-criticism, and perfectionism. An underuse of kindness can result in indifference, and overuse can be seen by others as intrusive. In order to enhance this strength, an 'act of kindness' can be performed in situations where the person would not typically engage in such a behaviour (Carr, 2011). Another intervention *'help a friend',* practiced altruism in older people by giving them hypothetical situations in which a friend needs help, and asking about the feelings that would be evoked by helping the friend (Ho et al.; 2014).

Social intelligence: A socially intelligent person is aware of the feelings and motives of someone or oneself and further knows how to integrate themselves into different social situations (Niemiec, 2017). Social intelligence is associated with pleasure in life and helps mitigate the negative effects of stress and trauma. Too little social intelligence can lead to cluelessness or being obtuse, whereas over-analysing can be a result of too much social intelligence. To boost this strength, interventions to train mindfulness can be applied. Mindfulness can help the person become aware of and label emotions, as well as to get an awareness of non-verbal behaviour in social contexts (Niemiec, 2017).

The Virtue Justice

Teamwork: Teamwork is the participative contribution to a group effort (Niemiec, 2017). It is about being loyal to the group. Teamwork is associated with behaviour that aims to protect the social and physical environment. A person with too little teamwork tends to be selfish, and someone with too much of this strength tends to be too dependent. To encourage teamwork, a group of people can be asked to talk about the likelihood of their success, as well as about their confidence in their capabilities and their ability to recover from setbacks ('*group success and capabilities'* ;Niemiec, 2017).

Fairness: A fair person treats everyone equally (Niemiec, 2017). Personal feelings do not influence one's decision-making. Everyone gets the same chance and equal opportunities. An underuse of fairness can lead to detachment and an overuse of partisanship. Fairness can be trained by '*involving other people'* in decision-making that are impacted by them. The involved persons should be encouraged to disagree and disprove ideas and assumptions if desired (Niemiec, 2017).

Leadership: It is about organising and leading a group (Niemiec, 2017). The group is positively influenced and encouraged to fulfil their activities while maintaining good relationships. Leadership can be practical, including, for example, the definition of the establishment or identification of the direction. Transactional leading clarifies individual responsibilities and expectations as well as upcoming tasks. Leadership can also be a personal quality, such as taking the leader role. Transformational leadership motivates others to give their best while promoting trust and commitment. Too little leadership can lead to compliance and too much to command. To improve leadership skills and be more flexible, the leader should be open to '*responding to different options*' and meet the individual needs of the group members (Niemiec, 2017).

The Virtue Temperance

Forgiveness: Someone who forgives the mistakes of others, as well as accepts the shortcomings of others (Niemiec, 2017). Forgiveness is linked to emotional and spiritual wellbeing, healthy lifestyle behaviour and social support, and leads to less anger, hostility, anxiety, and depression (Niemiec, 2017). Too much forgiveness can lead to a permissive attitude, whereas too little forgiveness can be merciless. To enhance this strength, the person can re-evaluate situations in which someone has offended them by reflecting on the '*other person's need*' for positive growth and transformation rather than stigmatising them as good or bad or viewing the situation as an all-or-nothing situation. Another intervention can be a '*forgiveness letter*' (Carr, 2011). Here, the person writes a letter to someone who hurt them. In this letter, the person should describe how deep this hurt is and how much anger it provoked. Then, the person offers a reason explaining why they want

to forgive the person, despite what happened. The person describes the circumstances that led to the hurtful behaviour without excusing them. At the end of the letter, the person expresses forgiveness. Finally, the person can reflect upon feelings that arose during the writing process and consider whether they want to share the letter with the person who hurt them.

Humility: Someone who is modest and lets their accomplishments speak for themselves (Niemiec, 2017) does not feel more special than other people and tends to help other people more often than people who are less humble. Humility strengthens social bonds. Too little humility results in arrogance and too much in self-deprecation. A person's sense of humility can be improved by '*writing about a time when they felt humility'* and reflecting upon evoked feelings and thoughts. The humility should be real and not deprecating (Niemiec, 2017).

Prudence: This strength is about wise caution (Niemiec, 2017). Someone is careful in making choices and taking risks. They would not say or do anything they could regret later. Prudence is associated with physical health, job performance and productivity(Niemiec, 2017). Underusing this strength can lead to sensation-seeking; too much use can lead to stuffiness. Prudence can be practised by '*making a specific plan towards a goal'* or creating a to-do list (Niemiec, 2017). In planning the performance, any restrictions should be considered that could interfere with achieving the goal.

Self-regulation: Someone is disciplined and regulates their feeling, behaviour and impulses. Further, this strength is about controlling appetites and emotions. It is linked to more healthy behaviour but can be fatigued when over-strained (Niemiec, 2017). Effective self-regulation is linked to increasing age (Sin & Lyubomirsky, 2009). If someone regulates themself too much, they can be inhibited. If someone shows too little self-regulation, reactions can be self-indulgent. It can be helpful to start each day with a self-control exercise to increase general self-regulation. 'Observing one's self-control' in one domain (e.g. physical exercises) can improve the self-regulation in others (Niemiec, 2017).

The Virtue Transcendence

Appreciation of beauty and excellence: This strength is about experiencing awe, wonder, appreciation and admiration of beauty, excellence, or achievement in different areas of life (Niemiec, 2017). This strength leads to more prosocial, altruistic, and healthy behaviour. Less appreciation is associated with non-observance; a too-high focus can lead to snobbery and perfectionism. The appreciation of beauty and excellence can be boosted with 'beauty walks', where someone takes time to give directed attention to nature or simply note daily experienced beauty, for example, in nature, art or the moral goodness of others. This intervention can be linked to the exercise 'pleasure walk'. Here, the person mindfully and curiously explores all the sensations around them when walking (van den Brink, 2015). Another intervention is 'three good things in life', which describes three positive experiences per day over a week that can include beauty and be extended to other areas and experiences (Seligman et al., 2005). Integrating long-term memories, the person can also think about good things that happened within the last six months (Salces-Cubero et al., 2019). The person then chooses three of the most relevant ones to share with others.

Gratitude: This strength is an attitude of thankfulness and is linked to a meaningful life and psychological and health benefits. Underusing the strength can lead to inappropriate entitlement and the overuse to subservience (Niemiec, 2017). One way of improving gratitude can be the description of '*gratitude-evoking aspects in life'* or the intervention 'gratitude is the building block of life', where the person expresses grateful thoughts and feelings for one or more persons or a situation (Salces-Cubero et al., 2019). For further benefits and interventions to improve gratitude, see 4.1.2.1 and 4.1.2.3.

Hope: Hope is about expecting the best and working to achieve it (Niemiec, 2017). The person has hope and believes in a good future. The positive expectation is linked to optimism, as well as with an orientation and mindfulness for the future. Someone who has too much hope can exhibit

Pollyannism[5]. Too little hope can result in an attitude of negative expectation. A common way of practising hope is the intervention 'best possible self' (Rashid & Seligman, 2018). The person writes about their best possible self in the future. They should describe a positive developed future. Domains can be health, work, relationships, or creative efforts.

Humour: With humour, someone brings pleasure, smiles, and laughter to other people (Niemiec, 2017). Humour is one of the strengths most associated with life satisfaction and happiness, and it is further linked to positive emotion and health. In older age, humour is highly correlated with a pleasurable and engaged life but has a low correlation to a meaningful life (Ruch et al., 2010). Someone with less humour is overly serious (Niemiec, 2017). Someone who shows too much humour can be seen as ridiculous [original "giddiness"]. An intervention to improve the strength is 'three funny things' (Proyer et al., 2014). In this new intervention, the person is asked to write down three funny things that happened each day for one week.

Spirituality: Spirituality is the connection to the sacred and the belief that life is small and serves a higher purpose (Niemiec, 2017). It is associated with the assumption that the universe holds a higher meaning. Spirituality is further associated with compassion, altruism, volunteerism, and philanthropy. Too little spirituality can lead to anomie and too much to fanaticism. A sense of purpose can be built if the person '*engages proactively in life*'. This might be, for example, a volunteer position in their community (Niemiec, 2017).

3.1.2 PERMA Profiler

According to Seligman's (2011) 'Well-being Theory' the PERMA profiler represents five elements that are essential for experiencing wellbeing and flourishing in life (see 4.1). This section provides an explanation of each element. Furthermore, positive psychology interventions are presented that can enhance each element.

[5] A person who overestimates positives and avoids the look on unpleasant facts (Dember & Penwell, 1980)

3.1.2.1 Positive Emotion, Optimism, Savour, and Gratitude

The first PERMA element is 'Positive Emotion'. Positive emotions are defined as experiencing happiness, contentment, pride, and serenity in the past confidence (Rashid & Seligman, 2018). In the present, it is about experiencing savouring, mindfulness, and other complex experiences. Regarding the future, positive emotions are associated with the experience of hope and optimism, faith, trust, and confidence (Rashid & Seligman, 2018). In order to improve the understanding of having a '*lifestyle with experiencing happiness'*[6] Ho et al. (2014) invited older people to discuss stories about people who discovered happiness.

Positive and meaningful experiences are essential for older adults (Ho et al., 2014). They are motivated to maximise positive experiences and minimise negative affective states. Thereby, they can regulate emotions better in negative situations than younger people. This regulation can enhance optimism and reduce anxiety, depressive symptoms, and pessimism in old age.

Positive emotions support the building of personal resources like physiological, cognitive, and social resources, as well as the development of coping and problem-solving processes resources (Meyers et al., 2013; Smith & Hollinger-Smith, 2015). They improve physiological responses to stress and negative emotions and support the development of resilience. Improving resilience and creating personal resources can further facilitate the experiences of more positive emotions and personal improvement. Positive emotion can be evoked by '*music and traditional games'* (Meléndez Moral et al., 2015).

Positivity and optimism can lead to lower frailty and mortality rates and support the recovery or protection against deterioration in a range of life-threatening illnesses (Baker & Ballantyne, 2012). Optimism and hope are correlated to effective coping strategies, such as problem-solving, avoiding stressful life events, or seeking social support (Biswas-Diener, 2010; Carver et al., 2010). Happiness, hope and optimism are associated with mental health and subjective wellbeing (Biswas-Diener, 2010;

[6] An overview of all presented positive psychology interventions are in the Appendix C. Not named interventions are named by the author and identified by italics.

Ho et al., 2014). Optimistic people develop less depression when they meet stressful life events in comparison to pessimistic people (Biswas-Diener, 2010; Carver et al., 2010). Optimists apply more coping strategies than pessimists: if their attempt to solve a problem is unsuccessful, they use other strategies like acceptance, humour and positive reframing (Bannink, 2012). Further, a mindful person recognises that every situation can be equally positive and negative. Considering emotional experiences, people can decide whether they want to have a positive or negative view of explicit circumstances. The decision to have a positive view can evoke positive emotion and a perceived control of one's own wellbeing. Optimism is also a positive resource for relationships (Carver et al., 2010). Social acceptance is higher when people express positive expectations for the future than those with negative expectations.

Optimism is not a fixed trait. It can be practised and learned (Biswas-Diener, 2010; Carver et al., 2010). To get a sense of optimism, a story can be discussed where someone has an '*optimistic attitude'* towards life (Ho et al., 2014). An intervention to promote a person's sense of optimism: For one week, write down one sentence about '*what went well'* that was caused by the environment or yourself, and one sentence about something that did not go well because of temporary, specific, and external reasons (Bannink, 2012). Temporary means that the situation will end, specific means that it is not a common situation and external means that it was caused by something that could be expected. Another intervention is 'one door closes, another door opens' (Rashid & Seligman, 2018). Here, the person reflects on opportunities that appear when they experience, for example, rejection or failure. Other ways can be to '*plan steps to achieve something'* that the person hopes would happen, use '*humour to share something negative'* from recent days, and change thinking patterns from negative, pessimistic thoughts to '*acknowledge the positive aspects'* in life (Salces-Cubero et al., 2019).

Hope is another kind of positive emotion (Bannink, 2012). There are two directions in which a person can respond to a tragic situation. On the one hand, the person can be despaired. In this case, a downward spiral starts where the fear and insecurity can lead to stress, embarrassment, or vexation. On the other hand, people who react with hope can activate an upward spiral, where the awareness

of positive things improves and, with this, the feeling of love and gratefulness. This enables further attachments to other persons; the person feels stronger.

Fredrickson (2013) developed the widely tested 'broaden-and-build theory' of positive emotions. 'Broadening' means that the awareness of the environment will be extended, and more stimuli can be processed through a greater number of perceived positive experiences. The intensity of these experiences is less significant than their overall quantity (Blickhan & Eid, 2018). 'Building' involves the development of physical resources, such as an improved immune system or social resources with positive relationship qualities. Additionally, the theory suggests building intellectual, emotional, and behavioural resources, such as self-efficacy, optimism, mindfulness, and behavioural flexibility. Further, positive emotions can reduce the physical consequences of negative emotions (Blickhan & Eid, 2018).

Savouring can increase the intensity and duration of positive emotion (Seligman, 2011) and decrease depressive symptoms when applied with other interventions (Ho et al., 2014). Sharing savouring with relatives or friends can deepen relationshio connection (Rashid & Seligman, 2018).

The individual's experiences can be divided into four kinds of savouring (Rashid & Seligman, 2018). In *basking*, the person savours the accomplishments, good fortune, or blessings of someone else. *Thanksgiving* is the expression of gratitude and giving thanks. Marvelling involves the astonishment of beauty by being mindful. *Mindfulness* is the awareness of the self, the environment, and other people. Finally, *luxuriating* is the enjoyment of physical comforts and sensations. Savouring positive experiences and higher resilience are correlated with higher life satisfaction and wellbeing (Smith & Hollinger-Smith, 2015).

There are different ways to promote savouring, depending on whether the object or experience is from the past, present, or future (Smith & Hanni, 2019). In daily life, savouring can be boosted by '*reflecting on something positive'* from the past, the current moment, or something that might occur in the future. The person then reflects on the evoked positive feelings, such as amusement, interest, or excitement, and takes a moment to appreciate this experience. Reflected

daily activities in the present can be small things, such as drinking tea (Ho et al., 2014). '*Sharpening the perception'* can lead to savouring, focusing on a specific, while disregarding other elements (Rashid & Seligman, 2018). Savouring can also be practised in '*Slowing down activities'*.

Activities to savour can also be planned in the future. In a 'planned savouring activity', the person chooses an object to savour in the future. For a 'savoury date', the person plans an activity with someone else (Rashid & Seligman, 2018). The person can further '*imagine positive events'* that might occur within the next week (Salces-Cubero et al., 2019).

Given the challenges of ageing, such as an impaired physical condition that the person may have to deal with, it can be argued that the need to savour objects or experiences of the past is of particular importance in older people when compared with younger people (Meléndez Moral et al., 2015). To facilitate savouring, memories from life events can be shared. To *'remember positive experiences'* and share them with others, also a mental or physical memory can be built, such as a souvenir or mental photographs, as a reminder and to share with others at a later time (Rashid & Seligman, 2018). However, the meaning of an already existing object that evokes positive memories can also be explained to a group (Salces-Cubero et al., 2019). Finally, self-praise in the way of '*sharing one's own achievements'* in an authentic and honest way is another method to experience savour.

Expressing gratitude is another way of savouring, which is divided into two areas. While the feeling of gratitude to a person belongs to personal gratitude, the feeling of gratitude to a deity or the universe belongs to transpersonal gratitude and means to be thankful for something specific or the experience of existence in general (Carr, 2011). Gratitude is related to higher wellbeing, positive affect, and prosocial behaviour and traits (Emmons & Mishra, 2011; McCullough et al., 2002). At the same time, gratitude is negatively related to envy and materialistic attitudes.

Emmons and Mishra (2011) investigated several benefits of gratitude. They found improved self-worth and self-esteem, better coping strategies for stress, and fewer negative comparisons with others by expressing gratitude and spending less time on having negative emotions. Positive emotions can be evoked more easily, and autobiographical memories are more retrievable. Gratitude

strengthens our relationships and motivates people to be helpful to others. After all, positive experiences can last longer by appreciating the meaning and value of the experience or object, and thereby getting used to new possessions more slowly.

A sense of transpersonal gratitude can be supported by the intervention 'three good things in life', which aims to evoke positive emotion (Seligman et al., 2005). The person writes down three things every evening that went well and provides a causal explanation. This intervention can also be called 'gratitude journal', where the good things can also be named blessings (Rashid & Seligman, 2018). Here, the person is additionally asked, what the experience meant to them and what they learned from it. To introduce gratitude and develop a habit of '*identifying positive events in daily life*' of older people, Ho and colleagues (2014) offered pictures of daily activities, world events and nature and asked the participants to discuss their feelings towards them.

Happiness is linked to memories (Ramirez et al., 2014). Memories are less specific and overgeneralised in people living with depression in comparison to people living without. Considering this, it is important to work on autobiographical memory in depression to retrieve more specific memories. In being grateful for the good experiences in the past, positive memories can be highlighted and intensified. This contributes to higher life satisfaction (Ramirez et al., 2014). At the same time, forgiveness for offences in the past can help to reduce bitterness. Changing bitterness to neutral or positive memories can then again improve life satisfaction. In older people, forgiveness can also facilitate the acceptance of and dealing with age-related declines.

3.1.2.2 Engagement and Flow

Engagement is the experience of flow in activities or having optimal experiences (Massimini & Fave, 2000). It is about activities where someone uses their strengths to be completely absorbed by a task that is satisfying, enjoyable, challenging, and rewarding (Blickhan & Eid, 2018; Rashid & Seligman, 2018). The activities can be creative and complex, such as work, social interactions, hobbies, sports, music, or art (Massimini & Fave, 2000). Flow experiences are characterised by high involvement, deep concentration, and intrinsic motivation (Seligman, 2011). The challenge of the activity matches the

personal skills. Subjective experienced engagement can only be assessed retrospectively. Engagement can decrease anxiety and depression, and avoid boredom (Rashid & Seligman, 2018). The intervention 'using signature strengths in a new way' is one way to improve engagement.

3.1.2.3 Positive Relationships

Positive relationships are important for wellbeing (Rashid & Seligman, 2018). Thereby, it is not important how much time someone spends with another. Rather, the quality of the relationship is more important. Positive relationships are characterised by trust and security. Other people participate in someone's experience of positive emotion, engagement, meaning, and accomplishment (Seligman, 2011). The experiences of people are embedded in a social context (Seligman & Csikszentmihalyi, 2000). Relationships in the way of having a supportive network can contribute to happiness (Myers, 2000).

An intervention to boost personal gratitude and relationships is the 'gratitude visit' (also called 'gratitude letter'). The person writes and delivers a letter of gratitude to another person who had been kind to them but had never properly thanked them (Seligman et al., 2005). Then, the person reflects the feelings that emerged by writing the letter (Proyer et al., 2014). Interpersonal relationships can also be enhanced by encouraging '*active participation'* in their own environment (Meléndez Moral et al., 2015).

3.1.2.4 Meaning

Meaning in life can be achieved by "belonging to and serving something that you believe is bigger than the self" (Seligman, 2011, p. 45). The main criteria are the contribution to wellbeing, acting for its own sake, and the independence of positive emotion, relationship, and accomplishment.

Meaningful lives can derive from and be achieved in different areas. Close relationships can contribute to a meaningful life (Rashid & Seligman, 2018). People can experience love and friendship within relationships. In addition, experiencing civic spirit (Sirgy & Wu, 2009) and being socially and environmentally active can enhance meaning (Rashid & Seligman, 2018). Appreciation of beauty is another factor (Sirgy & Wu, 2009) and may include the arts (Rashid & Seligman, 2018). Another area

that evokes meaning in life is gaining knowledge and a good education (Sirgy & Wu, 2009). On the one hand, this can result in career accomplishments and working in a career of the person's calling. On the other hand, intellectual or scientific goals can be achieved that lead to meaning in life (Rashid & Seligman, 2018). Finally, material comfort can be a meaningful result (Sirgy & Wu, 2009). In physical and mental health, meaning can be boosted if the person is not suffering from diseases and pain and has a good conscience. Philosophical or religious reflection, as well as experiencing spirituality, can further contribute to a meaningful life (Rashid & Seligman, 2018).

Working out the meaning in life can establish a person's identity and reinforce self-worth (Baumeister & Vohs, 2005). It is correlated with psychological and physical health. Accomplishment and achievement of goals in life boost self-worth and the creation of a personal ideology. Further, meaning-making helps people cope with the loss of a family member by making sense and finding positive experiences linked to the loss.

An intervention to understand and discover meaning in life is to work with a '*memorable experience'* (Ho et al., 2014). Here, the person reports an experience and reflects on their influence on the perceived meaning in life. *'reflecting autobiographical memory'* can facilitate the awareness of achievements and goals in the past, and thereby give meaning (Meléndez Moral et al., 2015).

3.1.2.5 Accomplishment

Accomplishment (or achievement) includes a person's use of their own competencies, such as strengths, skills, and talents, to get to those achievements that evoke satisfaction and fulfilment (Rashid & Seligman, 2018). It is not correlated to positive emotion, meaning, or positive relationships (Seligman, 2011). The individual's goal can be success, mastery, competencies, or performing for its own sake. To achieve this, strengths must be used actively and strategically. Situations must be observed carefully to adapt the strategy, if necessary. Achievements can be reinforced externally. However, intrinsically motivated achievements can improve wellbeing (Rashid & Seligman, 2018). The development of a '*sense of the self'* can be facilitated by focusing on aspects related to the individual's identity, self-esteem, autonomy, and mastering skills in relation to their environment (Meléndez

Moral et al., 2015). Future goals can be achieved, and previously achieved goals can be maintained by developing an action plan (see description of the intervention '*plan steps to achieve something*' in Appendix C).

3.1.3 Positive Psychotherapy

Positive Psychotherapy is an effective intervention for severe depression (Rashid & Seligman, 2018). It is based on the principles of positive psychology, particularly the theory of Seligman's (2011) wellbeing theory with the elements PERMA and the concept of character strengths. Positive Psychotherapy focuses on the person's wellbeing and potential for growth while considering occurring negative aspects, such as the symptoms of a disease, the feeling of weakness, or regrets.

Different positive psychotherapy programs were developed and tested for depression. Seligman et al. (2006) conducted a study with his first group positive psychotherapy program. Young adults with mild to moderate depression (n=40) participated in six positive psychotherapy interventions, with each two hours within six weeks. Following positive psychotherapy, the participants showed a decrease in depressive symptoms, lasting until a follow-up one year later.

Later, Seligmen et al. (2006) conducted a non-randomised controlled study with adults with severe depression. The participants were allocated to groups based on the severity of their depression and whether they had commenced medication to treat depression. The participants without medication were allocated to either an individual positive psychotherapy program with 14 sessions, mostly within 12 weeks (n=11), or to the control group with treatment as usual (n=9). Participants with a medication treatment were allocated to a second control group and received treatment as usual plus the existing medication (n=12). The positive psychotherapy group showed a significant decrease in depressive symptoms with a large effect size in comparison to the control group with treatment as usual and medication. One participant from each control group achieved remission (11% of the participants without and 8% of participants with medication) compared to 64% of the participants in the positive psychotherapy group.

Rashid and Seligman (2018) published a revised version of his theoretical positive psychotherapy protocol with 14 sessions based on validated positive psychology interventions. The protocol was influenced by the outcomes of different studies and positive psychotherapy programs that addressed depression, anxiety, and other clinical issues. The revised program was divided into three phases. Phase one focused on individual character strengths (Sessions 1 to 4). Included interventions were the previously presented 'gratitude journal' (see Appendix C) and the identification of character strengths. In practising the virtue wisdom (see 3.1.1.2), the person develops a sense of using their strengths in the best way. Finally, the first phase ended with the interventions 'a better version of me' and 'best possible self' focusing on signature strengths (Rashid & Seligman, 2018, see Appendix C).

Phase two emphasised using strengths to meet day-to-day problems and situational challenges, as well as the appreciation of intra- and interpersonal experiences (Sessions 5 to 8; Rashid & Seligman, 2018). In different interventions, negative memories were released to help the person become aware of their impact on psychological, social, and physiological wellbeing. They were defined as open memories that were unfinished. On the other hand, closed memories were those memories that could give the person an opportunity to grow. The closed memories were detected, for example, by the intervention 'reappraisal of adverse' that focused on good aspects of negative experiences (see Appendix C). The client learned to use positive appraisal skills to deal with open memories. Going back into memories of the past can help older people to reinterpret the self and aspects of their life in an objective and balanced way (Meléndez Moral et al., 2015). Other sessions included the 'forgiveness letter', 'gratitude visit' (see Appendix C) to reinforce relationships, and a discussion about the choice between reacting as best as possible versus reacting in a way that is only good enough (Rashid & Seligman, 2018).

Phase three concentrated on positive emotion, positive relationships, and achieving meaning and purpose in life (Sessions 9 to 15). Here, the previously presented interventions 'one door closes, another door opens', slowing down activities', 'planned savouring activity', and 'savouring date' were

included to improve positive emotion by savouring (see Appendix C). Positive relationships were identified, altruism was practised, and individual meaning and purpose were discussed. Further, expressive writing was applied to identify personal growth activated by traumatic experiences. This exercise was often applied in writing therapy. The person wrote continuously for 15-30 minutes about one experience. Other topics for expressive writing were positive relationships of the person, the identification of their strengths, how to respond constructively, and the practice of altruism by giving time and using the identified individual signature strength to help someone. Finally, the meaning in their life and goals for the future were discussed (Rashid & Seligman, 2018).

3.2 Effects of Positive Psychology in Older People Living With Depressive Symptoms

Positive psychology has been applied in several populations. This chapter gives an overview of the effects of positive psychology interventions in older people with depression, with regard to the PERMA elements and individual strengths of older people.

The effects of positive psychology on depressive symptoms in people living with late-life depression have been demonstrated by several reviews and trials. Sin and Lyubomirsky (2009) conducted a meta-analysis about the effects of positive psychology interventions on wellbeing and depressive symptoms in different age ranges (n=4,266). Only one study showed a reduction of depressive symptoms in older people by focusing on life review (n = 14; Davis, 2004). Sin and Lyubomirsky (2009) observed a larger decrease in depressive symptoms with increasing age. However, there were too few studies for a moderator analysis in older age. Three of the included studies on older people found increased life satisfaction and wellbeing through positive psychology interventions (n = 169; Sin & Lyubomirsky, 2009).

In a literature review about positive psychology in older adults, Brandolim Becker (2016) found reduced symptoms of anxiety and increased wellbeing in older people with and without depression when interventions of positive psychology were applied. Improvements were found in the areas of life satisfaction, happiness, and the ability to savour, positive relationships, gratitude, environmental

mastery, resilience, self-acceptance, and personal growth. A decrease in depressive symptoms was also examined and found in four studies (Brandolim Becker, 2016).

In 2020, I conducted a further literature review to identify studies that examined the effects of positive psychology on depressive symptoms in older people. Seven studies were included in this review. Table 2 shows their characteristics.

Table 2

Characteristics of Positive Psychology Studies in Older People

Study	Participants	Study design	Dose
Ho et al. (2014)	n=74 (89.2% female) mean age 77.97 (SD 7.03)	One-group pre-test / post-test design	13.5 hours / 810 minutes: • 9 sessions, 1/week á 90 minutes
Meléndez Moral et al. (2015)	n=34 (58.8% female) mean age 73.85 (SD 9.76)	Quasi-experimental, pre-test / post-test design	8 hours / 480 minutes: • 8 sessions, 1/week á 60 minutes
Proyer et al. (2014)	n=163 (100% female) mean age 55.58 (SD 5.16)	Randomised controlled trial with pre-test / post-test, follow-up design	0.58 hours / 35 minutes: • 7 sessions, 7/week á estimated 5 minutes
Ramirez et al. (2014)	n=46 (63.0% female) mean age 71.18 (SD 7.06)	Mixed factorial, pre-test / post-test, follow-up design	13.5 hours / 810 minutes: • 9 sessions, 1/week á 90 minutes
Salces-Cubero et al. (2019)	n= 124 (59.7% female) mean age 69.05 (SD 7.78)	Quasi-experimental with pre-test / post-test, follow-up design	4.67 hours / 280 minutes: • 4 session, 1/week á 70 minutes
Smith and Hanni (2019)	n=111 (83% female) mean age 70.7 (SD 7.2)	Pre-test with multiple post-tests within-participant design	1.17 hours / 70 minutes: • 14 sessions, 14/week á 5 minutes
Taghvaienia and Alamdari (2020)	n=52 (100% female) mean age intervention group 61.79 (SD 13.34), control group 63.48 (SD 12.27)	Randomised controlled trial	20 hours / 2400 minutes: • 10 sessions, 1/week á 120 minutes

Six of seven studies identified in this review used a pre-test/post-test design, and one conducted a randomised controlled trial. The mean age ranged between 55.6 and 78.0 years, and the percentage of female participants was between 59% and 100%. The intervention dose ranged from 35 minutes to 20 hours in 4 to 14 sessions, with a mean duration of 8.77 hours in 9.6 sessions. The typical session duration was approximately 70 minutes, with an average of 55 minutes per session. Sessions were conducted once per week, with an average of 3.71 sessions per week.

The quality of the studies was assessed using the PEDro scale. This scale examines the methodological quality and statistical statements of randomised controlled studies (Moseley et al., 2015). Within 11 items, reported information regarding in- and exclusion criteria, randomisation, allocation, blinding and statistical aspects are assessed. The score of internal validity is the sum of items two to 11, so the highest achievable score is 10. (Moseley et al., 2015). Item 1 rates the specification of eligibility criteria and does not contribute to the overall score. The seven studies ranged between a score of three and eight of 10, with an average of 5.9 (see Table 3).

Table 3

PEDro Scale Positive Psychology Studies

	PEDro scale											
Study	1)	2)	3)	4)	5)	6)	7)	8)	9)	10)	11)	**Sum**
Ho et al. (2014)	1							1	1		1	3
Meléndez Moral et al. (2015)	1	1		1				1	1	1	1	6
Proyer et al. (2014)	1	1	1	1					1	1	1	8
Ramirez et al. (2014)	1	1		1				1	1	1	1	8
Salces-Cubero et al. (2019)	1	1						1	1	1	1	5
Smith and Hanni (2019)				1				1	1		1	4
Taghvaienia and Alamdari (2020)	1	1	1	1				1	1	1	1	7

PEDro criteria: 1) eligibility criteria were specified; 2) subjects were randomly allocated to groups (in a crossover study, subjects were randomly allocated an order in which treatments were received); 3) allocation was concealed; 4) the groups were similar at baseline regarding the most important prognostic indicators; 5) there was blinding of all subjects; 6) there was blinding of all therapists who administered the therapy; 7) there was blinding of all assessors who measured at least one key outcome; 8) measures of at least one key outcome were obtained from more than 85% of the subjects initially allocated to groups; 9) all subjects for whom outcome measures were available received the treatment or control condition as allocated or, where this was not the case, data for at least one key outcome was analysed by “intention to treat”; 10) the results of between-group statistical comparisons are reported for at least one key outcome; 11) the study provides both point measures and measures of variability for at least one key outcome

Limitations of the studies were a non-concealed allocation (Ho et al., 2014; Meléndez Moral et al., 2015; Ramirez et al., 2014; Salces-Cubero et al., 2019; Smith & Hanni, 2019) and did not mask participants or the assessor (Ho et al., 2014; see Table 2; Meléndez Moral et al., 2015; Salces-Cubero et al., 2019; Smith & Hanni, 2019; Taghvaienia & Alamdari, 2020). Two studies did not have a control

group (Ho et al., 2014; Smith & Hanni, 2019). Due to the nature of facilitating positive psychology sessions, none of the studies masked the intervention.

Two of the included studies provided an active control group similar to those of positive psychology interventions: the control group participants in the study from Proyer et al. (2014) explored the earliest memories of their childhood, focusing on their content instead of perceived emotion. In the study by Ramirez et al. (2014), the participants of the control group were asked to write down early memories and reflect on their potential influence in later life. Both studies showed a significant reduction in depressive symptoms (Proyer et al., 2014; Ramirez et al., 2014).

The results of the studies are presented in Table 4. The seven studies comprised 604 participants and demonstrated a significant decrease in depressive symptoms following at least one positive psychology intervention, with small to high effect sizes (Cohen's *d* between 0.18 and 8.95; see Table 4[7]). Only two positive psychology interventions, both included in Salces-Cubero et al.'s (2019) gratitude intervention group, demonstrated an observed but non-significant influence on decreased depressive symptoms. However, three other gratitude interventions included in four studies were found to be significantly effective in the reduction of depressive symptoms (Ho et al., 2014; Proyer et al., 2014; Ramirez et al., 2014; Salces-Cubero et al., 2019). One of them ('three good things in life') was examined in the same study by Salces-Cubero et al. (2019). Two studies further demonstrated a significant (Ramirez et al. 2014, *d*=4.23) and observed (Salces-Cubero et al., 2019; *d*=0.65) decrease in anxiety with high effect sizes.

All studies showed a significant improvement in happiness or mood regarding psychological and social wellbeing. Four of the seven studies also demonstrate significant improvements in life satisfaction (Ho et al., 2014; Meléndez Moral et al., 2015; Ramirez et al., 2014) or small to high observed effects with small to high effect sizes (Cohen's *d* between 0.38 and 9.73; Salces-Cubero et

[7] Based on available data, standard deviation was missing in Meléndez Moral et al. (2015) and Smith and Hanni (2019)

al., 2019). Further, general wellbeing was examined and shown in two studies (Meléndez Moral et al., 2015; Taghvaienia & Alamdari, 2020) with a high effect size (*d*=2.25; Taghvaienia & Alamdari, 2020).

Other effects of positive psychology interventions were an improvement in resilience (Cohen's *d* between 2.267 and 5.683; Salces-Cubero et al., 2019), self-esteem, character strength gratitude (*d*=0.48; Ho et al., 2014), and integrity into one's life (Meléndez Moral et al., 2015). Integrity was defined as one's ability to adapt to positive and negative life experiences and to evaluate the experiences as necessary, appropriate, and important (Meléndez Moral et al., 2015). Savouring and hope were examined in terms of reducing the damping of positive feelings (*d*=0.28; Smith & Hanni, 2019), amplifying strategies (*d*=0.08) and improving agency thinking and pathways thinking (*d*=1.63; Taghvaienia & Alamdari, 2020). Finally, the effects of positive psychology interventions on physical wellbeing were examined by Ramirez et al. (2014), and a significant improvement in the specific autobiographical memory was found (*d*=3.34).

Table 4

Results Positive Psychology Studies in Older People

Study	Outcome measurement	Results positive psychology interventions			Results control group		
		Pre-test MD (SD)	Post-test MD (SD)	Cohen's *d*	Pre-test M (SD)	Post-test M (SD)	Cohen's *d*
Ho et al. (2014)	Geriatric Depression Scale-15	2.86 (2.13)	1.79 (1.82)*	0.541			
	Life Satisfaction Scale	5.37 (0.84)	5.70 (0.87)*	0.384			
	Gratitude questionnaire	5.09 (0.97)	5.56 (1.00)*	0.475			
	Subjective happiness scale	4.72 (0.96)	5.05 (1.22)*	0.302			
Meléndez Moral et al. (2015)	Geriatric Depression Scale-30	10.76#	7.35#*		9.17#	10.41#*	
	Rosenberg Self-esteem Scale	31.35#	33.29#*		30.47#	29.52#*	
	Life Integration Scale	62.11#	67.94#*		65.64#	64.41#*	
	Life satisfaction Index A	25.23#	27.47#*		24.47#	24.64#*	
	Ryff Psychological Well-Being Scales (RPWBS): self-acceptance	4.33#	5.11#+		4.87#	4.95#+	
	RPWBS: positive relationships	4.17#	4.61#+		4.44#	4.40#+	
	RPWBS: autonomy	4.07#	4.46#+		3.86#	3.84#+	
	RPWBS: Environmental mastery	4.04#	4.41#+		4.60#	4.52#+	
	RPWBS: personal growth	4.63#	4.80#+		4.78#	4.75#+	
	RPWBS: purpose in life	4.15#	4.74#+		4.61#	4.62#+	
Proyer et al. (2014)	Center for Epidemiologic Studies Depression Scale						
	Intervention: Gratitude visit	18.27 (13.34)	15.93 (12.77)+	0.179			
	Intervention: Three good things	12.95 (10.42)	8.89 (9.25)+	0.412			
	Intervention: Three funny things	17.80 (11.29)	9.05 (6.10)+	0.964			
	Intervention: Signature strengths	14.97 (12.19)	9.00 (7.34)+	0.593			
	Intervention: Early memories				13.59 (9.08)	11.56 (7.44)+	0.24
	Authentic Happiness Inventory						
	Intervention: Gratitude visit	93.33 (18.54)	92.43 (19.18)+	0.477			
	Intervention: Three good things	96.98 (16.93)	100.50 (17.74)+	0.203			
	Intervention: Three funny things	101.45 (10.59)	99.95 (13.74)+	0.122			
	Intervention: Signature strengths	98.43 (18.02)	101.26 (16.94)+	0.161			
	Intervention: Early memories				95.85 (13.57)	94.56 (14.26)+	-0.09
Ramirez et al. (2014)	Beck Depression Inventory	14.96 (1.30)	12.19 (1.04)*	2.353	14.75 (1.48)	15.00 (1.18)*	0.19
	State and Trait Anxiety Inventory: Anxiety state	22.65 (1.50)	17.61 (1.62)*	4.228	24.15 (1.72)	24.70 (1.85)*	0.31
	State and Trait Anxiety Inventory: Anxiety trait	24.42 (1.63)	22.07 (1.70)*	1.411	26.75 (1.86)	28.30 (1.93)*	0.82
	Autobiographical Memory Test: general memories	3.42 (0.28)	3.42 (0.30)*	0.000	3.35 (0.32)	3.75 (0.34)*	1.21
	Autobiographical Memory Test: specific memories	3.26 (0.45)	4.65 (0.38)*	3.338	3.30 (0.51)	2.85 (0.43)*	0.95
	Life Satisfaction Scale	24.53 (1.14)	26.92 (1.14)*	2.096	24.25 (1.31)	24.15 (1.30)*	0.00
	Subjective Happiness Scale	4.57 (0.22)	5.04 (0.20)*	2.236	4.77 (0.26)	4.67 (0.23)*	0.41
Salces-Cubero et al. (2019)	Goldberg Anxiety and Depression Scale: Depression						
	Intervention: Gratitude	4.11 (0.42)	3.78 (0.56)	0.667			
	Intervention: Optimism	4.57 (0.54)	1.79 (0.43)*	5.695			
	Intervention: Savouring	4.36 (0.49)	0.79 (0.28)*	8.946			
	Intervention: Standard Care				3.50 (0.58)	2.38 (0.42)	2.21

Study	Outcome measurement	Results positive psychology interventions			Results control group		
		Pre-test MD (SD)	Post-test MD (SD)	Cohen's *d*	Pre-test M (SD)	Post-test M (SD)	Cohen's *d*
	Goldberg Anxiety and Depression Scale: Anxiety						
	Intervention: Gratitude	2.94 (0.41)	2.94 (0.44)	0.000			
	Intervention: Optimism	3.21 (0.53)	2.86 (0.54)	0.654			
	Intervention: Savouring	3.00 (0.54)	2.00 (0.39)	2.123			
	Intervention: Standard Care				2.37 (0.43)	3.00 (0.48)	1.38
	Satisfaction With Life Scale						
	Intervention: Gratitude	21.28 (0.99)	29.39 (0.64)*	9.729			
	Intervention: Optimism	24.43 (0.91)	26.07 (0.97)	1.744			
	Intervention: Savouring	22.57 (1.04)	28.22 (1.07)*	5.355			
	Intervention: Standard Care				24.00 (1.12)	23.87 (1.15)	0.12
	Subjective Happiness Scale						
	Intervention: Gratitude	19.83 (0.69)	22.83 (0.43)*	5.218			
	Intervention: Optimism	18.93 (0.77)	20.50 (0.55)	2.346			
	Intervention: Savouring	19.85 (0.73)	21.64 (0.57)*	2.733			
	Intervention: Standard Care				18.94 (0.67)	18.12 (0.87)	1.06
	Positive and Negative Affect Schedule: positive						
	Intervention: Gratitude	33.44 (0.66)	39.44 (1.08)*	6.704			
	Intervention: Optimism	30.35 (1.57)	33.50 (0.67)	2.610			
	Intervention: Savouring	28.00 (1.62)	38.43 (1.89)*	5.923			
	Intervention: Standard Care				28.81 (1.50)	29.62 (1.30)	0.58
	Positive and Negative Affect Schedule: negative						
	Intervention: Gratitude	21.66 (1.08)	18.17 (1.28)*	2.947			
	Intervention: Optimism	19.07 (1.20)	16.71 (1.41)	1.803			
	Intervention: Savouring	19.07 (0.96)	14.57 (0.72)*	5.303			
	Intervention: Standard Care				17.81 (1.60)	16.62 (1.03)	0.88
	Resilience Scale						
	Intervention: Gratitude	122.33 (4.95)	146.72 (3.90)*	5.683			
	Intervention: Optimism	130.29 (5.81)	140.43 (2.50)	2.267			
	Intervention: Savouring	135.64 (3.92)	152.86 (2.92)*	4.982			
	Intervention: Standard Care				137.86 (2.73)	135.66 (1.66)	0.97
Smith and Hanni (2019)	Center for Epidemiologic Studies Depression Scale	1.70 (0.52)	1.42#*				
	Ways of Savoring Checklist (WOSC; dampen positive feelings)	2.75 (1.23)	2.44 (1.01)*	0.275			
	Ways of Savoring Checklist (WOSC; amplifying strategies)	4.44 (1.21)	4.53 (1.22)	0.074			
	Brief Resilience Scale	5.05 (1.18)	5.32#*				
	Subjective Happiness Scale	5.57 (1.30)	5.99#*				
Taghvaienia and Alamdari (2020)	Beck Depression Inventory-II	19.42 (8.12)	14.29 (8.36)*	0.623	19.02 (9.55)	19.12 (9.28)*	0.01
	Psychological Well-Being Scale – Short	54.34 (9.69)	76.01 (9.55)*	2.253	55.92 (9.16)	53.48 (8.39)*	0.28
	Oxford Happiness Inventory	135.29 (20.35)	147.16 (21.44)*	0.568	136.95 (21.49)	135.82 (21.53)*	0.05
	Adult Hope Scale (AHS; agency thinking and pathways thinking)	21.46 (2.11)	25.16 (2.42)*	1.630	20.57 (2.68)	20.51 (2.96)*	0.02

SD = Standard Deviation, * = p-value $\leq$ .05, $^{+}$ = p-value unknown, $^{\#}$ = SD unknown

The applied positive psychology interventions focused on different PERMA elements and character strengths. Table 5 shows the applied interventions that were significant or observed as effective in decreasing depressive symptoms and the other outcomes of the studies at the post-test. For descriptions of the interventions, see 3.1 or Appendix C.

All studies focused on positive emotion. Subcategories were gratitude and forgiveness, optimism, and savour. Of the 29 examined positive psychology interventions in older people, 19 interventions (65.5%) focused on positive emotion. In comparison, the PERMA elements Engagement, Relationship, Meaning, and Accomplishment were integrated in only three of seven studies, with five examined positive psychology interventions (17.2%). Additionally, the character strengths and virtues were focused on in only three studies (Ho et al., 2014; Proyer et al., 2014; Taghvaienia & Alamdari, 2020). In these studies, two interventions focused on the general use of character strengths, and three interventions focused on specific character strength types.

Six of the 29 examined positive psychology interventions in older people integrated the work with autobiographical memories (20.7%). The work with memories in older people can be found in several areas: in the PERMA elements ‘positive emotion’, ‘meaning’ and ‘accomplishment’, and character strengths. Through the combination of working with and improving autobiographical memory, it seems plausible that positive psychology can contribute to the reduction of memory deficits as one possible symptom of depression (Levin et al., 2007). Further, different positive psychology interventions showed significant improvements in depressive symptoms in the studies of Ramirez et al. (2014) and Proyer et al. (2014) compared to a placebo exercise that included the reflection and notation of early memories.

The included studies demonstrated that only a small number of the previously presented interventions (see 3.1) were examined to assess their impact on depressive symptoms in older people. Even though the character strengths seem important to experience wellbeing and a flourishing life, their effects have been rarely tested in this population. Moreover, there is insufficient research examining which strengths in older age are most important to meet the challenges of daily life.

The effectiveness of positive psychology was mainly shown in the combination of different positive psychology interventions. Only one study examined the effects of single positive psychology interventions on depression in older people. Proyer et al. (2014) compared four positive psychology interventions and one active control intervention (exploring early memories). Thereby, the interventions 'three funny things', a 'gratitude visit' and 'three good things in life' belong to the PERMA element 'positive emotion'. The intervention 'using signature strengths in a new way' represents the character strengths that are essential to experiencing happiness (Seligman, 2011). Salces-Cubero et al. (2019) combined positive psychology interventions in categories, comparing interventions of gratitude, optimism, and savour, all belonging to the PERMA element 'positive emotion', with a control group without any intervention. Given that only two studies have investigated single positive psychology interventions or interventions in the same category, further research is required to examine the effectiveness of different positive psychology elements sufficiently.

Table 5

Effective Positive Psychology Interventions in Older People

			Symptom reduction		Improvements related to psychological and social wellbeing								others
Focus	Subcategory	Intervention	Depressive symptoms	Life satisfaction	Anxiety	Happiness / Mood	General Wellbeing	Resilience	Self-esteem	Gratitude	Integrity	Savouring / hope: WOSC, AHS	Autobio-graphical memory
Positive emotion		Lifestyle with experiencing happiness	H*+	H*+		H*+				H*+			
		Music and traditional games	MM*+	MM*+			MM*+		MM*+		MM*+		
		Remember positive experiences	R*+	R*+	R*+	R*+							R*+
		Talking about satisfying experiences	TA*+			TA*+	TA*+					TA*+	
		Three funny things	P*										
	Gratitude	Gratitude-evoking aspects in life		S-C#		S-C*#		S-C*#					
		Gratitude is the building block of life		S-C#		S-C*#		S-C*#					
		Gratitude visit / gratitude letter	P*,R*+	R*+	R*+	P*,R*+							R*+
		Identifying events in the daily life	H*+	H*+		H*+				H*+			
		Three good things in life	P*,S-C#	S-C#	S-C#	P*,S-C*#		S-C*#					
	Forgiveness	Forgiveness (letter)	TA*+,R*+	R*+	R*+	TA*+,R*+	TA*+					TA*+	R*+
	Optimism	Acknowledge the positive aspects	S-C*#,TA*+	S-C#	S-C#	S-C#, TA*+	TA*+	S-C#				TA*+	
		Humour to share something negative	S-C*#	S-C#	S-C#	S-C#		S-C#					
		Optimistic attitude	H*+	H*+		H*+				H*+			
		Plan steps to achieve something	S-C*#	S-C#	S-C#	S-C#		S-C#					
	Savour	Imagine positive events	S-C*#	S-C#	S-C#,	S-C*#		S-C*#					
		Pleasure walk	S-C*#	S-C#	S-C#,	S-C*#		S-C*#					
		Positive memories	S-C*#,R*+, TA*+	S-C#,R*+	R*+, S-C#	S-C*#,R*+, TA*+	TA*+	S-C*#				TA*+	R*+
		Reflecting something positive	SH*,H*+	H*+		SH*,H*+		SH*		H*+		SH*	
Engagement/ Relationships		Active participation	MM*+	MM*+			MM*+		MM*+		MM*+		
		Learn to respond active	TA*+			TA*+	TA*+					TA*+	
Meaning		Memorable experience	H*+	H*+		H*+				H*+			
Accomplishment		Reflecting autobiographical memory	MM*+		MM*+		MM*+		MM*+		MM*+		
		Sense of self	MM*+		MM*+		MM*+		MM*+		MM*+		
Character strengths		Meaning of positive resources & enjoyment	TA*+			TA*+	TA*+					TA*+	
		Using (signature) strengths in a new way	P*,TA*+			P*,TA*+	TA*+					TA*+	
	Courage	Life challenges	H*+	H*+		H*+				H*+			
	Curiosity	Share something novel and interesting	H*+	H*+		H*+				H*+			
	Kindness	Help a friend	H*+	H*+		H*+				H*+			

* = statistical significant improvement + = combined with other categories; # = combined with the same category; H = Ho et al. (2014); MM = Meléndez Moral et al. (2015); P = Proyer et al. (2014); R = Ramirez et al. (2014); S-C = Salces-Cubero et al. (2019); SH = Smith and Hanni (2019); TA = Taghvaienia and Alamdari (2020)

3.3 Conclusion

The theory of positive psychology included five PERMA elements to experience wellbeing and a flourishing life: positive emotion, engagement, positive relationship, meaning, and accomplishment (Seligman, 2011). These elements can be supported by promoting one's character strengths.

In older people, positive psychology has demonstrated positive effects in improving wellbeing and decreasing depression (see 3.2). Two of the previously presented interventions used an active control group that applied an intervention similar to positive psychology interventions, but did not focus on the PERMA elements (Proyer et al., 2014; Ramirez et al., 2014). The similarity of the experimental and control interventions may have prevented participants from identifying their own assignment to either the experimental or active control group, thereby reducing a potential source of bias. It can be assumed that offering similar active control interventions enabled a comparison to positive psychology interventions without the influence of non-masked participants.

The studies applied to older people living with depressive symptoms demonstrated a strong focus on positive emotion in 65.5% of interventions (see 3.2). In addition, other elements were examined in 17.2% of the interventions. Further investigation of the other PERMA elements may provide additional insights into the efficacy of the wellbeing theory. Furthermore, only three studies have examined character strengths (Ho et al., 2014; Proyer et al., 2014; Taghvaienia & Alamdari, 2020), which has resulted in a lack of investigation into the potential of character strengths to support wellbeing and to reduce depressive symptoms in older people.

Although the presented literature demonstrated positive effects of positive psychology interventions for older people with depression, further and more recent studies might be found within a systematic review.

4 Therapeutic Songwriting in Depression

This chapter presents the application of therapeutic songwriting to older people living with depression. Even though the integration of songs into music therapeutic processes is a common intervention for older people, therapeutic songwriting was rarely reported (see examples in 4.1). Given the limited number of relevant studies examining older adults found during preliminary scoping searches, the review included adults with a mean age of 18 years and older (see 4.2).

4.1 Therapeutic Songwriting in Older People Living With Depression

Several authors reported music therapy as one of the creative arts interventions demonstrating significant effects in the treatment of depression in older adults (Chang et al., 2015; Istvandity, 2017; Quach, 2017; van der Steen et al., 2018; Zhao et al., 2016). Conversely, other systematic reviews and meta-analyses reported unclear and ambivalent effects of music interventions on depressive symptoms in older people (Petrovsky et al., 2015; Vasionytė & Madison, 2013; Xu et al., 2017). A recent systematic review of creative arts interventions (Dunphy et al., 2019) aimed to review outcomes, processes and mechanisms to resolve the previous ambiguous results in late-life depression. Significant improvements in depressive symptoms were found in 26 of 41 music studies. While 15 studies had no significant results, 11 of these 15 studies reported a tendency towards lower depressive symptoms among participants who had received music interventions. The majority of the music interventions that led to improvements in depressive symptoms had a duration of 30 to 60 minutes (ranging from 15 minutes to three hours) and were applied once or twice per week for 10 to 12 weeks, ranging from one application to daily sessions in up to 24 months (Dunphy et al., 2019) with dosages ranging from 15 minutes to 104 hours over one to 104 sessions (two years of weekly sessions). The mean duration shows a common dose of approximately 13 hours over 15 sessions. More female than male participants were included in the studies.

The studies included in the systematic review from Dunphy et al. (2019) applied diverse music interventions. The methods of listening to and singing songs, for example, from classic, jazz, modern, film, folk songs and/or newly composed songs, were reported in 24 of 41 studies (see Table 6).

Table 6

Studies Including Songs in the Treatment of Late-Life Depression

Studies that include singing songs in the treatment of late-life depression	Studies that include singing and listening to songs in the treatment of late-life depression	Studies that include listening to songs in the treatment of late-life depression
Coulton et al. (2015)	Berger et al. (2004)	Ashida (2000)
de la Rubia Ortí et al. (2018)	Brandes et al. (2010)	Chiung-Yu et al. (2016)
Elefant et al. (2012)	Chan et al. (2009)	Gök Ugur et al. (2017)
Giaquinto et al. (2006)	Cross et al. (2012)	Kang et al. (2010)
Magee et al. (2006)	Cheung et al. (2018)	
Myskja and Nord (2008)	Chu et al. (2014)	
Pongan et al. (2017)	Gopi and Preetha (2016)	
Raglio, Bellandi, et al. (2015)	Onieva-Zafra et al. (2018)	
Ray and Mittelman (2017)	Verrusio et al. (2014)	
Särkämö et al. (2016)	Werner et al. (2017)	

The data of Dunphy et al. (2019) indicate that the inclusion of songs can be effective in decreasing depressive symptoms in older people. The reasons for the effective treatment of depression through engagement with songs could result from the association of songs with positive events or life periods (Vastfjall et al., 2008).

Even though songs are regularly used in the treatment of depression in older people, none of the included studies in Dunphy et al.'s (2019) review applied therapeutic songwriting. In a further systematic review by Raglio, Attardo, et al. (2015), therapeutic songwriting was only reported as part of active music therapy by one of 91 studies (Choi et al., 2009). Choi et al.'s (2009) study examined the effects of group music interventions on behavioural and psychological symptoms in people living with dementia. The intervention was offered three times per week for 5 weeks. The 10 participants in the music intervention group demonstrated a non-significant decrease in depressive symptoms and an improvement in wellbeing compared to the waitlisted control group.

The efficacy of therapeutic songwriting on depressive symptoms in older people was indicated in three studies. Baker et al. (2018) investigated the effects of a group therapeutic songwriting intervention on depressive symptoms in family caregivers of people with dementia in Australia. A total of 14 participants (mean age 72, ranging from 61 to 85 years) were invited to participate in a

songwriting program or to join a control group. Eight participants chose to take part in the experimental group. The intervention was offered for a duration of 6 weeks, with one hour per week. The first session introduced songwriting and encouraged the participants to share their individual caregiving stories. Sessions 2 to 5 involved original songwriting (writing new lyrics and new music for a song; see 6.2.5 task no. 4). In the last session, the created song was refined, rehearsed, and recorded. The pre-post differences indicated a moderate effect size (*d*=0.64), suggesting a decreased depression in the therapeutic songwriting group (n=6). The control group (n=8) received standard care and showed an increase in depression with a small negative effect size (*d*=0.33).

Another study by García-Valverde et al. (2020) was congruent with these findings from Baker et al. (2018). The study was conducted in Spain with family caregivers of people living with dementia. Based on the results of Baker et al. (2018), García-Valverde et al. (2020) increased the dosage of therapeutic songwriting. Furthermore, the song topics were not limited to exploring caring experiences or the relationship between participants and their relatives living with dementia. Meaningful topics were explored within the therapeutic songwriting process that were not necessarily related to caring. Consequently. the song topics in this study were open. Twenty-one family caregivers, with a mean age of 65 years (ranging from 44 to 87 years), participated in one of three groups with therapeutic songwriting. The 12 weekly sessions had a duration of 60 minutes and were divided into four treatment phases. The first phase (Sessions 1 to 4) focused on building a therapeutic bond, group cohesion and exploring emotion to prepare the group for the songwriting. In the next phase (Sessions 5 to 7), therapeutic singing and the development of a musical collage supported participants to explore their feelings and express them with words, metaphors, and symbols. In Sessions 8 and 9, lyrics were written. Music for the song was created by participants together with the music therapist in Session 10. In Session 11, the instrumentation was determined, and the song was recorded. The last session included the sharing of each group's song with the two other participating groups. The study showed a significant pre-post decrease in depression with a moderate effect size (*d*=0.57). Furthermore, the results demonstrated that, dependent on the sub-scales, participants' wellbeing significantly

improved, with small (*d*=0.10) to medium effect sizes (*d*=0.70; dependent on the sub-scales). In addition, participants experienced improved self-esteem (*d*=0.47) and decreased state of anxiety (*d*=0.53).

Clark et al. (2020) investigated family caregiver (n=14) and their relatives living with dementia (n=14). In six weekly sessions of 60 minutes each, participants wrote songs in small groups. After the first session, which aimed to introduce the participants to songwriting and to build rapport, participants started to write songs in Sessions 2 to 5. In addition to the song creation, including brainstorming and lyrics writing, the participants had the opportunity to reminisce, listen to music, sing familiar songs or play instruments. Between the sessions, participants were asked to listen to their favourite songs in order to identify musical aspects they enjoyed and to write down any lyrical or musical ideas for their songs. In Session 6, the songs were recorded. The pre-post changes showed no significant results. However, family caregivers experienced a decrease in depression with a small effect size (*d*=0.20) and in the perceived burden (*d*=0.45). Furthermore, they experienced an improvement in quality of life by demonstrating small to high effect sizes in several subcategories, such as independent living (*d*=0.93), physical improvements (*d*=0.48), and happiness (*d*=0.32). People living with dementia experienced a decrease in depression with a large effect size (*d*=0.82). However, small to moderate negative effects were found on quality of life (self-rated: *d*=0.66; rated by their family caregiver: *d*=0.36).

The application of therapeutic songwriting to reduce depressive symptoms in older people has not been sufficiently investigated regarding the efficacy, application in different settings, and the applied methods, approaches, or psychological orientations. The number of participants in the studies was low, and no systematic review with or without meta-analysis has been conducted to date. Therefore, future studies are required to explore the effectiveness of therapeutic songwriting on the reduction of depressive symptoms in older adults.

The positive psychology approach is already being applied in the context of therapeutic songwriting with various client groups. The strengths-based songwriting model, as outlined by Baker

(2015), is based on the principles of positive psychology and focuses on the songwriter's strengths. Baker and MacDonald (2013) examined the elements of positive psychology as defined by the first positive psychology theory, 'Authentic Happiness' (see definition in 3.1), in the context of songwriting processes. These elements included the experience of flow, achievement, and ownership. The study also considered the experiences of retirees and students (Baker & MacDonald, 2013). The researchers found a correlation between the degree of flow experienced by the students and retirees and the meaning attributed to the songwriting processes. However, further studies are needed to examine the theoretical model of 'Well-Being Theory' within a therapeutic songwriting context for individuals living with depression.

4.2 Therapeutic Songwriting in Depression: A Systematic Review and Meta-Analysis

The following chapter is presented in manuscript form and is currently at the stage of review.

Abstract

Background: Depression is a mental health condition that affects more than 5% of all adults worldwide. Although a number of systematic reviews and meta-analyses have identified music therapy as being effective in reducing depressive symptoms, no review has examined the impact of therapeutic songwriting as one specific method.

Aim: This review aimed to evaluate the effects of therapeutic songwriting on depressive symptoms.

Methods: A systematic review and meta-analysis were conducted, including trials of any study design and participants aged 18 years and older, with no exclusion based on any (co-)morbidity, setting, or control condition (PROSPERO-Registration Number: CRD42019141935). The studies published between 1990 and 2024 were identified through searches of the databases CINAHL Complete, Medline, RILM, Embase, PsycINFO, PubMed, and the Cochrane Library. In addition, a manual search was conducted in various music therapy journals. Risk of bias were assessed using Cochrane Risk-of-Bias assessment tool for randomised trials (RoB) and quality of evidence by Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach. Standardised mean differences (SMDs) were estimated using a random-effects model.

Results: A total of 13 studies were included in the meta-analysis (431 participants). Low certainty evidence favoured therapeutic songwriting for reduced symptoms of depression in comparison with the control intervention, approaching a medium effect (SMD=-0.45, 95% CI -0.78 to -0.11). Heterogeneity was moderately high (64%). Interventions were more effective if participants were 65 years or older (SMD=-0.53) and if they were inpatients (SMD=-0.56).

Conclusion: Although some of the studies were of low quality, the results indicate that therapeutic songwriting, as one particular method of music therapy, can be an effective approach for reducing depression. Further research is required to strengthen the evidence base for therapeutic songwriting.

Keywords: therapeutic songwriting, depression, effectiveness, systematic review, meta-analysis

4.2.1 Introduction

Worldwide approximately 280 million people experience depression, around 3.8 % of the global population (World Health Organization, 2023a). The prevalence of depression increases with age, with 5% of younger adults globally aged 18–64 years affected, compared to 5.7% of adults aged 65 years and older. Different pharmaceuticals and psychological treatments, such as psychosocial interventions, cognitive behavioural therapy, psychotherapy have shown to be effective in depression (NICE, 2022).

Music therapy, a psychosocial intervention, has already shown to be an effective intervention for improving symptoms of depression in different studies. Several systematic reviews and meta-analyses have found an improvement in depressive symptoms in adults with depression following music therapy, all of them including older people (e.g. Aalbers et al., 2017; Cassola et al., 2024; Tang et al., 2020). In addition, other systematic reviews and meta-analyses have demonstrated the benefits of music therapy on late-life depression in particular (Wang et al., 2023; Zhao et al., 2016).

Methods in music therapy can involve improvisatory, re-creative, receptive, and compositional methods (Bruscia et al., 2014). Therapeutic songwriting is a specific compositional method that can be applied in people living with depression (Baker, 2015; Eickholt, 2017). Here, the person composes a song or parts of a song with support from a music therapist (Bruscia et al., 2014). The songwriting process facilitates the processing and expression of unresolved feelings, desires, conflicts, and experiences (Eickholt, 2017). Therapeutic songwriting can support the development of their sense of self (Baker & MacDonald, 2013). The written song also serves as a reminder of the therapeutic process, the songwriter's inner strengths, the own abilities, and achievements (Baker, 2015). In the psychiatric context, the written songs can act as therapeutic result (Silverman, 2013).

Although the literature suggests that therapeutic songwriting may have potential benefits, the samples sizes of studies that examined effects of therapeutic songwriting as an intervention for depression are small. Therefore, we conducted a systematic review and meta-analysis to answer the

main question: What are the effects of therapeutic songwriting on depression in adults? Further, while the dosage and frequency of music therapy might have an impact on reported effects (Gold et al., 2009), applications across different contexts and populations are unknown. Therefore, the secondary question of this review is: What are the most frequent approaches of effective therapeutic songwriting interventions for depression in adults?

4.2.2 Materials and Methods

This systematic review with meta-analysis aimed to estimate the effect of therapeutic songwriting on depressive symptoms in adults compared to control conditions. The review evaluated effects by calculating effect sizes from randomised controlled trials and pre-test to post-test effect sizes from uncontrolled studies and exploring the effects across different settings and dosages. By assessing and evaluating the data from included studies, this review aimed to provide information about best practices for planning therapeutic songwriting interventions. The review was registered on Prospero on 02.10.2019 with the identification code, CRD42019141935. The meta-analysis was informed by the Cochrane and PRISMA guidelines.

4.2.2.1 Inclusion Criteria

Study designs: Due to the limited number of trials that used therapeutic songwriting in adults, we included all studies that quantitatively assessed depressive symptoms. For meta-analysis, randomised controlled trials (RCT) and non-controlled trials (NCT) with single group pre-post assessments were eligible.

Participants: Eligible participants were adults with a diagnosis of depression or depressive symptoms, with an average age of 18 years or older. There was no exclusion for other specific (co-)morbidities.

Setting: We included studies regardless of their setting, such as inpatient, outpatient, or community setting.

Interventions: We only included studies that used therapeutic songwriting as the primary intervention. Studies incorporating complementary methods linked to therapeutic songwriting, such as singing and discussing songs, were accepted. The review included studies with any type of therapeutic songwriting,

regardless of duration and frequency, as long as it was conducted or supervised by a qualified music therapist.

Control conditions: The control conditions of the included studies provided standard care, assigned participants to a wait-list, or other active control groups. For the purpose of this review, the control conditions were classified into two categories: active control conditions and control conditions with no additional treatment options.

Outcomes: All quantitative measurement tools that assess depressive symptoms were considered, regardless of whether the scale measures depressive symptoms alone or combined with other aspects.

4.2.2.2 Search Strategies

We searched for eligible studies for inclusion that were peer-reviewed and published in English or German between 01.01.1990 and 19.01.2024. We used the search terms (songwriting OR "song writing" OR "song-writing") AND therap* AND depress*" in the following electronic databases: CINAHL Complete, Medline, and RILM (provided by EBSCOhost), Embase and PsycINFO (provided by OVID), PubMed (provided by National Library of Medicine), and Cochrane Library. Further, a manual search was conducted using the terms "songwriting, song writing, song-writing AND depress*" in the following music therapy journals: Australian Journal of Music Therapy, British Association of Music Therapy, AMTA Journal of Music Therapy, Canadian Journal of Music Therapy, New Zealand Journal of Music Therapy, Voices, and Arts in Psychotherapy.

Duplicates were removed by the first author. The eligibility of studies was independently screened by two reviewers based on title, abstract, and keywords using Rayan (Ouzzani et al., 2016). Next, the full text was independently screened by two reviewers against the inclusion and exclusion criteria. A third, independent reviewer resolved any disagreements. The selection process was documented in a PRISMA flow diagram.

4.2.2.3 Selection of Studies

Included study results were published in peer-reviewed articles and conference papers. Studies that reported perceived changes in depression without the use of a validated quantitative

outcome measure for depression, both pre- and post-intervention, were excluded. Reviews, studies in languages other than English and German, and studies with missing or unavailable data were excluded. Study authors were contacted to obtain relevant data on participants' diagnosis, age, and interventionist if this could not be retrieved from the study publication. Methodological limitations were not used as a basis for exclusion. Instead, information on methodological limitations was used to assess the risk of bias and, hence, confidence in the review findings.

4.2.2.4 Data Extraction

Data were extracted from eligible studies by the first author commenced 10.07.2019 and included information about the study design (RCT or other), participant characteristics (population, gender, age ranges, country), settings, intervention details, comparator intervention, dosages, outcomes of depressive symptom measurement from any time point, and funding sources. Study authors were contacted to request missing data if needed.

The primary outcome for this review was depressive symptoms, measured by any quantitative measurement tool. If multiple measurement tools were applied, we used data from the depression scale with the highest validity and reliability. If a study measured depression via a valid depression scale as well as a tool that measured depressive symptoms as a sub-category, we chose the scale that measured depressive symptoms exclusively. The mean and standard deviation of pre-test and post-test data and mean differences from RCTs and NCTs were extracted. For the meta-analysis, only the immediate post-test data of randomised controlled trials (defined as up to one month post-intervention) were considered. In the case of missing randomisation (NCTs and controlled clinical trials; CCT), only the pre-post data from the experimental group were considered to avoid bias due to heterogeneous data. Subsequently, CCTs were allocated to the NCTs. To prevent contamination from carry-over effects, in studies using a cross-over design, only data from the period prior to crossover was considered. If changes in depression were only described narratively in the trials, we calculated mean and standard deviation based on the quantitative data presented.

Data from all studies were imported into R for statistical analysis, with the following variables: study design (RCT vs. NCT); therapeutic songwriting (TSW) method (group vs. individual/mixed); control (2 types: none/standard care or additional treatment options); number of sessions per week; duration of each intervention session in minutes; intervention days; name of outcome measure used to measure depression; n, M, SD in experimental group at post-test; n, M, SD in control group at post-test (pre-test in NCTs). Data from follow-up time points were extracted but not used in the meta-analysis because they only existed for three studies, and follow-up time points were different.

4.2.2.5 Quality Assessment

The quality of each study was assessed using the Cochrane Risk-of-Bias assessment tool for randomised trials (RoB) with Review Manager (RevMan Web 2024). Assessed areas included the selection bias (random sequence generation and allocation concealment), the performance bias (blinding of participants and personnel), the detection bias (blinding of outcome assessment), attrition bias (incomplete outcome data with measurements were obtained from less than 85% of the participants allocated to the groups), reporting bias (selective reporting), and other sources of bias.

The quality of evidence was assessed by using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach and considered risk of bias, consistency of effect, imprecision, indirectness, and publication bias (Schünemann et al., 2013). Study quality was assessed by downgrading the certainty of the evidence from high to moderate, low, and very low if: 1) the RoB2 assessment indicated high risk of bias or serious limitations due to unclear risk of bias for the majority (>50%) of studies in the meta-analysis (study limitation), or 2) there was more than a moderate level of unexplained statistical heterogeneity between studies (inconsistency). To assess the statistical heterogeneity of the studies included in the meta-analysis, we calculated the I^2 statistic, which indicates the percentage of heterogeneity (Deeks et al., 2023). We deemed values up to 40% acceptable, while values between 40% and 75% represented moderate to substantial heterogeneity, and values between 75% and 100% indicated considerable heterogeneity. We further assessed and downgraded certainty of evidence, if: 3) different aspects of the study did not address the research

question/aim (indirectness; Schünemann et al., 2013). Aspects not related to this review included categories of population (e.g. a sample of participants less than 18 years of age), intervention approaches (e.g. the contribution of complementary methods for songwriting to the direct process of writing songs), and outcomes (e.g. a scale was used that measured depressive symptoms together with other outcomes). The certainty of evidence was also downgraded, if 4) there were large confidence intervals suggesting uncertainty of effects (imprecision; Zhang et al., 2019); and 5) if a funnel plot for any meta-analysis with at least 10 studies indicated asymmetry suggesting (publication bias; Deeks et al., 2023). We also downgraded the certainty of the evidence by more than one level if there were very serious concerns in at least one GRADE domain (Schünemann et al., 2013). Due to possible inconsistency and imprecision, the results of individual studies were downgraded to low certainty, or to very low certainty if there was a high risk of bias or unclear risk of bias with very serious limitations. Two reviewers cross-checked the risk of bias and quality assessment independently. Differences were resolved through discussion and consensus.

4.2.2.6 Data Analysis

Narrative Summary

A systematic assessment of the available evidence was provided by conducting a narrative summary of all included studies. The description includes the following areas:

- Study design
- Participants, including the number of recruited participants, country, participants' clinical condition, gender, and mean age
- Description of the therapeutic songwriting condition, including intervention methods, setting, number of participants of the experimental group who completed post-measurement, the number of intervention days, lengths of each session, and duration of therapy
- Description of the control group, including control conditions and number of participants of the control group who completed post-measurement (RCTs) or number of participants of the experimental group who completed pre-measurement (NCTs)

- Outcome, including applied scales and time-points
- Effect sizes

The effect sizes (standardised mean differences, SMD) of individual studies were estimated for each study independently, using Hedges´ *g* as a standardised measurement that adjusts for small and unequal sample sizes (Taylor & Alanazi, 2023). Results were categorised as small effect sizes (SMD > 0.15), moderate effect sizes (SMD > 0.40), and large effect sizes (SMD > 0.75; Taylor & Alanazi, 2023). SMDs were used to synthesise results because studies used a number of different outcome measures to examine a similar concept (Higgins et al., 2023).

Meta-Analysis

In our review, we used a random effects model that takes into account the variation of effect sizes between different studies (Deeks et al., 2023). This approach allows for more uncertainty than a fixed effects model. We pooled data for meta-analysis with sufficiently homogenous studies (i.e. study design, settings, and age).

The main comparison to estimate effects was between therapeutic songwriting and all control conditions and was presented in a forest plot. If clinical heterogeneity of study conditions was identified in the included studies in terms of the majority of clinical population and dosage differences, we conducted additional relevant sub-group analyses and presented findings in a table. When appropriate numerical data were not available for meta-analysis, or when meta-analysis was considered inappropriate to provide clinically meaningful results owing to statistical heterogeneity (outliers), studies were removed from meta-analysis. Outliers were identified through a visual inspection of the forest plot. Moreover, heterogeneity was investigated through sensitivity analyses of the effects by omitting studies identified as outliers or with different study designs.

Pre-registered a priori planned subgroup analyses included only age. After pre-registration, but before analyses, we added the following a priori planned subgroup analyses:

1. Study design (RCT or NCT)
2. Participant age (≥65 years versus <65 years); setting (inpatients versus outpatients)

3. Therapeutic songwriting method (group or individual/mixed therapeutic songwriting)
4. Intervention days (≥10 days versus <10 days)

We also planned and conducted meta-regression analyses of continuous predictors. However, these are not reported here because distributions of most variables were highly uneven, so a subgroup analysis appeared more meaningful.

4.2.3 Results

4.2.3.1 Description of Studies

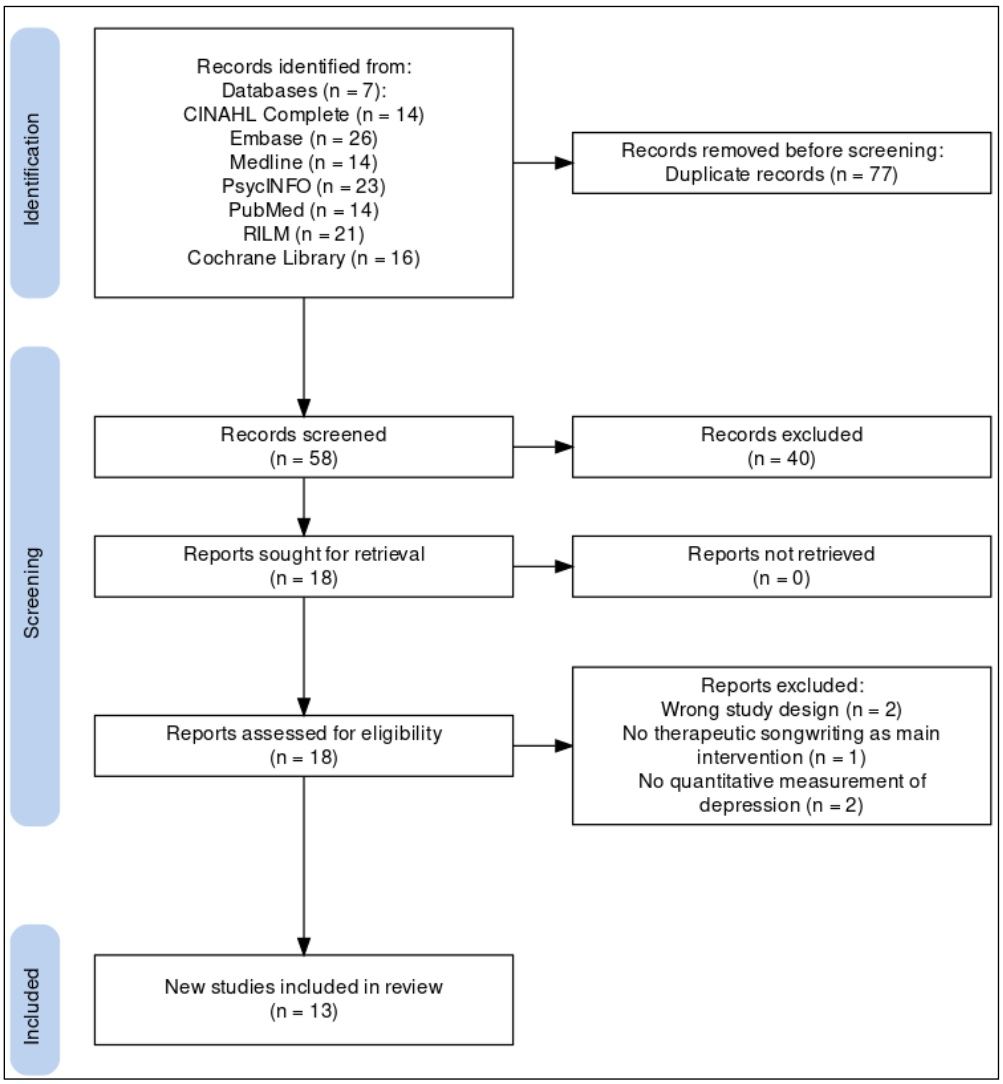
The selection process is illustrated in the PRISMA flow diagram (Haddaway et al., 2022; Figure 3). In the seven databases, we retrieved 128 titles. After removing duplicates (n=77), we reviewed the abstracts and identified 18 potentially eligible articles for this review. Five articles were excluded at the full text review stage. The primary reasons for excluding studies were ranked in the following order:

- Ineligible study design (2 studies)
- No therapeutic songwriting as main intervention (1 study)
- No quantitative measurement of depression (2 studies)

In total, 13 studies were identified as eligible (Baker et al., 2015; Baker et al., 2018; Carr et al., 2023; Clark et al., 2020; Ettenberger & Beltrán Ardila, 2018; García-Valverde et al., 2020; Gee et al., 2019; Hirschberg et al., 2020; Perkins et al., 2023; Roddy et al., 2018; Silverman, 2011; Silverman, 2013; Silverman, 2016). One of these clinical trials included two independent intervention groups and measurements for people living with dementia and their caregivers (Clark et al., 2020) and was considered as two separate studies. Consequently, we analysed the two presented data sets separately. After removing outliers, 13 studies were included in this systematic review with meta-analysis. A list of articles excluded after abstract and full-text screening is available on request.

Figure 3

PRISMA Flow Diagram



Narrative Summary

The characteristics of the studies included in the meta-analysis are presented in Table 7 below.

Participants: Across all studies, 431 participants were included in this meta-analysis, of whom 261 participants completed data collection following their participation in therapeutic songwriting. Pre-test data from 93 participants in the experimental group were used as control conditions, in addition to 170 post-test data from participants in control groups.[8] The majority of participants were female (74%), with 343 women and 88 men. The mean age of participants ranged from 24.7 to 77.0 years

[8]Participants in a musical control group were excluded for this review.

across all studies. One study included older people with dementia (Clark et al., 2020) and three studies included family caregivers of people with dementia (Baker et al., 2018; Clark et al., 2020; García-Valverde et al., 2020). Two studies included mothers of preterm babies (Ettenberger & Beltrán Ardila, 2018; Perkins et al., 2023), two studies focused on spinal cord or acquired brain injuries (Baker et al., 2015; Roddy et al., 2018), and five studies took place in a psychiatric context (Carr et al., 2023; Hirschberg et al., 2020; Silverman, 2011; Silverman, 2013; Silverman, 2016).

Study design: Five studies were RCTs (Carr et al., 2023; Perkins et al., 2023; Silverman, 2011; Silverman, 2013; Silverman, 2016), with two comparing therapeutic songwriting with an active non-music control group (Silverman, 2011; Silverman, 2013) and three with waitlist (Carr et al., 2023; Perkins et al., 2023; Silverman, 2016). Seven studies were clinical trials with a single-group design that provided pre-test to post-test data (Baker et al., 2015; Clark et al., 2020; Ettenberger & Beltrán Ardila, 2018; García-Valverde et al., 2020; Hirschberg et al., 2020; Roddy et al., 2018). One controlled clinical trial was included in the analysis but treated as a pre-test post-test design, with the songwriting group only (Baker et al., 2018). For one study, we calculated the mean and standard deviation based on the raw data provided in the article (Roddy et al., 2018). Carr et al. (2023) conducted an analysis using both the MADRS and BSI-II scales. Following our systematic review protocol, the MADRS scale was selected, as the BSI-II scale could only assess depression within a specific section.

Intervention intensity: The treatment phase lasted from one session (Hirschberg et al., 2020; Silverman, 2011; Silverman, 2013; Silverman, 2016) to 14 weeks (Carr et al., 2023), with a common duration of five to six weeks (Baker et al., 2015; Baker et al., 2018; Clark et al., 2020; Perkins et al., 2023; Roddy et al., 2018). The interventions were commonly delivered once per week (Baker et al., 2018; Clark et al., 2020; García-Valverde et al., 2020; Perkins et al., 2023; Roddy et al., 2018). Other frequencies were twice (Baker et al., 2015; Roddy et al., 2018) or three times per week (Carr et al., 2023). The duration of each session varied from an average of 14.5 minutes (Ettenberger & Beltrán Ardila, 2018) to 90 minutes (Carr et al., 2023). The majority of trials had a session length of 60 minutes (Baker et al., 2015;

Baker et al., 2018; Clark et al., 2020; García-Valverde et al., 2020; Perkins et al., 2023; Roddy et al., 2018) or 45 minutes (Silverman, 2011; Silverman, 2013; Silverman, 2016).

Intervention method: The therapeutic songwriting intervention was applied in group settings in nine studies (Baker et al., 2018; Carr et al., 2023; Clark et al., 2020; García-Valverde et al., 2020; Perkins et al., 2023; Silverman, 2011; Silverman, 2013; Silverman, 2016) and in individual settings in four studies (Baker et al., 2015; Ettenberger & Beltrán Ardila, 2018; Hirschberg et al., 2020; Roddy et al., 2018). In four studies, the songwriting focused on the participant´s life experiences. These included experiences of living with dementia or being a family caregiver (Baker et al., 2018; Clark et al., 2020) and experiences that may be related to the trauma of veterans (Hirschberg et al., 2020). Three studies used cognitive behavioural therapy (Silverman, 2011; Silverman, 2013; Silverman, 2016), partly informed by psychoeducational elements (Silverman, 2013; Silverman, 2016). Two studies applied the theoretical framework from Tamplin et al. (2016) to promote the integration of self-concept in people with acquired neurological injuries (Baker et al., 2015; Roddy et al., 2018). In another study, parents composed welcome songs for their babies (Ettenberger & Beltrán Ardila, 2018). A further study focused on meaningful themes in general (García-Valverde et al., 2020), and two studies were open for any topic (Carr et al., 2023; Perkins et al., 2023).

Outcomes: The identification and measurement of depressive symptoms were conducted using diverse scales, with a higher score indicating a higher level of depression. Five studies used the Patient Health Questionnaire (PhQ-9; Baker et al., 2015; Baker et al., 2018; Clark et al., 2020; Hirschberg et al., 2020; Roddy et al., 2018), which is a self-rated scale measuring nine symptoms of depression (Kroenke et al., 2001). Each item is rated on a scale of 0 to 3, indicating the frequency of its occurrence. The total score for all items is, therefore, between 0 and 27. The Beck Depression Inventory Second Edition (BDI-II; Beck et al., 1996) scale was used in three studies (Garcia-Valverde et al., 2020; Silverman, 2011, 2013). All included studies selected the self-report version of this scale. It comprises 21 items, each of which can be rated on a scale of 0 to 3, with a total score ranging from 0 to 63. All other studies employed different scales. The Montgomery-Åsberg Depression Rating Scale (MADRS; Montgomery & Åsberg,

1979) was used as an observer-rated scale by Carr et al. (2023). The ten items were rated from 0 to 6, with a total score ranging between 0 and 60. Clark et al. (2020) applied the interviewer-administered Cornell Scale for Depression in Dementia (CSDD; Alexopoulos et al., 1988), which comprises 19 items that are scored between 0 and 2, with a total score of a maximum of 38. The Spanish version of the self-report screening tool, the 'Hospital Anxiety and Depression Scale' (HADS; Herrero et al., 2003), was applied by Ettenberger and Beltrán Ardila (2018). The sub-scale for measuring depression contains seven items, each of which can be rated from 0 to 3, resulting in a maximum score of 21. To assess depressive symptoms in mothers of preterm babies, Perkins et al. (2023) applied the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987), which was provided in the form of an online questionnaire. Ten items were rated from 0 to 3, indicating the intensity of depressive symptoms, with a total score ranging from 0 to 30. Finally, Silverman (2016) applied the short version of the Profile of Mood States Scale (POMS-SF; Curran et al., 1995), comprising 37 items, with a subscale comprising eight items that assess depression and dejection. Participants rate these on a scale of 0 to 4. The total score of the subscale, ranging from 0 to 32, indicates the severity of depressive symptoms.

Table 7

Study Characteristics

Study ID	Study design[a]	Participants		Experimental group[b]	Control group	Measurement[d]
		Clinical condition; recruited participants, country	Mean age (years); female /male before dropout	Intervention method; number of participants completed post-measurement; intervention days*length per session (minutes); duration therapy	Control condition[c], number of participants completed post-test (RCTs)/pre-test measurement (NCTs)	Scales; time points[e]
Baker 2015	NCT	People with spinal cord injury n=5; or acquired brain injury n=5; Australia	38.9; 1/9	I-TSW; n=10; 12*60min, 6 weeks	n/a; n=10	PHQ-9; Pre, Post
Baker 2018	NCT (CCT)	Family caregiver of people with dementia; n=14; Australia	72.3; 9/5	G-TSW; n=8; 6*60min; 6 weeks	n/a; n=8	PHQ-9; Pre, Post
Carr 2023	RCT	Adults with long-term depression; n=30; UK	44.4; 16/14	G-TSW; n=10; 42*90min; 14 weeks	TAU/waitlist; n=9	MADRS; Pre, Post, 3m, 6m
Clark 2020-1	NCT	People with dementia; n=14; Australia	77.0; 7/7	G-TSW; n=9; 6*60min; 6 weeks	n/a; n=12	CSDD; Pre, Post
Clark 2020-2	NCT	Family caregiver of people with dementia; n=14; Australia	67.0; 9/5	G-TSW; n=9; 6*60min; 6 weeks	n/a; n=14	PHQ-9; Pre, Post
Ettenberger 2018	NCT	Mothers of preterm babies; n=15; USA	24.7; 15/0	I-TSW; n=15; 5.5*14.5min; n/a	n/a; n=15	HADS-D; Pre, Post
Garcia-Valverde 2020	NCT	Family caregiver of people with dementia; n=21; Spain	66.9; 17/4	G-TSW; n=20; 12*60min; 12 weeks	n/a; n=20	BDI-II; Pre, Post
Hirschberg 2020	NCT	Veterans; n=10; USA	36.0; 1/9	I-TSW; n=8; 1*75min; 1 day	n/a; n=8	PHQ-9; Pre, Post
Perkins 2023	RCT	Mothers with babies under 9 months; n=89; UK	35.4; 89/0	G-TSW; n=37; 6*60min; 6 weeks	Waitlist; n=41	EPDS; Pre, Post, 1m

Study ID	Study design[a]	Participants		Experimental group[b]	Control group	Measurement[d]
		Clinical condition; recruited participants, country	Mean age (years); female /male before dropout	Intervention method; number of participants completed post-measurement; intervention days*length per session (minutes); duration therapy	Control condition[c], number of participants completed post-test (RCTs)/pre-test measurement (NCTs)	Scales; time points[e]
Roddy 2018	NCT	Spinal Cord Injury patients; n=8; Australia	30.4; 1/7	I-TSW; n=6; 12*60min; 6 weeks	n/a; n=6	PHQ-9; Pre, Post
Silverman 2011	RCT	People in detoxication; n=140; USA	42.2; 70/70	G-TSW; n=67; 1*45min; 1 day	cognitive behavioural therapy (verbal therapy); n=65	BDI-II; Pre, Post, 1m
Silverman 2013	RCT	People in an acute psychiatric unit; n=105; USA	34.6; 61/44	G-TSW; n=30; 1*45min; 1 day	Cognitive behavioural therapy with psychoeducation; n=26	BDI-II; Post
Silverman 2016	RCT	Acute psychiatric inpatients; n=98; (44% major depressive disorder); USA	35.3; 47/51	G-TSW; n=32; 1*45min; 1 day	Waitlist: pre-test data from a music therapy group; n=29	POMS-SF; Post

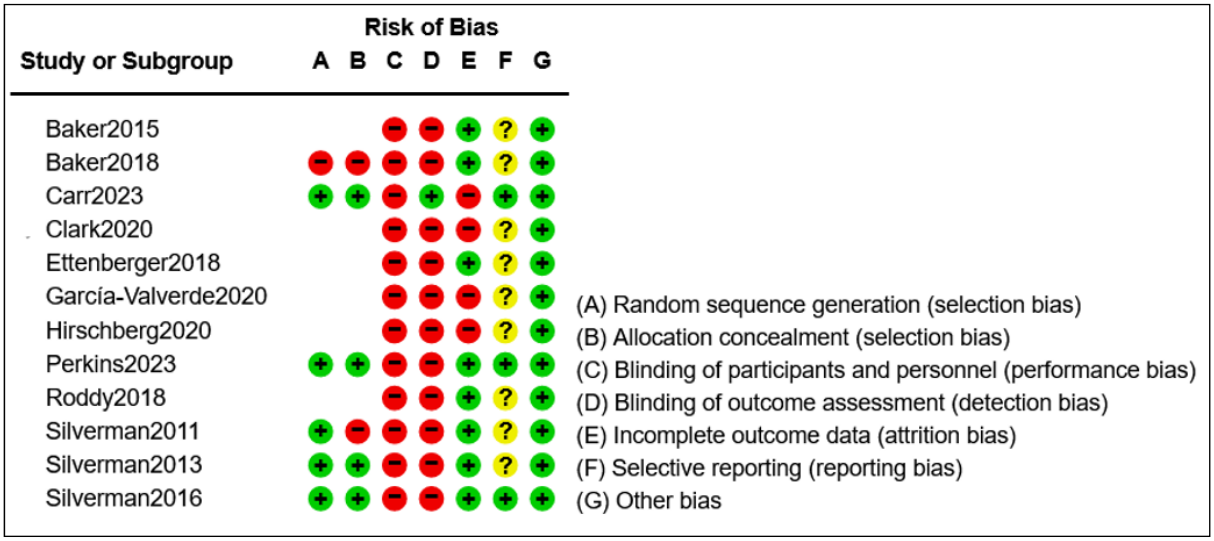
a CCT=Clinical Controlled Trial, NCT=Non-Controlled Trial, RCT=Randomised Controlled Trial; b I-TSW = Individual Therapeutic Songwriting; G-TSW = Group Therapeutic Songwriting; c SC=Standard Care; d BDI-II=Beck Depression Inventory Second Edition, CSDD=Cornell Scale for Depression in Dementia, EPDS=Edinburgh Postnatal Depression Scale, HADS=Hospital Anxiety and Depression Scale, MADRS=Montgomery-Åsberg Depression Rating Scale, PhD-9=Patient Health Questionnaire, POMS-SF=Profile of Mood States Scale; e Pre = Pretest; Post = Post-test; m = month(s)

Risk of Bias in Included Studies

Figure 4 presents the risk of bias in the included studies. In Baker et al. (2018), we identified a potential risk of bias due to missing randomisation and allocation concealment. In Silverman´s (2011) study, we found a risk of bias following a missing allocation concealment. Given the active nature of the intervention under examination, it was impossible to mask participants in any of the studies. Furthermore, the masking of assessors was only reported by Carr et al. (2023). All other RCTs applied self-report questionnaires. Incomplete outcome data with less than 85 % of participants were found in five studies (Carr et al., 2023; Clark et al., 2020; García-Valverde et al., 2020; Hirschberg et al., 2020). A low risk of selective reporting due to a previous study registration was only found in three studies (Carr et al., 2023; Perkins et al., 2023; Silverman, 2016). The remaining studies were judged to be at unclear risk (Baker et al., 2015; Baker et al., 2018; Clark et al., 2020; Ettenberger et al., 2018; Garcia-Valverde et al., 2020; Hirschberg et al., 2020; Roddy et al., 2018; Silverman, 2011, 2013, 2016).

Figure 4

Risk of Bias of Included Studies



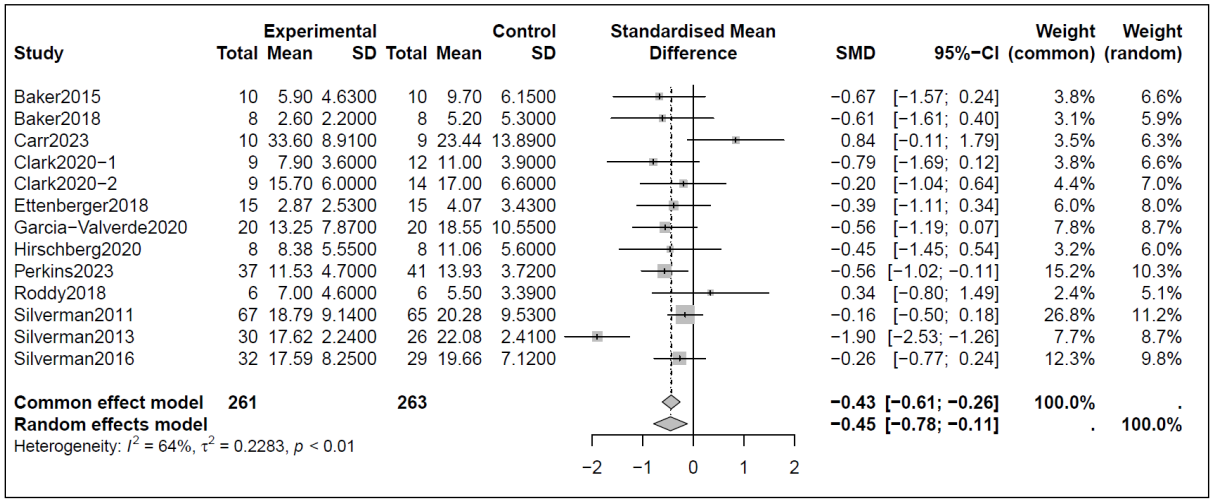
4.2.3.2 Effects of Intervention

Effect sizes of Individual Studies and Effects of all Studies Combined

A meta-analysis with 431 participants addressing the primary research question examining the effects of therapeutic songwriting on depression in adults revealed high heterogeneity (I^2=73%), and visual inspection of the forest plot (not shown) and sensitivity analyses suggested several possible outliers. We excluded one study (Gee et al., 2019) from the main analyses because we deemed the extremely large effect size (SMD=8.47) observed in that small study (n=12) not to be a realistic representation of the true effect, although we are not sure what might have caused this extreme effect size. The effect sizes of the remaining studies included in the meta-analysis ranged from -1.90 (Silverman, 2013) to 0.84 (Carr et al., 2023); heterogeneity remained moderately high (64%; Figure 5). The random effect model showed that therapeutic songwriting had significant positive effects on depression compared to control conditions (SMD=-0.45, 95% CI -0.78 to -0.11; p<.01; Figure 5), with an effect size approaching the medium range. This was similar to the overall effect of all studies, including the outlier (Table 8). Further visual inspection of the forest plot suggests that the effects in one study (Silverman, 2013) may have been different from the remaining studies, while most other studies showed overlapping confidence intervals (Figure 5). However, the included 13 studies demonstrated very low certainty evidence according to the GRADE approach (Schünemann et al., 2013).

Figure 5

Meta-Analysis of all Included Studies: Forest Plot



Results of Subgroup Analyses

Table 8 below shows the results of subgroup meta-analyses. For the subgroup analysis according to the study design, we compared five randomised controlled studies (Carr et al., 2023; Perkins et al., 2023; Silverman, 2011, 2013, 2016), including 176 participants in the experimental and 170 in the control condition, with eight non-randomised studies (Baker et al., 2015; Baker et al., 2018; Clark et al., 2020; Ettenberger et al., 2018; Garcia-Valverde et al., 2020; Hirschberg et al., 2020; Roddy et al., 2018), including 85 participants in the experimental and 93 participant data in the control condition. The results of RCTs (SMD=-0.44) were similar to those of NCTs (SMD=-0.45), with no significant difference (*p*=.97).

In the subgroup analysis according to the participant characteristics, we compared nine studies with a mean age under 65 years, including 215 datasets in the experimental and 209 datasets in the control condition (Baker at al., 2015; Carr et al., 2023; Ettenberger et al., 2028; Hirschberg et al., 2020; Perkins et al., 2023; Roddy et al., 2018; Silverman, 2011, 2013, 2016), with four studies with a mean age of 65 years or higher, including 46 datasets in the experimental and 54 datasets in the control condition (Baker et al., 2018; Clark et al., 2020; Garcia-Valverde et al., 2020). There was no significant difference between age groups (*p*=.69) or between inpatients versus outpatients (*p*=.72). Slightly larger effects were observed in older adults (65 years or higher, SMD=-0.53) than in other age groups (SMD=-0.40), and in inpatients (SMD=-0.56) compared to outpatients (SMD=-0.42).

To compare the therapeutic songwriting methods, four studies (39 datasets in the experimental and 39 datasets in the control condition) that provided an individual therapeutic songwriting approach and/or were mixed with complementary interventions were included in the subgroup analysis (Baker et al., 2015; Roddy et al., 2018; Silverman, 2011, 2013, 2016). For comparison, nine datasets of studies (222 datasets in the experimental and 224 datasets in the control condition) that provided group therapeutic songwriting were included in the analysis (Baker et al., 2018; Carr et al., 2023; Clark et al., 2020; Ettenberger et al., 2018; Garcia-Valverde et al., 2020; Hirschberg et al., 2020; Perkins et al., 2023). No significant difference (*p*=.69), but slightly larger effects were observed

in group interventions (SMD=-0.48) compared to individual/mixed interventions (SMD=-0.36). Intervention duration did not have a significant influence (*p*=.22), although shorter interventions of up to 10 intervention days suggested larger effects (SMD=-0.58, compared to -0.07 for longer interventions).

Table 8

Meta-Analysis Results: Summary

Subgroup[2]	No. of studies	No. of participants: experimental	No. of participants: control	Effect size (95% CI)[1]	Heterogeneity (within subgroup): I^2	Test for subgroup differences: p-value
All studies including outlier[2]	14	267	269	-0.50 (-0.84; -0.15)	73%	
All studies excluding outlier[2]	13	261	263	-0.45 (-0.78; -0.11)	64%	
Subgroup: Design						.97
RCT	5	176	170	-0.44 (-1.24; 0.37)	87%	
NCT	8	85	93	-0.45 (-0.75; -0.15)	0%	
Subgroup: Setting						.72
Inpatients	5	145	136	-0.56 (-1.29; 0.17)	84%	
Outpatients	8	116	127	-0.42 (-0.67; -0.16)	17%	
Subgroup: Age						.69
≥65 years	4	46	54	-0.53 (-0.93; -0.12)	0%	
<65 years	9	215	209	-0.40 (-0.88; 0.07)	75%	

Subgroup[2]	No. of studies	No. of participants: experimental	No. of participants: control	Effect size (95% CI)[1]	Heterogeneity (within subgroup): I^2	Test for subgroup differences: p-value
Subgroup: Therapeutic Songwriting Method						.69
Group TSW	9	222	224	-0.48 (-0.93; -0.04)	75%	
Individual/ mixed TSW	4	39	39	-0.36 (-0.81; 0.09)	0%	
Subgroup[2]	No. of studies	No. of participants: experimental	No. of participants: control	Effect size (95% CI)[1]	Heterogeneity (within subgroup): I^2	Test for subgroup differences: p-value
Subgroup: Intervention days						.22
≥10 days	4	46	45	-0.07 (-0.79; 0.65)	61%	
<10 days	9	225	218	-0.58 (-0.95; -0.20)	67%	

4.2.4 Discussion

The systematic review of the literature identified 13 studies for inclusion in the meta-analysis (n=431 participants) evaluating the impact of therapeutic songwriting on depression. The results demonstrated a significant decrease in depressive symptoms (SMD=-0.45, 95% CI -0.78 to -0.11). However, due to the limited number of RCTs, examining therapeutic songwriting, pre-test data were used as control condition for NCTs. Subgroup analyses revealed that the effect sizes across different study designs were similar. Heterogeneity was higher in RCTs included in this meta-analysis than in studies with an NCT design, which showed low heterogeneity. However, the use of pre-test data from NCTs as control data may have led to a bias in the findings. The internal validity of a study design can be negatively affected by a number of factors. These include changes in the biological and psychological characteristics of participants (maturation) and external events (history) between pre-test and post-test data that influence the results (Dimitrov & Rumrill, 2003). Furthermore, the external

validity may be affected when pretesting influences treatment outcomes, for example, by increasing the participants' awareness on different scale items. Consequently, additional randomised controlled trials are required to enhance both internal and external validity.

The effect sizes ranged from small to moderate, with a standardised mean difference of -0.43. However, some of the results should be interpreted with caution. The small sample sizes of the studies may have influenced the effect sizes, potentially causing higher effect sizes than in studies with larger sample sizes (Zhang et al., 2013). Moreover, all studies were conducted with the participants and therapist unmasked, given the nature of the intervention, which required active participation from the participants. Masking of outcome assessment was only carried out in one study (Carr et al., 2023). In all other studies, participants completed the scales. Subsequently, the results may have been influenced by the participants' favour. The lack of masking may have an impact on the subjectively assessed changes in depressive symptoms. A meta-epidemiological study comprising 146 meta-analyses demonstrated that, in comparison with objective outcomes (e.g. mortality), subjective assessments resulted in overestimated effect sizes when there was insufficient concealment or masking (Wood et al., 2008).

The subgroup analyses showed differences in the effect sizes. Therapeutic songwriting with inpatients was observed to be slightly more effective than with outpatients. Despite the high heterogeneity observed in the subgroup of studies with inpatients, this finding is supported by a study by Driessen et al. (2019), which compared a high number of therapeutic interventions for inpatients and outpatients. They found that an intensive outpatient treatment program could serve as an alternative approach to reduce depressive symptoms, although it was less effective than an inpatient or day clinic program. While an intensive treatment with a large number of different interventions may be beneficial, the length of treatment may be more efficient when it lasts less than ten days, as indicated by the subgroup analysis of intervention days.

Clinical heterogeneity was found regarding the therapeutic songwriting methods. Our subgroup analysis revealed that group therapeutic songwriting methods demonstrated a slightly larger

effect size than individual or mixed intervention methods. These methods could be further distinguished by considering the topics of each study. Some of the included studies investigated methods that differed from one another, such as following a cognitive behavioural approach (Silverman, 2011, 2013, 2016), using a predetermined protocol to promote the self-concept (Baker et al., 2015; Roddy et al., 2018), conducting the songwriting online (Perkins et al., 2023), or leaving the music composition for collaboratively written song lyrics to a professional songwriter (Hirschberg et al., 2020). More studies are needed to evaluate those approaches presented above, in particular.

The presented systematic review and meta-analysis investigated the effects of therapeutic songwriting. Due to limited and heterogeneous data, follow-ups were not considered. However, Perkins et al. (2023) and Silverman (2011) provided follow-up data one month later, and Carr et al. 2023 included follow-ups after three and nine months. Further research is required to investigate the long-term effects. Furthermore, other outcomes than depressive symptoms were not considered in this review, such as the effects on anxiety (Baker et al., 2015; Garcia-Valverde et al., 2020; Roddy et al., 2018) and the impact on relationships or bonding (Baker et al., 2018; Carr et al., 2023; Clark et al., 2020; Ettenberger et al., 2018; Perkins et al., 2023), which were particularly present in the included studies. Further research and systematic reviews are needed to investigate these additional outcomes in greater depth.

The majority of the included studies were identified as having a risk of bias. These risks were particularly associated with the missing masking of participants due to the nature of the intervention and of the assessors. Further biases were identified concerning the selection process, the missing randomisation and allocation concealment, as well as incomplete data in some of the studies. Consequently, some of the studies were of low quality, and more high-quality studies are needed to validate the results of this review.

The clinical populations of the included studies were diverse. Studies included, for example, people who were treated within a psychiatric context (Carr et al., 2023; Hirschberg et al., 2020; Silverman, 2011, 2013, 2016), family caregivers (Baker et al., 2018; Clark et al., 2020; Garcia-Valverde

et al., 2020), people with spinal cord injuries (Baker et al., 2015; Roddy et al., 2018), mothers of preterm babies (Ettenberger et al., 2018; Perkins et al., 2023), and people living with dementia (Clark et al., 2020). Given the limited number of studies investigating the same population, no further subgroup analyses were conducted. With more future studies that examine the influence of therapeutic songwriting in various clinical populations, using rigorous research designs, such as randomised controlled trials, valid information can be gained regarding their effectiveness in reducing depressive symptoms.

The included studies were conducted in Australia, Europe, and the USA. Consequently, the review findings are limited to Western cultures. Further studies are required to examine the effects of therapeutic songwriting in other regions of the world, such as in South Africa, where community music is used to promote social cohesion and relationships (van der Merwe & Morelli, 2022).

4.2.5 Conclusion

This systematic review and meta-analysis included 13 studies and demonstrated the positive effects of therapeutic songwriting on decreasing depression. Furthermore, the included studies presented approaches that are clinically practicable and most effective. Slightly higher effects were observed in participants aged 65 and older, for songwriting interventions conducted in groups, and with inpatients. Furthermore, intervention durations of up to 10 treatment days showed higher effects than longer interventions.

Part B: Research Project

5 Need for this Research, Research Purpose, and Research Plan

This chapter concludes the findings of the background chapters 2 to 4 and presents the hypotheses, research questions and research plan for this research project.

5.1 Background Conclusion

5.1.1 Summary of Background Chapters

The first chapter explained depression in older people. The prevalence of depression in older people is influenced by several factors, including an increasing number of older individuals and an extended life expectancy. The first chapter further presented the diverse risk factors, symptoms, and negative impacts, as well as the diagnostic and proposed treatment options. Research is needed to identify new treatment possibilities that are accessible and align with the needs of older people living with depression in order to minimise the adverse effects of existing treatments and enhance treatment adherence (see Chapter 2).

The second chapter presented the principles and methods of positive psychology and examined positive psychology studies in older people in a literature review. All of the studies presented in Section 3.2 were focused on depressive symptoms and at least one element of psychological and social wellbeing. The examination of applied intervention forms revealed that 66% of these focused on the experiences of positive emotion, which is one of five elements of Seligman's (2011) wellbeing theory of positive psychology (see PERMA model in 3.1.2). This finding allows the conclusion of this element's importance in treating depressive symptoms in older people (see literature review in 3.2). Other studies presented in Section 2.2 examined the effects of positive psychology interventions on depression, emphasising further other elements of Seligman's (2011) wellbeing theory (see PERMA model in 3.1.2) and character strengths (see description in 3.1.1).

All studies revealed a statistically significant reduction in depressive symptoms following the implementation of at least one positive psychology intervention. Moreover, all studies revealed a

significant improvement in wellbeing. Nonetheless, only a limited number of positive psychology intervention types were examined. In addition, the significance of character strengths was emphasised by several authors (see description of character strengths in 3.1.1), yet only a few character strengths were examined in relation to their prevalence and effectiveness in reducing depressive symptoms in older individuals (see literature review in 3.2). Martínez-Martí and Ruch (2014) investigated the development of character strengths in individuals under the age of 57 (Martínez-Martí & Ruch, 2014). However, it remains to be investigated which character strengths are most commonly represented in older people with or without depression. Some strengths have been identified as beneficial for happiness (see Siegel, 2009). Nevertheless, further research is required to ascertain which character strengths are most effective in reducing depressive symptoms and enhancing wellbeing.

Chapter 3 introduces therapeutic songwriting as a music therapeutic intervention method. Although music therapy has been identified as a promising non-pharmacological intervention for late-life depression (Dunphy et al., 2019), a review of the included studies revealed that the use of singing familiar songs was a widely used method but the therapeutic songwriting method has not yet been investigated (see 4.1). An initial literature search found only three studies that applied this method to older people (Baker et al., 2018; García-Valverde et al., 2020; Clark et al., 2020), specifically people living with dementia and their family caregivers. None of them were conducted in Germany.

A systematic review and meta-analysis presented in Section 4.2 examined the effects of therapeutic songwriting on depressive symptoms in adults aged 18 years and older. All 13 included studies of the systematic review demonstrated positive effects of therapeutic songwriting on decreasing depressive symptoms. However, only five of the studies were randomised and controlled, one was a controlled clinical trial, and six studies provided only pre-test to post-test data for the intervention group only. Furthermore, the majority of the studies (9 out of 13) had very small sample sizes, with up to 30 participants. Four trials had a sample size between 89 and 140 participants, thereby providing a more robust evidence base and allowing for more certain conclusions in relation to the results. The results of the systematic review revealed that in music therapy practice, therapeutic

songwriting seems to be applied more often for depression in adults aged 18 to 65 years than in older adults. No more than the three studies described above used therapeutic songwriting with older people with depressive symptoms. Furthermore, the studies mainly measured only quantitative changes caused by the intervention. This suggests the need for a broader research approach that evaluates different dimensions of this method. According to Jordan et al. (2018), only a comprehensive evaluation of the intervention in terms of appropriateness and meaningfulness for the client, the feasibility of the intervention in the organisational context, and the examination of effectiveness can fully evaluate the intervention. This would allow for a broader evidence base that can better meet the needs of clinical practice (Evans, 2003). Consequently, in-depth research is needed to examine the feasibility, appropriateness, and meaningfulness of therapeutic songwriting. Furthermore, larger randomised controlled trials in the future may help to provide the best evidence of effectiveness.

5.1.2 Mechanisms of Changes in Positive Psychology and Music Therapy

The use of autobiographical memory is observed in both positive psychology and music therapy. The systematic review conducted by Dunphy et al. (2019) demonstrated that memories were implemented effectively in various studies and identified as a potential mechanism for reducing depressive symptoms in older people. This mechanism involves the recall of positive memories and the improvement of interpersonal relationships through music therapy. Furthermore, the review demonstrated that music therapy facilitates the processing of emotions, enabling the experience of positive emotions.

The mechanism of change by stimulating positive memories can be linked to the PERMA element ‘Positive emotion’ of Seligman's (2011) wellbeing theory (for a definition of the PERMA model, see 3.1.2). Furthermore, the enhanced interpersonal relationships can be attributed to the PERMA element ‘Relationships’. The same positive effects of working with positive emotions, memory, and relationships in music therapy were identified in the literature review of positive psychology interventions in Section 3.2. In particular, exploring autobiographical memory can lead to more specific memories being retrieved (Ramirez et al., 2014), which can facilitate evoking positive emotions (see

description in 3.1.2.1). It can therefore be concluded that therapeutic songwriting and the stimulation of memories may prove to be an effective intervention for the reduction of depressive symptoms.

The stimulation of cognitive functioning has been demonstrated as a further mechanism of change in reducing depressive symptoms in older individuals through music therapy interventions (Dunphy et al., 2019). Both positive psychology and therapeutic songwriting within music therapy may be considered a cognitive-oriented approach encompassing reflective processes. Consequently, both disciplines may prove beneficial in reducing depressive symptoms in older people.

5.1.3 Intervention Dosages

The dosage of positive psychology interventions in older people living with depression and music therapy, including therapeutic songwriting, varies. The most effective dosages can be estimated by calculating the mean duration and frequency (see Table 9 for details).

The literature review in Section 3.2 indicates that the most common dosage of positive psychology programs in older people to decrease depressive symptoms appears approximately 9 hours in 10 sessions (ranging from 0.58 to 20 hours). Based on the included studies from Dunphy et al.'s (2019) systematic review presented in Section 4.1, the effects on depression by music therapy programs needed a higher dosage of approximately 13 hours in 15 sessions. In therapeutic songwriting with adults aged 18 years and older, the dosage was decreased to approximately 10 hours in 8 sessions. Considering only the three studies investigating therapeutic songwriting in older people, the needed time decreases to 8 hours in 8 sessions. Here, the dosages ranged between 6 hours in 6 sessions (Baker et al., 2018; Clark et al., 2020) and 12 hours in 12 sessions (García-Valverde et al., 2020).

Table 9

Overview of Dosages and Effects in Different Interventions

Intervention	Total treatment duration (mean/range)	Sessions (mean/range)	Frequency (mean/range)	Mean duration per session	Effects sizes for depression (mean/range)
Positive psychology in older people living with depression (Section 2.2; 7 studies)	8.77 hours (0.58-20 hours)	9.6 sessions (4-14 sessions)	3.71/week (1-14 sessions)	55 minutes	Cohen's *d* = 2.10 (0.18 – 8.95)
Music therapy in older people living with depression (Dunphy et al., 2019, Section 3.1; 41 studies)	12.78 hours (0.25-104 hours)	14.82 sessions (1-104 sessions)	1.4/week (1-7 sessions)	52 minutes	n/a in most studies
Therapeutic songwriting in adults aged 18 and older (Section 3.2; 13 studies)	9.84 hours (1.33-63 hours)	8.32 sessions (1-42 sessions)	1.4/week (1-4 sessions)	71 minutes	Hedges' *g* = 0.42 (0.20-1.90)
Therapeutic songwriting in older people living with depression (Section 3.1; 3 studies)	8 hours (6-12 hours)	8 sessions (6-12 sessions)	1.0/week	60 minutes	Hedges' *g* = 0.49 (0.2-0.61)

Considering all data, it can be concluded that music therapy in older people is mostly offered with a higher dosage in order to decrease depressive symptoms in comparison to other interventions. Only a few studies were found that examined positive psychology and therapeutic songwriting intervention in depression. However, it can be assumed that therapeutic songwriting as one approach of music therapy combined with positive psychology would need a lower dosage than music therapy alone. Based on the positive psychology and therapeutic songwriting studies, a total duration of treatment of approximately 9 to 10 hours in 8 to 9 sessions seems to be most practical to decrease depressive symptoms.

The mean duration of each session in all intervention forms ranged between 52 and 71 minutes. The duration of the sessions was 55 minutes for positive psychology and 52 minutes for music therapy interventions for older people, which was shorter than the 60-minute duration of therapeutic songwriting. When applied in adults aged 18 and older, the duration increased further to 71 minutes. The frequency of all intervention forms ranged between one to seven sessions per week. Positive psychology interventions were offered in an average of 3.71 sessions. However, music therapy and therapeutic songwriting were offered on average once only to 1.4 times per week.

Considering all studies in the literature review about positive psychology interventions in older people in Section 3.2, the data of the systematic review from Dunphy et al. (2019) about music therapy in Section 4.1, and the systematic review about therapeutic songwriting in adults in Section 4.2, an optimal duration between 50 and 60 minutes with a frequency of one to two times per week can be concluded.

The number of the presented positive psychology and therapeutic songwriting studies was low. In comparison to the systematic review from Dunphy et al. (2019) that included 41 music therapy studies for older people living with depression, only seven studies could have been found in positive psychology for older people living with depression (see studies of the literature review in 3.2) and 13 studies in therapeutic songwriting for adults aged 18 and older (see studies of the systematic review in 4.2), and only three studies in therapeutic songwriting for older adults living with depression. Consequently, whether the intervention dosages were normally distributed compared to clinical practice is unknown. Therefore, future studies in these research fields may change dosage recommendations.

5.2 Research Purpose and Research Plan

Information previously described in the background chapter suggests that both disciplines, positive psychology and music therapy with therapeutic songwriting (as one approach of this discipline), could be effective for treating depressive symptoms in older people. Positive psychology approaches for older adults aim to help them experience flourishing in life and high levels of wellbeing. The effectiveness of positive psychology interventions has been demonstrated in several studies (see studies of the literature review in 3.2). Similarly, there is emerging evidence that therapeutic songwriting has positive effects on depression (see systematic review and meta-analysis in 4.2). Based on this foundational knowledge:

The purpose of this research was to develop and examine an individual therapeutic songwriting program that merged elements of positive psychology and music therapy.

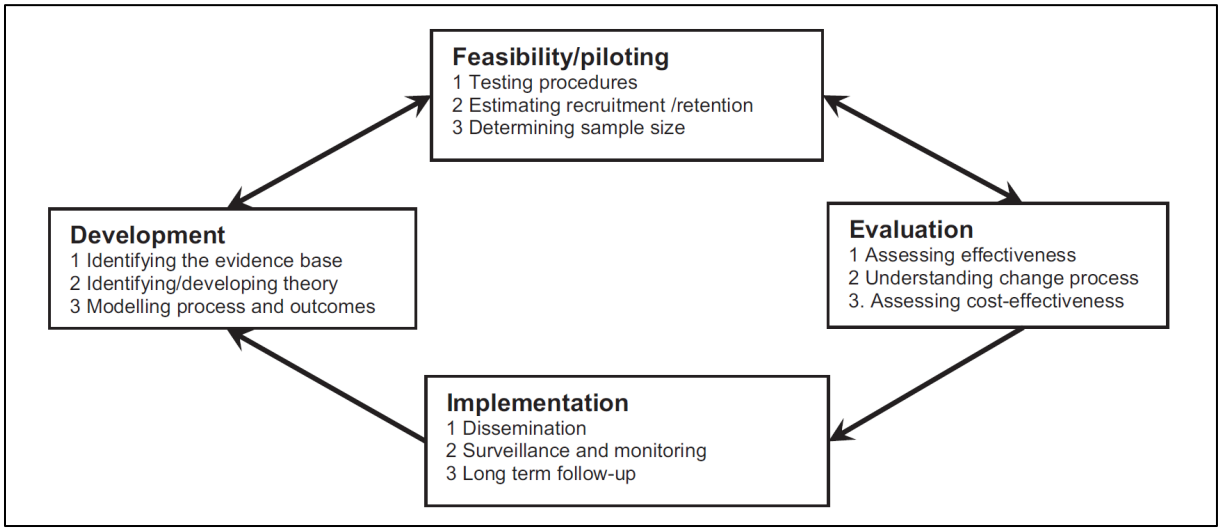
The overall procedure of this PhD-research project was a mixed-method based applied research informed by the new Medical Research Council guidance 'Developing and evaluating complex intervention' by Craig et al. (2013). The guidance was developed for researchers, research funders, and evaluation users to make decisions about appropriate methods and to assess the evaluation design and research outcomes. Four key elements were described within the development and evaluation of complex interventions comprising the development, feasibility/piloting, evaluation, and implementation (see Figure 6)[9]. For the key element 'Development', Craig et al. (2013) suggest the systematic identification of the evidence base, as well as the development of a theory that informs the intervention. During this stage, the design of the intervention and evaluation can be determined. In the next stage, 'Feasibility and pilot studies' are used to test the acceptability of the intervention and provide information/data about recruitment success, appropriate sample sizes, and effect sizes, demonstrating the sensitivity of outcome measures to change. For this, mixed methods can evaluate the intervention first in explorative and then in definitive ways. The results of these feasibility and pilot

[9] Permission to replicate this figure has been given by Elsevier

studies can help to refine the intervention (stage 'Development'). With the results of the feasibility and pilot studies, the next stage, 'Evaluation', assesses effectiveness and cost-effectiveness, and gives further insights into the change processes. This evaluation can also interact with the development of the intervention and further feasibility and pilot studies. Finally, the 'Implementation' of the interventions involves the dissemination, surveillance and monitoring, and long-term follow-up of the intervention findings to further improve the intervention (Craig et al., 2013).

Figure 6

Key Elements of the Development and Evaluation Process (Craig et al., 2013, p. 589)



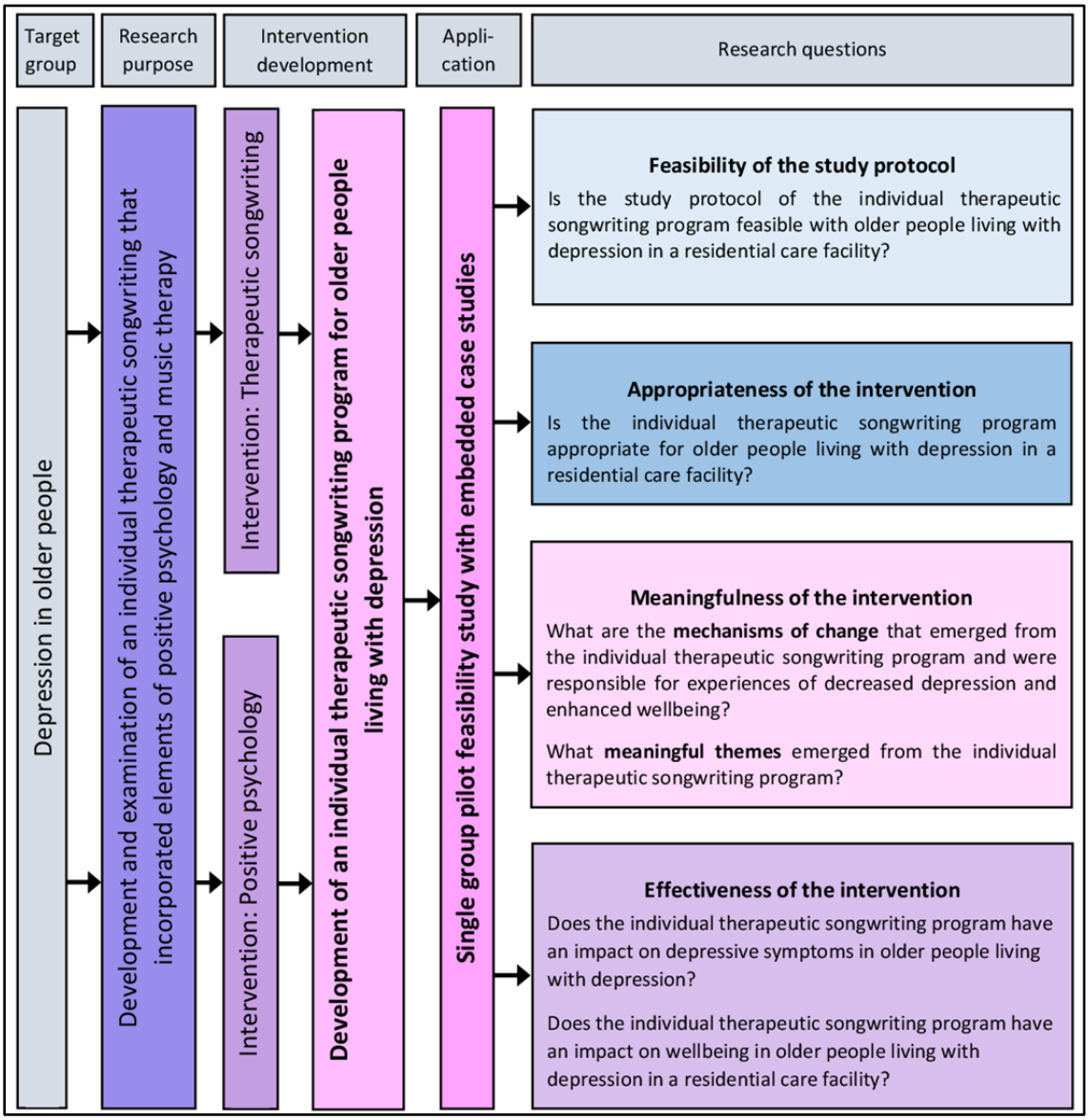
This research project considered the stages of 'Development' and 'Feasibility/piloting', and gave further insights into the change processes. Findings were disseminated by papers and public presentations (see stage 'Implementation'). In the first part of the thesis, the need for and possibilities for novel treatments for older people living with depression (see Chapter 2) were evaluated (Step 1 of 'Development', see Figure 6). This knowledge then informed the development of an individual therapeutic songwriting program that was merged with elements of positive psychology and music therapy (Step 2 of 'Development', see Figure 6). In the second part of the thesis, an individual therapeutic songwriting program that was merged with elements of positive psychology and music therapy was examined with older people living in residential care facilities (Steps 1 to 3 of 'Feasibility/piloting' and Steps 1 and 2 of 'Evaluation' see Figure 6). The mixed methods approach of

this research allows for a more profound understanding of how the individual therapeutic songwriting program was experienced by the participants and how it could influence depressive symptoms and wellbeing.

This single-group pilot study was further guided by the 'JBI Model of Evidence-Based Healthcare' by Pearson et al. (2005). Clinical decisions should be based on the best available scientific evidence. Diverse research-based and non-research-based evidence should be considered, such as patient preferences, healthcare context, and clinicians' experiences (Pearson et al., 2005). The elements of 'Feasibility', 'Appropriateness', 'Meaningfulness', and 'Effectiveness' (FAME) are central to the contextualisation of evidence and answering different types of research questions (Jordan et al., 2018). 'Feasibility' examines if an intervention is feasible (Pearson et al., 2005). The question should be answered if the intervention can be implemented, considering different aspects, such as required resources or economic effects (Evans, 2003). Examining 'Appropriateness' should answer the question of whether the intervention is suitable within the clinical context and situation. 'Meaningfulness' examines the extent to which the intervention is experienced as positive for the intervention recipient (Pearson et al., 2005). For this purpose, participants' personal experiences, opinions, values, thoughts, beliefs and interpretations are considered. The last element, 'Effectiveness', examines if an intervention achieves the intended outcome. All elements were considered in developing the research questions and analysing different data sources of the single-group pilot study described in this thesis. Figure 7 shows the overall research plan.

Figure 7

Flowchart: Overall Research Plan



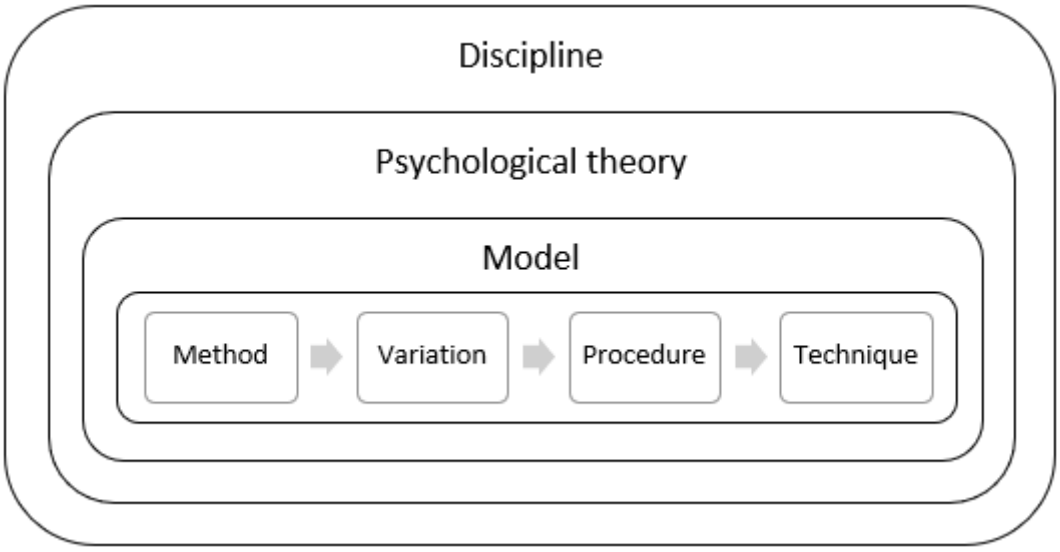
5.2.1 Part B.1: Development of an Individual Therapeutic Songwriting Program

An individual therapeutic songwriting program merges knowledge from positive psychology and music therapy with different therapeutic songwriting variations and positive psychology. In addition, theories and methods from other disciplines, such as music psychology, psychology, including cognitive behavioural therapy, the theories of neuro-linguistic programming and more. Before the intervention program could be developed, a clear description is required, recognising how terms from both disciplines could be assigned to each other. Terms like model, methods, and technique are not

used consistently (Bruscia et al., 2014). Both *disciplines*, psychology and music therapy, can be underpinned by various *psychological theories*, such as humanistic psychology or cognitive psychology (Bruscia et al., 2014). These theories can include different *models* that define a unique approach to the applied methods and include, for example, theoretical principles, goals, and clinical in- and contraindications. The intervention *methods* can comprise different variations. In composing, for example, instrumental composition and notational activities. These methods and variations can have different procedures that determine sequences of operations and interactions. Following this, the single steps can be called *techniques* (Bruscia et al., 2014). Figure 8 shows how these terms can be assigned to different levels.

Figure 8

Assignment of Terms



Positive psychology is one of the different *psychological theories* of the *discipline* of psychology that focus on positive aspects that lead to experiences of wellbeing (see definition in Chapter 3). The wellbeing theory by Seligman (2011) is a *model* that describes the principles of how people can experience a flourishing life (see 3.1). Evoking positive emotion is one part of the wellbeing theory that can present a *method* to treat depressive symptoms effectively (see 3.2). These positive psychology methods to evoke positive emotions can have several *variations*. The *procedure* for each positive psychology intervention contains different single *techniques*.

Therapeutic songwriting, on the other hand, can be understood as one *method* within the *discipline* of music therapy. It can integrate different *psychological theories* and *models*. The method of therapeutic songwriting has different *variations*, such as creating a song parody or composing a new song. These variations can describe determined *procedures* and involve various *techniques* that support various aspects of the songwriting process, for example, preparing and priming the songwriter or the writing of lyrics (Baker, 2015). Table 10 gives an overview of the different levels of terms used in music therapy and psychology, with an example of the applied method variations, 'Three good things in life' (see 3.1.2.1) and 'song parody' by Baker (2015).

Table 10

Example of Term Assignment of Positive Psychology and Therapeutic Songwriting

Discipline	Psychology	Music therapy
Psychological theory	Positive Psychology	Open, can be positive psychology
Model	Wellbeing-theory of positive psychology (PERMA)	Open, can be Wellbeing-theory of positive psychology (PERMA)
Method	Evoking positive emotions	Therapeutic songwriting
Variation	'Three good things in life'	Song parody
Procedure (order of techniques)	1. "Write down three things every evening that went well" 2. "Provide a cause explanation for each good thing"	1. Warm-up/introducing songwriting 2. Determine song theme/ predetermined theme 3. …

Table 10 Example of Term Assignment of Positive Psychology and Therapeutic Songwriting

The aim of the first part of this research project was to develop a clear protocol for a therapeutic songwriting program for individual therapy that might decrease depressive symptoms and enhance wellbeing in older people living with depression. To develop the therapeutic songwriting program, knowledge from a literature review recognised in Section 3.2 reporting the effects of positive psychology interventions on depressive symptoms in older people was merged with knowledge from a systematic review of music therapy and therapeutic songwriting reporting effects on depressive symptoms (Section 4.2). The intervention program merged knowledge about mechanisms, methods, and techniques of positive psychology and music therapy with the approach of therapeutic songwriting to implement the benefits of both disciplines. Furthermore, knowledge from other disciplines influenced the program, such as music psychology and cognitive behavioural therapy.

The program development was also strongly influenced by my training in positive psychology and my clinical work with older people living with dementia and depression who were living in residential care facilities, or were treated in psychiatric hospitals. In my clinical work, I integrate different principles and methods of positive psychology and cognitive behavioural therapy within therapeutic songwriting. In the second stage of intervention development, I discussed the therapeutic songwriting program with experts from music therapy and positive psychology. Final refinements were then incorporated during the single-group pilot study.

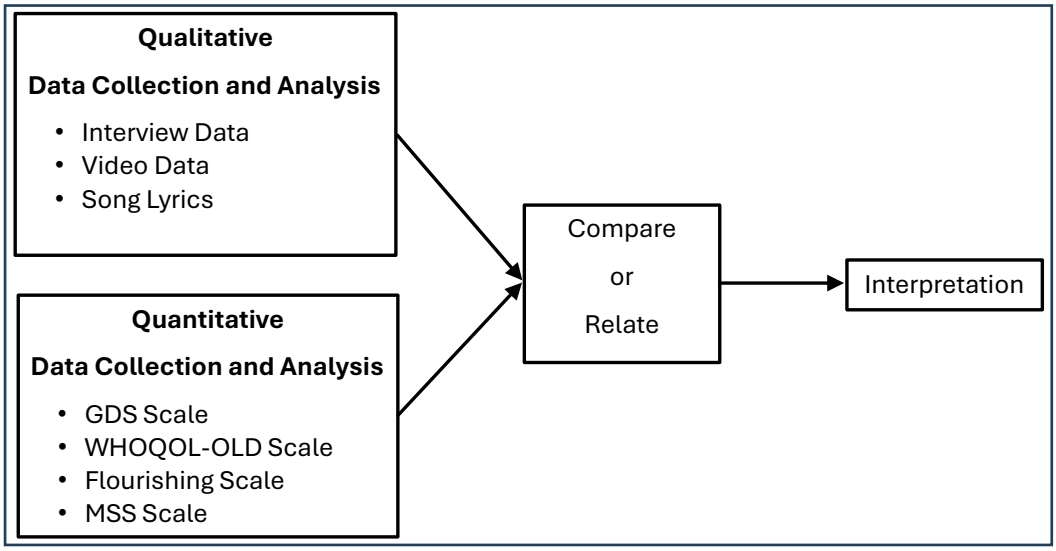
5.2.2 Part B.2: Single-Group Pilot Study With Embedded Case Studies

Part two of this thesis describes a single-group pilot study with embedded case studies with a small number of participants[10] (n=5). The study was conducted with older people living with depression in residential care facilities and aimed to test the feasibility of the study protocol and the appropriateness of the individual therapeutic songwriting program, the meaningfulness to the participants, and the possible impact on their perceived depressive symptoms and wellbeing. The limited number of participants enabled an in-depth analysis of different data sources collected from each participant with a primary focus on qualitative data. The gained information contributed to a convergent parallel mixed-methods design based on (Creswell, 2023). Figure 9 shows the correlation and use of data.

[10] The people that are participating in the single-group feasibility pilot study are termed 'participant' instead of 'songwriter'.

Figure 9

Convergent Parallel Mixed-Methods Model



Quantitative data were collected from the Geriatric Depression Scale (GDS), the World Health Organization Quality Of Life for OLDer people WHOQOL-OLD, the Flourishing Scale (FS-D), and the Meaningfulness of Songwriting Scale (MSS). Data were collected from interviews, video material, field notes, and written songs for qualitative analyses. Quantitative and qualitative data were then analysed separately, compared, related, and finally interpreted. These comparisons between the findings aimed to supplement and validate the results and to answer the research questions previously presented in the Overall Research Plan (Figure 7) and the following sections.

The findings of this single-group pilot study aimed to inform a future planned quantitative examination of the effects of this individual therapeutic songwriting program on decreasing depressive symptoms and improving wellbeing within a randomised controlled trial. Furthermore, findings should inform researchers and clinicians from music therapy and other disciplines in future research projects and clinical work.

5.2.2.1 Feasibility

The feasibility check included the recruitment success, applicability and acceptance of outcome measurements, feasibility and fidelity of intervention protocol, and success of data collections within the residential care facilities. Due to the nature of this PhD research project, in which

the therapeutic songwriting program was conducted for the first time, and in the context of a PhD candidature, an economic analysis was not conducted. The research question to test the feasibility was:

Is the study protocol of the individual therapeutic songwriting program feasible with older people living with depression in a residential care facility?

5.2.2.2 Appropriateness

The appropriateness of the intervention protocol was evaluated by examining the fidelity of the intervention protocol with regard to its applicability. The length of the sessions and interruptions within and events outside of the sessions provided insight into the appropriateness of the program, as well as into the feasibility of the intervention in the clinical context. Furthermore, the applicability of individual program elements (e.g. different tasks within different sessions) was evaluated in order to gain a deeper understanding of which program elements are applicable and which elements benefit the participants. The data and observations gained from this study further contributed to refining the intervention protocol. The research question to test the appropriateness was as follows:

Is the individual therapeutic songwriting program appropriate for older people living with depression in a residential care facility?

5.2.2.3 Meaningfulness

The extent to which participants experienced the intervention as meaningful and positive was examined using a range of data materials. Identified mechanisms of change that could have contributed to a decrease in depressive symptoms and an increase in wellbeing were inferred from interview data and reviewed by video observation. The research question for this part was:

What are the mechanisms of change that emerged from the individual therapeutic songwriting program and were responsible for experiences of decreased depression and enhanced wellbeing?

In the next phase of the research project, the objective was to explore the positive experiences and meaningful themes of older people living with depression in a residential care facility. The aim was to understand individuals' life experiences beyond the therapeutic context, their interests, and needs, thereby identifying factors that could contribute to experiencing wellbeing and a flourishing life. Furthermore, the themes that emerged from this analysis should provide recommendations regarding which topics and activities could potentially be beneficial for integration in residential care facilities, music therapy, and other therapeutic and occupational activities. Data for this were the lyrics of the written songs that focused on different elements of the PERMA model (see definition in 3.1.2). The guiding research question was:

What meaningful themes emerged from the individual therapeutic songwriting program?

5.2.2.4 Effectiveness

The single-group pilot study was conducted using a single-group pre-post design. To examine the impact of the program on depressive symptoms and wellbeing, different scales and interview data were analysed, complemented by video data and field notes. The aim of the study was to offer valuable insights into the subjective experiences of the individual therapeutic songwriting program. The research questions were as follows:

Does the individual therapeutic songwriting program have an impact on depressive symptoms in older people living with depression?

Does the individual therapeutic songwriting program have an impact on wellbeing in older people living with depression?

Part B.1 Development of an Individual Therapeutic Songwriting Program

6 Positive Psychology in Therapeutic Songwriting for Older People Living with Depression – an Intervention Protocol

This chapter describes an intervention protocol that merges elements of positive psychology and music therapy for older people living with depression. Given that this chapter presents a protocol, it is written in the present tense for subsequent applications. The intervention is conducted by a music therapist. The person engaged in this intervention is defined as the 'songwriter'.

The introduction (Section 6.1) describes the aim and development process of the intervention program and the written songs and gives an overview of the whole therapeutic songwriting program. Section 6.2 then describes the sessions in detail, followed by basic information about writing songs (Section 6.3) and the underlying mechanisms of the intervention (Section 6.4).

6.1 Introduction

Therapeutic songwriting enables songwriters to express themselves, release stress and cope with the experiences they encounter in their lives (Baker, 2015; Eickholt, 2017). Songwriting facilitates the development of a sense of self and enables the clarification and expression of thoughts, fantasies, and emotions (Baker & MacDonald, 2013). The music therapist supports the songwriters in identifying and sharing their feelings and thoughts, and encourages them to create the music and lyrics based on these explorations (Baker, 2015).

The following intervention protocol comprises elements of positive psychology and various therapeutic songwriting variations. By integrating these elements, older individuals living with depression may benefit from the augmentation and intensification effects of both areas, which aims to contribute to the reduction in depressive symptoms and an enhancement of wellbeing (see 5.2.1).

6.1.1 Aim of the Therapeutic Songwriting Program

The overall aim of the program is to decrease depressive symptoms and improve wellbeing by experiencing all facets of the PERMA model – Positive emotion, Engagement, Relationships, Meaning and Accomplishment (see 3.1). The intervention program is divided into three parts. Part one of the program emphasises positive experiences and engagement (Sessions 1 to 3). Part two of the program focuses on gratitude and relationships (Sessions 3 to 4). Part three, the final component of the program, focuses on strengths, meaning, and accomplishment (Sessions 5 to 9). Session 10 focuses on the experience of this program and its transfer to everyday life. The aims of the program are derived from the presented studies of therapeutic songwriting and positive psychology, as well as from other reported mechanisms of change from music therapy, music psychology, and positive psychology (see 6.4). The overall aims of this program are:

- broadening perception (e.g. mental flexibility, creativity)
- building physical, social, intellectual, emotional, operational resources, resilience
- improving cooperative engagement, relationships, interaction skills, and a sense of belonging
- brain activation, autobiographic memory
- awareness of self, musical identity
- linking music with positive emotion

In the third part, where the program focuses on the identification of strengths used to achieve past or present accomplishments and to get to a meaningful life, further aims are:

- being aware of accomplishments in life
- gaining more meaning in life
- improving confidence, competence, and self-esteem
- developing an integrated self-concept, resilience, effective coping strategies, and a sense of empowerment

6.1.2 Development of the Therapeutic Songwriting Program

The PERMA model of the Wellbeing-Theory is related to hedonic and eudaimonic wellbeing. Hedonic happiness integrates positive experiences and perceived life satisfaction, whereas eudaimonic happiness is about virtues and self-realisation (Ascenso et al., 2018). By implementing all elements of PERMA, both hedonic and eudaimonic happiness may be integrated and promoted. Musical activities, such as singing in the community, have already been demonstrated to have positive effects on quality of life, self-reported mood, engagement, relationships, and meaning (Ascenso et al., 2018).

The therapeutic songwriting program described in this chapter is highly structured. Structure in music therapy has been cited as a key factor in ensuring success (Dvorak, 2015). The integrated positive psychology interventions aim to be easily integrated into daily life and to have self-reinforcing and long-lasting benefits (Ho et al., 2014). In addition, the songs should aim as reinforcer and reminder of the intervention. In total, three songs are written during the therapeutic songwriting program. The song themes and approaches in this songwriting program are developed and based on positive psychology interventions that already have strong evidence for their effectiveness (see literature review in 3.2). Further knowledge of the process of cognitive behaviour change (see 6.4.1) and different mechanisms are included based on theories from music therapy, music psychology, and positive psychology (see 'Mechanisms of intervention' in 6.4.2). Finally, the basics of song creation (see 6.3) and examples of the songwriting variations, using these basics, are presented within the program (see 6.2).

The songwriting variations are ordered from simple to complex. The songwriter is first introduced to the process of song creation by the therapist. As the sessions progress, they gradually incorporate more complex songwriting elements with the support of the therapist. Figure 10 shows the songwriting elements that are prepared by the music therapist or gradually determined by the songwriter, depending on the intervention progress. In the event that the songwriter feels overwhelmed by the level of difficulty associated with the proposed songwriting techniques, the therapist can take the lead and suggest or select song elements that align with the songwriter's

preferences. If required, a less complex therapeutic songwriting variation can be applied, such as using a from the music therapist pre-composed song (see 'strategic songwriting' described in 6.2.4 task no. 3) or a familiar song (see 'song parody' in 6.2.2 task no. 3). More detailed information about therapeutic songwriting variations and general songwriting techniques is presented in Section 6.3. To integrate the principles of the positive psychology interventions into the therapeutic songwriting program, some adaptions were needed, as described in the song description in Section 6.1.3. All integrated and most of the linked positive psychology interventions have previously demonstrated a significant decrease in depressive symptoms and significant improvement in wellbeing (see literature review in 3.2).

Figure 10

Elements of Songwriting Procedure, Determined by the Songwriter

Song	Pleasure Song Content: positive experiences	Gratitude Song Content: gratitude	Flourishing Song Content: accomplishment, meaningful life, individual strengths
	Music Ritual Content: positive experiences		
Lyrics	written by the songwriter	written by the songwriter	written by the songwriter
Decisions about musical components	determined by the original song	predetermined by the therapist, modified by the songwriter	decided by the songwriter
Composing melody and accompaniment	determined by the original song	determined by the therapist	composed by the songwriter

In writing each song, the music therapist supports the songwriter during the songwriting process as an "expert musician and therapeutic guide" (Baker, 2015, p. 198). A written song can become a powerful reminder of sources of inner strength (Baker, 2015). In this way, the songwriter can remember their accomplishments from the therapeutic process through the written songs.

6.1.3 Written Songs and Their Incorporated Interventions

The following three songs are written during music therapy sessions: a 'Pleasure Song' in Sessions 2 and 3, which was extended to a 'Music Ritual' from Session 1 to 10; a 'Gratitude Song' in Sessions 4 and 5, and a 'Flourishing Song' in Sessions 6 to 9. This chapter presents the purpose and outline of each song mentioned above and the 'Music Ritual'. The detailed process is presented in the intervention protocol in 6.2.

6.1.3.1 Pleasure Song

The first song is written using one of the least complex songwriting variations, the 'song parody'. The songwriter writes new lyrics to be sung to the tune of an existing song (see description of this therapeutic songwriting variation in 6.2.2 task no. 3). Therefore, the focus is on the lyric creation rather than music creation. For this 'Pleasure Song', the songwriter writes down three good and successful experiences per day for one week. This is based on the original positive psychology intervention of writing down 'Three good things in life'. Seligman et al. (2005) described the steps of the technique as follows:

> Participants were asked to write down three things that went well each day and their causes every night for one week. In addition, they were asked to provide a causal explanation for each good thing. (Seligman et al., 2005, p. 416)

For the 'Pleasure Song', the intervention is adapted by requesting that participants identify three positive experiences each day for one week (see description in 6.2.1 task no. 4). The task of providing a causal explanation is introduced within the 'Music Ritual' in Session 6, after individual character strengths have been explored, by asking which strengths were used to get to the positive experiences (see description in 6.2.6 task no 1).

The songwriter's positive collected experiences are categorised into areas that evoke pleasure. Flow experiences are explored (see details in 6.2.2 task no. 2). The identification of experiences that evoke pleasure is of significant importance in the context of depression, as the loss of pleasure in activities is considered to be a prominent symptom of and an indicator for this disorder (NICE, 2022).

Another linked intervention of the 'Pleasure Song' is 'Gratitude-evoking aspects in life', which is similar to the original intervention by Seligman et al. (2005). Here, the person describes aspects of their life that evoke gratitude (see Appendix C). This intervention is further linked to savouring, which promotes positive emotion, relationships, resilience, and life satisfaction (Salces-Cubero et al., 2019; see Table 5). By this, the strength 'Appreciation of beauty and excellence' should be boosted (see 3.1.1.2). The collected information of the task is finally integrated as new lyrics into a song that is already linked to positive emotion (see details in 6.2.2 task no. 3).

Both merged interventions, the therapeutic songwriting variation 'song parody' and the positive psychology intervention 'Three good things in life', are highly structured to provide the songwriter with an easy and successful initial songwriting experience. Following this, the songwriter should build confidence to try more complex songwriting approaches.

6.1.3.2 Gratitude Song

The 'Gratitude Song' is written from the perspective of the songwriter as if they are communicating to a person or a group of people of significance about how they have impacted the songwriter in their past or present life in a positive way, and who the songwriter perceives has never been properly thanked (see task no 3. in 6.2.3 and tasks no. 3 and 4 in 6.2.4). It is based on the adapted version of the positive psychology intervention 'Gratitude visit' (Seligman et al., 2005). The original description of this visit is:

> Participants were given one week to write and then deliver a letter of gratitude in person to someone who had been especially kind to them but had never been properly thanked.
>
> (Seligman et al., 2005, p. 416)

In the adapted songwriting intervention, no visit is required. Therefore, the song could focus on a spiritual figure such as God, destiny/fate (meaning of events in life), or persons who may be deceased (see description in 6.2.2 task no. 4). Singing the song is an alternative way for the participants to express gratitude and does not rely on them physically visiting the recipient (see description in 6.2.5 task no. 3). This aims to enhance the personal strength 'gratitude' (see description in 3.1.1.2). The

‘Gratitude Song’ is further linked to the positive psychology intervention ‘Gratitude is the building block of life’, where grateful thoughts and feelings for a person or situation are expressed (see Appendix C). In Positive Psychology, the ‘gratitude’ intervention has previously shown improved mood, resilience and life satisfaction when applied to older adults (see literature review in 3.2).

The topic of ‘gratitude’ is placed in the second song, as it may evoke a more intense emotional response than the previous ‘Pleasure Song’. For example, the reason for gratitude may relate to the support that someone provided when the participant experienced a challenging time that still evokes negative emotions. A well-established rapport between the songwriter and the music therapist based on the ongoing therapeutic progress may facilitate greater safety and opportunities to engage more deeply in the therapeutic process.

A pre-composed strategic songwriting approach (see description of this therapeutic songwriting variation in 6.4.2) uses an unfamiliar melody composed by the music therapist as the template for lyrics for a ‘Gratitude Song’.

6.1.3.3 Flourishing Song

The final song incorporates the songwriter’s virtues and strengths, how they used these traits to achieve accomplishment, and feelings that they associate with a meaningful life. This song integrates two main interventions from positive psychology, although it also draws on other interventions to enhance the content of the song. In the original positive psychology intervention, an online survey provided by the VIA-Institute on Character (2020) supports the songwriter to ‘Identify signature strengths’ by marking the top five strengths of the survey (see definition of signature strengths and the intervention in 3.1.1.1).

However, the length of the survey, comprising 120 questions, may be perceived as onerous by older adults and may not provide detailed contextual information for creating a song. Therefore, in this adapted songwriting approach, the strengths are identified with the songwriter through discussion strengths (see task no. 4 in 6.2.5). In addition, the therapist presents verbally the songwriter with an explanation of the six virtues and 24 strengths featured in the original survey. To further refine these

strengths, the songwriter is asked to identify which strengths they use over the following seven days (see task no. 7 in 6.2.5). One extension of this approach is to consider not only the strengths that a songwriter has in the present but also to explore how these strengths have been developed in the past. Further consideration are given to the situations in which these strengths were developed (see task no. 4 in 6.2.5). This extension is linked to the positive psychology intervention 'Sense of self', in which participants reflect on aspects of their identity and how they have mastered challenging situations (see Appendix C). The aim to become aware of achievements through exploring strengths is further linked to the positive psychology intervention 'Reflecting autobiographical memory'. In addition, the influence of past experiences on meaning in life is linked to the positive psychology intervention 'Memorable experiences'.

The second main positive psychology intervention that is integrated into this song is 'Using signature strengths in a new way'. In this intervention, identified signature strengths are used for one week in a new and different way (Seligman et al., 2005, see Appendix C). The music therapist supports the songwriter in using the identified strengths to achieve individual goals of the next week, but as an extension, also to achieve future goals during the week following the intervention. Additionally, the intervention is extended to support participants in considering how they can use their signature strengths to achieve future goals, experience accomplishment, and a sense of meaning in life (see task no. 3 in 6.2.6). This is further linked to the positive psychology intervention 'Make a specific plan for a goal' that boosts the character strength prudence, and the intervention 'Plan steps to achieve something' to boost optimism (see Appendix C).

This information is integrated into a 'Flourishing Song' in order to reinforce personal strength and accomplishments and highlight how these contribute to a meaningful life (see description 6.2.6 task no. 4). An original songwriting approach is used for this song, whereby the songwriter creates musical components and the lyrics. The music therapist supports the songwriter in the creation of lyrics and the determination of musical components, melody, and accompaniment if needed (see description of 'original songwriting' in 6.2.6 task no. 4).

The content of the ‘Flourishing Song’ is open. Different positive psychology interventions that relate to the notion of a ‘Flourishing life’ are integrated, but the focus of the song is determined by the songwriter. It may reflect the past, but it could also have an orientation towards the future. As the musical accompaniment is created by the songwriter, the structure of the song is not determined, thus allowing for greater flexibility in the song creation. In this way, the songwriter should be motivated to create songs or musical phrases independently, beyond the treatment.

6.1.3.4 Music Ritual

Besides the integration and extension of the intervention ‘Three good things in life’ to composing a ‘Pleasure Song’, a ‘Music Ritual’ is conducted throughout the complete treatment period. It aims to facilitate the songwriter's ability to identify and internalise positive experiences. This involves transforming positive experiences from the recent week into a short musical phrase, which is then be performed as a ritual at the beginning of each session (see description in 6.2.1 task no. 3). In addition, the positive psychology intervention 'Acknowledge the positive aspects' is incorporated into this task, which aligns with the objectives of the ‘Music Ritual’. The aim of the intervention mentioned above is to facilitate a shift in the songwriter's cognitive pattern, moving from a predominance of negative thoughts to a greater acknowledgement of positive aspects (see Appendix C). This should be achieved through a process of repeated exploration of positive aspects over the course of the treatment.

The songwriter is requested to shape these experiences into the previously created or a new musical phrase (see description in 6.2.2 task no. 1). For the musical basis, the music therapist offers a melody and accompaniment that takes the songwriter’s preferred music style and accompaniment in consideration (see description of the therapeutic songwriting variation ‘strategic songwriting’ in 6.2.4 task no. 3). As the session progresses, the music therapist encourages the songwriter to improvise and create new melodies independently to facilitate the songwriter's autonomy in lyric and musical composition (see the methods of improvised music creation in 6.2.5 task no. 1 and original songwriting in 6.2.5 task no. 4). As described in Section 6.1.3, the task of providing a causal explanation is included

as an extension of the ‘Music Ritual’ from Session 6 on when individual character strengths have been explored (see description in 6.2.6 task no 1).

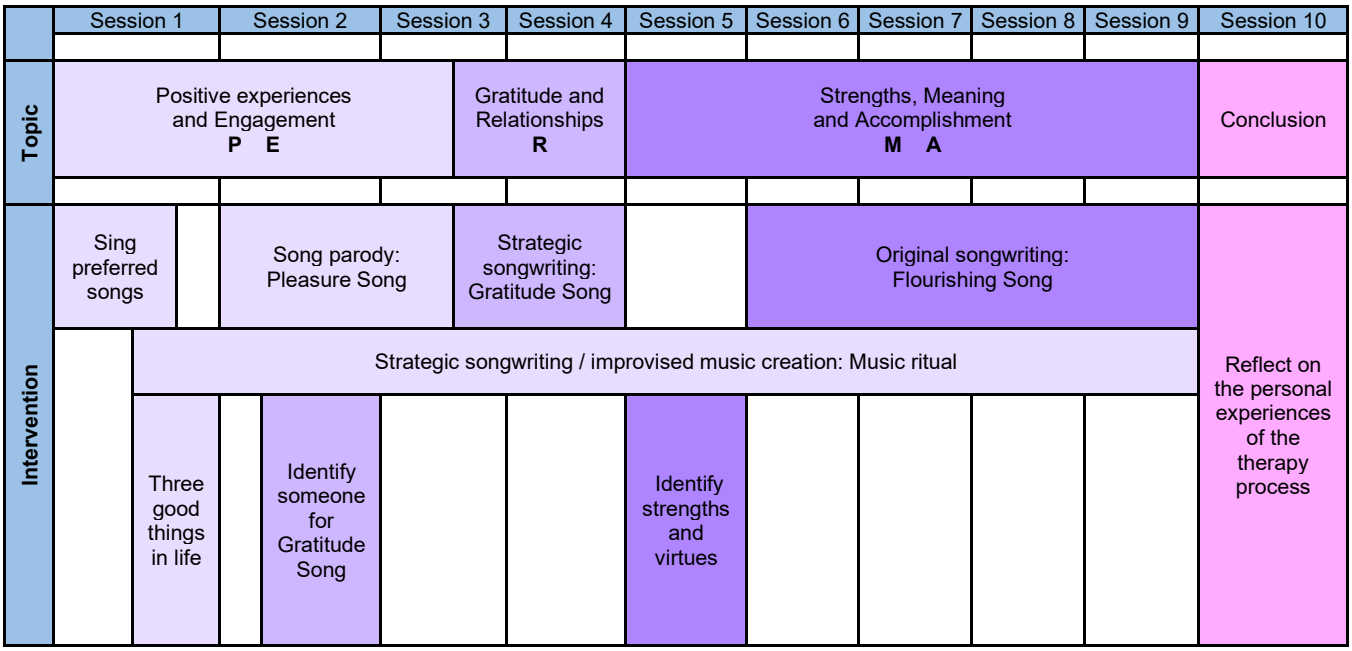
By predetermining the musical phrase for the ‘Music Ritual’ at the beginning of the treatment and by encouraging the songwriter to compose more and more music independently and to extend the lyrics by providing causal explanations, the complexity of the ‘Music Ritual’ should be increased. In this way, the songwriter should be encouraged to create musical phrases beyond the sessions without the therapist's support.

6.1.4 Overall Procedure of the Therapeutic Songwriting Program

The intervention was offered in ten individual therapy sessions once per week for 45 minutes. If a session does not take place at the regular time (for example, due to an illness or an unexpected visit by friends or relatives), the music therapist and songwriter can reschedule the session to the next possible time, with a grace period of up to one week. In this case, the duration of the program needs to be extended so that the songwriter can receive all ten sessions. On three occasions during the intervention period, the songwriter is asked to complete homework tasks between scheduled sessions that take up to 5 minutes per day, such as writing down experiences of the day or ideas for the song content. If the songwriter does not complete the tasks, the music therapist helps the songwriter to complete them at the beginning of the following session. Figure 11 gives an overview of the therapeutic songwriting program. Detailed descriptions of the elements are presented in the next sections.

Figure 11

Overview Intervention Protocol



6.2 Intervention Protocol

The following intervention protocol describes the aim and procedure of each session. Supportive basics of song creation in (therapeutic) songwriting are presented in the next chapter (0). The presented procedure is a proposed guideline. The content and order within a single session or the songwriting approach can be adjusted to the needs of the songwriter, such as their interests, cognitive and musical/writing abilities and circumstances, including illness or unexpected appointments that lead to a time restriction. The music therapist supports the songwriter in ensuring sections of the songs are finished in each session and that songs are finalised within the ten sessions, as this is likely to evoke feelings of success with each session and in the overall process.

6.2.1 Session 1: Songs Linked to Positive Emotions

Aim

The aim of this session is to build rapport by evoking positive emotion through known music. Positive emotions that are already linked to the music can be activated by singing the songs together or hearing songs, for example, by listening to the music therapist singing or playing the songs from CD or internet-based sources like Spotify or YouTube. Songs with positive associations are used to evoke the memories of the past, motivate the songwriter to share their stories and retrieve autobiographical memories. The first session focuses on positive emotions (P of PERMA model, see 3.1.2.1) and engagement (E of PERMA model, see 3.1.2.2).

Task 1. Sing Songs Associated with Positive Emotion

Singing familiar pre-composed songs can be a good starting point for musical interaction and songwriting (Baker & Wigram, 2005). Providing the songwriter with songbooks listing different topics (e.g. work, profession, leisure time, love and friendship, and music of different decades) can enable them to find songs that are already linked to positive experiences. The list of songs can be adapted to local conditions and individual songwriter's preferences, if known. Table 11 shows an overview by Hamberger (2011) listing familiar German songs and their associated content (Hamberger, 2011)[11].

The songwriter is invited to present other songs that are linked to positive experiences. The songbook can be modified to include further song lists that are meaningful to the songwriter. The songs listened to in this session aim to stimulate ideas for the 'Pleasure Song' to be created in Session 2. For this, the music therapist notes the chosen songs for selecting from in Session 2.

[11] Categories summarised / adapted by the author

Table 11

Songs for a Song Parody

Songs by Hamberger (2011)	Content description by the author
Work, profession	
Das bisschen Haushalt	housework
Zeigt her eure Füße	laundrywomen
Es klappert die Mühle am rauschenden Bach	miller
Im Märzen der Bauer	farmer
Ein Jäger aus Kurpfalz	hunter
Capri-Fischer	fisherman
Leisure time (hills, autumn, hiking, flowers, festivals)	
Kein schöner Land	landscape, friendship, singing
Im Frühtau zu Berge	landscape, hiking, singing
Wenn wir erklimmen	hills, hiking, accomplishment
Tulpen aus Amsterdam	flowers, love
Rote Rosen, rote Lippen, roter Wein	wine, love, traveling
Da droben auf dem Berg	love, landscape and more: mocking song, extendable
So ein Tag so wunderschön wie heute	wonderful day
Wenn das Wasser am Rhein goldn'er Wein wär	river, wine
Jetzt fängt das schöne Frühjahr an	spring, landscape, love
Wochenend und Sonnenschein	weekend and sunshine
Tanze mit mir in den Morgen	Dancing, love
Love and friendship	
Aber dich gibt's nur einmal für mich	love
Wir wollen niemals auseinander gehen	friendship
Ein Freund, ein guter Freund	friendship
Du liegst mir im Herzen	love, friendship
Die kleine Kneipe	friendship, daily life
Ich hab mein Herz in Heidelberg verloren	love (separated, but with positive memories)
Different ages	
Du kannst nicht immer 17 sein	getting older ('You can't always be 17')
Schön ist die Jugend	youth
Junge, komm bald wieder	mother says goodbye to the son
Ich hab Ehrfurcht vor schneeweißem Haar	getting „white hair", being a mother
Mit 66 Jahren	retirement
So wie mein Papa so wünsch' ich mir einen Mann	father, finding a husband

Task 2. Inform the Songwriter About the Benefits of Positive Emotions and Engagement

The songwriter is informed that in music therapy but also in positive psychology, positive emotion and the regulation of negative emotion have been found to enhance positivity and optimism and thereby reduce anxiety, depressive symptoms, frailty, and mortality rates in old age (Baker & Ballantyne, 2012; Ho et al., 2014). Being deeply engaged with a task can lead to 'Flow experiences', which can further lead to positive experiences, improved concentration, and attention span (Csikszentmihalyi & Charpentier, 2018). Flow experiences are described as the feeling that a task is

both challenging and achievable and leads to personal growth with higher capacity. Together with the songwriter, situations are explored where the songwriter already experiences flow.

Task 3. Introduce the Positive Psychology Intervention 'Three Good Things in Life' and the Music Ritual

To introduce the intervention 'Three good things in life', the music therapist and the songwriter brainstorm about good experiences that happened in recent days (see 3.1.1.2 and Appendix C) in order to improve their awareness. To intensify these experiences, a 'Music Ritual' (recurrent activity) is introduced, where the ideas of positive experiences are framed into lyrics for insertion into a short musical structure (from here called "musical phrase"). The musical structure should be a short, memorable melody. Figure 12 provides an example of a musical phrase:

Figure 12

Example Musical Phrase

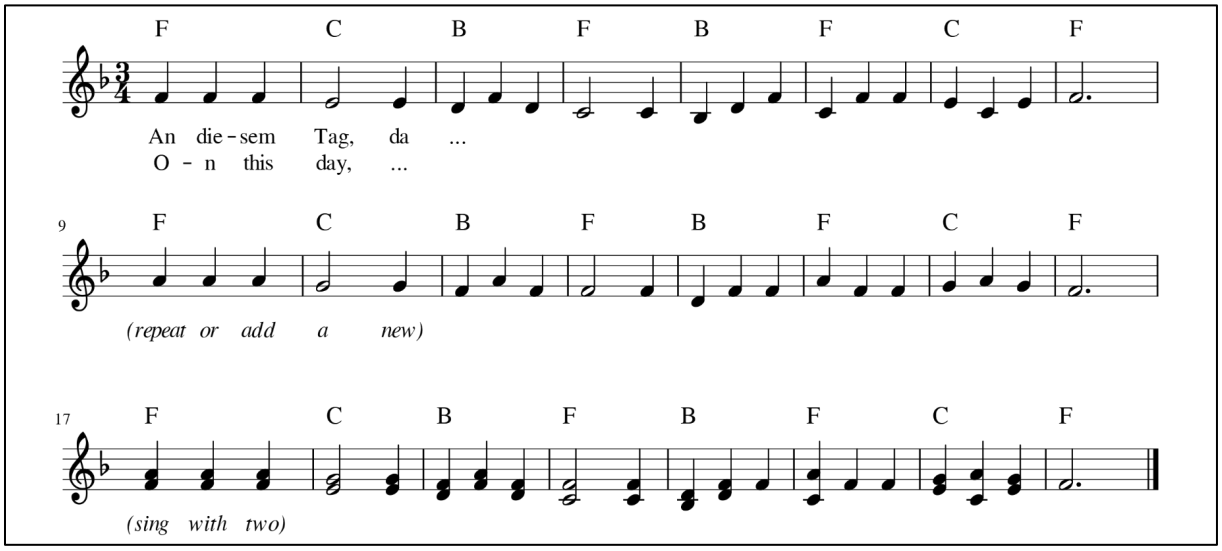


Figure 12 Example Musical Phrase

In this example, a simple chord progression is applied (tonic, subdominant and dominant) to facilitate a graceful/sparkling and happy/bright mood (Gabrielsson & Lindström, 2010, see 6.3.4). Following the German 'Theory of Musical Equilibration' (Willimek & Willimek, 2013; see 6.3.4), the tonic chord can present a feeling of contentment with the present moment, whereas the dominant chord represents movement. The subdominant chord can be used to support the melodic high point that communicates

a relaxed and untroubled mood. The melody has descending progressions that may represent a graceful/sparkling and exciting/elated mood, as well as ascending progressions that can represent a serene/gentle mood (Gabrielsson & Lindström, 2010). The songwriter may choose between the higher pitch (line one), lower pitch (line two), singing both voices one after the other, or singing together with the music therapist, a relative, friend or nurse simultaneously. An example for this melody is "On this day, I feel the wind, all around, smell the trees, I feel so free". The melody lines offer further the opportunity to insert descriptions of the experiences with more words by repeating bars 5 and 6 (e.g. bar 1-2-3-4-5-**6-5-6-5-6-7**-8) in line one or 13 and 14 in line two, or by repeating the whole lines 1-8 or 9-16. To shorten the lines for fewer words, the chords 5 and 6 or 13 and 14 can be cut out. During the therapeutic process, the songwriter can be encouraged to develop more own ideas for melodies and consider rhyming forms and rhythm.

Task 4. Homework for the Songwriter: 'Three Good Things in Life' Intervention

In the following week, the songwriter is asked to complete a task: 'Over the next week, write down three good things that went well each day' (see 3.1.1.2 or Appendix C). A worksheet with the task is given to the songwriter (see Figure 13) and positioned at a visible place (e.g. the table, door or a wall). Nursing staff or relatives can be requested to encourage the songwriter by reminding them, asking about positive experiences every evening or assisting with the writing, if required.

Figure 13

Worksheet 'Three Good Things in Life'

This went well today; I appreciated this today:

Day 1: _____

-
-
-

Day 2: _____

-
-
-

Day 3: _____

-
-
-

Day 4: _____

-
-
-

Day 5: _____

-
-
-

Day 6: _____

-
-
-

Day 7: _____

-
-
-

6.2.2 Session 2: 'Pleasure Song'

Aim

Session 2 still focuses on positive emotions and engagement (see P and E of PERMA model in 3.1.2.1 and 3.1.2.2) and aims to commence the composition of song parody for the 'Pleasure Song'.

Task 1. 'Music Ritual': 'Try to Shape new Positive Experiences Into the Previous or a new Musical Phrase'

The second session starts with conducting the 'Music Ritual' to train awareness of positive experiences. Positive experiences that the songwriters recorded over the previous week are incorporated into the musical phrase from Session 1 or into new musical phrases in each session (see 6.2.1 task no. 3). This assists the songwriter in becoming more comfortable with the creation of lyrics.

Task 2. Feedback Homework: What Kind of Experiences did you Collect? Were There Tasks That Led to Flow Experiences?

Over the previous week, the songwriter was asked to write down three good things per day that went well (see task no. 4 in 6.2.1). If the songwriter was unable to complete the task between sessions, the therapist assists the songwriter in exploring the experiences at the beginning of the session. The therapist supports the songwriter by reflecting and exploring previous positive experiences to identify activities that lead to flow experiences. This aims to support the songwriter to identify and experience positive emotions more easily in the future. A helpful question to explore flow experiences may be: 'Was there a situation where you forgot the time?' Where appropriate, new experiences are added to the list. Supported by the music therapist, the songwriter then builds categories of collected positive experiences, for instance, action, engagement, or personal skills, as a basis for the 'Pleasure Song'. The 'Pleasure Song' aims to act as a reminder of positive experiences.

Task 3. Choose a Song and Commence the Creation of the 'Pleasure Song'

The 'Pleasure Song' about experiences that evoke pleasure is written using the therapeutic songwriting variation known as 'song parody'. Here, the songwriter rewrites parts of, or the whole lyrics, of an existing song. The melodic and harmonic structure of the song is maintained. In a song parody, the songwriter can change the original theme and meaning of the lyrics to lyrics that represent a meaning they choose (Bruscia, 2012). In this way, the songwriter can use a familiar melody but has the freedom to change the lyrics to what is meaningful for them. Another linked therapeutic songwriting variation is the 'song transformation', in which the songwriter can vary the melody and accompaniment of the already existing song.

Among other therapeutic songwriting variations, the 'song parody' is beneficial when the pre-existing song represents the songwriter's emotion, situation, issue, story or the songwriter's musical identity (Baker, 2015). In addition, this method allows the songwriter to focus on the lyrics without creating the music, and to be gradually introduced to the notion of writing songs. However, a potential

risk of using preferred music is that the meaningful associations of favourite songs may change the songwriter's long-term relationship with the song (Baker & MacDonald, 2017).

To implement positive experiences into the 'Pleasure Song', the selected song should already be linked with a positive emotion. The music of the song should express positive emotions of the past and build new positive experiences. Here, the musical mirror mechanism can be helpful. This mechanism involves using expressive acoustical patterns in the songwriting process to mimic a perceived emotion, such as happiness (Juslin & Västfjäll, 2008).

The steps of writing the 'Pleasure Song' include the verbal introduction of the songwriting process, with a short musical example of rewritten lyrics of a song/song part by the therapist. Then, the songwriter and therapist listen to or sing songs that the songwriter associates with positive emotion, and a song for the song parody is determined from this collection of music. The topic, which is in this song the experiences that lead to pleasure, is explored and the experiences collected categorised thematically if appropriate. This information is then allocated to the given song structure, and the songwriter starts to shape the new lyrics using the melody of the pre-existing song. The lyrics of the current version of the 'Pleasure Song" is written down and handed to the songwriter at the end of the session. The final version is audio recorded at the end of this session or, if a refinement is desired, in Session 3. Figure 14 gives an overview of the presented steps of the song parody procedure in this program.

Figure 14

Procedure of Song Parody for the 'Pleasure Song'



Task 4. Identify a Person or Spiritual Figure to Create a 'Gratitude Song' for

The 'Gratitude Song' is introduced. The songwriter is asked to select a subject who plays/has played an important role in their life. Prompt questions assist the songwriter, such as:

- ‘Is there someone in your past or present life who has impacted your life in a positive way that you would like to thank?
- Who in your life (past or present) still imbues meaning in your life?’

The songwriter can choose to show gratitude to a person (transpersonal gratitude) or to a spiritual figure like God or destiny (transpersonal gratitude; see description in 3.1.2.1). Discussing who or what has been important during the songwriter’s life may assist them in identifying a person or spiritual figure for the ‘Gratitude Song’. The songwriter may also choose a deceased person to get further the opportunity to say goodbye. Biographical areas may be (Preissinger, 2005):

- childhood:
    - family: e.g. profession or relationship between parents and siblings
    - different roles of girls and boys, such as in parenting, education, choice of profession
    - specific aspects, such as contact with special people, impressive experiences of people or historical events, and the family history
    - daily life, such as the environment, housing conditions, housework, childcare, friends, favourite games, and songs
    - school, such as the type of school, teacher, and favourite subjects
- adulthood:
    - education, such as further education and changes in their profession
    - social relationships, such as the relationship with parents, friends, colleagues, and volunteering
    - leisure, such as hobbies, holidays, and trips
    - habits and interests, such as fashion, politics, sport, and religion
    - role of the woman, such as pregnancy, role allocation, and employment of women
    - other aspects, such as caregiving of relatives and marriage
- religion and rituals

- crises: Which difficult situation or negative events did you experience (Preissinger, 2005)? How did you handle it? Did you have support? What did they do to support?

Task 5. Homework for the Songwriter: Collection of Positive Ideas About the Person or Spiritual Figure for the 'Gratitude Song'

Between Session 2 and 3, the songwriter is asked to collect details for the 'Gratitude Song'. An assignment for the songwriter may be: 'Note down statements about (person/God/destiny/…) that communicate the reasons and ways they have influenced you.' A worksheet with the task supports the songwriter to find information (see Figure 15) and be positioned at a visible place.

Figure 15

Worksheet Collect Ideas About the Person(s) or Spiritual Figure for the 'Gratitude Song'

Reasons why _____ influences me:

Our joint experiences:

- _____
- _____
- _____
- _____

In this past situations, I thought about you:

- _____
- _____
- _____
- _____

Situations in which you have brought me further:

- _____
- _____
- _____
- _____

When I think about you, then …

- _____
- _____
- _____
- _____

Others:

- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____

6.2.3 Session 3: ‘Pleasure Song’ and ‘Gratitude Song’

Aim

The third and fourth sessions aim to evoke positive emotions in the same way as Sessions 1 and 2. During Session 3, the aim is to complete the ‘Pleasure Song’. The ‘Gratitude Song’ commences in the third session and should be finished in the fourth. The third session focuses on gratitude and relationships (see R of the PERMA model, see 3.1.2.3).

Task 1. Sing the Previous Version of the ‘Pleasure Song’ and ‘Music Ritual’

As an introduction, the previous version of the ‘Pleasure Song’ is repeated at the beginning of Session 3. For the ‘Music Ritual’, new musical phrases from the intervention ‘Three good things in life’ are created (see description in 6.2.1 task no. 3). The order of these two tasks can be chosen flexibly, depending on the participant’s preference (e.g. the participant starts to reflect on the ‘Pleasure Song’ or experiences for the ‘Music Ritual’).

Task 2. Finish and/or Further Refine (if Necessary) and Sing the ‘Pleasure Song’

If required, the ‘Pleasure Song’ can be refined and finished in Session 3.

Task 3. Categorise and Collect More Information about the Person(s) or Spiritual Figure for the ‘Gratitude Song’

The information collected from homework can be structured by different situations, such as where the person or destiny/spiritual figure influenced the songwriter or by the timeline of a particular event or process. The main statement can be derived from the analysis of the collected information or by identifying the intended message to the addressee, whether that be a person, God, or another entity. During the categorisation of the collected data, first text phrases or rhymes for the music may be created.

6.2.4 Session 4: ‘Gratitude Song’

Aim

Session 4 aims to continue and finish the process of writing the ‘Gratitude Song’ commenced in Session 3.

Task 1. Sing the ‘Pleasure Song’ and ‘Music Ritual’

As an introduction, the ‘Pleasure Song’ is repeated at the beginning of Session 4. For the ‘Music Ritual’, new musical phrases about positive experiences within the last days are created (see task no. 3 in 6.2.1). The order of these two tasks can be chosen flexibly, depending on the given situation or the participant’s preference.

Task 2. Summarise Collected Information

Summarise the information collected from Session 3 as an introduction to the following songwriting.

Task 3. Present and Explain the Possible Song Creation Forms of the ‘Gratitude Song’ Within a Strategic Songwriting Approach

Writing songs enables the songwriter to share thoughts with someone by singing for this person (Baker, 2015). The songwriter can sing the ‘Gratitude Song’ in the presence of the subject of the song or show them a recording (between or after the therapy sessions). If the person is deceased or unavailable, or if the songwriter wants to thank a spiritual figure, they can sing for this person or figure in their absence. If desired, they may use a symbol or photo to represent the person. For participants who choose to write about a deceased person, in addition to expressing gratitude, this may also provide an opportunity to grieve and say goodbye to a loved one.

For 'strategic songwriting', the therapist provides an original accompaniment for the songwriter that meets their needs and preferences to facilitate the songwriter’s experiences of flow, provide a sense of safety, stimulate reflection, and evoke emotional responses (Baker, 2015).

Furthermore, the songs can include musical elements associated with the addressed subject. This therapeutic songwriting variation allows further the use of an unfamiliar song without any pre-existing association and without taking session time to write the music for the new song (Bruscia et al., 2014). However, songwriters are given the opportunity to alter some musical components, such as melodies, accompaniment, and harmonic progressions, if desired. In this way, the therapeutic songwriting variation is less structured than the song parody method of the first song but still provides enough structure to avoid overwhelming. This also extends the skills of the songwriter in preparation for the next stage, original songwriting, which is used in the 'Flourishing Song'. For examples of potential templates for strategic songwriting, please see 6.3.5.

Task 4. Determine the Music and Write Lyrics for the 'Gratitude Song'

For the 'Pleasure Song', the songwriter writes lyrics for a known melody. They can focus on writing lyrics without learning a new melody. In this stage, the songwriter can further decide if they want to change musical components, such as the musical style, tempo, pitch, or the melody of the unfamiliar song. This may be more challenging, as the songwriter can make more decisions in music creation in addition to remembering a new melody. The aim of this approach is to encourage the songwriter to reflect more about musical preferences and prepare them for 'original songwriting' in Sessions 6 to 9.

The procedure of strategic songwriting involves different steps. First, the songwriter decides who they want to express gratitude to. Then, they reflect on which information about the subject they wish to include in the song, such as shared experiences and feelings for the subject. This might include favourite memories or general traits of the subject for which the songwriter is grateful.

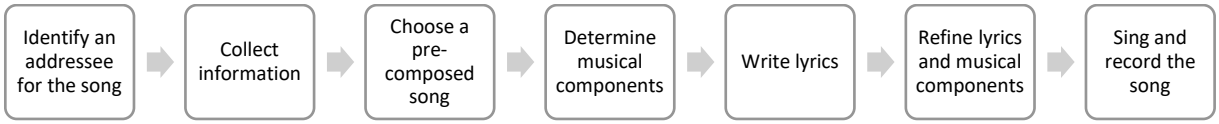
In the next step, the music therapist can present the songwriter with two or three different songs to choose from, for example, one with an *ABAB*-form and one strophic with an *AAAA*-form, both with the presentation of different music styles/accompaniments. The decision between a song that contains verses and a chorus and a strophic song might be influenced by the musical preferences of the songwriter and by the information collected for the 'Gratitude Song'. The song could be created

like a written letter, where a conclusion might be integrated as a short insertion at the end of each verse of a strophic song. On the other hand, verses can tell different experiences or facets, and the conclusion of whom or what the songwriter is grateful for can be represented more intensively in a chorus. If desired, the pre-composed song might also be extended by inserting a bridge or pre-chorus. When the songwriter has chosen a song, the music therapist asks them if the music meets the intended emotion of the 'Gratitude Song'. The music therapist can further ask which changes may intensify this feeling and what makes the song feel more personal to the songwriter. The music therapist can provide variations of different musical parameters that may meet the emotion (see description of how to present emotions in songs in 6.3.4).

In the next step, the songwriter can write the lyrics, sing the song, and refine the lyrics and musical components if required. Finally, the song is sung and recorded. Figure 16 provides an overview of the songwriting procedure described above.

Figure 16

Procedure of Strategic Songwriting for the 'Gratitude Song'



6.2.5 Session 5: Strengths and Virtues

Aim

In Session 5, the focus shifts from gaining positive experiences and focusing on being engaged and grateful in relationships to realising achievements (see A of PERMA model in 3.1.2.1) and experiencing a meaningful life (see M of PERMA model in 3.1.2.4). This session aims to identify and acknowledge the individual strengths of the songwriter and to reach a sense of achievement that results from using these strengths. It has been demonstrated that there are several advantages associated with the recognition and use of individual strengths (see examples of diverse strengths in

3.1.1.2 and 3.2). In exploring individual character strengths, a positive perception of the songwriter's trait should be promoted.

Task 1. Sing the 'Pleasure Song' and/or the (Previous Version of the) 'Gratitude Song' and 'Music Ritual'

In order to acknowledge the songwriter's achievements during the therapeutic process, songs written in previous sessions are repeated, and new musical phrases for the 'Music Ritual' are created based on positive experiences (see description of task no. 3 in 6.2.3). The order or decision as to which song is repeated or whether to begin with the 'Music Ritual' can be chosen flexibly, depending on the given situation or the participant's preference.

Task 2. Finish and/or Further Refine (if Necessary) the 'Gratitude Song'

If required, the 'Gratitude Song' can be refined, finished, and recorded.

Task 3. Introduce the 'Flourishing Song'

Introduce the songwriting variation and content for the 'Flourishing Song'. The 'Flourishing Song' is about achievement in the songwriter's life, what they are proud of and what is important for them. For the song, all reported associated with a flourishing life can be shaped into the lyrics. Elements to be discussed within the positive psychology framework might be:

- experiences reported in the 'Music Ritual'
- experiences that still influence the songwriter's life in the present and that they are grateful for
- the songwriter's individual character strengths
- achievements
- meaningful elements in the songwriter's life

Task 4. Identify Own Strengths

Together with the music therapist, past experiences are reflected on in order to identify situations where strengths were used to achieve personal goals or to assist or support other people. Discussion may include how they developed their particular strengths; it might also be helpful to ask the songwriters how they became the person they are (Burkhardt, 2020). Furthermore, a past-present approach can facilitate the identification of strengths (Biswas-Diener, 2010). Guiding questions to the songwriter can be:

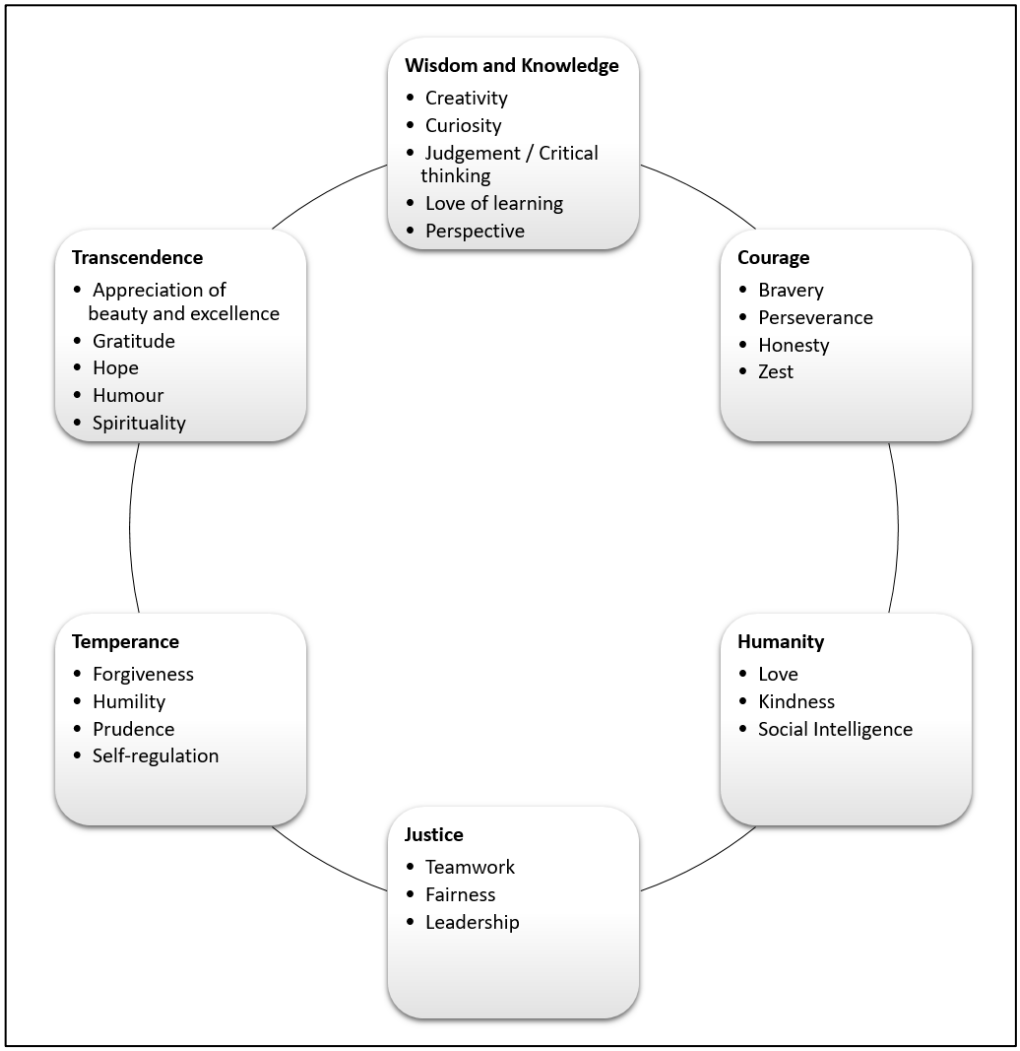
- Tell me about activities of your past
- Which choices in your past made you feel good?
- What are you doing with pleasure?

Previously reported experiences can be reflected on during the discussion. After the initial collection, an overview of common virtues and strengths (see Figure 17[12]), based on the VIA Inventory of Strengths (Niemiec, 2017, p. 301), is offered to support the further identification of the songwriter's strengths. Identified strengths can be written down on post-it notes and collected on a blank sheet to symbolise the abundance of strengths to the songwriter. In identifying the individual character strengths and exploring different situations, the songwriter can intensify the experiences of using their strengths.

[12] Permission to replicate this table has been given by Via Institute.

Figure 17

Overview of Strengths by VIA Inventory of Strengths



Task 5. Contextualise the Session by Explaining the Importance of Individual Strengths

The music therapist explains the importance of individual strengths to the songwriter. Recognising and using one's strengths can improve a person's experiences of wellbeing and decrease symptoms of depression (see literature review of positive psychology interventions in 3.2). Further, the identification of strengths is linked to higher life satisfaction and supports the songwriter in coping with stress and trauma (Blickhan & Eid, 2018). In emphasising the songwriter's strengths within a therapeutic songwriting process, potentials and resources can increase their confidence, competence, self-esteem, and resilience. This focus further supports the building of effective coping strategies, a sense of empowerment and a more integrated self-concept (Baker, 2015; Tamplin et al. 2016).

Task 6. Identify Signature Strengths

After identifying individual strengths through exploration, the Signature Strengths Survey (SSS) can be conducted together with the songwriter to identify signature strengths and complete the strengths overview (for the description of the SSS see also 3.1.1.1 or Appendix B). Further collected strengths that are not presented in the SSS can thereby be included. In the first step of the survey, they identified those developed strengths that are essential for their characteristic. Then, signature strengths were identified by choosing those strengths that are more important for the participant than the others.

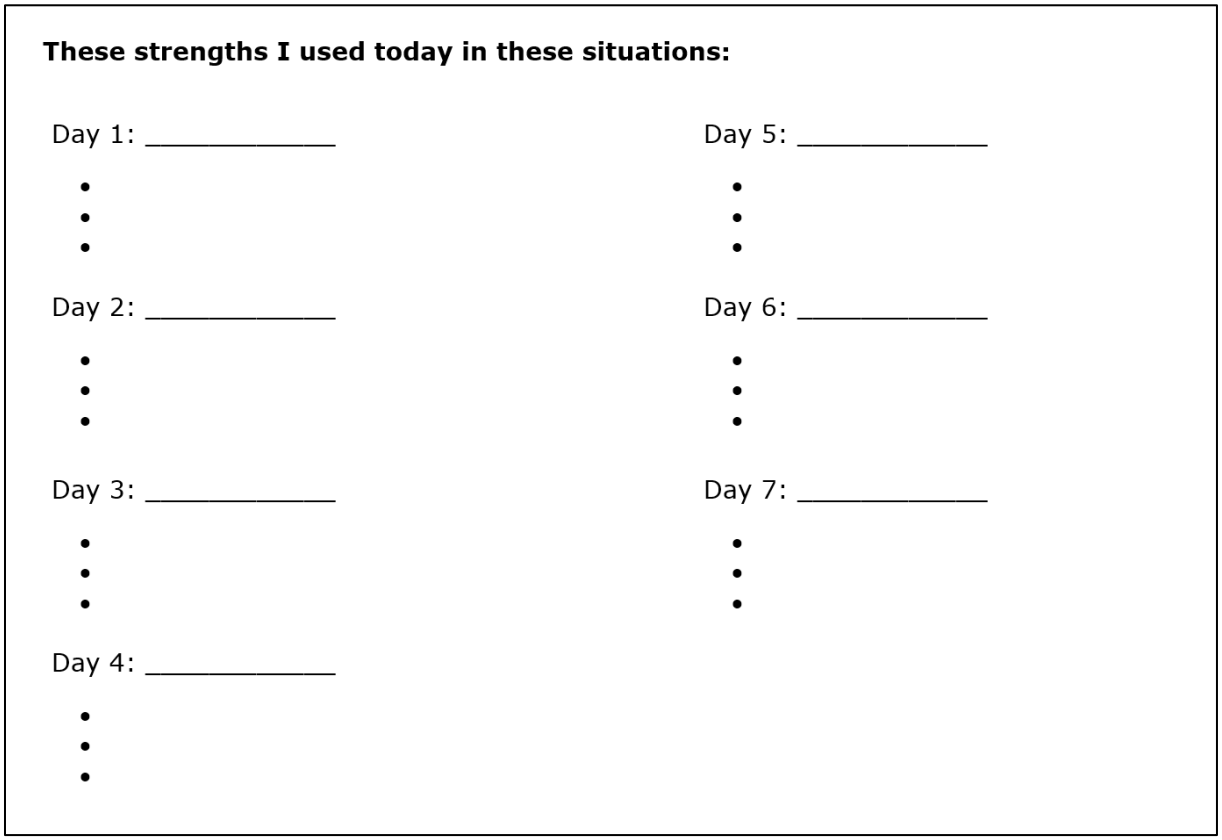
Another way of identifying signature strengths is to ask about strengths that are outstanding in the songwriter's personality. Identifying and using signature strengths can lead to increased happiness and decreased depression (see literature review in 3.2).

Task 7. Homework for the Songwriter: 'Note When you use Your Strengths Over the Next Seven days'

Together with the music therapist, the songwriter finds an example of where they already use their signature strengths in everyday life and how they could use them in a new way. Between sessions, the songwriter is then asked to write down the strengths they have used and describe the corresponding situations each day for one week. This intervention is based on the positive psychology intervention 'Using signature strengths in a new way', which has been demonstrated to be effective in decreasing depressive symptoms (Seligman et al., 2005). For this exercise, the songwriter receives the overview of their collected personal strengths and, additionally, the list of common strengths based on the VIA Inventory of Strengths (see the modified version in Figure 17). In addition, they receive a worksheet to fill in their observations (see Figure 18). The strengths overview and worksheet should be positioned visibly so the songwriter is encouraged to reflect on their strengths frequently. This place might be a wall or desk that is easily visible.

Figure 18

Worksheet About the Strengths, Used for one Week



6.2.6 Session 6: 'Flourishing Song'

Aim

The focus of Session 6 is on reflecting on the songwriter's use of strengths in the past, present, and future in order to experience feelings of accomplishment and meaning in life (linked to M and A of the PERMA model; see description in 3.1.2.1 and 3.1.2.4). It builds the basis for the 'Flourishing Song', using the therapeutic songwriting variation 'original songwriting'. In this session, decisions can be made about the song content and information allocated to a song structure.

Task 1. Sing 'Pleasure Song' and/or 'Gratitude Song' and 'Music Ritual'

Sing the 'Pleasure Song' and/or the 'Gratitude Song' as an introduction. Conduct the 'Music Ritual' (see task no. 3 in 6.2.1). An additional question for the 'Music Ritual' relating to the new topic can be used, such as: 'What personal strengths did you use to get these positive experiences?' In

addition, the songwriter can be encouraged to create the musical phrases more spontaneously by improvising the music. The process of improvised music creation allows for generating lyrics and melodies spontaneously, without the need for extensive planning or preparation. This contrasts with more traditional approaches to song composition, where the lyrics and their transitions into the music are typically planned in advance (Baker, 2015). The order or decision as to whether to begin with the 'Music Ritual' or which song is repeated can be chosen flexibly, depending on the given situation or the participant's preference.

Task 2. Identify Signature Strengths That are Used for Accomplishment in the Past and Daily Life

Together with the songwriter, the use of their strengths in the last seven days is discussed, and signature strengths are revised, if applicable. Supported by the music therapist, the songwriter then explores what they achieved in their lives (in the past and present) by using their signature strengths. This should evoke positive emotions to improve intellectual, emotional, and behavioural resources (see broaden-and-build theory in 3.1.2.1).

Task 3. Definition and Achievement of a Meaningful Life

Referring to achievement, an individual definition of a meaningful life is explored together with the music therapist. A strong sense of meaning correlates with wellbeing, quality of life and life satisfaction, whereas a lack of life satisfaction can lead to depression and social withdrawal (Blickhan & Eid, 2018). Some guiding questions for the songwriter might be:

- What is important in your life that gives you the sense of a meaningful life?
- Is there something you want to leave to the persons around you, such as virtues or immaterial and material possessions?

Then, the music therapist and songwriter explore how a more meaningful life could be achieved with reference to individual signature strengths. A question to the songwriter may be: 'What can you do to make your life more meaningful, using your signature strengths?'

Task 4. Write a 'Flourishing Song' With an Original Songwriting Approach

The 'Flourishing Song' includes an explanation of what a meaningful and accomplished life would look like and what the songwriter has already done to achieve this using their strengths. In addition, wishes and upcoming plans can be included in the therapeutic process. A structure might be:

- Verse 1: Description of the accomplishments in the songwriter's past and how they used their strengths to achieve them
- Verse 2: Description of what evokes meaning in the songwriter's life in the past and present
- Verse 3: Description of the songwriter's wishes and what they want to achieve in the future
- Chorus with a summary / main statement, for example
    - Identity of the songwriter, their signature strengths, traits, and attitudes
    - What the songwriter wants to leave to the persons around them
    - Guiding slogans/key lyrics for the songwriter?
    - Something that the songwriter wants to tell people around them (e.g. memories, appeal)

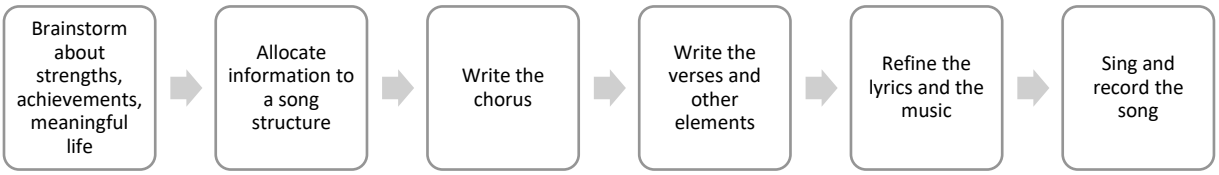
The therapeutic songwriting variations 'song parody' and 'strategic songwriting' were used for the 'Pleasure Song' and 'Gratitude Song', respectively. In this stage, the songwriter is encouraged to write a new song with their own music and lyrics, supported by the music therapist.

In 'original songwriting', new lyrics and music are created using known musical structures. This therapeutic songwriting variation takes more time than focusing only on the lyrics. However, the songwriter benefits from the opportunity to engage more deeply in the therapeutic process, which may lead to flow experiences (Baker, 2015). In writing music and lyrics for a song, limitations by a given structure and influences of experiences associated with already existing songs can be avoided. In addition, 'original songwriting' enables the songwriter to create music and lyrics that reflect the personality and the story of the songwriter. This can facilitate the identification with the song and give the songwriter a strong sense of ownership and of being authentic in their expression compared to using a pre-composed song (Baker, 2015).

After the warm-up (singing of previous songs/'Music ritual'), the music therapist introduces songwriting by explaining how the song can be written together with the music therapist. The general theme of the song focuses on accomplishment and meaningful life, which is explored to create content for the song (see above and tasks no. 2 and 3). Then, this information is allocated to a lyrical structure of the song, for example, verses, chorus, or a bridge. The main statement, conclusion or appeal are then stated in the chorus, and the melody and music can be created for the chorus. In the next step, the lyrics and music creation of the verses and other elements are created. Depending on the desires of the songwriter, the lyrics or music are created consecutively or simultaneously. At the end of each session (Sessions 6 to 8), the most recent version of the 'Flourishing Song' is audio recorded, which assists the songwriter and music therapist in singing it through at the beginning of the following sessions. Between the sessions, the music therapist prepares note sheets with the created melodies and lyrics. After the refinement of the lyrics and music, the final version is recorded at the end of Session 9. Figure 19 demonstrates the procedure of writing the 'Flourishing Song'. Further basics of song creation are described in Section 6.3.

Figure 19

Procedure of Original Songwriting for the 'Flourishing Song'



6.2.7 Session 7: 'Flourishing Song'

<u>Aim</u>

Session 7 still focuses on strengths, achievements and getting to a meaningful life (M and A of PERMA model, see description in 3.1.2.1 and 3.1.2.4) and aims to work on the 'Flourishing Song'. In this session, it is suggested that musical elements like accompaniment and music style be determined, and lyrics and a melody for the chorus should be written. Starting with a summary or appeal in the

chorus ensures the success of the songwriting process by getting a music part that can be sung even without verses. Particularly, if therapy takes place under conditions where it cannot be ensured that the songwriter can continue with the following session, e.g., due to illness, it might be recommended to finish single song parts within each session.

Task 1. Sing 'Pleasure Song' and/or 'Gratitude Song' and 'Music Ritual'

See the description of task no. 1 in Section 6.2.6.

Task 2. Lyrics and Music Writing for the Chorus

For the introduction to the 'Flourishing Song', the music therapist presents the song structure and content developed during the previous session. Following this, the songwriter is supported to compose lyrics for the chorus, which may relate to a summary of key points or an appeal. Depending on the preferences of the songwriter, the music for the chorus can be written consecutively or simultaneously with the lyrics. If the music is written before the lyrics, the lyrics are shaped into the melody. If the music is written after the lyrics, the melody can be created to support the lyrics.

6.2.8 Session 8: 'Flourishing Song'

Aim

Session 8 still focuses on strengths, achievements, and experiencing meaning in life (M and A of PERMA model, see description in 3.1.2.1 and 3.1.2.4), and to work on the 'Flourishing Song'. Once the chorus is finished, the lyrics, melody and accompaniment for the verses can commence.

Task 1. Sing 'Pleasure Song' and/or 'Gratitude Song' and 'Music Ritual'

See the description of task no. 1 in Section 6.2.6.

Task 2. Sing and Finish the Previous Version of the Chorus of the 'Flourishing Song'

As an introduction to the continuing songwriting, the previous version of the 'Flourishing Song' is sung. Changes can be made to complete the chorus if needed.

Task 3. Lyrics and Music Writing for the Verses

After finalising the chorus, the information about personal strengths previously collected in Session 5 can be shaped into the verses. As in the chorus, the order of composing lyrics and music of the verse can be chosen flexibly, depending on the preferences of the songwriter. If the writing of a second verse commences in this session, the songwriter needs to shape the lyrics to the structure of the first verse so they align with the determined melody. The music therapist can support the songwriter by writing down the notes and repeating the melody (parts) a few times. It might also be helpful to use a music sheet program where the melody can be notated and played by the software (for example, the software 'MuseScore'). This enables the music therapist to sing parts of the lyrics together with the songwriter and write down emergent ideas for lyric creation at the same time. Some software also includes functions that enable several instruments to be played simultaneously without requiring the songwriter or music therapist to perform.

6.2.9 Session 9: 'Flourishing Song'

Aim

Session 9 still focuses on strengths, achievements, and experiencing meaning in life (M and A of PERMA model, see description in 3.1.2.4 and 6.1.2.5) and work on the 'Flourishing Song'. The song should be completed in this session to allow for the preparation of the folder presenting the achievements of the therapy (see task n. 2 in 6.2.10).

Task 1. Sing 'Pleasure Song' and/or 'Gratitude Song' and 'Music Ritual'

See the description of task no. 1 in Section 6.2.6.

Task 2. Sing the Chorus and the Previous Version of the Verse(s) of the 'Flourishing Song'

The chorus and previous versions of the verse(s) is sung as an introduction to continue the songwriting process.

Task 3. Finish Lyrics and Music Writing for the Verses

Other Verses should be finished in this session. If required, a bridge can also be written in this session. It might be helpful to revise the first verse while writing further verses regarding the melody and length of words (see 6.3.3.2).

Task 4. Record the 'Flourishing Song'

The finished 'Flourishing Song' should be recorded at the end of Session 9.

6.2.10 Session 10: Conclusion

Aim

The last session concludes the therapeutic process. The aim is to get and give feedback and discuss the therapy content and memorable moments. Furthermore, the songwriter explores how they can transfer and use learnings from the therapeutic process to the time after therapy.

Task 1. 'Music Ritual'

The last 'Music Ritual' is conducted according to the description of task no. 1 in Section 6.2.6. The lyrics of this session are then noted in the folder presented to the songwriter (see following task).

Task 2. Sing all Songs and Provide a Recording to the Songwriter

In the last session, the songwriter receives a folder with sheets of all composed songs, the lyrics of the 'Music Ritual', the overview of their strengths, and a CD with their three composed songs.

Task 3. Discuss About the Therapeutic Process and the Time After Therapy

Together with the music therapist, the songwriter brainstorms memorable moments from the songwriting program that were most helpful or made the songwriter feel happy. The music therapist supports the songwriter to reflect on the role of songs and to identify their strengths and achievements during the therapeutic process. The songwriter is further engaged in a discussion about how to use their experiences and songs to maintain positive experiences beyond the program. This involves the

transfer of the therapeutic content to day-to-day living. The following guiding questions aim to prompt their reflection:

- How do you feel after writing these three songs?
- Which learnings from undertaking the songwriting program can you integrate in your everyday life to maintain these positive experiences? How can you integrate them?

6.3 Basics of Song Creation

The following chapter describes the music theory related to the therapeutic songwriting program used in this program. It provides basic information about writing song lyrics and composing the music and melodies, considering the presentation of emotion in music. An example on how music can be created is presented in Section 6.3.5.

6.3.1 Development of the Song Content

6.3.1.1 Generating Content for the Song

The content of the songs is collected by brainstorming in the sessions or writing down experiences and thoughts in between the sessions. In brainstorming, all thoughts are written down and can be categorised afterwards. Also, a mind map might help, where notes are allocated to areas, and relationships between notes and areas are visualised.

The description of the song content can also be improved by objective writing (Pattison, 2009). Here, the songwriter describes the perception of experiences with all their senses to transfer the sensations of the experience to the listener. The songwriter describes what they could see and hear in the situation of the experience. Perhaps there was a special smell or taste. They may have touched something, like someone's hand, or there may be some organic sensation like the perception of a faster heartbeat, deep breathing or other inner bodily functions as well as a change of kinaesthetic experiences. An extension of objective writing considers more elements that transfer the content to the listener. Pattison (2009) suggests the following supportive questions:

- Who: Who is the songwriter talking about? What is the character of the songwriter, the audience, or a particular person?
- What: What is the song about? What does the songwriter want to say?
- When: Is it a special season, daytime, or occasion?
- Where: Can the story be anywhere or is it at a specific place?
- Why: Why does something occur, and why is the songwriter telling this? This might be the most important part and be repeated in the chorus.
- How: How does the situation or behaviour occur?

It may be helpful if the songwriter imagines the event they describe as if it were a film (Abou-Dakn, 2006). They decide what information and emotions are presented in which way. The aforementioned questions can help the songwriter explore their attitude to the experiences. To explore the presentation of one's own emotion in the lyrics, it might be helpful if the songwriter imagines the emotion in another person or situation and describes how the feelings could be seen directly or indirectly.

6.3.1.2 Creating Metaphors

Another way to explore emotions indirectly and to create more lyrical interest is the creation of metaphors (Pattison, 2009). Metaphors can replace adjectives; for example, darkness can replace sadness or loneliness, or seasons of the year can represent different stages of an experience or a story. Metaphors can be extended by finding synonyms; for example, “storm” could be used to represent anger with imagery relating to clouds, wind and thunder enhancing this metaphor. Metaphors can combine ideas that do not belong together, such as “break my heart” when someone is abandoned; the organ heart cannot be broken due to the emotional pain of being abandoned. Furthermore, a metaphor can describe the metaphor itself, such as “My love **is** an engine. It ain’t run in years” (Pattison, 2009, p. 31), which describes that the engine ain’t runs for years. In comparison to this, a simile describes the original object. It compares one object with another, such as “My love is **like** an engine. It ain’t run in years” (Pattison, 2009, p. 31) describes that the love ain’t run in years. The

metaphor in this example focuses on the engine, while the simile focuses on love. A metaphor is more intensive than a simile since it turns the song into a new picture, possibly linked to an emotional impression (Abou-Dakn, 2006). Pattison (2009) describes three types of metaphors:

- The expressed identity metaphor: a link between two nouns, such as “fear is a shadow”
- The qualifying metaphor: a link between a noun and an adjective, such as “sing blindly”
- The verbal metaphor: a link between a verb and a noun, such as “frost gobbles summer down”

The following guiding questions may support building metaphors:

> “1. What characteristics does my idea […] have?
>
> 2. What else has those characteristics?” (Pattison, 2009, p. 25)

6.3.2 Creation of Song Structure and Accompaniment

6.3.2.1 Song Elements

A song can incorporate different elements in different orders to present various aspects, stages, appeals and more, and at the same time to evoke the intended musical tension for the lyrical presentation. Elements are:

Introduction

An introduction can be designed using the melodic hook, chords, or rhythm of the verse or chorus (Hauser et al., 2017).

Verse

The verse contains the status of the song and describes the context, such as involved persons, details about the topic (situation, opinion and more), time and place (Hauser et al., 2017). Each verse should focus on one idea or part of the story instead of repeating the same idea (Pattison, 2009). They better present a movement or different aspects. Good verses lead thematically to the chorus and deepen the perception of the chorus when it is repeated after a further verse. A suggested content by Abou-Dakn (2006) is

- All verses:
    - Description of the scene/location
    - Past or future events
    - Individual roles of those involved
    - Feelings of individuals (including the singer) or all figures
    - Required information to understand the chorus
    - Progress of the story
    - In lyric songs: the emotion and feeling of the singer
- Verse 1:
    - Background/previous events/prologue of the story
    - Initial position of those involved
    - Description of the atmosphere
    - Emotional status of individuals (including the singer) or all figures
- Other verse/s:
    - Progress of the story
    - New aspects, such as views, content, and facets of the topic
    - View of different people
    - Aspect of the theme or content that should be emphasised
    - Changes in emotions of individuals (including the singer) or all figures

Refrain

A refrain is a repeating phrase that can be incorporated at the beginning or end of a verse and present a memorable musical hook. It must logically complement the statement of the verses and may represent the song title. Another way is to implement the refrain to the beginning or the end of the chorus, such as “What does that mean?” before the chorus starts with “What have I done to deserve this …” (see example of the song “Was soll das?” from Herbert Grönemeyer in Abou-Dakn, 2006, p. 138).

Pre-chorus

A pre-chorus is normally one or two lines that lead into the chorus (Hauser et al., 2017). However, having, for example, three lines in a stable four-line song structure may lead to a strong movement to the chorus (Pattison, 2009).

Chorus

A chorus is the answer and completion of the content of the verses and presents, for example, a reason or conclusion (Abou-Dakn, 2006; Hauser et al., 2017). It has mostly the same wording in each repetition but may also have some slight changes to better illustrate the theme and attitude of the song (Abou-Dakn, 2006). The chorus is the most memorable part of the song, with a repeated lyrical or musical hook (Hauser et al., 2017). It is common that the chorus has a higher-pitched motive than the verses and may have another rhythm or chords than the verses.

Interlude and instrumental breaks

An interlude is mostly a short, simple instrumental play that might connect with the following verse, bridge, or chorus (Hauser et al., 2017). An interlude can be a musical break that provides some time to breathe before the song continues. One way of creating an interlude is to repeat the introduction but continue the rhythm. Longer instrumental breaks might also act as an independent element to focus on the instrument play. In this case, the same chord progression as in the verse or chorus can be selected. An instrumental break is often played before the bridge or at the end of a song.

Bridge

The bridge introduces a new melody line, rhythm, or harmonies that become typically urgent or pleading and lead to the chorus (Hauser et al., 2017). It might evoke new feelings, repeat what was said in a stronger way (Hauser et al., 2017), or introduce new perspectives (Abou-Dakn, 2006).

Outro/coda

The outro or coda is a conclusion and can end, for example, with a repeating line or the same melodic hook, chords, or rhythm of the verse/chorus as used in the introduction. The outro can be with voice or instrumental and sometimes includes a fade out (Hauser et al., 2017).

6.3.2.2 Song Form

Although the instrumentation may get more complex as the lyrics change, the verses and choruses still have the same chords and melodies (Hauser et al., 2017). However, the musical intensity and movement of the song are highly dependent on the song form. A double chorus at the end can be one tone higher to intensify the emotional impact of the chorus. When including a bridge followed by a chorus, the perceived intensity increases to it before it slightly decreases again. When continuing with a verse after the bridge instead of a chorus, the listener may be surprised when the perceived intensity drops. In this case, the intensity increases again with the next chorus.

Sometimes, a bridge is not chosen. In this case, the form is simply called AB (Hauser et al., 2017). Here, the intensity drops after the second chorus and increases again in a repeated chorus. The dropped intensity might be used to surprise the listener. Songs without a chorus are called 'Strophic songs'. They may include instrumental parts or a lyrical hook at the beginning or end of each verse. Some songwriters include an instrumental part to break the repetition of the verses. Strophic songs might be appropriate if a chorus would interrupt the flow, for example, if the 'Gratitude Song' should be a letter that is sung to someone.

6.3.2.3 Harmonic Progression

As soon as the song structure is determined, considering the song content, the music can be created. The determined harmonic progression can evoke different emotions and predictability (more details in 5.3.5). Table 12 presents different chord forms from Matney and Niemuth (2019) that are used in folk and popular music.

Table 12

Chord Progressions

Chord progression	Example		Chord progression	Example	
	Key	Progression		Key	Progression
I	C	C	I-vi-ii-V	C	C-Am-Dm-G
I	Em	Em	ii-$V^{(7)}$-I-vi	C	Dm-G(/G^7)-C-Am
I-V	C	C-G	I-$VI^{(7)}$-$II^{(7)}$-$V^{(7)}$	C	C-$A^{(7)}$-$D^{(7)}$-$G^{(7)}$
i-V	Am	Am-E	I-$V^{(7)}$-$ii^{(7)}$-$V^{(7)}$	C	C-$A^{(7)}$-$Dm^{(7)}$-$G^{(7)}$
I-IV	C	C-F	$iii^{(7)}$-$vi^{(7)}$-$ii^{(7)}$-$V^{(7)}$	C	$Em^{(7)}$-$Am^{(7)}$-$Dm^{(7)}$-$G^{(7)}$
I-vi	C	C-Am	$ii^{(7)}$-$V^{(7)}$-I-IV	C	$Dm^{(7)}$-$G^{(7)}$-C-F
I-IV-V	C	C-F-G	I-V-ii-IV	C	C-G-Dm-F
I-V-IV	C	C-G-F	I-ii-IV-I	C	C-Dm-F-C
I-IV-V-IV	C	C-F-G-F	ii-IV-I-I	C	Dm-F-C-C
I-V^7	C	C-G^7	I-bVII-IV-I	C	C-Bb-F-C
I-iii	C	C-Em	I-V-bVII-iV	C	C-G-Bb-F
i-bVII	Am	Am-G	i-III-bVII-i	Am	Am-C-G-Am
I-bVII	C	C-Bb	i-III-bVII-IV	Am	Am-C-G-D
I-vi-IV-V	C	C-Am-F-G	i-III-bVII-iv	Am	Am-C-G-Dm
I-V-vi-IV	C	C-G-Am-F	i-bVII-bVI-V	Am	Am-G-F-E
I-IV-vi-V	C	C-F-Am-G	I-V-vi-IV-I-IV-I-V	A	C-G-Am-F-C-F-C-G

6.3.2.4 Genre

Despite personal preferences, different musical genres and musical parameters may meet the current mood of the songwriters (Holm et al., 2010). A German study by Ohm (2016) investigated preferred musical genres in people between 60 and 69. The musical genres German volkslied, rock, and German schlager music have been found to be popular and have a positive emotional connection within this age range (Ohm, 2016). They can be offered to find a suitable musical genre in this songwriting program.

6.3.3 Creation of Lyrics and Melody

6.3.3.1 Melody Motives

A melody can be shaped by emphasising important words and/or derived from natural speech rhythm (Hauser et al., 2017). Melodic motives are short musical sequences with similar rhythm and pitch that can be repeated. Repeating motives can lead to a feeling of stability and familiarity and let the listener build an expectation about how the song continues. Every motive should be repeated at

least once (Abou-Dakn, 2006). This may be within the song elements or by repeating them, for example, in different verses.

The number of lines should be even if the songwriter wants to give the listener the feeling of stability, solidity, balance, and resolution (Pattison, 2009). An odd number of lines would leave the listener feeling unstable, off-balanced, unresolved, and incomplete. Following this, the songwriter can create different feelings by creating an even or odd number of lines, depending on the statement they want to give.

6.3.3.2 Stressed Notes and Words

Western music commonly uses two- and four-bar units to meet listener expectations (Pattison, 2009). The first two bars have more stresses than the next two bars, so there is a longer pause in the second bar. The important stresses should be especially presented in the first and third notes in a four-quarter time (see Figure 22) and the first note in a third-quarter time (see Figure 21; Abou-Dakn, 2006). These tones are heavier than the two and four in the four-quarter time and the two and three in the three-quarter time. The songwriter has to consider the weight of the notes and, at the same time, the natural speech rhythm to write flowing and understandable lyrics.

Figure 20

Stresses in Four-Quarter Time

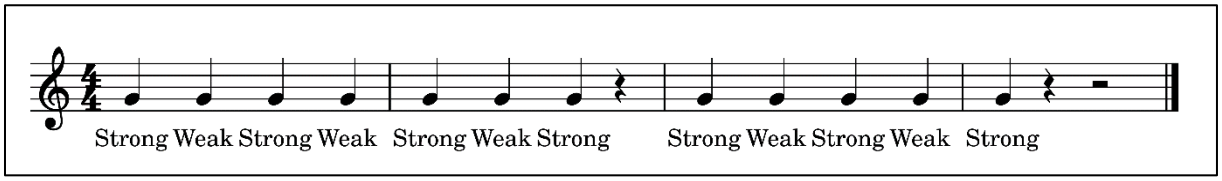
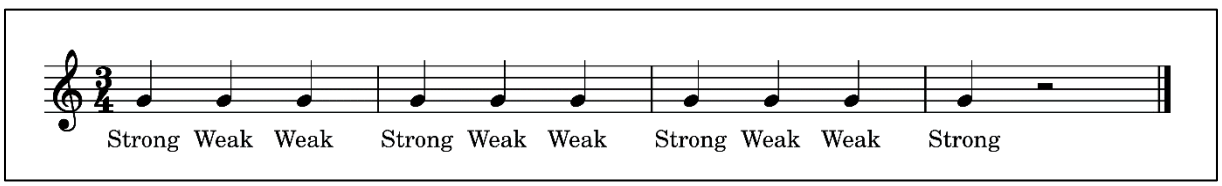


Figure 21

Stresses in Three-Quarter Time



The lyrics and the melody are one unit and should be easy to sing. To achieve that, Abou-Dakn (2006) suggests singing or speaking the lyrics again and again. If a text for some notes is missing, the songwriter can insert a “la-la” or a nonsense word that fits the rhythm to find a suitable word later. It may be helpful to compare the verses with each other while writing the lyrics. A prelude can facilitate the stress on the first note of the bar.

6.3.3.3 Rhymes

Once a songwriter has developed a list of words that describe the desired topic (e.g. through brainstorming), single words can be extended or adapted by using a dictionary to find rhyming words. Rhymes are a stylistic method to give the listener a feeling of a stablility and resolved statement (Pattison, 2009). They support the understanding of the motion of the song. The main distinction of rhymes is perfect rhymes, where the last syllables’ vowel and the consonant after are the same, versus family rhymes, where the phonetic pronunciation of the two words is similar (Abou-Dakn, 2006). The family rhymes are also called imperfect or half rhymes. They can be distinguished in sub-categories if the sounds of vowels and consonants do not match or the grammatical or textual form is changed to get a rhyme:

Table 13

Sub-Categories of Family Rhymes

Distinguished sub-categories of rhymes by Abou-Dakn (2006)	Examples by the author
Imperfect rhymes with short vowel	scratching and touching
Imperfect rhymes with long vowel	feel and fall
Imperfect rhymes with not matching consonants	side and bite
Imperfect rhymes with attached or missing consonants	kiss and missed
Imperfect rhymes with not matching diphthong	rain and wine
False rhymes with roughly the same basic vowel	furthermore and first sea lord
Agreement and identical rhymes	argument and counterargument
Split of two rhyming words	they meet - on the street
Split of a continuing text after the first word (“enjambment”)	when they want to see the aunt
Split words to get a rhyme (“broken rhymes”)	and they re- member me

6.3.4 Presenting Emotion in Songs

The music shall meet the musical expectations of the songwriter and stimulate their emotion. The expectation of well-formed music depends on previous experiences and cultural learning (Baker, 2015; Juslin & Västfjäll, 2008).

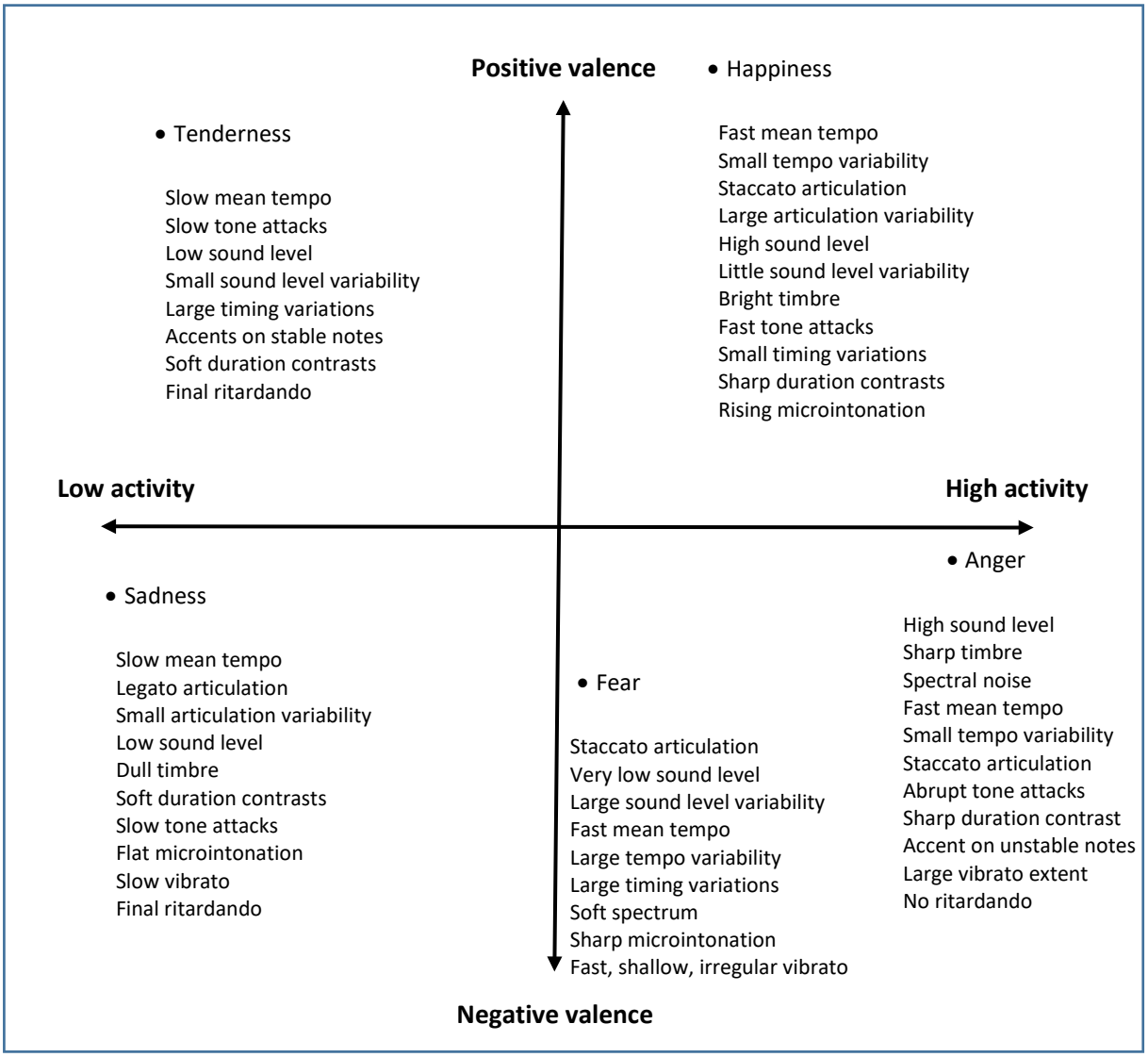
To evoke, e.g. happiness or tenderness, different musical parameters can be used, such as a fast tempo and volume level for happiness, and a slow tempo, low volume and soft timbre for tenderness (Holm et al., 2010; Juslin & Timmers, 2010). Juslin and Timmers (2010) investigated the expression and perception of emotion in Western music performances. They presented an overview of parameters that may communicate emotion in music (see Figure 22[13]). The emotions happiness, sadness, anger, fear, and love/tenderness were thereby identified as basic emotions. These emotion terms were allocated to a degree of valence and activity by several authors (see examples in Juslin & Timmers, 2010; Whissell, 1989). Gomez and Danauser (2007) found out that valence is most influenced by the mode, harmonic complexity and rhythmic articulation, whereas arousal is most influenced by rhythmic articulation, tempo and accentuation.

In people living with depression, the perception of music differs. Punkanen and colleagues (2011) examined the perception of the presented five emotions (anger, sadness, fear, happiness, and tenderness) in people living with depression. The intensity of the negative emotions of anger and sadness were significantly higher rated by people living with depression in comparison to people without ($p<.05$). Non-significant differences were shown in fear but were higher rated by people living with depression. Additionally, no significant changes were shown in the positive emotions of happiness and tenderness, but they were slightly rated less than people without depression (Punkanen et al., 2011). However, the study showed that the parameters of representing emotion in music presented by Juslin and Timmers (2010) are applicable to creating music with people living with and without depression.

[13] Permission to replicate this table has been given by Oxford Publishing Limited.

Figure 22

Communication of Emotion in Music by Juslin & Timmers (2010, p.463)



The written songs in this therapeutic songwriting program can express a range of positive emotions, like gentleness and happiness in the 'Pleasure Song', sentimentality and happiness in the 'Gratitude Song', and dignified, happy, and sparkling emotions in the 'Flourishing Song'.

Different musical parameters or forms, such as rhythm, repeated harmonic progression, or a melodic motif, can hold the songwriter in their feelings, emotions, or images and support the songwriter in developing and intensifying emotional links to the songwriter's experiences (Bruscia et al., 2014; Hauser et al., 2017). In addition to the parameters, also the harmonic intervals can express different emotions. For instance, the major fourth chord (subdominant) can represent brightness and

happiness, the major fifth chord (dominant) can express gracefulness and playfulness, and the major sixth chord emotions of leisureliness and serenity (Gabrielsson & Lindström, 2010). Willimek and Willimek (2013) developed the "Theory of musical equilibration"[14] by conducting different tests with students from Europe, Asia, Australia and South America to offer a systematic overview of harmonic intervals and their effects on emotion (Willimek & Willimek, 2013). Table 12 presents the concluded emotional nature of harmonies (Willimek & Willimek, 2013, p. 24)[15].

Further, the minor and major second and seventh chords and the minor ninth can be experienced as displeasing. The minor second thereby expresses a melancholic mood (Gabrielsson & Lindström, 2010).

In addition to the presentation of emotion in harmonies, the use of expressive acoustical patterns that are similar to emotional speech can evoke the intended emotion. These expressive acoustical patterns can lead the listener to mimic the perceived emotion (Juslin & Västfjäll, 2008).

[14] The original publication of „die Strebetendenz-Theorie" by Willimek, D., & Willimek, B. (2011). *Musik und Emotionen: Studien zur Strebetendenz-Theorie [Music and emotions: Studies on the theory of musical equilibration]*. was translated by the authors in 2013.
[15] Permission to replicate this overview has been given by Willimek & Willimek.

Table 14

Emotional Nature of Harmonies

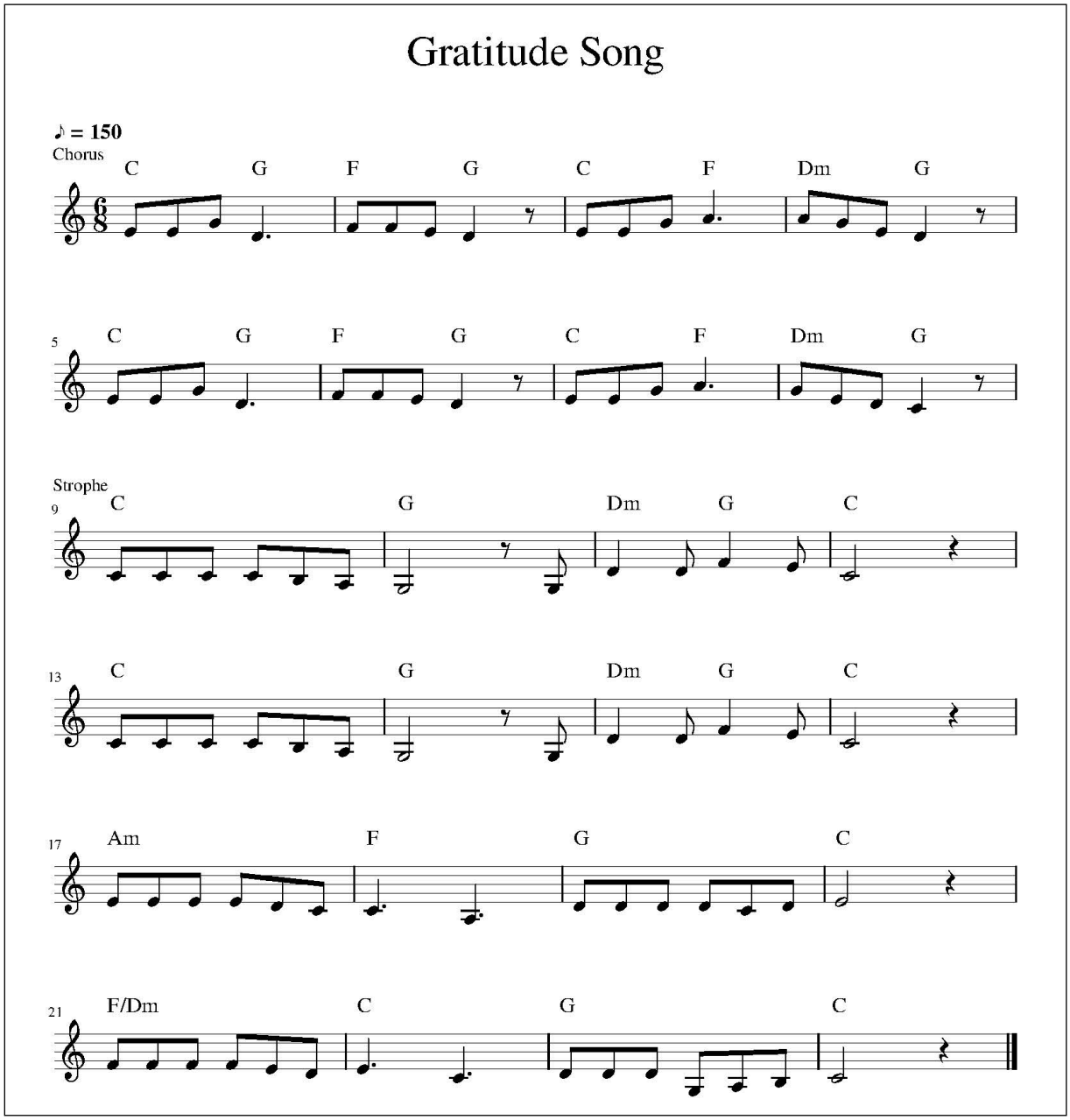
Harmony	Emotion
Major tonic	A feeling of sober-minded contentment.
Minor tonic	Grief (when played quietly), anger (when played loudly). Also communicates all other emotions which involve a sense of discontentment.
Natural minor	Courage, adventure, tension, danger, severity, a challenging situation
Dominant	A feeling of motion, aspiration, liberation. The dominant of the minor tonic takes on the character of the minor and expresses stasis
Seventh chord	Resistance, protest, defiance, weepiness, weakness, braking, a walking motion. In the minor tonic, it takes on the character of the minor and expresses stasis.
Secondary dominant chord	A very adaptable character with multi-facetted uses. Telegraphs the nature of the anticipated new tonic. Can express bitter disappointment or being painfully, greatly moved. If the anticipated tonic is major: full of hope, a feeling of heading out to something new.
Major subdominant	Light-heartedness, ebullience, joy, drunkenness, victory, solemnity, an emotional climax, rejoicing, satisfaction.
Major subdominant with a major seventh	Like the subdominant, but with a touch of bitterness: a wistful goodbye, a final embrace, yearning, a longing dream, an awareness of the fleeting nature of joy.
Added sixth in a major chord	Comfort, cosiness, fidelity, warm-heartedness, warmth, togetherness, love, friendship
Added sixth in a minor chord	Loneliness, separation, abandonment, heartbreak.
Neapolitan sixth chord	Disappearance, death, abandonment, immutable pain, saying goodbye forever.
Diminished seventh chord	Fear, despair, panic, dismay, broody downheartedness, melancholy. If the anticipated resolving chord is a major chord: feigned despair, coquetries.
Augmented chord	Astonishment, amazement, surprise, magic, transformation
Whole-tone scale	Being weightless, under water, in space, in a dream
Minor sixth	Threat, danger, fear, feelings of anxiety

6.3.5 Description of Strategic Songwriting Templates Applying the Songwriting Theories

The following example of a strategic songwriting template demonstrates how the aforementioned songwriting theories can be integrated into a song. Figure 23 presents the first example of a template with a three-quarter time.

Figure 23

Example Strategic Songwriting With a Six-Eighth Time

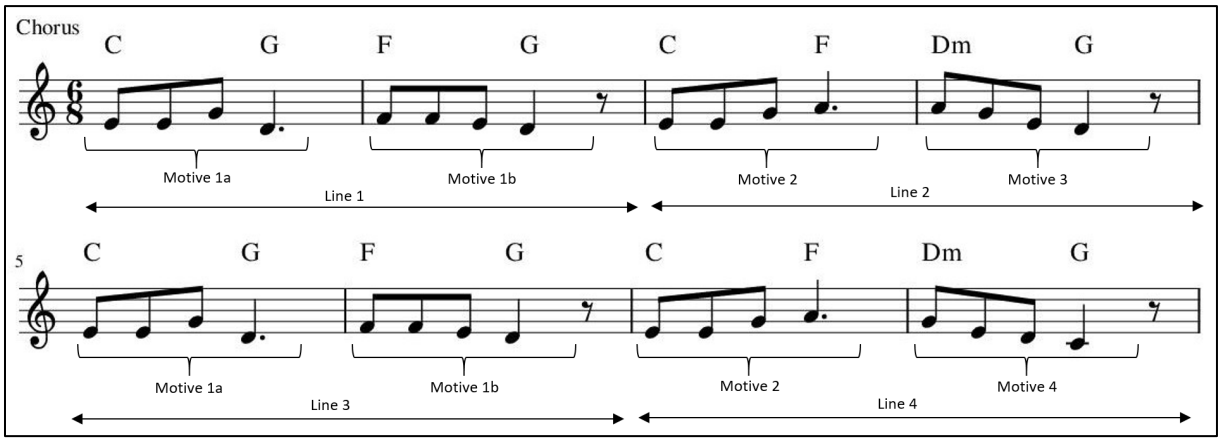


In this example, the chorus has eight bars. The introduction may be an instrumental of the bars 5 to 8 or 7 to 8, so the songwriter can find the first vocal note more easily. The stresses of the bar are on the first note and could be supplemented by a prelude to fit the natural rhythm of the lyrics. Every second bar of the chorus has a longer note that separates different lines of the lyrics in the music. The chords are mainly in major. This might give the expression of a graceful/sparkling and happy/bright mood, following the theory of presenting emotion in music by Gabrielsson and Lindström (2010, see

6.3.4). The melody is split into four melodic motives and can be split into four lines of lyrics (see Figure 24).

Figure 24

Melodic Motives in the Chorus of a 'Gratitude Song' in Six-Eighth Time



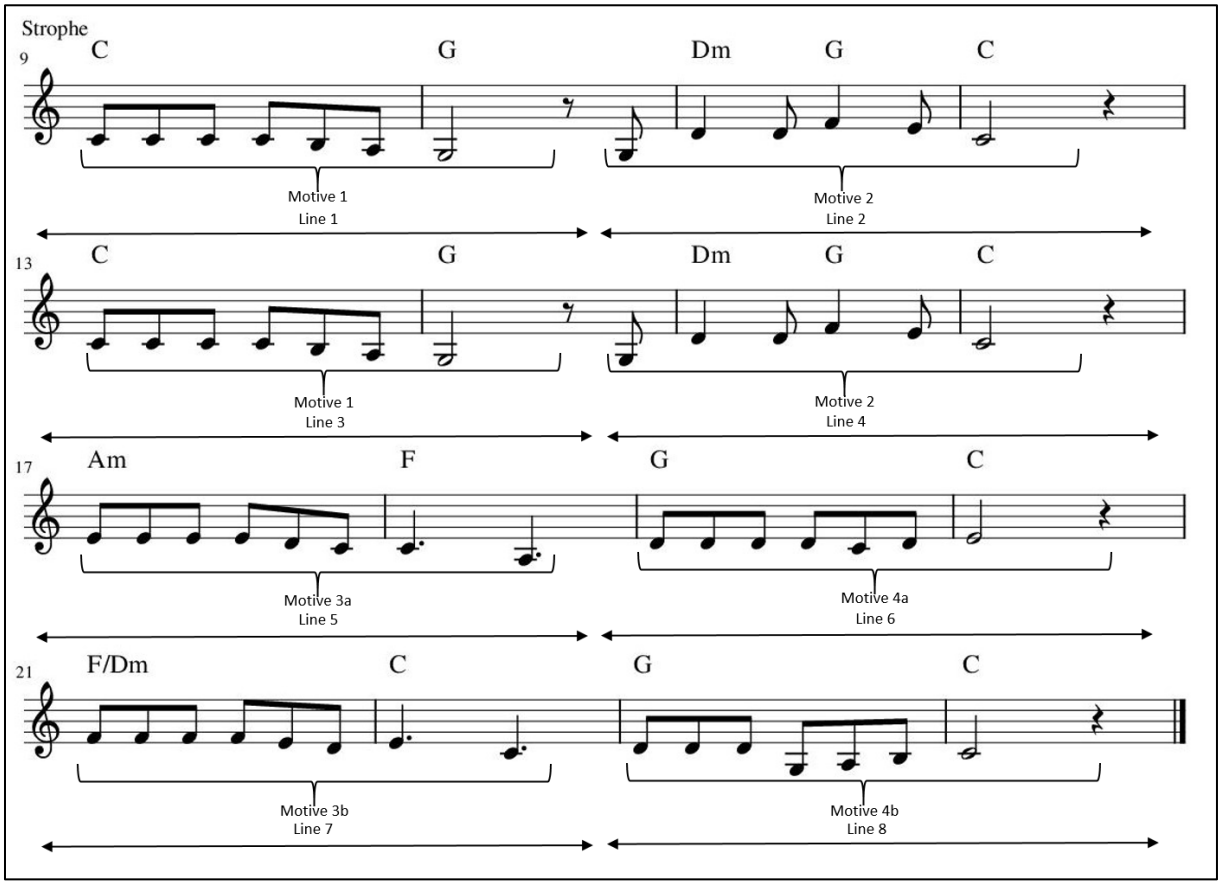
The first motives 1a and 1b are similar and can be presented together with the first line of the lyrics. The second line for the lyrics can be created for the bars 3 and 4. The melodic progress of bar 3 is slightly changed compared to the melody of motives 1a and 1b. By this, the third bar represents the second motive. Bar 4 concludes with the first and second line with motive 3. The third line for the lyrics can be built by a repetition of motives 1a and 1b in bars 5 and 6. The concluding fourth line can be created by bar 7 (motive 2) and bar 8 with a new motive 4. The repetition of rhythmic motives and similar melody lines might help the songwriter and listener to develop an expectation about the melody progression, to get a feeling of familiarity (Hauser et al., 2017), and to remember the melody better. In comparison to the chorus, the verses can be perceived in a slower tempo since the pauses are found in every second instead of the first bar. This and the higher pitch give the chorus a higher intensity.

The verse has 16 bars and is split into eight lines for lyrics with four motives (see as an example Figure 25). The first two lines have the same melody as the third and fourth lines. The motives 1, 3a, and 3b have similar rhythmic patterns and melodic progressions. The rhythm for motives 3a and 3b is the same. Motives 4a and 4b show slight changes in the melody. In the melody, the first eight notes

have the same pitch before continuing with a descending melody. A descending melody can represent a graceful/sparkling, exciting/elated, or vigorous/majestic emotion (Gabrielsson & Lindström, 2010). Motives 4a and 4b start in the same rhythm and finish with an ascending melody. An ascend melody in a major chord can represent a serene/gentle emotion (Gabrielsson & Lindström, 2010). These repetitions should support the songwriter to get an expectation for and to remember the melody progression (Hauser et al., 2017). The verses have major and minor chords. Based on the theory of musical equilibration (Willimek & Willimek, 2013; see description in 6.3.4), the verse begins with a status of contentment (C chord). Motive 1 ends with a dominant that can present a motion (G chord). D minor chord) can present a displeasing, melancholic or sad emotion (Gabrielsson & Lindström, 2010). Bar 17 (A minor chord) can present lyrics with negative content (like loneliness, separation, heartbreak) that has changed to something positive (F and G chord) and finishes with a status of contentment (C chord). The last line can present further movements that end with contentment (C chord) and lead to the chorus (Willimek & Willimek, 2013).

Figure 25

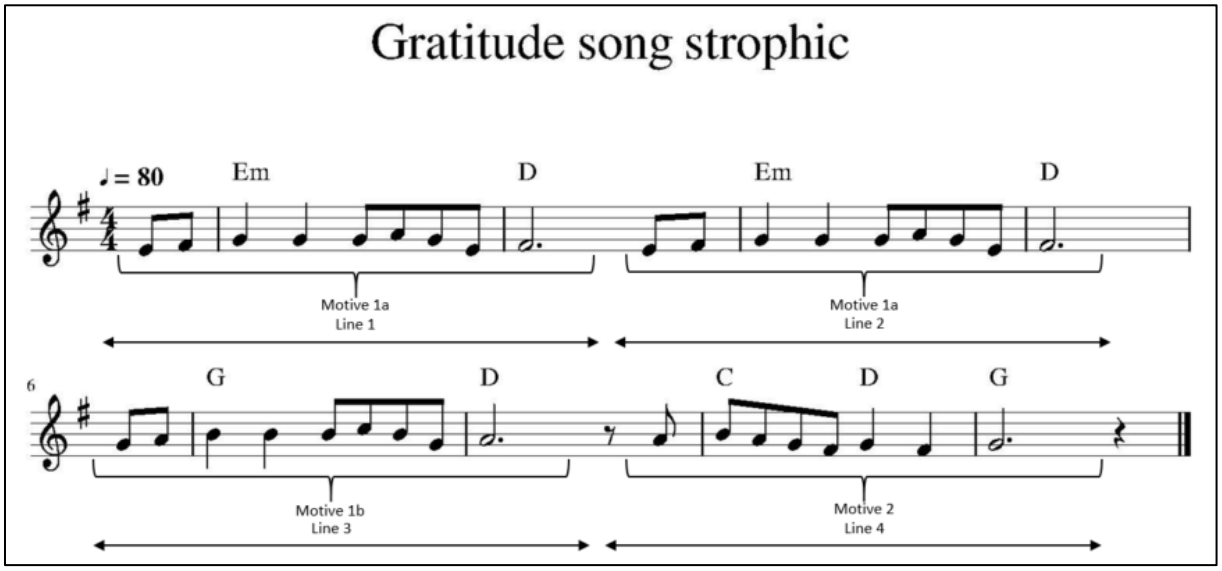
Melodic Motives in the Verses of a 'Gratitude Song' in Six-Eighth Time



The song structure of strophic songwriting has only verses without a chorus. Strophic songs are appropriate where a story is told and a chorus would interrupt the flow of the song (Hauser et al., 2017). This may be appropriate if the songwriter wishes to structure the 'Gratitude Song' like a letter. The lyrics continue, whereby one line can contain a main statement and be repeated in every verse to intensify the statement if desired. A 12-bar blues is one form of a strophic song that might be effective when writing songs with people with depression (Silverman, 2013; Silverman, 2016). Figure 26 shows an example of a strophic songwriting template with a four-quarter time. The following section then explains how emotional responses may be evoked based on song theories presented in Section 6.3.4.

Figure 26

Example Strophic Songwriting With a Four-Quarter Time



This example of a strophic song represents a verse that can be repeated as often as needed. The four lines for the lyrics are divided into two main motives. Motive 1a is repeated and changes the pitch in motive 1b. Motive 2 concludes the lyrics and might have a repeated phrase, such as 'For this I want to thank you, now' or 'thank God for all the gifts to me'. This song can be interpreted as sentimental or dreamy, following the theory of Gabrielsson and Linström (2010; see description in 6.3.4). Particularly, the first two lines can present challenges. The third line can solve this challenge and lead to the conclusion in line 4. An interlude or instrumental break between the verses can give some time, for example, for the singer to breathe before they start singing the next verse (see description of the different song elements in 6.3.2.1).

6.4 Mechanisms

6.4.1 Cognitive Behavioural Change

To decrease depression and improve wellbeing within therapeutic songwriting, the songwriter needs to change their cognition and behaviour. This process can be related to the steps of a working model of behaviour therapeutic approaches in music therapy (see Figure 27; Eickholt et al., 2018)[16].

Figure 27

Working Model Music Therapy in Late-Life Depression (Eickholt et al., 2018, p.233)

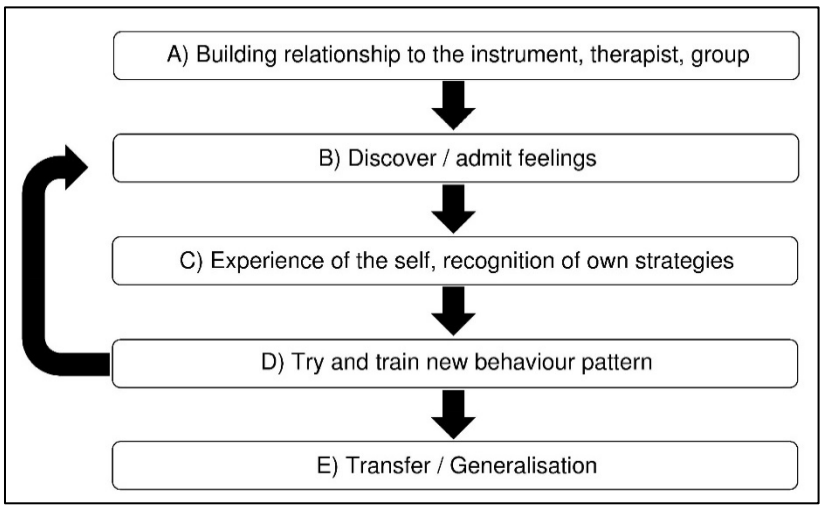


Table 15 gives an overview of how the steps are linked to the behaviour therapeutic working model. Rapport can be built by singing with the positive emotion expressed in the songs (see Step A in Figure 27 and task no. 1 in 6.2.1). To discover and admit (positive) feelings (Step B in Figure 27) is integral to the intervention 'Three good things in life' in the 'Pleasure Song' (see task no. 3 in 6.2.2 and task co. 2 in 6.2.3) and in the 'Music Ritual' (see task no. 3 in 6.2.1), the identification of gratitude in writing a 'Gratitude Song' (see 6.2.3 tasks no. 4 to 6.2.5 no. 2), and the identification of strengths (see task no. 4 in 6.2.5). The songwriter can further experience the self (Step C in Figure 27) by identifying which and how the individual strengths and strategies were already used, what they achieved by this (see task no. 3 in 6.2.6) and integrating these findings into the 'Flourishing Song' (see task no. 3 in 6.2.9). A pattern of behaviour (motor and cognition) will be tried out within different interventions

[16] Permission to replicate this figure has been given by Informa UK Limited.

with the aim of training a new way of thinking and behaving (Step D in Figure 27). In the intervention 'Three good things in life' the songwriter practises new cognitive patterns for the first time by recognising positive experiences and actively trying to become more aware of them also beyond the session and by writing a 'Pleasure Song (see task no. 3 in 6.2.2 and no. 2 in 6.2.3) and in the 'Music Ritual' (see task no. 4 in 6.2.1; Steps D and E in Figure 27). By writing the 'Gratitude Song', the songwriter learns strategies to experience more gratitude (Step D, Figure 27). In addition, identified signature strengths are trained to be used in a new way (see task no. 3 in 6.2.6; Steps D and E in Figure 27). The transfer into daily life is ensured by the tasks that the songwriter fulfils between the sessions (Step E in Figure 27). This shows the complementary link between training elements within the sessions (Step D in Figure 27) and the training beyond the sessions (Step E in Figure 27). Finally, the discussion in the conclusion session can facilitate the transfer/generalisation (Step E in Figure 27), where opportunities will be worked out, how the songwriter can use their experiences and songs to maintain the positive experiences (see task no. 3 in 6.2.10). The songs can intensify the internalisation and give details about the consequences for the future (Eickholt et al., 2018) by maintaining the new trained pattern. The songs act as a reminder to stay focused on the new, positive behaviour pattern instead of dysfunctional behaviours (see outcome-oriented/transtheoretical songwriting, Baker, 2015).

Table 15

Interventions From the Therapeutic Songwriting Program Related to the Behaviour Therapeutic Working Model

Step	Session	Song	Intervention
A) Building relationship to the instrument, therapist, group	1	'Pleasure Song'	Singing songs that are linked to positive emotion (Section 6.2.1, task no. 1)
B) Discover /admit feelings	1 to 10	'Music Ritual'	'Three good things in life' in 'Music Ritual' (Section 6.2.1, task no. 3)
	2 to 3	'Pleasure Song'	'Three good things in life' in writing a 'Pleasure Song' (Sections 6.2.2, task no. 3 and 6.2.3 no. 2)

Step	Session	Song	Intervention
B) Discover /admit feelings	1	'Pleasure Song'	Homework: 'Over the next week, write down three good things that went well each day (Section 6.2.1, task no. 4)
	2 to 5	'Gratitude Song'	Identification of a subject to writing the 'Gratitude Song' for (Sections 6.2.3, task no. 4 to 6.2.5, task no. 2)
	5 to 6	'Flourishing Song'	Identification of strengths (Sections 6.2.5, task no. 4, 7 and 6.2.6, task no. 2)
C) Experience the self, recognition of own strategies	6 to 9	'Flourishing Song'	Identification of which strengths can be used to get a meaningful life (Section 6.2.6, task no. 3), writing a 'Flourishing Song' (Sections 6.2.6, task no. 4 to 6.9.2 no. 3)
D) Try and train new behaviour pattern	1 to 10	'Music Ritual'	'Three good things in life' in 'Music Ritual' (Section 6.2.1, task no. 3) – Practicing new cognitive behaviour patterns by recognising and reflecting on positive experiences in the session
	2 to 3	'Pleasure Song'	'Three good things in life' in writing a 'Pleasure Song' (Sections 6.2.2, task no. 3 and 6.2.3., task no. 2)
	2 to 5	'Gratitude Song'	Learning to experience gratitude by the identification of a person or figure, to writing the 'Gratitude Song' (Sections 6.2.3, task no. 4 to 6.2.5, task no. 2)
	6	'Flourishing Song'	Identification of which strengths can be used to experience a meaningful life (Section 6.2.6, task no. 3)
E) Transfer / Generalisation	1 to 10	'Music Ritual'	'Three good things in life' in 'Music Ritual' (Section 6.2.1, task no. 3) – Practicing new cognitive behaviour patterns by recognising and reflecting on positive experiences beyond the session
	1	'Pleasure Song'	Homework: Over the next week, write down three good things that went well each day (Section 6.2.1, task no. 4)
	2	'Gratitude Song'	Homework: Collection of positive ideas about the person or spiritual figure for the 'Gratitude Song' (Section 6.2.5, task no. 5)
	5	'Flourishing Song'	Homework: 'Note when you use your strengths over the next seven days' (Section 6.2.5, task no. 7)
	6	'Flourishing Song'	Use of strengths to get a meaningful life (Section 6.2.6, task no. 3)
	10	All songs	Discussion about how to use the experiences and songs to maintain positive experiences (Section 6.2.10, task no. 3)

6.4.2 Mechanisms of Intervention

The aims of the therapeutic songwriting program are based on reported mechanisms from music therapy, music psychology, positive psychology, and others.

Figure 28

Mechanisms of Change – Related to the Topic and Interventions of the Therapeutic Songwriting Program

<table>
<tr><th></th><th>Session 1</th><th>Session 2</th><th>Session 3</th><th>Session 4</th><th>Session 5</th><th>Session 6</th><th>Session 7</th><th>Session 8</th><th>Session 9</th><th>Session 10</th></tr>
<tr><td>Topic</td><td colspan="4">Positive experiences and Engagement
P E</td><td colspan="2">Gratitude and Relationships
R</td><td colspan="4">Strengths, Meaning, and Accomplishment
M A</td><td>Conclusion</td></tr>
<tr><td rowspan="3">Intervention</td><td colspan="2">Sing preferred songs</td><td colspan="2">Song parody: Pleasure Song</td><td colspan="2">Strategic songwriting: Gratitude Song</td><td colspan="4">Original songwriting: Flourishing Song</td><td rowspan="3">Reflect on the personal experiences of the therapy process</td></tr>
<tr><td colspan="9">Strategic songwriting/improvised music creation: Music Ritual</td></tr>
<tr><td>Three good things in life</td><td></td><td>Identify someone for Gratitude Song</td><td></td><td></td><td>Identify strengths and virtues</td><td></td><td></td><td></td><td></td></tr>
<tr><td rowspan="6">Mechanisms</td><td colspan="2">Get in contact with the therapist</td><td rowspan="4"></td><td rowspan="4"></td><td>Musical genres /parameters for positive emotion</td><td rowspan="3">Identifying and encoding strengths for a more integrated self-concept</td><td colspan="4">Musical genres /parameters for specific emotions (e.g. excitement, gladness)</td><td rowspan="4"></td></tr>
<tr><td colspan="2" rowspan="3"></td><td>Hold in musical parameter: deeper link to experiences</td><td colspan="4">Hold in musical parameter: deeper link to experiences</td></tr>
<tr><td>Possibility to say goodbye</td><td colspan="4">Using (signature) strengths to feel authentic / engaged</td></tr>
<tr><td colspan="9">Written songs act as a reminder of inner strengths and the therapeutic process</td></tr>
<tr><td colspan="9">Linking positive experiences and emotions with new songs by evaluative conditioning and neuro-linguistic programming</td></tr>
<tr><td colspan="10">Positive emotions guide to building personal resources, skills and confidence, increasing knowledge, activity, relationships, and sense of belonging</td></tr>
<tr><td colspan="10">Lower depression and improve resilience, happiness, and wellbeing through positive emotions</td></tr>
<tr><td colspan="10">Evoke and share autobiographic memory, evoke positive emotion and life satisfaction</td></tr>
<tr><td colspan="10">Cooperative engagement in music supports pleasure experiences, social cognition, and inter-individual trust</td></tr>
<tr><td colspan="10">Improved awareness of positive emotion and the self, development of musical identity, mental flexibility, and creativity by positive emotions</td></tr>
</table>

Session 3 to 10: Repeat Written Songs as an Introduction

Repeating songs helps to build a connection between the song and the experience. This can be linked to the theory of evaluative conditioning, where a neutral stimulus (music) is paired with a positive stimulus (emotion; Juslin & Västfjäll, 2008), and neuro-linguistic programming, where an experience is linked with an auditory anchor (music; de Rijk et al., 2022).

A written song can become a powerful reminder of their strengths (Baker, 2015), goals and motivation (see theory of evaluative conditioning and neuro-linguistic programming, above). Listening to the songs can deepen the therapeutic process (Baker, 2015). In this way, the recordings that the songwriter will receive in the last session will be a further reinforcer for the achievements made during the therapeutic process (see outcome-oriented/transtheoretical songwriting, Baker, 2015).

6.4.2.1 Focus on Positive Emotion in General

The therapeutic songwriting program focuses on positive emotion. In the broaden-and-build theory from Fredrickson (2013), positive emotions represent the positive impact of perceiving further positive emotions (see 3.1.2.1). Furthermore, positive emotions can improve resilience (Blickhan & Eid, 2018; Meyers et al., 2013; Smith & Hollinger-Smith, 2015) and thereby increase the general awareness of positive emotions (Blickhan & Eid, 2018) and build physical, social, cognitive, emotional and operational resources (Fredrickson, 2013; Meyers et al., 2013; Smith & Hollinger-Smith, 2015).

A higher resilience by savouring positive experiences might lead to greater happiness, lower depression and higher wellbeing and life satisfaction (Smith & Hollinger-Smith, 2015). Positive emotions further support the development of skills and confidence, increased knowledge and activity, better social relationships and improved sense of belonging (Blickhan & Eid, 2018; Fredrickson, 2011). In addition, positive emotions help to improve cognitive and psychological resources like mindfulness or environmental mastery (Fredrickson, 2013). Finally, positive emotions can activate the brain in areas correlating with the perception of positive emotion (Carr, 2011; Siegel, 2009). This reaction can also be supported, for example, by mindfulness meditation (Siegel, 2009). During the therapeutic

songwriting program, the awareness of positive emotion will be trained by the 'Pleasure Song' and 'Music Ritual'.

6.4.2.2 Part 1: Focus on Positive Experiences and Engagement

Session 1: Sing Songs With Positive Emotion

In the first session, the rapport should be supported by singing songs that evoke positive emotions. Songs can help people get in contact with the music therapist and reflect feelings (Hamberger, 2011). Familiar music supports autobiographical recall (Baker, 2015; Schulkind et al., 1999), and positive experiences may improve mood (Ashida, 2000; Baker, 2015) and interaction skills (Ashida, 2000). Sharing one's experiences can also increase one's awareness of the self and musical identification with the songs (Jackson, 2013). The songwriter's musical identity can also be reinforced by a previous emotional connection with a song (Baker, 2015). Positively linked songs evoke memories of a particular event or time period, especially from the youth (Vastfjall et al., 2008), and thereby motivate the songwriter to share the stories (Schulkind et al., 1999). Another benefit of music is that performing music supports social cognition and inter-individual trust, as the goal of the music therapist and songwriter is to perform a song together. This cooperative engagement facilitates the feeling of pleasure (Koelsch, 2010). These mechanisms might support building a good rapport between the music therapist and the songwriter and might also be relevant during the whole songwriting procedure.

Session 1 to 10: Positive Psychology Intervention 'Three Good Things in Life' and 'Music Ritual'

The positive psychology intervention 'Three good things in life' can lead to a decrease in depressive symptoms (Seligman et al., 2005) and an increase in happiness (Proyer et al., 2014; Seligman et al., 2005). The 'Music Ritual' might support the awareness of positive experiences by extending the original positive psychology intervention. Music can transfer the musical expression and emotion to the songwriter (Juslin & Västfjäll, 2008), so the musical arrangement of the melody can be developed by meeting the criteria of positive emotion in music (see 6.3.4).

Session 2 to 3: Write a 'Pleasure Song' Within a Song Parody

A song parody approach is used to write the 'Pleasure Song', which allows for the transfer of positive emotions from a previous connection to the new song (Baker, 2015). Thus, songwriting can reinforce the songwriter's musical identity and sense of self (Baker & MacDonald, 2013).

6.4.2.3 Part 2: Focus on Gratitude and Relationships

Session 2: Identify Someone for Gratitude

Gratitude evokes positive emotions and strengthens relationships (Blickhan & Eid, 2018). Highlighting good memories can further increase life satisfaction (Ramirez et al., 2014) and happiness (Sergeant & Mongrain, 2011). Gratitude is also a character strength that is most linked to greater happiness (Siegel, 2009). Being grateful can improve health and wellbeing and support self-confidence and emotional stability (Carr, 2011).

Sessions 3 and 4: Write a 'Gratitude Song' Using Strategic Songwriting

With the 'Gratitude Song', the songwriter acknowledges and appreciates what they received from a person or a spiritual figure. The feeling and expression of gratitude are linked to increased happiness (Siegel, 2009).

6.4.2.4 Part 3: Focus on Strengths, Meaning and Accomplishment

Session 5: Identify Strengths and Virtues

The focus on strengths, meaning, and accomplishment starts with verbal reflection in Session 5. The songwriter's individual strengths are explored (see task no. 4 in 6.2.5). The self-concept can become more integrated by identifying and encoding strengths (Tamplin et al., 2016). Further, identifying strengths and particularly using them can lead to higher wellbeing, life satisfaction and a decrease in depressive symptoms (Seligman et al., 2005). Working with one's individual strengths can lead to more engagement and a feeling of a fulfilling life, being true to oneself and authentic (Meyers et al., 2013; Peterson & Seligman, 2004). This occurs particularly when signature strengths are used,

which motivate intrinsicly (Niemiec, 2017). Furthermore, some strengths support happiness more than others (Siegel, 2009). Most linked are gratitude, hope, vitality, curiosity, and love.

Session 6 to 9: Write a 'Flourishing Song' Using Original Songwriting

Songwriting with a strengths-based approach focusing on the songwriter's strengths, potentials and resources can increase confidence, competence, and self-esteem (Baker, 2015). Further, this approach can improve resilience and effective coping skills and give the songwriter a sense of empowerment.

6.4.2.5 Conclusion

In the conclusion session, all songs are given to the songwriter as audio records and a folder with all song sheets. A written song can act as a reminder of the therapeutic process, the source of inner strengths, and the songwriter's own abilities and capacities for achievement (Baker, 2015).

Part B.2 Single-Group Pilot Study with Embedded Case Studies

The purpose of this part is to present the findings of a single-group pilot study with four participants, investigating the individual therapeutic songwriting program described in Chapter 6. The four elements 'Feasibility, Appropriateness, Meaningfulness, and Effectiveness' (FAME, see description in.2) are investigated separately. Chapter 7 presents the 'Feasibility' of the study protocol and is based on organisational aspects such as the setting and research context, recruitment rate, and the acceptability of outcome measurements. The 'Appropriateness' is presented in Chapter 8 and includes an examination of the fidelity of the intervention program and how participants experienced different individual program elements. The aim of this study was to explore the clinical and situational suitability of the program, including its different elements. 'Meaningfulness' is presented in Chapter 9, including potential mechanisms of change that were meaningful to the participants (Section 9.1), and analysis of song lyrics to identify aspects that may prevent depression (Section 9.2). Finally, in Chapter 10, the 'Effectiveness' of the program was explored by examining the overall changes that occurred within the sample and the specific changes experienced by the individual participants.

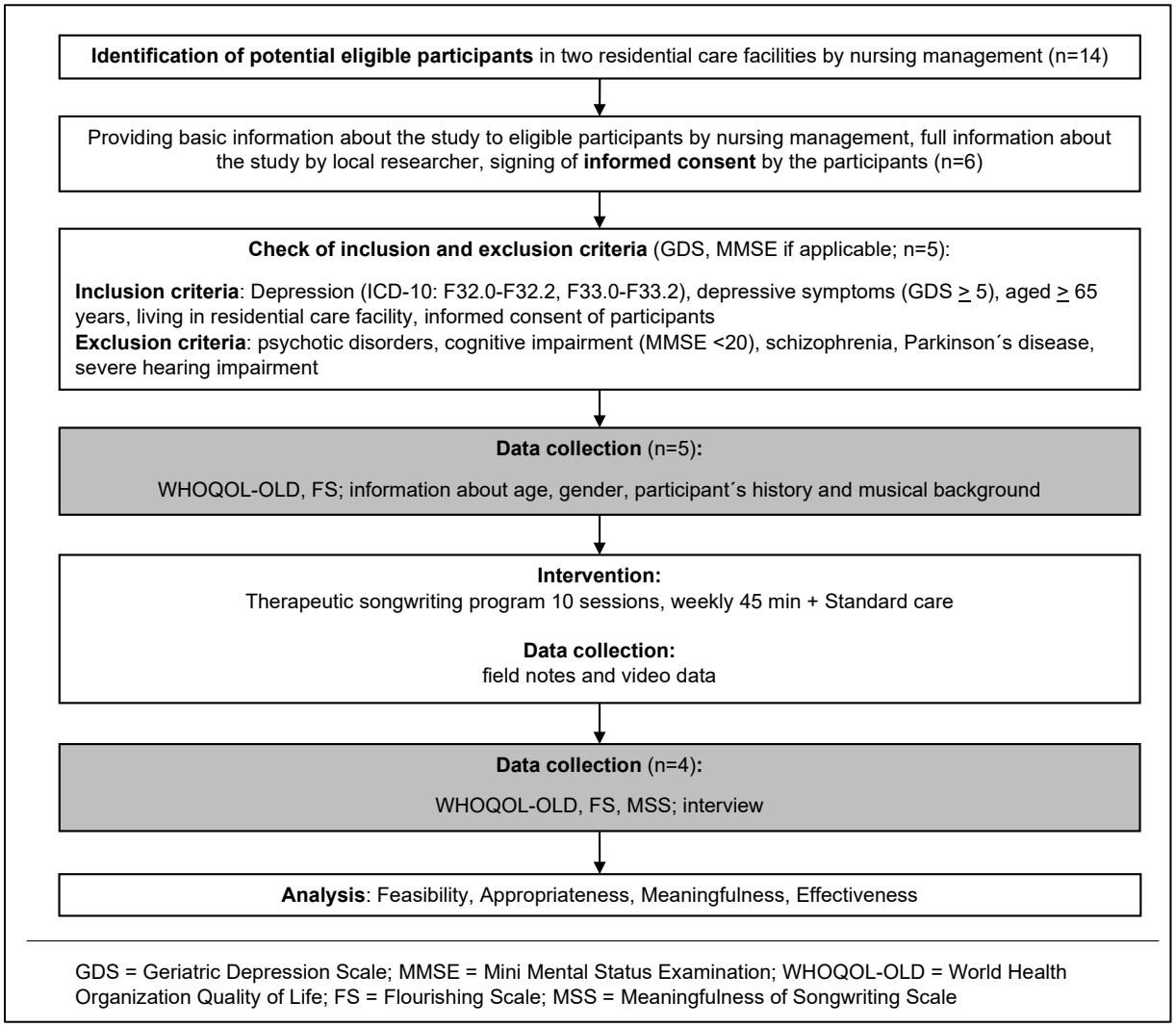
7 Feasibility of the Single-Group Pilot Study with Embedded Case Studies

7.1 Introduction

In response to the need to identify novel treatment options for older people living with depression that align with their individual needs (see background conclusion in 5.1), the therapeutic songwriting program (described in Chapter 6) was examined through a single-group pilot study with a small sample size of initially five participants. Four participants completed the study protocol. This chapter aims to answer the question of whether the study protocol investigating the individual therapeutic songwriting program in residential care facilities was feasible (see research question in 5.2.2.1), before investigating the 'Appropriateness', 'Meaningfulness', and 'Effectiveness' of the intervention protocol in Chapters 8 to 10. The single-group pilot study started with recruitment between 2019, September 09 and 22. Data collection started on 2019, September 23, and the intervention protocol started on 2019, September 30. Three of the four participants who completed the treatment program finished in 2019, December, and one finished in 2020, February. The sessions were led by me, a music therapist with more than six years of clinical experience with depression in older people. Figure 29 shows the flowchart of the single-group pilot study with embedded case studies.

Figure 29

Flowchart: Single-Group Pilot Study



The single-group pilot study was approved by the University of Melbourne Human Ethics Research Committee under the project title 'A therapeutic songwriting approach incorporating the principles of positive psychology for people living with late-life depression: Single group feasibility study'. The approval number was 1954226.

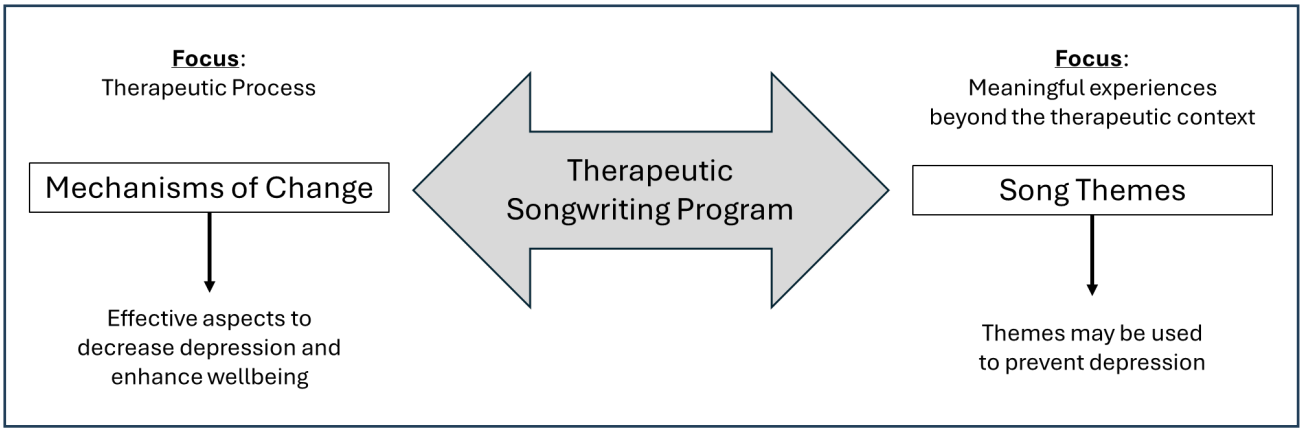
The analysis was conducted using a mixed-methods approach, combining both qualitative and quantitative data. The feasibility of the study protocol and the effectiveness of the treatment were examined using quantitative data (e.g. recruitment rate and pre-post differences in scales), which were then related to and complemented by qualitative data from interview data, video data, and field notes. The feasibility and appropriateness of the treatment protocol, the subjectively perceived impact of the

therapeutic songwriting program as a whole, and also of individual elements of the intervention program were investigated through interview data, video data, and field notes. This analysis aimed to identify the benefits and limitations of the program and its elements.

Furthermore, the interview data, video data, and written songs provided insights into the meaningfulness of the therapeutic songwriting program, investigating aspects that belonged to the therapeutic process and to experiences beyond the therapy (see Figure 30). Additionally, interview data were used to identify mechanisms of change from the therapeutic process that were meaningful to the participants, and thereby may lead to decreased depressive symptoms and improved wellbeing. The lyrics of the written songs were analysed in order to identify meaningful themes for participants that were experienced beyond the therapeutic context, and which may give insights into potential aspects to prevent depression.

Figure 30

Overview: Investigation of Meaningfulness of the Therapeutic Songwriting Program



7.2 Method

Interview and video data provided further information on clinical feasibility, including the time required for each session, and interruptions in the therapeutic process. The feasibility of video recording was analysed. Video data provided information about adherence to session tasks and task order, time spent per session, and adherence to the time schedule. Together with field notes, interruptions and potential influences on the implementation of the program could be identified. The feasibility of outcome measurements was asked in question 9 of the interview (see 7.2.2.2).

7.2.1 Participants

7.2.1.1 Setting

The study was conducted in two residential care facilities in or near Würzburg, Germany. The residential care facilities were located in different regions of Würzburg and the surrounding areas, and sought to meet the different needs and preferences of their residents. One of the residential care facilities in this study was located close to the city centre. The second residential care facility was located in a country area. Both facilities provided similar treatments. In addition to standard care services, both facilities offered group activities such as cooking, crafting, gardening, and church services. Other optional external services were also provided, including physiotherapy, occupational therapy, and music therapy.

7.2.1.2 Inclusion and exclusion criteria for participants

Based on recognised criteria for diagnosis of depression (ICD-10: F32.0-F32.2, F33.0-F33.2), five eligible participants were enrolled in the study who met all the following inclusion criteria:

- at least mild depressive symptoms, as indicated by a GDS score above five (the minimum for mild depression on this scale), to identify changes in depression,
- Mini-Mental State Examination (MMSE) score of or above 20 (on the German version of the MMSE). Any score below this may mean that participants perceive it too difficult to engage in the songwriting program,
- at least 65 years of age,

- living in a residential care facility,
- informed consent of the participants.

People were excluded if they had an existing diagnosis of psychotic disorders, dementia, schizophrenia, or Parkinson's disease, or if they were hard of hearing or deaf. People with mild cognitive impairment due to depression or very mild dementia were included (MMSE ≥20; ICD-10 F06.7). Participants who had received other music interventions, such as recreational singing and music therapy, as part of their standard care were not excluded from the study.

7.2.1.3 Recruitment Procedure and Recruitment Success

The participation in this study was entirely voluntary, and non-participation did not affect any other treatments or services accessed at the residential care facility. Participants were permitted to withdraw from the study at any time without providing a reason. No incentives were provided to participants for their involvement in the study.

In order to recruit the five participants who were living with depression, nursing management at the residential care facilities were asked to identify potential participants who met the aforementioned inclusion criteria. Residents with depression were first introduced to the idea of the study by the nursing management. They were informed about the main aim of the study in simple terms, the main considerations (e.g. tasks and time required), and the potential benefits and risks.

As the local researcher, I contacted residents who had expressed interest in the study to provide them with further information and responded to any questions. Those who expressed interest were provided with a Plain Language Statement and Consent Form to sign. As the inclusion criteria excluded individuals with severe cognitive impairments, all participants were able to sign the Plain Language Statement and Consent Form without the involvement of a legal guardian. The participants were requested to provide a detailed report of their understanding of the aim, main considerations, benefits, and risks of the study. This process was undertaken in order to ensure that they were fully aware of the implications of participating in the study. In the case of a potential participant who did not have a legal guardian and where nursing staff were unable to confirm whether the participant had

any cognitive impairments, the Mini-Mental State Examination was applied. In addition, to participate in the study, the potential participants were also asked to complete the Geriatric Depression Scale in order to check for eligibility. Those who met the eligibility criteria and gave consent were enrolled on the study one day after meeting the researcher. They then completed further baseline measures before commencing the therapeutic songwriting.

The success of the recruitment process was evaluated by comparing the number of residents living in the residential care facility with the number of residents who completed the study protocol. The success and rate of recruitment were evaluated by collecting and analysing the following data:

1. The number of residents living in the wards of the residential care facilities.
2. The number and percentage of eligible residents identified by nursing management.
3. The number and percentage of residents who gave consent.
4. The number and percentage of residents who met the inclusion criteria (after completing scales, see 7.1).
5. The number and percentage of residents who completed the intervention protocol in accordance with the intended protocol.
6. The number and percentage of residents who completed the post-intervention measurement one week after the end of treatment.

The recruitment rate provides information about the required number of people living in a residential care facility who are eligible to participate in further studies, such as randomised controlled studies. Furthermore, dropout rates provided further insight into the acceptability and feasibility of the study protocol and intervention program.

7.2.2 Outcome Measurement

7.2.2.1 Data Collection

In order to collect the requisite data, I had access to the resident's files. The files provided data on relevant diagnoses and medication (e.g. depression or dementia, and anti-depressant medication), age, gender, and the resident's history, including musical background. The data were collected after

obtaining consent and one week prior to the commencement of the program. Additionally, participants were provided with different scales for outcome measures to complete prior to the commencement of the study (baseline at week 0; see 7.2.2.4). The post-measures were conducted one week after the end of treatment.

All adverse events (e.g. unexpected worsening of symptoms), whether or not related to the interventions, were reported and monitored by nursing management and me from baseline to the post-measurement one week after treatment. In this way, any unexpected influences of events that were unrelated to the intervention were identified. Any potential changes in the prescribed medications and dosages from baseline were documented at the end of treatment in order to account for the potential influence of medications on the results or, conversely, to examine the impact of the intervention on medication requirements.

7.2.2.2 Interview

One aim of this study was to assess the feasibility and appropriateness of the study protocol and the intervention protocol. Furthermore, the study aimed to assess the meaning of the program for the participants and thereby identify potential mechanisms of change that decreased depressive symptoms and improved wellbeing. Participants were invited to verbally provide feedback regarding their experience of the therapeutic process one week after the end of treatment. They were requested to reflect on any changes that they had identified as a result of the entire therapeutic songwriting program and of individual elements of the program. In this way, the successful application of program elements could be identified, as well as weaknesses in the intervention design and delivery. The order and wording of the structured interview were developed and discussed together with music therapists and researchers who are familiar with this target group and have expertise in interview question development, qualitative data collection, and analysis. It was conducted after completion of the scales, in order to avoid any influence on the collection of quantitative outcome measurements. Table 16 presents the questions and associated aims of the interview.

Table 16

Interview Questions

Interview Question	Aim
1. How did you feel after we completed the program?	The objective of this question was to establish rapport by initiating a conversation.
2. Thinking back to the songwriting program in general: What are aspects of the program that stood out for you?	**Meaningfulness and effectiveness of different intervention elements:** The reported aspects provided insight into which elements were significant and meaningful, and might influence impacts on wellbeing or depressive symptoms.
3. Is there any influence on your wellbeing due to the songwriting program?	**Effectiveness of the intervention program:** This question aimed to explore the perceived changes in wellbeing resulting from the program.
4. Is there any influence on feeling depressed due to the songwriting program?	**Effectiveness of the intervention program:** This question aimed to explore the perceived changes in depressive symptoms resulting from the program.
5. How did you feel about each of the tasks, and how much did they affect you, if at all, to experience therapeutic achievements? Which elements, if any, could you use in your daily life? a. The intervention 'Three good things in life' b. Writing a 'Pleasure Song' c. The 'Music Ritual' d. Perceiving gratitude e. Writing a 'Gratitude Song' f. Identifying and working with your strengths to get a meaningful life and accomplish your goals g. Writing a 'Flourishing Song'	**Appropriateness and meaningfulness of individual perception of different program elements:** The objective of this question about the individual elements of the therapeutic songwriting program was to gather detailed information about the perceived positive and negative experiences of the different program elements in order to assess their appropriateness and meaningfulness.
6. Have you listened to your songs since we stopped working together? What role, if any, did the songs play to support your wellbeing?	**Meaningfulness and effectiveness of different program elements:** This question sought to ascertain the significance of the songs in the participants' daily lives and, therefore, their impact on the treatment outcomes. The question further provided indications of whether the songs were connected to the therapeutic achievements.

Interview Question	Aim
7. You wanted to (in the conclusion session reported intentions to transfer the achievements from the therapeutic process into their daily life). Could you integrate this into your daily life?	**Appropriateness and effectiveness of different program elements:** The purpose of this question was to gather information regarding the appropriateness of the intervention for the participant, their long-term motivation, and the influence of the intervention on their daily lives.
8. (If there was an interruption, such as medical issues or intermediate events, reported by the participant during the treatment, see data collection in 7.2.2.1): Did (description of reported interruptions) interrupt you in achieving your goals?	**Appropriateness:** In the event of any interruptions during the study period, this question a) investigated whether such interruptions might have influenced the success or outcomes of the treatment, and b) sought to identify any potential confounding factors.
9. About completing the measurement: How did you experience the questionnaires?	**Feasibility of the study protocol:** The objective of this question was to assess the feasibility of outcome measures.

Table 17 presents an overview of the question allocation to the research purposes:

Table 17

Allocation of Interview Questions to Research Purposes

Research purpose	**Interview Question**
Feasibility	9
Appropriateness	1, 5, 7, 8
Meaningfulness	1, 2, 5, 6
Effectiveness	1, 2, 3, 4, 6, 7

All interviews were recorded on video. The information provided by the participants in response to the individual interview questions was transcribed and extracted manually for each participant. In order to achieve a comprehensive understanding of the statements, an extended transcription system, as outlined by Dresing (2015), was employed. The most fundamental rules are as follows:

- Signals of comprehension and fillers are transcribed,
- Dialects are written as they are spoken,
- Particularly emphasised words are indicated by all caps,

- Emotional non-verbal expressions are noted in brackets,
- Breaks of words or sentences are marked with /,
- Incomprehensible words are marked with “not understandable”; possible wording are put into brackets,
- Pauses were noted: (.) for one second, (..) for two seconds, (…) for three seconds; (number) shows the time in seconds (Dresing, 2015).

Furthermore, I added explanatory comments in square brackets. Interview content that was not directly responsive to the interview questions and/or research purpose was not extracted.

In the next step, German quotes were translated into English. In order to ensure the translations were as accurate and free of interpretation as possible, an English music therapist and researcher that speaks German fluently verified the meaning of the quotes. The researcher was based in Germany and, therefore, had a good knowledge of the culture of the area in which the study was conducted. The responses to the interview questions were split into smaller statements when the content changed, and the content summarised to present their central meaning. The presentation of the central meanings was based on the original statement in German in order to represent the precise meaning within the German context. Further, exploratory comments based on my observation were added, presenting the initial interpretation (Pietkiewicz & Smith, 2014). All statements are presented in their original form, with the translated statements of the interview and their central meanings and exploratory comments in Appendix F.

For the purposes of this study, codes were allocated to individual statements in order to facilitate transparent tracking of the content within the analysis. The codes were created by the individual participant’s pseudonyms (e.g. Paul[17]), the interview questions where the statements were given (e.g. Q1 for Interview Question 1) and the order of statements of each answer (e.g. 1.2 for the second statement of the answer to Question 1). For example, the quote Willa-Q6.2 was given by

[17] Participant’s names changed

participant Willa as the second statement in response to Interview Question 6. A response that addressed a question different from the one initially posed may subsequently be assigned as an answer to another interview question. For example, the statement Paul-Q1, which addressed his emotional state following the completion of the program (Question 1), was subsequently allocated to Question 4, which asked for any influence on feelings of depression. The coding model enabled both the position and context in which a statement was given to be identified.

7.2.2.3 Field Notes and Video Data

During the therapeutic songwriting process, field notes were taken regarding the content of the sessions. This may have included any unexpected events that occurred during the session, such as negative responses to music. It may also have included environmental influences, including visits from relatives, friends, or other institutions (e.g. pastoral care or staff from the residential care facility). Furthermore, events including celebrations, illness or the loss of friends or relatives were noted in order to determine whether these experiences had any impact on the therapy sessions for participants, as well as on the general outcomes.

All sessions of each of the five participants were video recorded. In addition to the field notes and interview data (see 7.2.2.2), the collected data were expected to generate knowledge about the intervention protocol, including knowledge about the adherence to the treatment procedure, perceived benefits of the therapeutic songwriting program (see Interview Questions in 7.2.2.2), and events that influenced the therapeutic process.

Video data and field notes were analysed in order to identify any interruptions in the feasibility assessment (presented in this chapter) and appropriateness of the study protocol, including a fidelity check, and of the intervention protocol (presented in Chapter 8). In addition, the video data were extracted to confirm or disconfirm the findings of an interpretative phenomenological analysis that explored the mechanisms of change that potentially could influence the state of depressive symptoms and wellbeing (see 9.1). The transcription was conducted in accordance with the previously described methodology, as outlined by Döring et al. (2016). Furthermore, the nonverbal behavioural aspects

during the statements and the context were included, such as discussions of song content or the repetition of a song. The statements of the video data, with their central meanings and exploratory comments, are presented in the order of the different research questions in Appendix G. By integrating observations of sessions and interviews, the interview data could be augmented, and the findings of the interview analysis could be confirmed (Jamshed, 2014).

The codes for the statements were generated using the same methodology as that applied to the interview questions. After stating the name of the participant (e.g. Paul), the session number in which the statement was made, as well as the order of statements within one session, were given. For example, the quote Anna-V1.3 was the third extracted statement from the video data in Session 1.

7.2.2.4 Scales

The primary outcome measure for this study was the German short form of the Geriatric Depression Scale (GDS; Gauggel & Birkner, 1999) for depressive symptoms, and the World Health Organization Quality Of Life for OLDer people (Conrad et al., 2014; Power et al., 2005) and Flourishing Scale (FS-D; Esch et al., 2013). Furthermore, a German version of the Meaningfulness of Songwriting Scale (MSS; Baker et al., 2016) was applied, which has yet to be validated. The translation of the MSS scale into German is presented in Appendix E.

The Geriatric Depression Scale (GDS), initially developed and validated by Yesavage et al. (1982) in English, followed by the development of a German version validated by Gauggel and Birkner (1999), is a standard assessment of depression in older people. The short version includes 15 items, with responses provided in the form of a dichotomous yes/no scale. The scores obtained from the scale indicate different levels of depression: a score of 0 to 4 indicates no depression, 5 to 8 indicates mild depression, 9 to 11 indicates moderate depression and 12 to 15 indicates severe depression (Sherry, 2007). For participants over the age of 85, the cut-off score can be adjusted to 4 (Caljouw et al., 2013). The short form of the GDS scale is a practical and recommended instrument for assessment in residential aged care homes (Fejtkova, 2010). The scale has been used in a number of studies to test the effectiveness of music therapy and positive psychology studies (for example, the music therapy

studies of Cheung et al., 2018; Gök Ugur et al., 2017; or the positive psychology studies of Ho et al., 2014; Meléndez Moral et al., 2015). The GDS-German version is a highly reliable and valid screening instrument for the discrimination of persons with depressive disorders, with a Chronbach's Alpha α = 0.91 (Gauggel & Birkner, 1999).

The assessment tool World Health Organization Quality of Life for OLDer people (WHOQOL-OLD) is specific to people aged 60 years and older. The scale comprises a set of dimensions derived from the WHOQOL-BREF, which has been extended to older-specific areas such as past, present, and future activities, participation, and autonomy (Conrad et al., 2014). The WHOQOL-OLD was developed in 2005 and tested on 5566 participants from 20 countries worldwide. Altogether, 354 participants were recruited from Germany and 376 participants from Australia (Power et al., 2005). It is a self-rated questionnaire, with an estimated completion time of approximately 30 minutes for the participant (Reinwald, 2014). The 24 statements are rated by the grade of agreement on a Likert scale, with scores ranging from 0 (representing 'Not at all' or 'Very dissatisfied/unhappy/poor') to 5 (representing 'An extreme amount/Completely' or 'Very satisfied/happy/good'). A higher score indicates a higher quality of life. However, seven out of the 24 statements have a low level of quality of life when rated higher, such as the influence of impaired sensory functions. In analysing these items, the rating must be reversed (Conrad et al., 2014).

The WHOQOL-OLD is a valid and reliable instrument, with Chronbach's Alpha α = 0.89. Although the current version of this scale has not been used to examine the effects of music therapy for older people with depression in older people, the initial version, WHOQOL-BREF, has been used to examine music therapy and positive psychology studies with older people living with depressive symptoms (see for example, the positive psychology study by Liu et al., 2023; and the music therapy study by L. Wang et al., 2024).

The eight-item questionnaire German version of the Flourishing Scale (FS-D) is a valid and reliable scale (Chronbach's Alpha α = 0.87) for the assessment of various areas of subjective psychological wellbeing, including positive relationships, feelings of competence, and the presence of

meaning and purpose in life (Esch et al., 2013; Wammerl et al., 2019). The scale is a translation of the original English version from Diener et al. (2010, pp. 154-155). Each of the eight statements is rated on a scale of 1 (strongly disagree) to 7 (strongly agree), with a total sum score ranging from 8 to 56. A higher score is correlated with a higher subjective wellbeing (Esch et al., 2013). The scale was developed within the field of positive psychology, with the objective of measuring flourishing. It has already been applied in a number of studies within the field of music therapy, with a particular focus on therapeutic songwriting for adults with depressive symptoms (see Baker et al., 2015; Roddy et al., 2018).

The Meaningfulness of Songwriting Scale (MSS) is a valid and reliable scale with 21 items that estimates the meaningfulness of songwriting processes and songs in affective, cognitive, and relational dimensions. Each item is measured on a Likert scale, with responses ranging from 1 (strongly disagree) to 5 (strongly agree). The score ranges from 21 to 105. A higher score is correlated with a higher perceived meaning of the song and songwriting procedure. The scale was developed based on data from different studies with university students and retirees (Baker & MacDonald, 2014; Baker & MacDonald, 2013). The reliability and validity of this scale were tested in 2016 (Chronbach´s Alpha α = 0.96 to 0.98; Baker et al., 2016), and has been applied in a number of therapeutic songwriting studies with diverse populations (Baker et al., 2015; Silverman et al., 2016). In order to ensure the accurate translation of the scale, it was translated into German and then back-translated into English. This process ensured the correct transfer of the meaning of each item (see translation in Appendix E). The German scale was successfully applied in two student projects with adolescents and university students, but has not yet been validated in German. However, the data will also provide further insights into the appropriateness, meaningfulness, and effectiveness of the songwriting program.

7.2.3 Session Frequency, Duration, and Interruptions

The frequency of sessions was analysed by noting the dates of sessions and the reasons for rescheduling sessions. The duration of each session was documented by video recordings. The mean duration was calculated for each participant and for all participants together. The occurrence of

interruptions during the sessions was identified through the use of video recordings and session notes, which included a detailed account of the reasons for the interruption. Furthermore, Question 8 of the interview sought to explore the influence of interruptions on the therapeutic process.

7.3 Results

7.3.1 Participants

In order to protect their identities, all recruited participants are referred to using a pseudonym in the following presentation. The descriptive analysis of the participants' characteristics is summarised in Table 18. Age ranged from 71 to 93 years, with a mean age of 84.40 years (SD=8.05) for all participants. The majority of participants were female (80%). Four of the five participants came from the same area in Bavaria, Germany, and three of the five had no other mental health diagnosis than depression. One participant was from Serbia and came to Germany for work. Three participants (60%) had no musical background; one sang in a recreational choir, and one was a professional choir singer in a theatre. None of the participants had previously received individual music therapy. The GDS score showed mild depression in four participants (80%) and moderate depression in one participant (20%).

Table 18

Participant Characteristics

Pseudonym	Age	Gender	Origin	Diagnoses[18]	GDS score	Musical background
Anna	83	Female	Germany	Depression	8	Participation in choirs
Willa	71	Female	Serbia	Depression; Cognitive impairment (MSSE = 23); Organic brain and behaviour disorder	8	No musical background
Emma	87	Female	Germany	Depression	5	No musical background
Dora	93	Female	Germany	Depression; Beginning dementia	6	Professional choir singer
Paul	83	Male	Germany	Depression	10	No musical background

[18] Reported diagnoses are limited to mental or significant physical diagnoses; no ICD classification was given; terms taken from patient records.

The participants had different biographical backgrounds that might have influenced the therapeutic process. A brief description of each participant is presented below:

Anna grew up during World War II. Her home was destroyed, and she was evacuated with her family when she was nine years old. She had no brothers. After finishing school, she worked for her parents in their company. When she got married, she started to help her husband in his company. She had experienced a stillbirth but then became the mother of a son. In general, she had a good relationship with her children and grandchildren. She experienced depressive episodes at different times in her life but had good support from her family. The reason for moving to the residential care facility was that her husband became ill, and she felt lonely in her house. Her husband passed away a few years ago, and Anna was still grieving. She took part in many activities at the residential care facility and was glad to be able to go regularly to the city centre.

Willa was born as a single child in Serbia and had a difficult childhood. She was not allowed to finish school and had to leave after six years to help her family with farming. She experienced domestic violence from her parents and ran away to live with her grandmother. Willa got married and gave birth to a son, but got divorced after 15 years due to domestic violence. She worked in different jobs to be able to care for her son. She previously resided in an apartment with her adult son, however, due to domestic violence from her son, she moved into the residential care facility. Willa had a close relationship with her son but regularly argued with him. She used to listen to music and watch television, but ceased following her transition to residential care. Due to her depression, she reportedly feels too overwhelmed by these activities. She did not participate in group activities at the residential care facility.

Emma was born and raised in a small village. Her parents were highly religious, and Emma shared this belief. After completing school, she undertook training in housekeeping. She married and had two children, a son and a daughter. With her daughter, Emma still had a close relationship. Her husband owned a village shop where Emma assisted him. After her husband passed away, she continued to run the village shop for several months, receiving assistance from various persons.

Following the closure of the shop, she received support from a priest, who organised a workplace for her in the civil service. She worked in a variety of locations as a housekeeper at public events. She further volunteered to collect donations for people living in Sinai. Her relationship with her children was very good. She moved to the residential care facility due to increasing difficulties in performing daily tasks around her house. Emma expressed great satisfaction that she could live in this residential care facility, as this was exactly where she wanted to move to. She participated in a wide range of activities as possible, and enjoyed the opportunity to engage in nature, handcrafting, and cooking.

Dora grew up with one brother. After World War II, she received singing lessons from her brother's girlfriend. The intensive training improved her vocal technique, and she was allowed to join the local theatre choir. At the age of 26, she married and gave birth to four children (two sons and two daughters). Dora lost one daughter in a car accident caused by her son. The son was unable to cope with the guilt and broke off all contact with his mother. When Dora was diagnosed with cancer, she needed full-time care from her husband. When her husband became ill and died, she moved into the residential care facility, where she regularly participated in group activities.

Paul grew up with two brothers and one sister. One brother died, and he had minimal contact with his other two siblings. Paul's home was destroyed during World War II when he was nine years old. His father was a prisoner of war, so Paul lived together with his mother and brothers for a few years. He married, but his wife was not the woman he initially desired to marry. Nevertheless, he was grateful for the freedom she afforded him. He achieved a high position in the civil service, and became the father of two daughters. His relationship with both children was very good. Paul used to engage in a lot of sports, and was a soccer coach. Further, he travelled regularly until his wife became too ill to travel independently. He provided care for her, but she required full-time care and was subsequently admitted to a residential care facility. Some years later, Paul moved to the residential care facility for short-term care after an accident at home, and became a permanent resident a few months later. He felt powerless in his situation in the residential care facility. Paul made plans to meet other people in the city centre daily, as he had done in the past. Other activities from the residential care facility were

not attractive for him, due to the presence of other people who had severe impairments. Paul missed his home and still desired to move back. However, his daughter argued that he should remain at the residential care facility to have support whenever he required it. A flat with full-time care was not affordable for him.

7.3.2 Recruitment Procedure and Recruitment Success

The number of residents in the residential aged care home wards ranged from 13 to 35. The management identified one to two participants per ward who met the inclusion criteria (see 7.2.1.2). The management did not regularly test for depressive symptoms and cognitive abilities in residents, so this number does not represent the true number of eligible participants. The proposed list was derived from the clinical judgement of the management. Consequently, only 14 of the 137 residents were identified as eligible (10.2% of all residents):

- Ward 1: 35 residents, three eligible
- Ward 2: 18 Residents, two eligible
- Ward 3: 28 residents, three eligible
- Ward 4: 33 residents, two eligible
- Ward 5: 23 residents, four eligible

Of the 14 residents, six provided consent (42.9% of residents identified as eligible, 4.4% of all residents). The reasons for non-participation were diverse. One resident with severe depression expressed a lack of trust in the potential of the program, citing two years of psychotherapy without any changes. Other residents indicated a lack of interest or time or motivation for the project.

Following the final assessment of the inclusion and exclusion criteria, one resident was excluded due to cognitive impairment, as evidenced by a Mini-Mental State Examination (MMSE) score of 18. A total of five participants met all inclusion criteria and commenced the intervention (representing 83.3% of residents who provided consent and 3.6% of all residents). One participant withdrew from the intervention, four participants completed the treatment as intended and completed the post-intervention measurement one week after the end of treatment (80.0% of included residents). Consequently, 2.9% of all residents completed the study. Table 19 shows an overview of the recruitment success.

Table 19

Overview Recruitment Success

	No.	Percentage
1. Residents living in residential care facility	137	100.0%
2. Eligible residents, identified by nursing management	14	10.2% of all residents
3. Eligible residents gave consent	6	4.4% of all residents 42.9% of identified residents
4. Residents met inclusion criteria (tests)	5	3.6% of all residents 83.3% of residents who gave consent
5. Residents finished the intervention protocol	4	2.9% of all residents 80.0% of included residents
6. Residents finished post measurement	4	2.9% of all residents 80.0% of included residents

7.3.3 Outcome Measurement

7.3.3.1 Data Collection

The data collection process was conducted in accordance with the study protocol, with no interruptions or modifications prior to the commencement of the intervention. No changes to the medication for any participant were identified during the treatment period. One adverse event, not related to the study, was identified for Willa on the day when Session 8 was originally scheduled. A serious conflict with her son required a separate, independent intervention session, which I conducted, followed by support from the nursing staff. This invervention was not considered to be part of the songwriting program and the rescheduled Session 8 took place three days later.

7.3.3.2 Interview

The interviews were conducted in accordance with the study protocol; therefore, these are deemed feasible. The duration of the interviews ranged from 15 to 25 minutes, with an average length of 21 minutes.

7.3.3.3 Field Notes and Video Data

All sessions and interviews should have been video-recorded for different research purposes (see 7.2.2.3). Video recordings were captured for 80.4% of the sessions and interviews (37 of 46). The

reasons for not recording on video were technical problems (n=4; 10.9%) and requests from the participants, for example, when they were not dressed (n=5; 8.7%). Sessions that were not recorded on video were audio-recorded.

7.3.3.4 Measurement Scales

Three of the five participants completed the measurement scales independently. One participant had a visual impairment, and one was afraid of making mistakes in filling out the scales and completed only two of the four scales. In both cases, I visited them one day prior to the commencement of treatment and two days following the conclusion of treatment to help them read and complete the scales.

The feasibility of the outcome measurement was examined by analysing Interview Question 9 (see 7.2.2.2). Table 20 presents the statements from the participants, translated into English (see Appendix F for the original statements), with the central meaning and exploratory comments, where appropriate.

Table 20

Statements Allocated to Interview Question 9: Feasibility of Outcome Measurement

Question 9: About completing the measurement: How did you find the questionnaires?		
Quote-Code	Statement	Central meaning /Exploratory comments
Anna-Q9	Anna: They are not difficult. (..) One could say are easy to fill out. Therapist: And the amount? Anna: Yes, the amount also ok.	The scales were simple to complete, and the quantity was acceptable.
Willa-Q9	It was ok, yes.	Scales were acceptable.
Emma-Q9	For research. That works.	Scales were acceptable for research purposes.
Paul-Q9	Paul: Partially I can't do anything with it. (..) Some were not so understandable (.) which levels (.) so gradual. Therapist: In the WHOQOL or the FS? Paul: The long one [WHOQOL-OLD]. The question was sometimes a bit strange to me (.) what to tick.	The WHOQOL-OLD scale did not seem to be a suitable tool for the purpose of measuring quality of life. / The subject's body language indicated a lack of motivation to repeat the measurement with the WHOQOL-OLD scale in the future.

The GDS and FS-D scales were found to be feasible for all participants. The WHOQOL-OLD scale was deemed to be an inappropriate instrument, according to Questin 9 and my observations. Paul

experienced the questions as not understandable and “strange” (Paul-Q9). This statement can be confirmed by a number of similar, informal statements made by the participants when the scales were given to the music therapist for the purpose of collecting baseline data.

7.3.3.5 Session Frequency, Duration, and Interruptions

Sessions were conducted once per week, with the intention of being held at the same time each week. All participants experienced one or two interruptions to the therapeutic process, with delays ranging from one to 14 days. The reasons for the interruptions were physical and mental discomfort (n=3), Christmas holidays (n=2), planned meetings with friends (n=1), and medical appointments (n=1). Interview Question 8 (see 7.2.2.2) was analysed in order to examine the influence of interruptions on the program, such as delayed sessions and events. Table 21 presents the statements from the participants (translated into English) about potential influences and their central meaning.

Table 21

Statements Allocated to Interview Question 8: Interruptions During Treatment

Question 8: (If there was an interruption, such as medical issues or intermediate events, reported by the participant during the treatment, see data collection in 6.2.3.1): Did (description of reported interruptions) interrupt you in achieving your goals?

Quote-Code	Statement	Central meaning /Exploratory comments
Anna-Q8	[Christmas between sessions] In terms of feelings, Christmas is already accompanied by positive feelings (.) It was always beautiful, never arguments (...) Could possibly play a little role.	The Christmas period was characterised by a general sense of positivity, which may have had a beneficial impact on her, potentially facilitating the achievement of the treatment.
Willa-Q8	[Willa had a serious argument with the son and was in a difficult situation as a result] Willa: Yes, that was very difficult. But hopefully, if this ultimately turns out for the better (...) Therapist: Did that affect our meetings? Willa: Yes, so what I found good was (...) I can't be angry with my son. Yes, forgiving.	The conflict with her son was challenging for her, yet she retains optimism that it will have a positive outcome in the future. She expressed a desire to forgive him. / She was intensely focused on her son and consistently directed her response to him. The intensive relationship may have had an impact on the therapeutic content, consequently influencing the therapeutic process.
Emma-Q8	[Two weeks break due to illness] No, that didn't bother at all. (..) No, nothing was broke off..	The two-week break had no impact on the therapeutic achievements
Paul-Q8	[Christmas between sessions] No.	Christmas had no impact on therapeutic achievements.

The aforementioned interruptions seem to not affect the participants in achieving their goals. Only one participant reported that the Christmas holidays may have had a minor impact on the therapeutic achievements, although no direction was given as to whether this was a positive or negative influence (Anna-Q8). The distress of Willa, caused by an argument with her son, led to the cancellation of the session, replaced with an emergency consultation with the music therapist, nurses, and management. The session was rescheduled for three days later. Willa proceeded with the planned therapy. The observation did not reveal any substantial changes in mood resulting from the interruptions, which did not significantly affect the progress of the session. This might confirm that interruptions have little to no impact on the therapeutic process.

During the sessions, 24 out of 40 sessions had small interruptions related to daily caring or social relationships. Up to three interruptions per session were identified. The reasons for the interruptions were related to catering (n=7), friends or family members (n=4), medical (n=3), socio-pedagogical (n=2), or complementary therapeutic care (n=2), housekeeping (n=2), care of roommate (n=1), or loud noises in general (n=3).

The duration of the intervention sessions ranged from 31 to 53 minutes, with a mean of 45 minutes. The longest session was Session 3, with a collective mean of 48 minutes. Within this session, the 'Pleasure Song' was completed, and information for the 'Gratitude Song' was collected (see details in 6.2.3). The shortest session was the conclusion session with a mean of 36 minutes. Here, the therapeutic process was discussed and the use of learnings from the therapeutic process in the time after therapy was explored. Table 22 shows the frequency and duration of all sessions.

Table 22

Frequency and Duration of Sessions

	Anna	Willa	Emma	Paul	Main duration
Session 1	40:13	42:47*	45:43	48:36*	44:19
Session 2	41:26	48:11	47:03	45:41 (7 days delay – meeting friends)	46:11
Session 3	46:15	49:56	53:01	45:42	48.43
Session 4	46:27+	46:33+	38:24	48:14	44.54
Session 5	45:55	46:54+ (1 day delay – discomfort)	41:14	49:53	45.59
Session 6	46:38 (3 days delay – medical appointment)	49:36	45:49	41:48	45.57
Session 7	49:01	43:15*	42:12	46:43*	45.17
Session 8	49:27	44:33 (3 days delay – discomfort)	38:16	44:25+	44:10
Session 9	45:20	47:33	41:00	40:35	43:37
Session 10	36:39+ (7 days delay – Christmas)	38:00	39:39 (14 days delay – discomfort	31:29 (7 days delay – Christmas)	36:26
Mean	44:44	45:43	43:14	44:18	44:31

* = Audio record due to technical reasons; + = Audio recorded due to personal reasons

7.4 Discussion

This section aims to answer the research question: “Is the study protocol of the individual therapeutic songwriting program feasible with older people living with depression in a residential care facility?” (see 5.2.2.1). The following section discusses the results in terms of recruitment, outcome measurements, session frequency, and session duration. Section 8.3.1 discusses adherence, which represents the feasibility and appropriateness of the intervention program for older people living in residential care.

7.4.1 Recruitment

The participants were recruited from two residential care facilities. The recruitment success rate indicated that only 10.2% of all residents were identified by the nursing management as eligible

for the study. It is possible that the management identified a relatively low number of residents as eligible for the study, given that the initial target was to recruit five participants from the two residential care facilities. The actual number of eligible residents may have been higher. Due to practical reasons, only five participants could receive the intervention in the same time period. Furthermore, the nursing management explained that residents were only screened for depressive symptoms when a potential diagnosis might occur rather than routinely. A study conducted in 2009 with 97 out of 548 randomly selected participants from 10 randomly selected residential care facilities in Munich found a prevalence of an acute form of minor depression in 14.4% and major depression in 14.4% of residents (Kramer et al., 2009). However, only 18.6% of all residents had a diagnosis of depression. The diagnoses in Kramer et al.´s (2009) study were made by physicians or geriatric nurses, as specialists in psychiatry or neurology are rarely employed in German residential care facilities. Following this, the low recruitment success rate of the pilot study presented in this chapter may have been caused by undiagnosed depression, which appeared to be prevalent among older adults residing in long-term care facilities. Furthermore, for measuring any changes following treatment, the presence of depressive symptoms is required. Some of the residents may have been diagnosed with depression but were ineligible due to the administration of effective drug therapy and the absence of depressive symptoms. In future research, a full screening of all residents who express interest in the intervention program may improve the recruitment rate.

One of the reasons for non-participation in this study was the perception among residents that they did not have sufficient time to participate in the study. This is consistent with the timetable of the included facilities, which offers daily several activities that participants may choose to join. However, findings from a study conducted in Canada five years prior to the commencement of recruitment for the current study contradict this observation of a lack of time (Donovan et al., 2014). In their study, Donovan et al. (2014) investigated the daily activities of residents in residential care facilities from seven sites over the course of a week, from Monday to Thursday, between the hours of 7 a.m. and 11 p.m. Their findings indicated that residents spent the majority of their time sitting in their rooms

(64.5% of the time), followed by sleeping (29.2% of the time) and sitting and watching other people or activities (25.1% of the time). Conversely, the residents spent only 3.6% of the time receiving care and 2.1% with scheduled activities. Further research is required to investigate whether the high amount of activities are frequently provided in German residential care facilities. Additionally, it would be beneficial to identify which particular activities German residents engage in, and the extent of time residents receive treatments, thereby identifying the amount of time left for unplanned activities.

Another reason for non-participation was observed in the expectations of the participants regarding the required abilities to write a song. Despite my emphasis on the fact that the song content was based on the participants' experiences and that I provided the musical background for composing the songs, the eligible residents still felt unable to write the song.

In this study, more women than men were included in the sample. This may be a consequence of the higher proportion of women residing in German residential care facilities. A survey conducted by Gaertner et al. (2019) involving 8,000 participants revealed that 57.1% of residents in German residential care facilities were female. Another potential explanation is the higher prevalence of depression in women (Eurostat, 2021; for further details, see Table 1 in 2.1).

The mean age of the participants in this study was 84.4 years (ranging from 71 to 93 years). In comparison, the average age of residents in German residential care facilities, which was 76.2 years (ranging from 65 to 106) in 2018, the proportion of residents aged under 80 was 69.1%, while only 30.9% of residents were older than 80 years (Gaertner et al., 2019). Only one of the participants in this study was under the age of 80. Therefore, the study could not represent the average age of residents in German residential care facilities. Further research could investigate the application of this program with residents younger than 80 years of age.

A majority of the participants (four out of five) recruited for this study exhibited mild depressive symptoms. Only one participant demonstrated symptoms of moderate depression. The inclusion of participants with predominantly mild depressive symptoms may have been a mere coincidence. Nevertheless, there are several potential explanations for the lack of recruitment of

residents with severe depression. It is possible that residents with severe depression may already be receiving treatment in hospitals. Only one participant showed moderate depressive symptoms. Consequently, the application of the intervention program to older people with severe depression may be more feasible and appropriate in other contexts.

Other participants may not be personally prepared for treatment or may be unmotivated to work on their depression (Berking & Kowalska, 2012). This may be due to previous unsuccessful treatments (Bruce & Sirey, 2018). The phenomenon of previous unsuccessful treatment was observed in the current study during the recruitment period. As soon as the participants were informed that the study was designed to help reduce his depressive symptoms, they emphasised that, given the lack of efficacy of previous treatments, they would not be able to benefit from the study's proposed intervention. The lack of motivation needs to be addressed by the therapist in order to avoid a reciprocal negative effect of the participant's low effort to work on their depression and the resulting therapeutic failure (Berking & Kowalska, 2012). While this study may have been beneficial for people who were not yet motivated to treat their depression, the clear focus on reducing depressive symptoms in the introductory meeting may have discouraged these residents from participating.

7.4.2 Outcome measurement

The interview was feasible in terms of the selected questions and the time point. Some video recordings were not possible in four cases due to technical reasons. In future research, the simultaneous recording with two cameras can ensure the recording is not compromised. The scales were feasible, although one participant reported that the WHOQOL-OLD was inappropriate for him (Paul-Q9). For other participants, some WHOQOL-OLD items were also incomprehensible and inappropriate. Nevertheless, the results from the WHOQOL-OLD scale did not show significant changes in perceived quality of life (see 10.2). While the subscales 'Autonomy', 'Activity', 'Participation', and 'Intimacy' may have been influenced by different program elements, the subscales 'Sensory function' and 'Death and dying' were deemed unlikely to have been affected due to their strong correlation to physical conditions. Connell et al. (2014) identified seven domains that are fundamental to the

assessment of quality of life in mental health: well-being and ill-being, the quality of relationships and sense of belonging, activity, self-perception, autonomy, hope and hopelessness, and physical health. In accordance with this theory, six of these identified domains were not related to physical health. Connell et al. (2014) concluded that no existing scales could adequately assess all seven domains.

7.4.3 Session Frequency and Duration

The time limitations observed during recruitment were also identified at the beginning of the treatment. The first two sessions from one participant lasted only around 40 minutes, while the second session of another participant had to be postponed to the following week due to other appointments. Therefore, it is important to consider the current time schedule of each participant when offering the intervention. Further delays were expected due to Christmas breaks. Overall, the intervention frequency of one session per week was feasible.

The duration of each session was found to be within an acceptable range, with a mean duration of 44:31 minutes. A notable difference was observed in Session 3, with a duration of 48:43 minutes. Two of the four participants did not complete the homework between Sessions 2 and 3. Consequently, the exploration of positive experiences was included in Session 3 instead for these particiants (see Table 23). Notwithstanding, in these two cases, the session duration was maintained at 45 to 46 minutes, indicating that this additional task did not significantly affect the session duration. The duration of Session 10 was 36:26 minutes, which provides the opportunity for the integration of further program elements (see recommendations for further program development in 11.3.1).

7.5 Conclusion

The study protocol investigating therapeutic songwriting in a residential care facility was found to be feasible. Some elements of the recruitment process may be enhanced to improve the overall success rate. Other recommended modifications include using another measurement tool to assess changes in quality of life, and using a second camera. In conclusion, the findings indicate that the study protocol can be applied in further research in this selected setting.

8 Appropriateness of the Individual Therapeutic Songwriting Program in a Residential Care Facility

Apart from the clinical feasibility and the feasibility of the study protocol, the appropriateness of the individual therapeutic songwriting program was tested in people living with depression in a residential care facility (see research question in 5.2.2.2). Video data and field notes were used to assess the appropriateness of the intervention by exploring the individual perception of different intervention parts, and to gain data for a fidelity check. The fidelity check comprised an exploration of the adherence to the intervention protocol, including the applied therapeutic songwriting techniques, and the identification of any needed changes. Furthermore, Interview Questions 7 and 8 were analysed in order to explore the influence of interruptions on the therapeutic process and the transfer of achievements from the therapeutic process into the participant's daily life. Interview Question 5 explored the individual perception of different program elements.

8.1 Method

8.1.1 Fidelity and Appropriateness of the Entire Intervention Protocol

In order to test the fidelity of the intervention protocol (see further program details in Chapter 6), a checklist was used to document whether the intended procedure was adhered to. Adherence was given if a task was conducted within the program, regardless of the session or session order. Changes in the content, order, and other adaptions that emerged within the therapeutic process, as well as other important events, were documented and interpreted. In addition, the percentages of adherence with and without the order specified in the intervention program were calculated. The single elements of the protocol were considered to have been successfully applied when the expected result was achieved, such as the creation of a song or the overview of strengths. Any changes and instances of non-adherence could indicate the requirement for changes in the individual therapeutic songwriting program, which were discussed in section 8.3.

8.1.2 Appropriateness of Different Program Elements

In order to gain an understanding of how participants experienced different elements of the program, the participant's perceptions of each element were reflected in Interview Question 5 (see overview of the interview questions in 7.2.2.2). Further, the role of the songs and the transfer of achievements from the therapeutic process into daily life were asked in Interview Questions 6 and 7. An element was deemed appropriate when it was feasible for all participants and when less than 50% of the participants reported negative experiences or difficulties in fulfilling the tasks. The explanations provided by the participants as to why certain elements were considered appropriate or had an influence on their achievements were summarised and interpreted. Where possible, the statements were supplemented by the video and field data to confirm, disconfirm, or provide an explanation for the findings.

8.2 Results

8.2.1 Appropriateness of the Entire Intervention Protocol

A fidelity and feasibility check were conducted for all participants who completed the intervention program and for all sessions. One participant, Dora, dropped out after completing the first two sessions for personal reasons and was therefore excluded from the analysis. The planned tasks within the elements were completed with 97.4% compliance. Of these tasks, 2.5% were transferred to the following session due to time limitations. The sequence of the individual session tasks was adhered to 87.1% of the time. The most common deviation was the conduction of the 'Music Ritual' or the repetition of previously written songs, for example, at the end of a session instead of at the beginning. The recording of the 'Flourishing Song' in Session 9 was not conducted for three of four participants and could not be rescheduled due to time limitations at the end of the program. In one case, the 'Music Ritual' in Session 8 could not be conducted due to an interruption in the therapeutic process and the time constraints this created (see interruptions in Session 8 in Table 23). The detailed results of the fidelity and feasibility check are presented in Table 23.

Table 23

Fidelity and Feasibility Check of the Intervention Program

Session-No. and task		Anna		Willa		Emma		Paul	
		order	Adaptions/notes	order	Adaptions/notes	order	Adaptions/notes	order	Adaptions/notes
1-1	Sing songs associated with positive emotion	1		1		1		1	
1-2	Inform the songwriter about the benefits of positive emotions and engagement	-*	Transferred to Session 2	2		2		2	
1-3	Introduce the positive psychology intervention 'Three good things in life' and the 'Music Ritual'	2		3		3		3	
1-4	Homework for the songwriter: 'Three good things in life'-intervention	3		4		4		4	
	Interruptions								
2-1	'Music Ritual': 'Try to shape new positive experiences into the previous or a new musical phrase'	2*		2*		2*		1	
2-2	Feedback homework: What kind of experiences did you collect? Were there tasks that led to flow experiences?	1*	Initiated by the participant, followed by tasks 1-2	1*	Initiated by the participant, homework not done	1*	Initiated by participant	2*	Homework not done
2-3	Choose a song and commence the creation of the 'Pleasure Song'	3		3		3		3	
2-4	Identify a person or spiritual figure to create a 'Gratitude Song' for	4		4		4		4	
2-5	Homework for the songwriter: Collection of positive ideas about the person or spiritual figure for the 'Gratitude Song'	5		5		5		5	
	Interruptions		Coffee offered by an employee		1. Coffee offered by an employee; 2. Snack offered by an employee, 3. Interruption by the housekeeping		Five-minute break due to the care of a roommate		1. Telephone call from a friend, 2. Visit from the facility manager
3-1	Sing the previous version of the 'Pleasure Song' and 'Music Ritual'	1/2*	Before feedback homework (3-3); 'Music Ritual' first	1	'Music Ritual' first	1	'Music Ritual' first	1	'Music Ritual' first
3-2	Finish and/or further refine (if necessary) and sing the 'Pleasure Song'	3	Further refinement was not necessary	2		2	Further refinement was not necessary	2	Further refinement was not necessary
3-3	Categorise and collect more information about the person or spiritual figure for the 'Gratitude Song'	4		3		3*	Homework not done	3*	Homework not done
	Interruptions		Loud noise during construction work throughout the session		Interruption by a nurse (medical reasons)		Interruption by a nurse (medical reasons)		Telephone call from complementary therapy

Session-No. and task		Anna		Willa		Emma		Paul	
		order	Adaptions/notes	order	Adaptions/notes	order	Adaptions/notes	order	Adaptions/notes
4-1	Sing the 'Pleasure Song' and 'Music Ritual'	1	'Music Ritual' first	1/5*	Split task - order: 1. singing 'Pleasure Song', 3. 'Music Ritual'	1	'Pleasure Song' first	1	'Pleasure Song', 'Gratitude Song', then 'Music Ritual'
4-2	Summarise collected information	2		2		2		2	
4-3	Present and explain the possible song creation forms of the 'Gratitude Song' within a strategic songwriting approach	3		3		3		3	
4-4	Determine the music and write lyrics for the 'Gratitude Song'	4		4		4		4	
	Interruptions		Coffee offered by an employee		Volunteer enquiries about her wellbeing				
5-1	Sing the 'Pleasure Song' and/or the (previous version of the) 'Gratitude Song' and 'Music Ritual'	1	'Gratitude Song' first, 'Music Ritual' second	1	'Music Ritual' first	1/7*	Split task - order: 1. Gratitude Song' 5. 'Music Ritual'	1	'Pleasure Song' and 'Music Ritual'
5-2	Finish and/or further refine (if necessary) the 'Gratitude Song'	2		2	Further refinement was not necessary	2	Further refinement was not necessary	2	
5-3	Introduce the 'Flourishing Song'	3		3		3		3	
5-4	Identify own strengths	4		4		4	Signature strength survey conducted	4	Signature strength survey conducted
5-5	Contextualise the session by explaining the importance of individual strengths	5		5		5		-*	Time limitation, transferred to Session 6
5-6	Identify signature strengths	6		6		-*	Time limitation, transferred to Session 6	-*	Time limitation, transferred to Session 6
5-7	Homework for the songwriter: 'Note when you use your strengths over the next 7 days'	7		7		6		5	
	Interruptions						Therapy in the hallway, her room was unavailable due to her ill roommate - noisy environment		Telephone call from a friend
6-1	Sing 'Pleasure Song' and/or 'Gratitude Song' and 'Music Ritual'	1/5*	Split task - order: 1. 'Music Ritual', 5. 'Pleasure Song' and 'Gratitude Song'	1/2/3/7*	Split task - order: 1. singing 'Pleasure Song', 2. feedback homework, 3. 'Music Ritual', 7. singing 'Pleasure Song'	1/2/3*	Split task - order: 1. feedback homework, 2. singing 'Gratitude Song, 'Music Ritual', 3. task no. 5-6	1/2/3*	Split task - order: 1. 'Music Ritual', 'Gratitude Song', and 'Pleasure Song', 2. feedback homework, 3. tasks 5-5. and 5-6
6-2	Identify signature strengths that are used for accomplishment in the past and daily life	2	Signature strength survey conducted	4	Signature strength survey conducted	4		4	
6-3	Definition and achievement of a meaningful life	3		5		5		5	

Session-No. and task		Anna		Willa		Emma		Paul	
		order	Adaptions/notes	order	Adaptions/notes	order	Adaptions/notes	order	Adaptions/notes
6-4	Write a 'Flourishing Song' with an original songwriting Approach	4		6		6		6	
	Interruptions		Coffee offered by an employee		Telephone call from her son				Visit social worker
7-1	Sing 'Pleasure Song' and/or 'Gratitude Song' and 'Music Ritual'	1/3*	Split task - order: 1. 'Music Ritual', 3. 'Gratitude Song'	1/2/4*	Split task - order: 1. 'Music Ritual', 2. singing 'Gratitude Song', 4. singing 'Pleasure Song'	1/3*	Split task - order: 1. 'Music Ritual', 3. 'Pleasure Song'	1	'Music Ritual' only
7-2	Lyrics and music writing for the chorus	2		3		2		2	
	Interruptions		Coffee offered by an employee				Therapy in the hallway, her room is blocked by a sick resident - half silent environment, half loud noises		
8-1	Sing 'Pleasure Song' and/or 'Gratitude Song' and 'Music Ritual'	1	'Music Ritual' only	-*	Time limitation due to familiar conflict and needed change of the lyrics	1	'Music Ritual' only	1	'Pleasure Song', then 'Music Ritual'
8-2	Sing and finish the previous version of the chorus of the 'Flourishing Song'	2		1		2		2	
8-3	Lyrics and music writing for the verses	3		2		3		3	
	Interruptions		Coffee offered by an employee		Session 8 had to be repeated/moved to another day to help the participant deal with the current familiar conflict				
9-1	Sing 'Pleasure Song' and/or 'Gratitude Song' and 'Music Ritual'	1	'Music Ritual' only	1	'Music Ritual' only	1	'Music Ritual' only	1	'Gratitude Song', then 'Music Ritual'
9-2	Sing the chorus and the previous version of the verse(s) of the 'Flourishing Song'	2		2		2		2	
9-3	Finish Lyrics and music writing for the verses	3		3		3		3	
9-4	Record the 'Flourishing Song'	-*	Time limitation, only by video recording	-*	Time limitation, only by video recording	-*	Time limitation, only by video recording	4	
	Interruptions				Interruption by a nurse (medical reasons)				Telephone call from complementary therapy

Session-No. and task		Anna		Willa		Emma		Paul	
		order	Adaptions/notes	order	Adaptions/notes	order	Adaptions/notes	order	Adaptions/notes
10-1	'Music Ritual'	1		1		1		1	
10-2	Sing all songs and provide a recording to the songwriter	2		2		2		2	
10-3	Discuss about the therapeutic process and the time after therapy	3		3		3		3	
	Interruptions		Telephone call from a friend						

* = changes in order / not feasible

The Signature Strength Survey was applied optionally if the exploration of strengths was perceived as difficult for the participant (see task no. 6 in 6.2.5). However, it was applied to all participants. In two cases, the administration was postponed to Session 6, following the reflection on the homework of writing down the strengths used between the sessions and before finally revising the participant's signature strengths (see task no. 7 in 6.2.5).

Participant Paul was unable to attend the first two sessions at the scheduled time. For the second session, the participant was late because he had been in the city before, resulting in the session being postponed by one hour. The reason for the second session was that the participant had met a friend and had forgotten the scheduled meeting. As a consequence, the session was rescheduled for one week later.

The feasibility of individual elements of the intervention protocol was further explored in Interview Question 5: "How did you feel about each of the tasks and how much did they affect you, if at all, to experience achievements? Which elements if any, could you use in your daily life?". The analysis indicated that all elements were feasible and successfully applied (see statements of Interview Questions 1 to 7 in Table 25 to Table 33).

8.2.2 Appropriateness of Different Program Elements

8.2.2.1 Singing Preexisting Songs

The first session aimed to build a therapeutic rapport (see 6.2.1 for further details). For this purpose, participants engaged in a collective vocal performance of preexisting songs with the therapist. As this task was not directly related to the active songwriting process, the perception of singing preexisting songs was not included in the interview. However, it was observed that the participants perceived the singing as positive, as indicated by the data from the video recordings (see Table 24). The songs evoked positive memories for Anna, who recalled her deceased husband (Anna-V1.1) and the activities in the residential care facility (Anna-V1.2). While the memories of her husband were accompanied by sadness, they were nevertheless perceived positively (Anna-V1.3). Emma also

perceived the singing of a preexisting song positively (Emma-V2.1). In summary, singing preexisting songs was appropriate for all participants.

Table 24

Statements Allocated to: Singing Preexisting Songs

Quote-Code	Statement	Central meaning /Exploratory comments
Anna-V1.1	(Activity before: Singing a folksong) So excuse me for starting to cry there, but/ well/ that's going to happen to you here more often, no? That older people/ especially with such songs, one thinks of her husband and such, no? Then it comes. (laughing embarrassed)	She offers an apology for her tears, assuming that such an emotional response is more common among older people. The songs evoke memories of her deceased husband. / Songs can evoke memories and strong feelings
Anna-V1.2	(Activity before: Singing a song about love; activity during statement: Laughing and crying) “Aber dich” (...) we even sing that here.	The song was sung in the nursing home. / Singing was positive experienced.
Anna-V1.3	(Activity before: Crying while singing a love song) Anna: That makes me sad (crying and laughing in embarrassment). Therapist: Let's leave it then. Anna: But it's nice, isn't it? (crying and laughing embarrassed) Therapist: That reminds you a lot of your husband, probably, doesn't it? Anna: Yes, right? Exactly. (crying and laughing embarrassed)	The act of singing a love song evoked a state of sadness in her. Conversely, she expressed a positive emotional response to the song, which prompted a memory of her deceased husband. / Although the act of singing may have evoke negative emotions, it can also recall positive associations.
Emma-V2.1	(Activity before: The therapist listed the songs that were sung in the first session) „Hohe Tannen”, yes, that is/ very beautiful melody, “Hohe Tannen weisen die Sterne. Therapist: Should we use that as a basis? Emma: Yes, try to do it. Therapist: We! (Laugh) Emma (laughter) (...) So (..) you don't need to integr/ [integrate me]	The selected song was perceived to have an aesthetically pleasing melody. Emma assumed that the therapist would compose the song. However, the therapist indicated that they would collaborate with Emma on the song. At this stage of treatment, Emma did not perceive herself as able to contribute to the song. / Emma may have perceived the task of composing a song as overwhelming, potentially leading to a lack of self-assurance in her ability to write it.

8.2.2.2 The Intervention ‘Three Good Things in Life’

Part one of the program aimed to emphasise positive emotion and involved the positive psychology intervention ‘Three good things in life’, which provided content for the ‘Pleasure Song’. It took place in Session 1 and was feasible and successfully applied. During the interview, Paul reported that he did not initially understand the task but was able to understand it after completing it (Paul-Q5a). This experience could be confirmed by my observations of a general insecurity in the first two sessions in all participants. However, in the interview, Paul might have referred to the therapeutic songwriting program in general.

The intervention ‘Three good things in life’ aimed to improve the awareness of positive experiences (see task no. 3 in 6.2.1). Interestingly, one participant listed positive experiences and activities, yet was unable to evaluate them during the same session (Paul-V2.4). He reported a lack of joy in his daily life. Nevertheless, upon further questioning, he did agree that the experiences and activities that had been identified through the intervention had brought him enjoyment. An extension of this intervention was the ‘Pleasure Song’ and the ‘Music Ritual’ (see 6.1.3.1 and 6.1.3.4).

Table 25

Statements Allocated to Interview Question 5a: Intervention ‘Three Good Things in Life’

How did you feel about each of the tasks, and how much did they affect you, if at all, to experience therapeutic achievements? Which elements, if any, could you use in your daily life? 5a: The intervention ‘Three good things in life’		
Quote-Code	Statement	Central meaning /Exploratory comment
Willa-Q5a	That was fine with me, yes.	Willa experienced the intervention ‘Three good things in life’ as positive. / The intervention may have been perceived as an order rather than an invitation to engage in reflection on positive experiences.
Emma-Q5a.1	(Activity before: smiling) It also made me kind of proud that I was asked to do so and/ smiles during the statement) It also made me kind of proud that I was asked to do so and/	The request for intervention 'Three good things in life' prompted a sense of pride, particularly given the repetition of the task. / She was very grateful for participating in the program.
Paul-Q5a	It was difficult at the beginning because I didn't know what to expect [from the task]. After that, it was no longer an obstacle for me.	The intervention's objective, 'Three good things in life,' was initially unclear to Paul. However, once he understood its underlying concept, he was able to successfully complete the task. / The response indicated that the intervention in question was not specifically 'Three good things in life' but rather the broader therapeutic songwriting program in general.
Paul-V2.4	(Activity before: The therapist summarised activities from the intervention ‘Three good things in life’ for verses) Paul: What joys do I have in a day, you asked, right? Not very much. Therapist: Don't you see such things (list of collected activities) as joy? Paul: Yeah (long-drawn-out) . Yes, it's (.) that I'm getting out of here, that's for sure, but (.) but well, of course it’s joy. Oh, about your three questions (intervention 'Three good things in life'), what we wrote down (..) Yes, of course, if I, um, that I can get out, right? Um, and yes somehow/ talking to people or friends (...) or (...) I never drink much (laughing). We used to drink and munch (laughing) ... (stories from the cracker barrel)	Paul indicated that his daily life was devoid of joy. However, he subsequently acknowledged that he enjoyed the activities on the list (‘Three good things in life’). / Despite his previous listing of positive experiences and activities, he was unable to evaluate or become aware of them. This may have been related to his depression.

The basis for the ‘Pleasure Song’ was derived from the homework, which involved implementing the positive psychology intervention ‘Three good things in life’ (see task no. 3 in 6.2.1). However, in two of the four cases, the homework was not completed. In this case, the music therapist collected information for the ‘Pleasure Song’ in collaboration with the participant. Following this, the intervention was appropriate for the participants, but homework may be difficult for some participants.

8.2.2.3 Writing a ‘Pleasure Song’

The creation of a ‘Pleasure Song’ in Sessions 2 and 3 was feasible and successfully applied to all participants. The adherence to the songwriting procedure for the song parody (see 6.2.2 task no. 3) was observed in all participants. In particular, the identification with the written song was observed in Anna, Emma, and Paul (Emma-Q5b.3, Paul-Q5c.2, see Table 26; and the mechanism of change M1.4, see 9.1.2.1).

All participants reported positive experiences regarding the writing of the ‘Pleasure Song’. The majority of statements were made during the writing process, repeating the ‘Pleasure Song’ in the following two sessions, and in the conclusion session. All statements are shown in Appendix G in the original language (German) and English. In addition, the context in which the statement was given, nonverbal behaviour during the statements, as well as the central meaning and exploratory comments, were added. All participants reported positive experiences regarding the aesthetics and writing of the ‘Pleasure Song’. Willa additionally reported an improvement in her wellbeing as a result of writing the song (Willa-V2.1). Emma expressed the wish that the music therapist should determine the main aspects of the songwriting to write the song (“Please, do YOU decide what/”; Emma-V2.2). She seemed not to trust herself to write lyrics for a song. Paul reflected during the writing of the song that he finds pleasure in activities outside of the program (Paul-V2.1). Whereas the identification with the songs was given, the identification with the songwriting process was very low throughout the treatment period. In only one of the 15 statements, the participant Anna acknowledged that she had contributed to the lyrics (Anna-V2.6). However, the participants Emma and Paul reported a high level of

identification with the songwriting process at the end of the program. Writing a ‘Pleasure Song’ was appropriate for all participants.

Table 26

Statements Allocated to Interview Question 5b: Writing a ‘Pleasure Song’

Question 5: How did you feel about each of the tasks and how much did they affect you, if at all, to experience achievements? Which elements if any could you use in your daily life? 5b: Writing a ‘Pleasure Song’		
Quote-Code	Statement	Central meaning
Anna-V2.2	(Activity before: Showing lyrics of ‘Pleasure Song’) Yes, you wrote that well. Two verses already.	Anna perceived the lyrics, which had been composed by the therapist, as positive. / She attributes the lyrics writing to the therapist.
Anna-V2.3	(Activity before: Singing the ‘Pleasure Song’; activity during statement: Laughing and smiling) You're doing well, I have to say. You can put together a nice song out of nothing, right? Yes.	She expressed appreciation for the song's aesthetic qualities. / She attributes the lyrics writing to the therapist.
Anna-V2.4	(Activity before: Therapist summarised how much was created; activity during statement: Laughing and smiling) Therapist: That was only half an hour and we already have so much. Wonderful. Anna: Yes, you do it also well.	The therapist demonstrated the ability to compose songs. / She attributes the lyrics writing to the therapist.
Anna-V2.5	(Activity before: Singing the ‚Pleasure Song’) You have done nicely.	The therapist demonstrated the ability to compose songs. / She attributes the lyrics writing to the therapist.
Anna-V2.6	(Activity before: Singing the ‘Pleasure Song’) Therapist: You are proud of it?! Anna: Yes, you did that very nicely. I gave notes, but you did really well.	Anna provided feedback on the 'Pleasure Song', but the therapist demonstrated the ability to compose songs. / She attributes the lyrics writing to the therapist. She admits that she contributed to the songwriting process.
Anna-V3.1	(Activity before: Singing the ‚Pleasure Song‘) You are doing it nicely.	The therapist demonstrated the ability to compose songs. / She attributes the lyrics writing to the therapist.
Anna-V4.1	(Activity before: Singing and recording the ‘Pleasure Song’; activity during statement: Laughing and Smiling) I think it turned out to be such a beautiful song, didn't it?	She enjoyed the ‚Pleasure Song‘.
Anna-V4.2	(Activity before: Singing the ‘Pleasure Song’; activity during statement: Smiling) You did it beautifully, beautiful voice, beautiful singing voice.	She enjoyed the song and performance by the therapist / She attributes the lyrics writing to the therapist.
Anna-V10.3	(Activity before: Singing the ‘Pleasure Song’) You did well (smiling and laughing).	The therapist demonstrated the ability to write good lyrics. / She attributes the lyrics writing to the therapist.
Willa-Q5b	Willa: Good. Therapist: Has it had a positive impact on your everyday life? Willa: Yes. I say yes, the songs have become very beautiful, yes.	Willa positively experienced song aesthetics.

Quote-Code	Statement	Central meaning
Willa-V2.1	(Activity before: Working on the chorus of the 'Pleasure Song': Visit from people) Then I'll wake up and then we'll start a conversation and (..) then I'll feel a little better.	She reported an improvement in her wellbeing when she awoke and could engage in conversation with others. / Composing the chorus for the 'Pleasure Song' made her aware of what was beneficial for her, and she expressed gratitude for the opportunity to engage in discourse with others.
Willa-V7.2	(Activity before: Singing the 'Pleasure Song'; activity during statement: intensively smiling) That's nice.	She enjoyed the 'Pleasure Song'. / In this case, reporting is more intensive than previously noted.
Emma-Q5b.1	(Activity during statement: Smiling) Without your help, something like this would have never come about (..) would have come up with something like that. But through your suggestions and your/ Yes, you were the one who directed the mind too. No, I could never have written poetry like that.	The therapist encouraged Emma to engage in creative thought processes, which resulted in the creation of lyrics. / She observed that the songs in the program were beautifully and astonishingly composed.
Emma-Q5b.2	(Activity before: Emma looked at the lyrics of the 'Pleasure Song') Yes, that/ I'm a completely different person and (...) and because of that (...) (smile)	She experienced herself as a different person in the song. / The precise meaning of the phrase "being different" in the context of the song is not clear. This may be a contributing factor to the observation that she perceived herself to possess fewer skills. In the song, she described her awareness and creation of beauty, citing examples such as nature and the formation of stars. She also discussed how this awareness and creation of beauty can positively influence one's behaviour (see Emma-Q5b.3-5).
Emma-Q5b.3	That is not just/ Don't just come up with it yourself. These are small things that you are shown, all the things that you can do, and what turns out to be beautiful.	She became aware of positive experiences.
Emma-Q5b.4	Therapist: Did you realise that again? Emma: Absolutely, and I'm so thankful to be there (Emma explained how excited the deacon was about the home care facility)	She was grateful for the beautiful things in her life and became aware of positive experiences.
Emma-V2.1	(Activity before: The therapist listed the songs that were sung in the first session) „Hohe Tannen", yes, that is/ very beautiful melody, "Hohe Tannen weisen die Sterne. Therapist: Should we use that as a basis? Emma: Yes, try to do it. Therapist: We! (Laugh) Emma (laughter) (...) So (..) you don't need to integr/ [integrate me]	The selected song was perceived to have an aesthetically pleasing melody. Emma assumed that the therapist would compose the song. However, the therapist indicated that they would collaborate with Emma on the song. At this stage of treatment, Emma did not perceive herself as able to contribute to the song. / Emma may have perceived the task of composing a song as overwhelming, potentially leading to a lack of self-assurance in her ability to write it.
Emma-V2.2	(Activity before: The therapist suggested categories for the 'Pleasure Song'; unexpectedly, quickly and emphatically:) Please, do YOU decide what/ (points to self and smiles) Therapist: What? Emma: Because I, because I (smiling, head down, looking at therapist) should say that/ (shakes head, smiling, head down, looking at therapist)	Emma requested that the therapist determine the song content. She was uncertain as to why she was selected for the songwriting program, given that there were numerous other residents. / She showed a lack of confidence in her ability to compose lyrics for a song. She expressed gratitude for being selected to participate in the songwriting program.

Quote-Code	Statement	Central meaning
	Therapist: Is everything alright? Are you alright? Emma: (nodding) Yes, but, but (.) why am I alone and not, and not others (..) I say (..) also be asked, to/	
Emma-V2.3	(Activity before: Singing her own words for first verse of the 'Pleasure Song' on the precomposed melody) Emma: Oh god, oh god, I'm overwhelmed (...) Therapist: Is everything ok? Emma: (smiling, head down, looking at the therapist, nodding) Something like that (..) (shakes head) You would never have (believed) that/ (..) heiheihei, no (smile). Therapist: Nice! Emma: No, yes, but really (..) I'm totally blown away.	Emma experienced a sense of overwhelming emotion as she listened to the first verse of the 'Pleasure Song'. She found the song to be highly appealing. / She experienced a sense of disbelief that the song could have been created in such a manner.
Emma-V2.4	(Activity before: Singing the second verse of the 'Pleasure Song', lyrics suggested by Emma) Oh god, oh god, oh god, what you come up with (smile) (…) I'm overwhelmed.	The songwriting process evoked positive feelings regarding the creative process.
Emma-V2.5	(Activity before: Therapist summarised that we wrote a song within the session) Emma: Heimatland [expression of amazement]!, I would never have/ w/ w/ with an age of 87, that I would/ (points to the text and smiles) Therapist: Fine, does that mean I can let you go gladly? (Laughing) Emma: Yes, but really! (..) Yes, yes, and and, but the Lord God had a hand in it that of all things (.) now (.) you (.) here (4) H/ h/ how [why] do you come along and/ (..) there are so many old people here. (decent smiling)	She was astonished to find herself engaged in the process of songwriting. She could not understand why she was selected for the songwriting program instead of other residents. / She seemed to be deeply honoured to have been selected for the songwriting project.
Emma-V3.1	(Activity before: Singing the 'Pleasure Song'; activity during statement: Smiling) Oh God, oh God (shaking her head), what you all – Heiheihei (3) That's (.) amazing.	She experienced the 'Pleasure Song' as marvellous. / She seemed to be speechless about the 'Pleasure Song' and appeared to be unable to process the fact that she had created it.
Emma-V4.1	(Activity before: Singing the 'Pleasure Song'; activity during statement: whispering and smiling) That's just wonderful.	She experienced the 'Pleasure Song' as being wonderful.
Emma-V10.4	(Activity before: Singing the 'Pleasure Song') Oh (.) heiheihei, I'm astonished, I'm astonished (..) What you (.) bring about.	She was astonished by the therapist's achievements, particularly the composed songs. / She enjoyed the song. However, there seemed to be a lack of identification with the songwriting process.
Paul-Q5c.1	I know it almost by heart (...) They [friends, acquaintances] liked the [song] lyrics with "[a bridge]" and "[local pub]". We built that in (..) Yes, I also explained that then.	He enjoyed the 'Pleasure Song'.
Paul-Q5c.2	The lyrics are written as I experienced it. It was done in such a way that I wrote the lyrics. (...) We repeated them, and so on. And at the end and the last two lines sometimes sung twice. That was good.	He identified with the song as the lyrics were aligned with his personal perspective.
Paul-V2.1	(Activity before: The therapist lists pleasure activities from Paul for the the 'Pleasure Song') How can I describe it, everything (..) oh	Paul required engagement in many activities. He considered remaining in bed to be the most unsatisfactory state. / The composition of the

Quote-Code	Statement	Central meaning
	God (..) I need everything to go on living, if that [tells] you something / Um, without that [at noon?], when I would lie in bed, or so, that would be the worst for me.	'Pleasure Song' enabled him to reflect on his everyday life.
Paul-V2.3	(Activity before: Suggesting lyrics based on his information/talk) Did you give her – the lyrics to Helene Fischer [German singer]? That fits perfectly!	Paul posed the question in a jocular manner, wondering whether the therapist had provided the lyrics to a pop star. The lyrics appeared to align perfectly with the melody of the song. / Paul seemed to like the song's aesthetics.
Paul-V3.1	(Activity before: Singing the 'Pleasure Song'; Activity during statement: Smiling and laughing) Paul: I wouldn't have given you credit for that. Therapist: Me? You! Paul: I was only saying words. Then you have to [change] a little bit (..) "working" (..) that was done nicely. (laughs)	He made a jocular comment that he would never have imagined that the therapist could compose lyrics of such a quality. The therapist highlighted that the lyrics were his own creation. However, he then summarised that he had merely articulated words that the therapist subsequently transcribed into the song. / He seemed to enjoy the song. Although he did not initially identify with writing, he later reflected on the songwriting process.
Paul-V3.2	(Activity before: Discussing possible changes) Therapist: That's YOUR song. You can decide that. Paul: (laughing) Well, uh (smile) (..) that's MY song that (laughing) you say (not understandable) to act [therapist]/ (laughing) (not understandable) I should d/ from you (not understandable) (laughing)	He did not perceive the song as being his own creation.
Paul-V4.1	(Activity before: Singing the 'Pleasure Song') With this song, you can make a grand prix. (laughing)	Paul associated the song with other pieces that had been performed at the Eurovision Song Contest. He referred to the event as the "Grand Prix" on multiple occasions. / It was unclear whether the "you can" was because he did not identify with the song or enjoyed the therapist's performance.
Paul-V5.1	(Activity before: Singing the 'Pleasure Song') Paul: Yes, that always rhymes well (4) Therapist: We did well. Paul: Yes, you did well (laughing and smiling) Therapist: Why me? Paul: Well (smiling) (..) I don't mean to pretend/ (..) my kids have/ Because I told them what we do. 'Oh father, YOU?' Yes, I said. (..) Sounds good!	Paul shared with his children his experiences of songwriting. They did not consider him to possess the ability to compose a song in a professional manner. / He did not identify with the songwriting process. This may be attributed to the feedback he received from his children, who expressed doubt in his ability to compose a song. His expression suggests that he was proud of his ability to create the song.
Paul-V10.2	(Activity before: Singing the 'Pleasure Song') Good, bravo.	/ He expressed pleasure in the song. However, his applause did not indicate whether he identified with the writing of the song.

8.2.2.4 The ‘Music Ritual’

The ‘Music Ritual’ was implemented in all sessions. It was perceived as feasible and successfully applied. Observation revealed that participants required additional support in composing the lyrics and music for the ‘Music Ritual’. As the therapeutic process progressed, the participants' contributions increased. For two participants, the ‘Music Ritual’ represented an alternative activity that they had not previously experienced (Emma-Q5c.1; Anna-Q5c; see Table 24). Anna identified the ‘Music Ritual’ as a standout element of the program (Anna-Q2.2). Emma reported that the music therapist provided her with pleasure by offering the ‘Music Ritual’, which was previously inconceivable to her (Emma-V10.3). For Anna, it was a new experience to write a song (Anna-Q5c). The invitation of the music therapist facilitated the participant's reflection on positive experiences and writing them down (Emma-V10.10). The writing can activate the mind (Emma-Q5c). Furthermore, Emma particularly enjoyed the repetition of the ‘Music Ritual’ (Emma-Q5a.2; see Table 25). The ‘Music Ritual’ was appropriate for all participants.

Table 27

Statements Allocated to Interview Question 5c: ‘Music Ritual’

Question 5: How did you feel about each of the tasks and how much did they affect you, if at all, to experience achievements? Which elements if any could you use in your daily life? 5c: The ‘Music Ritual’		
Quote-Code	Statement	Central meaning /Exploratory comments
Anna-Q5c	(Stating with incredulous amazement:) That was special. Yes, definitely! I have never done something like this and never experienced [something] like that. It was a new experience, exactly.	She experienced the ‘Music Ritual’ as something new and special.
Willa-Q5c	Willa: That was nice, good. Therapist: Did that affect everyday life? Willa: Yes.	The ‘Music Ritual’ was a source of enjoyment for her, and she experienced it positively.
Emma-Q5c.1	Also nice, so as alternative activity (...) [memory stimulated; see Emma-Q5c2]	She perceived the musical ritual as favourable and as contrast to her usual activities.
Emma-Q5c.2	[Also nice ... so as alternative activity ...] memory stimulated. It is like this/ if you only sit there and (...) if the grey cells, then totally fade.	The ‘Music Ritual’ could simulate the mind.
Emma-Q5a.2	Emma: For sticking with it and not just [pushing her hand aside] temporarily. Therapist: That every week I've asked? Emma: Yes.	She found the repetition of the musical ritual in each session particularly positive.

Quote-Code	Statement	Central meaning /Exploratory comments
Emma-V10.2	(Activity before: Emma had a look at the overview of musical phrases) Yes, there I already/ that made me happy. (Looking at the lyrics for 1:30 min)	She enjoyed the 'Music Ritual'. / She devoted some time to reading the lyrics. This was the first occasion on which she had remained silent for an extended period of time since the program commenced.
Emma-V10.3	(Activity before: Emma had a look at the overview of musical phrases) No, no (...) Heiheihei (...) What comes to your mind (smile)	/ She seemed to enjoy the 'Music Ritual'.
Emma-V10.10	(Activity before: Feedback on the 'Music Ritual') No, because of your help/ (…) Yes. Yes, because you asked me about it, which I liked. And that/ (..) I would never have thought of writing that down [what let her feel good].	She would have never thought about writing down positive things without the invitation of the therapist. / The 'Music Ritual' was a positive experience.

8.2.2.5 Perceiving Gratitude

The second part of the program focused on gratitude. Perceiving gratitude was addressed at the end of Session 3 and in Session 4 by identifying a person or spiritual figure for the 'Gratitude Song', gathering information for the song and writing the song. Gratitude was expressed for the (mutual) support of the family and other people (Anna-Q5d.1, Willa-V2.3, Emma-Q5d.1, Emma-Q5d.2, Emma-Q5f.2, Emma-Q5g.4). One participant was also grateful to God (Emma-Q5e.2, Emma-Q5g.2) for giving her strengths and the right attitude (Emma-Q5g.2). Remembering the positive experiences was positive for her (Emma-Q5f.3). Another participant expressed gratitude for the conversation with the music therapist about her (Willa-Q5d; see Table 28). The focus on gratitude was appropriate for the participants, feasible, and successfully applied.

Table 28

Statements Allocated to Interview Question 5d: Perceiving Gratitude

Question 5: How did you feel about each of the tasks and how much did they affect you, if at all, to experience achievements? Which elements if any could you use in your daily life? 5d: Perceiving gratitude		
Quote-Code	Statement	Central meaning /Exploratory comments
Anna-Q5d.1	We did this about the parents, yes. I mean, I have always been grateful to my parents and my in-laws.	She was always grateful to her parents and in-laws. / A sense of gratitude appeared to be a defining characteristic of her personality.
Anna-Q5d.2	Yes, my generation, they were more grateful to their parents, let's say, than how it is now. … With the youth today, everything is a bit different. But it's not all bad. (Information on how she helped her parents)	Members of her generation were more grateful than those of the younger generation. She did not perceive this as a negative trait but rather as a quality that sets her generation apart from the following ones.
Willa-Q5d	That you can explain a lot to me, that I have more understanding for my son than at the beginning.	She expressed gratitude for the opportunity to gain deeper insight into her son's behaviour through the therapeutic process. / In both the program and the interview, she primarily attributed her accomplishments to her relationship with her son, as well as the positive developments in his life and his general wellbeing.
Willa-V2.3	(Activity before: Identification of someone for 'Gratitude Song': the son who lived with her) When I moved out, first I went to the (...) clinic (...) and then everything was (...) I couldn't do anything in the apartment and he did everything, my son. It wasn't in order, the apartment (..) I didn't put things in order. My son did all of that.	Upon her return from psychiatric care, her son took responsibility for the shared apartment when Willa was unable to maintain appropriate care of it. / She expressed gratitude for her son in the 'Gratitude Song'.
Emma-Q5d.1	(Smiling, gratefully and with incredulous amazement during statement) That the daughter/ how she found out the [nursing home]/ exists. (...) She would be there/ me all the time/ if she had been afraid as soon as she had to go to work. That's gratitude that one feels there. And then when you get told (smiling) [referring to the dean speaking in high terms of the nursing home].	The residential care facility was initially identified by the daughter, who was grateful that her concerns about her mother's wellbeing were no longer an issue when she left for work.
Emma-Q5d.2	(Smiling, gratefully and with an incredulous amazement during statement) Yes, there was so much where one was helped, or someone stood by. When you see how helpless/ you imagine that this won't happen to you (..) and then I fell and then/ (...) I say thank you (...) as soon as I get dressed or get up. In the morning, for example, that's when the leg started and then of all things for the handover/ (shaking head). Then you are grateful when the sisters come and say everything is fine.	She was grateful for the consistent availability of assistance when she required it, both in the past and present.

Quote-Code	Statement	Central meaning /Exploratory comments
Emma-Q5d.3	(Smiling, gratefully and with an incredulous amazement during statement) And if then during the day, or then in the evening/ that you are grateful that you were able to participate in everything and that brought me something, then (..) [nodding]	She expressed gratitude for the opportunity to engage in the activities offered by the residential care facility.
Emma-Q5e.2	And then your own thoughts - the prayer of thanks in the evening, one speaks to heaven. I like to sit at the window when the day has gone well.	She engaged in prayer and gratitude when situated in front of a window. / For Emma, practising her belief appears to be a crucial element for her sense of wellbeing.
Emma-Q5f.2	And when you always have someone in front of you (..) that there were always people that helped you. It doesn't matter if/ when my husband died - whether that was a sales representative or someone else; that they meant well to me and did not just take advantage of me.	She was grateful for the support she received throughout her life, in particular during the period following the death of her husband. Nobody took advantage of her.
Emma-Q5f.3	Therapist: Did it help you reflect on that? Emma: Definitely. When you remember small things and think, oh God, that was so good for me.	She benefited from remembering the positive experiences.
Emma-Q5g.2	(Activity before: Question from T. about identifying and using strengths.) Emma: Yes, you must thank the Lord for that (.) that he then gave you the power and the right attitude and that he then set it up in such a way that that/ on the way. Therapist: Your settings to live like that? Emma: Yes, of course. I'm glad that it's like that/ that the Lord trusts so much.	She expressed gratitude to God for providing her with the necessary abilities and attitudes, for establishing the optimal circumstances, and for placing trust in her. / The way she pointed to the sky and smiled indicated that she felt connected, perhaps supported by God.
Emma-Q5g.4	(Activity before: looking at the lyrics of the 'Flourishing Song') My God, what would you be without the others.	She was grateful for the support she received from others.

8.2.2.6 Writing a 'Gratitude Song'

Writing a 'Gratitude Song' in Session 4 was feasible and successfully applied in all participants. The adherence to the described songwriting procedure of strategic songwriting (see description in 6.2.4 task no. 4) was observed in all participants. The gathering of information for the 'Gratitude Song' should be conducted as homework between sessions. Nevertheless, in two cases, the assigned homework was not completed. For two participants, it was challenging to reflect on gratitude (Willa-Q5e.2, Paul-Q5e; see Table 29). However, the song touched Paul (Paul-Q5e) and evoked hope for a positive future in Willa (Willa-Q6.2).

Video data provided further insights into the appropriateness of composing a 'Gratitude Song'. The allocated statements are listed in Table 29. Further, all statements in the original and English

language are listed in Appendices F and G. The experience of writing a 'Gratitude Song' was positive for all participants, and the song's aesthetic was perceived as beautiful. One participant reported that songwriting evoked something in her in a positive way (Emma-V10.8). The degree of identification with the songwriting process was low. Only one of seven statements that represented the identification demonstrated a perceived contribution to the songwriting process (Emma-V6.3). Notwithstanding, the same participant reported that she perceived the therapist as a talented songwriter rather than herself (Emma-V3.3, Emma-6.2, Emma-V10.5, see further details in the mechanism of change M1.2 in Section 9.1.2).

The writing of the 'Gratitude Song' was appropriate for all participants. However, the degree of identification with the songwriting process appeared to be relatively low.

Table 29

Statements Allocated to Interview Question 5e: Writing a 'Gratitude Song'

Question 5: How did you feel about each of the tasks and how much did they affect you, if at all, to experience achievements? Which elements if any could you use in your daily life? 5e: Writing a 'Gratitude Song'		
Quote-Code	Statement	Central meaning /Exploratory comments
Anna-Q5e	That was perfectly fine. What was that called? Yes, that was a nice song, I remember that. The lyrics and so on. It was nice. (...) It pleased me, that was good for me.	Anna expressed a positive response to the 'Gratitude Song', indicating that it had a beneficial effect on her emotional state. / In the region where the study was conducted, the phrases "fine" and "ok" are often used to convey that something is good or satisfactory.
Anna-V5.3	(Activity before: Repeating lyrics for chorus that were mainly suggested by Anna) Anna: Yes, that's a good thing. You did well. Therapist: That just came from you (…) Anna: Yes, yes, we do it together (laughing).	Anna said the therapist demonstrated the ability to write good lyrics. The therapist reminded her that the lyrics were her own, so she amended her statement and admitted that they wrote the song collaboratively. / She seemed to remember that the therapist had repeatedly emphasised that the lyrics were her own, so she amended her statement.
Anna-V7.1	(Activity before: Singing the 'Gratitude Song') Anna: I think that's a good. Yes, sure, sure (…) You're doing really good, aren't you? (..) Yes (smiling and laughing), well, but it's true, you do it really good, don't you? Therapist: I didn't formulate that, you formulated it. Anna: Yes, yes of course, what I'm telling you is my life, isn't it? The way it was, right?	She enjoyed the song, and the therapist demonstrated the ability to write good lyrics. The therapist highlighted that Anna composed the lyrics. Anna acknowledges that the lyrics reflect her personal experiences.
Anna-V10.4	(Activity before: Singing the 'Gratitude Song') Nice, right? You have done everything nicely.	She enjoyed the song, particularly its the song's aesthetic qualities and the therapist

Quote-Code	Statement	Central meaning /Exploratory comments
		demonstrated the ability to write songs. / She attributes the songwriting to the therapist.
Willa-Q5e.1	That was good.	She enjoyed the 'Gratitude Song'.
Willa-Q5e.2	This one (pointed to the third song) was more difficult for me, and so was the 'Gratitude Song'. That I said he should stay the way he is, and he always apologises and asks.	The 'Gratitude Song' and 'Flourishing Song' were more challenging for her than the 'Pleasure Song' due to her included advice to her son to 'stay the way he was'. / The reported difficulty might be related to the emotional process.
Willa-V4.2	(Activity before: Singing the song part from the previous week ('Gratitude Song')) Very nice. You sing that very beautifully.	She enjoyed the song and performance by the therapist.
Willa-V4.3	(Activity before: Singing the song part from the previous week ('Gratitude Song')) That is very nice.	She enjoyed the song part.
Willa-V4.4	(Activity before: Finishing and singing the 'Gratitude Song') That was very nice, very nice.	She enjoyed the 'Gratitude Song'
Willa-V10.5	(Activity before: Singing all songs; activity during statement: Taking therapist's hand) Thank you for everything. What you have done.	Willa expressed gratitude to the therapist for her support.
Emma-Q5e.1	Putting that into music/ that works/ you express your gratitude (..) and (..) but that it's still like this/ (smiles) That was the best. But that you put it that way (.) in your own things (.) That was the best.	It was a unique opportunity for her to express her gratitude in a song. / It seems that the song aesthetics were an outstanding and meaningful aspect when expressing her gratitude to her parents.
Emma-V3.3	(Activity before: Singing the previous version of the 'Gratitude Song') Emma: Yes, yes (..) How you do it all/ (shakes head) (8) Therapist: Is everything ok? Emma: Yes, I, (shaking his head) I'm blown away, I/ How you (..) implement the melody, and and	She was astonished to experience the process of creating the melody.
Emma-V4.2	(Activity before: Singing the 'Gratitude Song') Yes, that is/ (4) Boah (..) Heia (..) (looking at lyrics) "look at the black side" (reading lyrics) (...) "then notices it" (reading lyrics) ... "the Lord leads it" (reads text, looks at therapist, exhales audibly). I'm (.) overwhelmed (smiling) (...) Yes, yes (..) You imagine and then/ Beautiful!	She was overwhelmed by the 'Gratitude Song', which evoked a positive emotional response. She visualised the content, which was perceived as highly positive.
Emma-V6.1	(Activity before: Singing 'Gratitude Song') Heieiei (5) No (3) I said that I there/ that you came to me and I then/ (not understandable) And then you wonder, how did you deserve that.	She wondered whether she had merited selection for inclusion in the program.
Emma-V6.2	(Activity before: Singing the 'Gratitude Song') AMAZING, what you made of it, what I/ what I [did/experienced?] there/ (.) YES (smile) (..) I'm overwhelmed.	The 'Gratitude Song' was perceived as marvellous, and she was deeply affected by the result of the songwriting process. / Emma unintentionally identified the therapist as the songwriter, which suggests a lack of emotional connection to the songwriting process.
Emma-V6.3	(Activity before: Emma looked at the lyrics of the 'Gratitude Song') Emma: I am amazed, the work you have, that you/ what you/ formulate so correctly and/ With the key points that I gave you, well/ (The Therapist shows passages	She was astonished at the song that had been composed using the notes she had provided. She could not believe that she was the author of the lyrics. / She was unable to articulate her amazement at the song.

Quote-Code	Statement	Central meaning /Exploratory comments
	that Emma mentioned and were completely taken over in the song, or only individual words were changed.) Therapist: That's what YOU said; I just wrote it down. Emma: That's from ME? (..) Hm . Yes (not understandable)	
Emma-V10.5	(Activity before: Singing the 'Gratitude Song') Heiheihei, what is possible, what YOU made of it.	She was impressed with what is possible in writing songs. She attributed the songwriting to the therapist. / She enjoyed the song. However, there seemed to be a lack of identification with the songwriting process.
Emma-V10.8	(Activity before: Singing and talking about the 'Gratitude Song') Emma: What you/ what you aroused in me (shaking head, smiling, nodding) Therapist: Positive? Emma (nodding, raising eyebrows) That's great (..) Yes, that you don't/ (..) (smile) Thank you very much.	The song and its composition had a beneficial effect on her emotional state, and she expressed her gratitude to the therapist. / A deep therapeutic process was achieved.
Paul-Q5e	It was hard to think about that (...) especially the sentence "[name of wife]", grandma, mother and wife, that touched me.	It was challenging for him to reflect on the 'Gratitude Song'. The names of his relatives evoked a profound emotional response when thinking about the song lyrics.
Paul-V9.1	(Activity before: Singing the 'Gratitude Song') Very nice (..) You did a great job.	He enjoyed the song. The therapist wrote the song well. / He did not identify himself with the songwriting process.

8.2.2.7 Identifying and Working With Strengths

The third part of the program focused on the individual strengths, meanings, and the process of remembering accomplishments. In Sessions 5 and 6, the participants were asked to identify their strengths and to consider how they could use these strengths to achieve their goals. Furthermore, strategies for utilising strengths in everyday life and for future achievements were investigated. For this purpose, the participants were asked to fill out a worksheet between the sessions (see task no. 7 in 6.2.5). Three of the four participants completed the homework.

Identifying and working with signature strengths were deemed to be feasible and successfully applied for all participants. One participant, Anna, reported that she was previously unaware of her own strengths (Anna-V10.6). Three of the four participants confirmed the list of their strengths (Anna-Q5f.2, Emma-Q5f.1, Paul-Q5f; see Table 30) within the conclusion session. Identifying their own strengths enabled the participants to reflect on their lives (Anna-V5.2). Following the completion of the strengths overview and the exploration of wishes for the future in Session 6, one participant reported a sense of having not yet achieved everything that was possible in her life (Willa-V6.1).

However, upon reading the overview at the conclusion of the program, she experienced a positive feeling (Willa-V10.6, Willa-Q5f) and was motivated to maintain awareness of her strengths (Willa-Q7). Similarly, Emma expressed a desire to attach the overview to her door, indicating that she wished to have it accessible at all times (Emma-V10.9).

The observations of the music therapist indicated that the Signature Strength Survey (SSS) was a feasible instrument for identifying strengths in the participants, although it was not perceived to be particularly helpful in this regard. Some participants reported a greater awareness of their strengths when they discussed and identified strengths associated with their achievements. In two cases, the music therapist was required to repeat the instructions for the Signature Strength Survey. Consequently, the survey is deemed to be too complex and, therefore, inappropriate for application to older people. Nevertheless, the exploration of strengths and the creation of a strength overview were appropriate for all participants.

Table 30

Statements Allocated to Interview Question 5f: Identifying and Working With Strengths

Question 5: How did you feel about each of the tasks and how much did they affect you, if at all, to experience achievements? Which elements if any could you use in your daily life? 5f: Identifying and working with your strengths to get a meaningful life and accomplish your goals		
Quote-Code	Statement	Central meaning /Exploratory comments
Anna-Q5f.1	Yes, we have achieved something in life, but not alone, my husband and I together.	She became aware of her achievements in life.
Anna-Q5f.2	(Activity before: Having a look at the overview with her strengths) Anna: Well, that's right, what it says there (...) everything I fished out there is right (5). Therapist: How was it to see that? Anna: You don't really notice it, it just slips into everyday life. (She read her strengths out loud.) Yes, it's in the subconscious, you don't even think about it. Then it came out like this. Yes, you are right! (She continues listing.) Yes, that was okay.	She confirmed that the summary of strengths aligned with her own self-perception. However, she was not aware of the strengths in her daily life.
Anna-V5.2	(Activity before: Exploring strengths and situations where she used them) Anna: Bit much, isn't it? To accommodate it all. Therapist: Your life. Anna: Yes, that's my life, definitely, that's how it was.	She questioned whether the collated information was too extensive to be incorporated into a song. Nevertheless, she agreed that the information aligned with her personal experiences. / She tended to be modest. However, she became aware of her ability to cope with a wide range of situations

Quote-Code	Statement	Central meaning /Exploratory comments
Anna-V10.6	(Activity before: Looking at her strengths overview) Sometimes you don't know what your strengths are, sometimes you don't know them yourself. Yes . Yes. (smile)	Anna assumed that people are sometimes unaware of their own strengths. / It is possible that she was referring to herself, which suggests that she was not aware of her own strengths.
Willa-Q5f	It is good to see it again.	It felt good to her to see the strengths.
Willa-V6.1,	(Activity before: Therapist noted down Willa's strengths; Reflection about wishes for the future) I think, as I read through this, I thought I could have accomplished a lot more.	Upon reflecting on her strengths and accomplishments, she concluded that she had the capacity to achieve considerably more in her lifetime. / She had some significant challenges in her life and was unable to recognise her own performance in dealing with the situation.
Willa-V10.6	(Activity before: Willa reviewed her strengths overview. The therapist suggested using it to solve difficult situations; Activity during statement: Pointing to the strengths overview) Sometimes I need to read this.	She expressed the desire to read her strength overview. / The strengths overview seemed to evoke positive feelings and a sense of being able to draw on a range of capabilities.
Willa-Q7	I want to continue looking at the strengths, yes.	She was motivated to keep aware of her strengths.
Emma-Q5f.1	(Activity before: She ponders, therapist pointed to the overview with the strengths.) Sure, strengths were inherited, or the parents also set an example for them in the parental home - helping others and being there for one another. You just got it.	She concluded that strengths and mutual support were inherited from parents or given as role models. / Emma did not correlate her developed strengths with her past behaviour. This may be a contributing factor to her self-perception as lacking in skills or strengths.
Emma-V10.9	(Activity before: Therapist overhanded the strengths overview; activity during the statement: Smiling and holding the sheet) Emma: Heiheihei (4) That should/ then I imagine that/ (points to the bedside table, looks again at the strengths chart) (16) Therapist: With that you have achieved a lot in your life (3) and also in everyday life (5) Emma: This/ I believe [...] (stories about one of your strengths and your past)	She was unable to find the words to express her feelings. She wished to keep the strengths overview next to her bed. / She seemed to derive a sense of pride and enjoyment from the songs, and she seemed to become aware of her achievements through her strengths overview.
Paul-Q5f	I always thought, well, strengths, yes, I did not have real ones, but such general strengths - but I've done a lot in sports.	He gained awareness of his strengths and what he achieved in sports. / Previously, he had presumed that he did not possess any concrete strengths; however, upon reflection, he recognised that he exhibited a number of general strengths.

8.2.2.8 Writing a 'Flourishing Song'

The 'Flourishing Song' was composed during Sessions 6 to 9 and was feasible and successfully applied to all participants. The adherence of the described procedure to the original songwriting process was observed in all participants. Three of the participants reported positive experiences of the process (EFVB-V9.1, Anna-V9.2, Anna-V9.3, Anna-V10.2, Willa-V10.3, Emma-V7.1, Emma-V9.1, Emma-

V9.2). These experiences involved a range of aspects, including the song itself, enhanced awareness of achievements (Emma-Q5g.1), and my assistance as a music therapist in the song process (Emma-V9.2). The song reflected on their own personality and personal experiences (Anna-V10.2, Emma-Q5g.3, Emma-Q5g.5, Paul-Q5g). However, one participant gave a statement that indicated a low degree of identification with the songwriting process (Anna-V9.2) yet identified her own contribution to the lyrics (Anna-V9.3). Furthermore, another participant experienced difficulties in composing the song (Willa-Q5e.2), although the songwriting process was beneficial for her (Willa-Q5g.1; see Table 31). The composition of the 'Flourishing Song' was deemed to be appropriate for the participants.

Table 31

Statements Allocated to Interview Question 5g: Writing a 'Flourishing Song'

Question 5: How did you feel about each of the tasks and how much did they affect you, if at all, to experience achievements? Which elements if any could you use in your daily life? 5g: Writing a 'Flourishing Song'		
Quote-Code	Statement	Central meaning /Exploratory comments
Anna-Q5g	That was very nice, yes.	She enjoyed writing the 'Flourishing Song'.
Anna-V9.1	(Activity before: Singing the complete 'Flourishing Song' for the first time) Yes, it's very nice.	She enjoyed the song's aesthetic qualities.
Anna-V9.2	(Activity before: Finishing the 'Flourishing Song') Very nicely done, yes.	She acknowledged the well-executed songwriting process. / It remained unclear if she identified herself with the songwriting process.
Anna-V9.3	(Activity before: see Anna-V9.2, above) We've taken pretty much everything in now, haven't we? Yes, nice.	She enjoyed that the lyrics incorporated all the relevant information. / It seemed that she identified herself with the songwriting process.
Anna-V10.2	(Activity before: Singing the 'Flourishing Song') But yeah, that's right, everything that's in there is true.	The lyrics accurately reflected the information that had been collated. / The act of confirming the truth of the content can evoke a sense of identification with the song.
Willa-Q5g.1	Has brought me further.	The composition of the 'Flourishing Song' enabled her to make further progress.
Willa-Q5e.2	This one (pointed to the third song) was more difficult for me, and so was the 'Gratitude Song'. That I said he should stay the way he is, and he always apologises and asks.	The 'Gratitude Song' and 'Flourishing Song' were more challenging for her than the 'Pleasure Song' due to her included advice to her son to 'stay the way he was'. / The reported difficulty might be related to the emotional process.
Willa-V10.3	(Activity before: The therapist summarised that the 'Flourishing Song' was difficult after the severe conflict with her son.) That was nice, wasn't it?	She enjoyed writing the 'Flourishing Song'. / The 'Flourishing Song' was a positive experience, although Willa had experienced a severe conflict with her son and thus needed to modify the content.

Quote-Code	Statement	Central meaning /Exploratory comments
Emma-Q5g.1	Yes, sure. That's true and that you have also awakened that. But now (...) you've really become aware of that (...) and then/	In writing the 'Flourishing Song', she became aware of her achievements.
Emma-Q5g.3	I am amazed at what you express. This is madness. And that (...) "it will come back", that... the woman who said "Mrs '[Emma]', you know, it's all coming back!" [During the songwriting process, she referred this statement several times to a story about how she received help from a woman in the hospital]	She was amazed at how the song expressed her experiences, particularly a statement from a woman who had supported her in the past.
Emma-Q5g.5	How you got it there. And yet it's not like I'm standing there like that, in there as/ (...) I'm also happy to help. (...) No, you also have your mistakes, you've made mistakes and (...) that's wonderful.	She enjoyed the 'Flourishing Song' and was glad that she was presented in an authentic manner. She concluded that, as with all individuals, she has imperfections. / It was important for her to not praise herself.
Emma-V7.1	(Activity before: Writing melodies for the 'Flourishing Song') Therapist: Melodies go that fast, too. Emma: No, what kind of ideas and inspirations you have and/ I would never have dreamed of.	The therapist's suggestions for the song far exceeded Emma's expectations. / The songwriting was a positive experience.
Emma-V9.1	(Activity before: Reading lyrics for the verse of the 'Flourishing Song') What you come up with.	/ She seemed to enjoy the songwriting process and self-composed song.
Emma-V9.2	(Activity before: Showed the previous version of the chorus of the 'Flourishing Song') Emma: Oh dear, heiheihei. Therapist: You did that. Emma: No, like, how I/ I did/ without your help [it?] would/ or your contribution or ideas at all/ NO would be nothing, no.	The songs would not have been created without the input of the therapist. / She admitted that she contributed to writing the song. She likes the song.
Paul-Q5g	In itself, good. You just thought about your life. You think back further when you do something like that [points to the song]. So, it was always a shorter time. Time, when the children were small and grown up (...) Reminded me a lot of the past.	He reflected on his life with greater depth than usual. The song evoked memories of the past.

8.2.2.9 Integration of Achievements From the Therapeutic Process Into Daily Life

In Session 10, the successful conclusion of therapeutic process achievements was discussed, along with the ways in which participants can utilise their experiences and songs to maintain positive experiences. In the post-treatment interview, participants were asked whether they could integrate the aforementioned strategies into their daily lives. Anna and Paul have already integrated the planned activities into their daily lives (Anna-Q7, Paul-Q7; see Table 33). Emma expressed a desire to maintain her current state by keeping her grateful attitude in her daily life. This fundamental attitude was already observed from the beginning of Emma´s treatment and further intensified throughout the

therapeutic process. As this attitude was not linked to explicit patterns of action, it was not addressed in the interview questions. Willa aimed to maintain an ongoing awareness of her strengths in her daily life. Observation in sessions confirmed that changes within the therapeutic process were already integrated into her daily life during the process. The discussion with Anna and Paul about how they can maintain positive experiences did not result in the planning of new behavioural patterns. However, all participants were able to conclude their changes within the conclusion session. Therefore, this element was deemed appropriate for all participants.

Table 32

Statements Allocated to Interview Question 7: Transfer of Achievements

Quote-Code	Statement	Central meaning /Exploratory comments
Anna-Q7.1	Today, I'm still grateful and I have a lot of joy when my grandchildren come.	She expressed gratitude for the joy her grandchildren brought to her life.
Anna-Q7.2	In the future, I would like to see a bit more of how the great-grandchildren develop. (...) I am already aware of that, I will keep that, of course.	She desired to observe the further development of her great-grandchildren. She became aware of this and wished to retain this.
Willa-Q7	I want to continue looking at the strengths, yes.	She was motivated to keep aware of her strengths.
Paul-Q7	[Paul wanted to go out more] In my position, you can't do much. The last three years have been a lost time. (...) When I get out of the retirement home (..) the life in the city centre, which I have always known, I'm already making plans. I'm at the train station and (... he lists where he usually goes) also because of my work. My week is always planned. (... he lists which dates he has.)	He experienced a sense of helplessness in his situation at the residential care facility. He planned to visit the city centre, an activity he had previously engaged in, also due to work commitments. His schedule for the week was comprehensive and well-structured.

8.2.2.10 Recorded Songs

The songs were performed repeatedly during each session, and a compact disc containing them was handed out at the end of Session 10. In order to explore the impact of this program element, Interview Question 6 asked participants to identify whether they had listened to the songs and to examine the connection between the songs and the therapeutic achievements. All participants considered the songs, although only two listened to them within one week of the conclusion of the intervention program. The songs were perceived as having a positive effect on wellbeing (Anna-Q6.4, Emma-Q6.2, Paul-Q6.1; see Table 33).

The songs were recorded during the same session in which they were initially composed and repeatedly performed. At the same time, all participants expressed a desire for me to perform the songs either alone or with a leading voice. Therefore, the recordings and integration of the songs were deemed feasible and appropriate when the therapist could vocally accompany the participants.

Table 33

Statements Allocated to Interview Question 6: Role of Songs

Quote-Code	Statement	Central meaning /Exploratory comments
Anna-Q6.1	Not yet [listened to], we didn't have time. The grandchildren have the CD, but I'll be back on Sunday.	She had not yet had the opportunity to listen to the songs, as the CD was currently with her grandchildren.
Anna-Q6.2	(Pointing to folder.) And I have that here again, I want to read through it a bit again, in calm. I've read it before, but I'll read it again calmly, it was a bit hectic because of the holidays.	She wished to read the folder in a tranquil and composed manner.
Anna-Q6.3	Therapist: Did you think about the songs again? Anna: Yes, of course, I thought about it again. I really liked that.	She enjoyed the songs and reflected on their meaning. / Anna might relate the statement that she likes “it” to the songwriting process.
Anna-Q6.4	Therapist: Do the songs play a role in your wellbeing? Anna: Whether they play a role (...) If I've heard them a few times, I know them by heart. I do believe that they play a role. Yes, it's a nice memory if you can read it over and over again, you can play it over and over again.	After listening to the songs a few times, she would be able to recall the lyrics and melodies by heart. She assumed that the songs played a role in her wellbeing. She appreciated the possibility of listening to the songs again.
Willa-Q6.1	Willa: Heard no, but thought about it. Therapist: What were your thoughts? Willa: That my son will be fine after all. Because he calls, asks if I can forgive him. That made hope.	She had not yet listened to the songs, but she reflected on them and, in doing so, on the son who had sought forgiveness. This gave her hope for a positive future with her son.
Willa-Q5g.2	I liked that with the songs, definitely.	She enjoyed the songs.
Emma-Q6.1	(Activity during statement: Smiling) Yes, and there I sat, and I think/ (...) Yes, well, I'm grateful that I/ that we together/ that you approached me. I sometimes wonder why me of all people? There are so many patients or seniors (...) and I don't shine so brightly that/	She listened to the songs and expressed gratitude for being selected for the study, given the high number of residents. / She did not consider herself as being exceptional.
Emma-Q6.2	Therapist: Do you think the songs also play a role in your wellbeing? Emma: YES (speaking emphasising) (..) Yes (..) because it is rather to express than/ (.) or expressed in the songs. How you directed it or that you/ that felt good (...) You are again and again (...) Sometimes you also have the feeling "Oh dear, now it is (..) now you're a real old ‘Dapperle’ [Franconian word for	Emma confirmed, emphasising that the songs played a role in her wellbeing. For her, the act of expressing something in the form of a song was found to be a more effortless process than verbal communication. The song aesthetics pleased her and she was proud of the songs. / She identified with the lyrics but initially did not perceive herself as involved in the songwriting process. At the same time,

Quote-Code	Statement	Central meaning /Exploratory comments
	someone who is awkward/impaired]" and so on, and when you [read] the lyrics or so - I can see what you've made of it and then/ (5) Therapist: What does it do to you when you look at the songs? Emma: Then I think, “My God, how you phrased it or how you/ (smiling) (..) I'm a bit proud, then. Teamwork, yes!	she acknowledged that the songs were created collaboratively, which indicated that she was aware of her contribution to the songwriting process.
Paul-Q6.1	That was very well for me, now when I hear it like that [all songs]. That was done nicely.	The songs provided him with a sense of wellbeing.
Paul-Q6.2	(Activity during statement: Smiling) With my wife and grandchildren. The grandchildren were astonished because their names appeared in it. Yes. Because you know I love music. (He lists musicians and programs he sees on TV)	The lyrics of the songs were inspired by his wife and grandchildren. The grandchildren were surprised to find themselves included in the lyrics. Music was one of his passions.
Paul-Q6.3	(Activity during statement: Smiling) And everyone said, "Oh, that's good", out there everyone stopped and one of them even knocked, what nice music I have.	Other people stopped to tell him that they liked the songs. / His expression suggested a sense of pride in the songs.
Paul-Q6.4	Now, I understand what I said and what is in there. That there are so many experiences and the family. (.) that was good, yes. That went down well with the people.	By the conclusion of the program, he had gained an understanding of the content of the songs, which reflected many of his personal experiences and those of his family. The songs were also well-received by other individuals.

8.3 Discussion

This chapter aimed to answer the research question: “Is the individual therapeutic songwriting program appropriate for older people living with depression in a residential care facility?” (see 5.2.2.2). The following section discusses the results in terms of adherence and participant motivation, the homework tasks, Signature Strengths Survey, songwriting procedure, and written songs.

8.3.1 Adherence and Motivation

Treatment adherence was achieved in 97.4% of the planned tasks. Despite the high motivation of all residents to participate in the intervention program, Dora dropped out after the second session. It was observed that she had been positively affected in the first two sessions. Furthermore, she successfully postponed other meetings to be able to join the program. Notwithstanding, she reported a lack of time for participation. There may have been other reasons why the therapeutic songwriting

program was not an appropriate intervention for her. In addition to the time limitation, her musical background may also have influenced her participation. She was a professional singer in the past but has lost her ability to sing. Impaired physical health conditions and loss of activities can contribute to the development of depression (see 2.2). Dora reported that she was frequently reminded of her past experiences when hearing me singing. She described her transition from amateur to professional singer and expressed sadness when repeatedly stating that she was not able to sing anymore. The singing voice changes with age (Bruhn, 2002). The power of the voice can diminish, the range becomes narrower, and the pitch can become deeper. Furthermore, an overuse of the voice may lead to a decrease in singing abilities. The altered voice timbre is frequently perceived by older individuals as a loss of quality. A decline in musical abilities with age may influence the appropriateness of the intervention program as the participants may be reminded of their loss. Interestingly, professional musicians can delay the effects of aging on singing abilities when training in relevant physical areas (Bruhn, 2002). Furthermore, although motor skills decline with age, music-related performance skills can be retained in older people. It can be argued that the appropriateness of a program does not necessarily depend on the remaining ability of playing an instrument, but rather on the vocal abilities of the participants. Although participants were not asked to perform the songs themselves, it is possible that they may have perceived a requirement to sing their songs on their own, which may have caused them discomfort. The loss of vocal ability and the perceived need to sing may have contributed to Dora's decision to withdraw from the study.

Paul was unable to attend one session, and another was postponed due to meeting friends and forgetting the meeting. This may indicate that the program was not appropriate for him, particularly the first part. Conversely, he reported positive experiences of participating in the sessions and writing the songs (e.g. “Did you give her – the lyrics to Helene Fischer [German singer]? That fits perfectly!”; Paul- V2.3). At the end of the second session, Paul reported that he had finally understood the aim of the program. From this point on, the scheduled times were adhered to, and his contribution to the songwriting increased. A potential misunderstanding may have contributed to a reduction in

motivation, given that the development of therapeutic goals should be guided by individual goals, conditions, and needs (Bundesärztekammer et al., 2022; NICE, 2022). In order to avoid this, a more detailed explanation of the program, with an optional short demonstration of how a songwriting session can look like, may help participants to be more motivated to participate in the treatment.

Emma was highly motivated to participate in the treatment. She regularly reported how grateful she was to participate (e.g. “And then you wonder, how did you deserve that.”; Emma-V6.1), indicating that the intervention program was appropriate for her. Anna also showed a high level of motivation to participate in the therapeutic songwriting program. Although she had medical appointments and had to shorten Sessions 1 and 2 and postpone Session 6, it could be observed that she made much effort to have sufficient time for the sessions and completed the homework to the best of her ability. She enjoyed the songwriting, which was a new experience for her: “That was special. Yes definitely! I have never done something like this and never experienced [something] like that. It was a new experience, exactly” (Anna-Q5c). This statement reflects my findings in the systematic review (Section 4.2), which suggest that therapeutic songwriting is not commonly applied in the treatment of depression in older people. Anna’s perception of experiencing something new can be further confirmed by Baker’s (2015) findings that writing music for a topic can create new experiences. These experiences can support participants to reflect on their individual topics, which also confirms Anna’s impression: “That's the whole goal, that people come out and express themselves, isn’t it? To feel good" (Anna-V6.3). Following this, the creativity and new experiences generated by this approach may contribute to the appropriateness of this program for older people living with depression in a residential care facility.

8.3.2 Homework Tasks and Signature Strengths Survey

The three different worksheets were completed in only 58% of the cases. The worksheets of the positive psychology intervention ‘Three good things in life’ and the ‘Gratitude Song’ worksheets were completed by Anna and Willa. The worksheet for documenting the participants’ use of their signature strengths in their daily lives was completed by Willa, Emma, and Paul. Emma and Willa were

afraid of making mistakes when filling in the worksheets, with the consequence that Willa filled in less than half of the worksheet, and Emma only filled in the last worksheet but expressed uncertainty about the results. Paul forgot to complete the first two worksheets, and Anna had a busy week and was unable to complete the third worksheet. In order to facilitate the tasks, it may be beneficial to place the worksheets in a more visible and accessible place (e.g. on the door). However, in some cases, the task of filling in the worksheets was inappropriate and may have caused too much burden. Consequently, the worksheets should only be optional in order to give an orientation for exploring the possible content of the songs and to extend the information collected.

While exploring individual strengths, achievements and what they were proud of through the conversation was successful, the Signature Strengths Survey was not deemed beneficial for all participants. Paul and Willa found the survey complex, and I had to explain the procedure repeatedly. Emma and Anna had difficulty in determining whether the individual strengths represented their character, in order to identify their signature strengths, which may be caused by the finding that each strength is present in the participant's individuality but with different weightings (Peterson & Seligman, 2004). Consequently, the survey is particularly appropriate if no strengths can be reflected at the beginning of the exploration.

In the conclusion session, achievements of the therapeutic process should be integrated into the participants' daily lives (see task no. 3 in 6.2.10). Although all participants were able to reflect on their achievements, the focus was on attitudes and general desires, such as the awareness of their own strengths (Willa), the enjoyment of pleasure activities (Anna and Paul), and maintaining their own attitude of being grateful (Emma). While the reflection on the integration of achievements was appropriate, future applications should develop explicit steps for the participants to implement in their daily lives.

8.3.3 Songwriting

Anna and Emma participated in a weekly recreational singing group at their residential care facility. Furthermore, listening to music and watching concerts on television was important for Paul

and, in the past, also for Willa. Willa stopped watching concerts on television due to her depression. Nevertheless, she expressed a desire to be able to listen to them again in the future. In summary, music evoked positive emotions in all participants. This may be the reason why this intervention program was perceived as positive and, therefore, appropriate for the participants. Listening to music has already been found to be a method that can reduce depressive symptoms (Dunphy et al., 2019). Consequently, writing, singing, and listening to songs can be identified as a potential and motivating approach.

While the 'Music Ritual' was appropriate for all participants, the intended order within the sessions was not always adhered to. The sessions were designed to commence with the repetition of previously written songs or the 'Music Ritual' (see descriptions in Section 6.2). Nevertheless, on occasion, participants initiated reflection on their worksheets or commenced work on the current song. In this case, the 'Music Ritual' was postponed to a later time point within the session. The responses to the participants' contributions ensured the smooth progression of each session. Consequently, the order of tasks and, in particular, the 'Music Ritual', should be approached with greater flexibility.

The present study found that the act of composing songs can be associated with the experience of negative emotions. Anna remembered her deceased husband when singing songs. She had positive memories of him but was still grieving. Although the memory evoked negative feelings, she experienced positive emotions when expressing gratitude for him within the 'Gratitude Song' ("It pleased me, that was good for me"; Anna-Q5e). When introducing the 'Music Ritual', Paul reported that he had no positive experiences in his life, which might cause negative emotions. Willa could also not find positive experiences in her daily life. The presence of negative emotions may be caused by their depression, which includes a higher perception of negative than positive emotions (Wenzler et al., 2017). Nevertheless, it is possible to identify positive experiences by reflecting on the activities performed by the participants in the days prior to the session. These may include activities such as

being in a city. Additionally, the environment of the participants can be carefully screened to identify potential sources of positive emotion, such as a room scent or a box containing new shoes.

Willa encountered further difficulties in composing the 'Gratitude Song' for her son, "That I said he should stay the way he is" (Willa-Q5e.2). Nevertheless, in expressing gratitude, she was able to perceive positive emotions (e.g. "That was very nice, very nice" – Willa-V4.4). Additionally, composing the 'Flourishing Song' was challenging for her (Willa-Q5e.2). In reflecting on the strengths overview in Session 6, she stated, "I think, as I read through this, I thought I could have accomplished a lot more" (Willa-V6.1). This may have evoked negative emotions. In the context of songwriting, the emphasis on resilience and coping with negative experiences can facilitate the processing of negative emotions (Baker, 2015). Following this, the lyrics contained the reflection on her past experiences and achievements in coping with challenging situations. Furthermore, the adverse event between sessions 7 and 8 influenced the conduction of Session 8 and required a new and changed song content, based on the emergency session. Although the writing was appropriate for her because it enabled her to cope with past experiences, a high flexibility of the music therapist was needed to ensure successful songwriting.

8.3.4 Written songs

During the process of songwriting and when recording the songs, it was important for the participants that I sing the song either with them or independently. In the case of Emma and Willa, it was observed that my vocal support enabled them to feel secure in the manner in which the song was intended to be sung (identified by the repeated attempts to recognise any of my musical actions). Anna perceived herself to be unable to sing. Paul also perceived himself to be unable to sing and was further not interested in singing. One reason for refusing to sing their songs may be the participants' past critiques of their own voices, as well as their close connection to the content of the songs when singing them (Baker, 2015). Notwithstanding, the participants enjoyed their songs when hearing the songs. Negative emotions may not only be evoked by the act of writing a song; they can also be evoked through the act of listening to self-written songs that contain negative experiences that the songwriter

is not yet ready to confront (Baker, 2015). In this case, Baker (2015) recommended that the songwriter should wait to listen to them until they are ready to process them. This needs to be considered when repeating written songs within the intervention process.

In conclusion, findings from the presented single-group pilot study suggest that would be inappropriate to request that participants sing their songs, with or without the therapist, and should not be expected. When the songs were recorded in accordance with the participant's wishes, with or without the therapist's voice, this element was deemed appropriate for the participants. In addition, it is recommended that songs be repeated within the intervention process only when participants are prepared to engage with the content.

8.4 Conclusion

The results demonstrate that the intervention program, with all its elements, was an appropriate approach for older people living with depression in a residential care facility. Nevertheless, certain factors must be considered when implementing the intervention program, such as the participants' motivation and the role of the songwriting process and the written songs.

9 Meaningfulness of the Therapeutic Songwriting Program

The aim of this research was to explore the meaningfulness of the intervention program by identifying mechanisms of change that emerged from the therapeutic songwriting program and that might reduce/prevent depression, and enhance wellbeing. In addition, the lyrics of all written songs were analysed to identify meaningful themes that were experienced beyond the sessions, and may prevent depression and enhance wellbeing (see research questions in 5.2.2.3).

9.1 Mechanisms of Change in the Therapeutic Songwriting Program

9.1.1 Method

The exploration of elements, that were meaningful for the participants when participating in the therapeutic songwriting program, identified mechanisms of change within an interpretative phenomenological analysis (IPA) of the interview data. The IPA of the transcribed narrative interviews aimed to reconstruct the subjective lived experiences of the participants (Döring et al., 2016). The use of an IPA in this research was based on its capacity to facilitate the interpretation of participants' contributions from my perspective as a clinician, thereby ensuring an optimal understanding of the mechanisms of change. The approach is inductive, with the objective of exploring the central meaning of the statements (Pietkiewicz & Smith, 2014). The identification of potential mechanisms was conducted in five steps (see 'Part One' below). In order to validate the findings and obtain further information about the relevance of the previously identified mechanisms of change, a deductive extraction from video data informed by Gläser and Laudel (2013) was conducted concurrently with the IPA (see 'Part Two' below). All analyses were conducted in the German language. Following the completion of the analyses, the interview and video data were translated into English to ensure the avoidance of bias resulting from the translation process. The individual steps are described in the following sections.

Part One: Identification of Mechanisms of Change

A. Reading

All statements of the transcribed interview were read for a general understanding of the phenomenon under investigation (Döring et al., 2016).

B. Identification of meaningful quotes

The statements related to the interview questions were marked by hand (Döring et al., 2016). If different central meanings were identified, the statements were then divided into smaller statement sections and given an individual code to demonstrate the position of the statement part within the complete answer).

C. Development of central meaning

Each quote was summarised into a statement representing the central meaning from the participant's perspective. Linking the quotes to the summarised central meaning (interpretative coding) aims to reconstruct the meaning from the participant's perspective (Döring et al., 2016). In addition, exploratory comments on the researcher's observation were added to consider important aspects such as content, language use, or the researcher's initial interpretation (Pietkiewicz & Smith, 2014). The initial interpretation was further informed by the observation of the sessions and field notes.

D. Assignment to theme cluster

The central meanings of the statements were assigned to a theme cluster. The aim of this step was to move away from the participant's perspective in order to interpret the data from the researcher's perspective and to answer the research question (Döring et al., 2016) about what mechanisms of change might have led to an improvement in depressive symptoms and wellbeing.

E. Assignment to sub-categories and main categories

Related theme clusters were assigned as sub-categories to the main categories in order to gain a more abstract understanding (Döring et al., 2016). After rereading the interview transcripts, Steps D and E (creating theme clusters and relating them to sub-categories and main categories) were carried

out multiple times by the author and cross-checked by a German researcher who was not familiar with the intervention program to ensure a deep understanding of the material without being biased by any expectations linked to the program elements.

Part Two: Validation of Identified Mechanisms of Change

F. Validating the results with video data

In the second part, video data were extracted that confirmed or disconfirmed the findings of potential mechanisms of change. This involved extracting all video data that was related to the main categories developed via the IPA, in order to enable the building of further sub-categories. This method of extracting relevant data is based on the qualitative content analysis, developed by Gläser and Laudel (2013). It is a theory-guided deductive approach to reconstruct causal explanations by extracting information related to theoretical assumptions (Schreier, 2014). Compared to other qualitative content analyses, content analysis by extraction extracts only information relevant to the research question (Gläser & Laudel, 2013). This method supports the effective use of data, especially in large data sets, by reducing the material into main categories relevant to the research question (Schreier, 2014).

F.1 Linking video data to mechanisms of change

Information from the video data that was relevant to the suggested mechanisms of change were identified (Gläser & Laudel, 2013) and extracted by writing them down. Relevant information consisted of confirming and disconfirming statements related to the main categories of proposed mechanisms of change.

F.2 Identify confirming and disconfirming statements

In order to verify the detected mechanisms of change, the data were structured by dividing them into confirming and disconfirming statements for each mechanism of change (Gläser & Laudel, 2013; disconfirming statements marked with *). In addition, the conditions under which the statement was given (previous activities) were noted in order to identify their influence on the statement.

F.3 Integration of recurring statements, condition patterns, and new categories

Recurring statements and patterns that occurred under the same or similar conditions were summarised and related to the sub-categories from the mechanisms of change identified in Part 1. Sub-categories were further divided, if required. In the case of patterns that could not be assigned to the previously identified sub-categories of mechanisms of change, new sub-categories were developed.

G. Representation of the results

The findings were then illustrated by presenting the main categories, sub-categories, and sample quotations in a table (Döring et al., 2016). The coding of the statements enabled a transparent and clear representation of the entire category building and statement allocation.

H. Detailed description

After presenting the basic structure of the categories, a detailed description of the findings was provided for each main and sub-category (Döring et al., 2016). A cross-case analysis identified similarities of findings across participants, which were then compared and contrasted with individual statements in order to further identify differences across participants (Pietkiewicz & Smith, 2014). Disconfirming statements were then reflected upon in relation to the individual participant's life and potential explanations provided. Thereby, the individual characteristics of each participant were taken into account (Gläser & Laudel, 2013).

I. Validating the results by other experts

The analysis and the plausibility of the results were confirmed and thereby validated by other experts (Döring et al., 2016). A German researcher and music therapist confirmed the analysis results by rereading the analysis procedure and comparing the results with the German statements. An English researcher and music therapist compared the analysis results with the translated statements.

9.1.2 Results

All interview questions in the original language (German, see Appendix F) and all video data in the original language (German, see Appendix G) were analysed using interpretative phenomenological

analysis. Nineteen sub-categories were assigned to four main categories (see Table 34). The description of the mechanisms shows all the quotes assigned in order to ensure the transparency of the procedure.

Table 34

Overview Mechanisms of Change

Main category	Sub-category
M1 Importance of the songs and songwriting within the intervention process	M1.1 Songwriting process was a positive experience M1.2 Identification with the songwriting process M1.3 Thoughts/life experiences were translated into songs M1.4 Identification with the self-composed songs M1.5 Self-composed songs were experienced positively (perception of song aesthetics) M1.6 Self-composed songs were shown to other people M1.7 Self-composed songs became a memory M1.8 Being grateful and proud for their participation and their written songs
M2 Participants experienced gratitude	M2.1 General gratitude M2.2 Gratitude for the existence and support of the family and others M2.3 Gratitude for the values and beliefs of the family and God
M3: Improved awareness and activation of memory and memory skills	M3.1 Remember and become aware of positive things M3.2 Gaining awareness of their own strengths M3.3 Remember and become more aware of their achievements M3.4 Better understanding of themselves and other people M3.5 Activation of memory and memory ability
M4: Importance of a good therapeutic relationship	M4.1 Establishment of a good therapeutic rapport M4.2 Importance of therapeutic talk M4.3 Help provided by the music therapist

9.1.2.1 Mechanism 1: Importance of the Songs and Songwriting Within the Intervention Process

The main category 1 has eight sub-categories indicating the importance of the songs and songwriting within the intervention process. It is divided into categories relating to the songwriting process itself (M1.1 to M1.3) and the written songs (M1.4 to 1.7). In addition, mechanism M1.8 indicates that the participants were grateful and proud for their participation in the program. Mechanism M1.9 represents the experience of singing pre-existing songs as an introduction to the intervention program in Session 1. Table 35 shows the statements assigned from the interview and the video data for mechanism 1.

Table 35

Mechanism 1: Importance of the Songs and Songwriting Within the Intervention Process

Sub-category	Quote Interview	Quote Video
M1.1 Songwriting process was a positive experience	Confirming quotes: Anna-Q1.1, Anna-Q2.1, Anna-Q2.2, Anna-Q5c, Anna-Q5g, Anna-Q6.3, Willa-Q5c, Willa-Q5g.1, Willa-Q5g.2 Emma-Q5c.1, Emma-Q5e.1, Paul-Q2.1, Paul-Q2.2, Paul-Q6.1 Disconfirming quotes: Willa-Q5e.2*	Confirming quotes: Anna-V2.3, Anna-V2.5, Anna-V2.6, Anna-V4.2, Anna-V5.3, Anna-V6.4, Anna-V9.2, Anna-V10.3, Anna-V10.4 Anna-V10.8, Anna-V10.9, Willa-V4.4, Willa-V4.5, Willa-V10.3, Emma-V2.3, Emma-V2.5, Emma-V3.1, Emma-V3.3, Emma-V4.2, Emma-V6.2, Emma-V7.1, Emma-V9.1, Emma-V9.2, Emma-V10.2, Emma-V10.4, Emma-V10.5, Paul-V2.3, Paul-V3.1, Paul-V10.5 Disconfirming quotes:
M1.2 Identification with the songwriting process	Confirming quotes: Disconfirming quotes: Emma-Q5g.3*, Emma-Q5g.5*	Confirming quotes: Anna-V2.6, Anna-V7.1, Anna-V9.3, Emma-V6.3, Emma-V9.2, Emma-V10.2, Paul-V5.2, Paul-V5.3, Paul-V10.1, Paul-V10.3, Paul-V10.6 Disconfirming quotes: Anna-V2.2*, Anna-V2.3*, Anna-V2.4*, Anna-V2.5*, Anna-V3.1*, Anna-V5.3*, Anna-V6.1*, Anna-V9.2*, Anna-V10.3*, Anna-V10.4*, Anna-V10.10*, Emma-V2.1*, Emma-V2.2*, Emma-V2.4*, Emma-V3.1*, Emma-V3.3*, Emma-V6.2*, Emma-V7.1*, Emma-V9.1*, Emma-V10.3*, Emma-V10.4*, Emma-V10.5*, Paul-V3.1*, Paul-V3.1*, Paul-V3.2*, Paul-V5.1*, Paul-V9.1*, Paul-V10.5*
M1.3 Thoughts / life experiences were translated into songs	Confirming quotes: Anna-Q2.1, Emma-Q1.2, Emma-Q5b.1, Emma-Q5e.1, Emma-Q5g.3, Emma-Q6.2, Paul-Q5c.2, Paul-Q5g, Paul-Q6.4 Disconfirming quotes:	Confirming quotes: Anna-V4.3, Anna-V5.2, Anna-V7.1, Anna-V9.3, Anna-V10.1, Anna-V10.2, Anna-V10.10, Emma-V6.3, Paul-V3.1, Paul-V10.4 Disconfirming quotes:
M1.4 Identification with the self-composed songs	Confirming quotes: Emma-Q5g.1, Emma-Q5g.5, Paul-Q5c.1, Paul-Q5c.2 Disconfirming quotes: Emma-Q5b.2*	Confirming quotes: Anna-V4.3, Anna-V7.1, Anna-V10.2, Anna-V10.10, Emma-V6.3, Paul-V3.1, Paul-V5.3, Paul-V10.3, Paul-V10.4 Disconfirming quotes:
M1.5 Self-composed songs were experienced positively (perception of song aesthetic)	Confirming quotes: Anna-Q2.1, Anna-Q2.2, Anna-Q5e, Anna-Q6.3, Willa-Q5b, Emma-Q5g.3, Emma-Q5g.5, Emma-Q6.2, Paul-Q5c.1, Paul-Q6.1, Paul-Q6.3, Paul-Q6.4 Disconfirming quotes:	Confirming quotes: Anna-V2.2, Anna-V2.3, Anna-V3.1, Anna-V4.1, Anna-V4.2, Anna-V6.1, Anna-V6.2, Anna-V7.1, Anna-V9.1, Anna-V10.8, Willa-V4.2, Willa-V4.3, Willa-V 4.4, Willa-V7.2, Willa-V10.2, Willa-V10.4, Emma-V4.1, Emma-V4.2, Emma-V6.2, Emma-V6.3, Emma-V7.1, Emma-V10.3, Emma-V10.4 Emma-V10.5, Paul-V2.3, Paul-V4.1, Paul-V5.1, Paul-V5.2, Paul-V5.3, Paul-V9.1, Paul-V10.2, Paul-V10.3 Disconfirming quotes:

Sub-category	Quote Interview	Quote Video
M1.6 Self-composed songs were shown to other people	Confirming quotes: Anna-Q6.1, Paul-Q5c.1, Paul-Q6.2, Paul-Q6.3, Paul-Q6.4 Disconfirming quotes:	Confirming quotes: Paul-V5.1, Paul-V10.5 Disconfirming quotes:
M1.7 Self-composed songs became a memory	Confirming quotes: Anna-Q6.4, Paul-Q5c.1 Disconfirming quotes:	Confirming quotes: Disconfirming quotes:
M1.8 Being grateful and proud for their participation and their written songs	Confirming quotes: Emma-Q1.1, Emma-Q1.3, Emma-Q5a.1, Emma-Q5a.2, Emma-Q6.1, Emma-Q6.2, Paul-Q2.2 Disconfirming quotes:	Confirming quotes: Emma-V2.2, Emma-V2.3, Emma-V2.5, Emma-V6.1, Emma-V10.6, Paul-V5.1, Paul-V5.2, Paul-V5.3, Paul-V10.1 Disconfirming quotes:

* = disconfirming quotes

M1.1 Songwriting Process was a Positive Experience

The songwriting process was experienced positively by all participants throughout the intervention program. Positive statements were given by all participants from Sessions 2 to 10 and during the interview one week after the end of the treatment. Only one interview statement expressed the difficulty of writing the 'Gratitude Song' and the 'Flourishing Song' for Willa because they were focused on her son (Willa-Q5e.2*). The relationship with her son was good but had some tensions, so the difficulty may have been related to the emotional process of the past and present. However, in the conclusion session she reported that she liked the 'Flourishing Song' (Willa-V10.3).

Emma was overwhelmed and impressed by the creation of lyrics and melodies throughout the program (Emma-V2.3, Emma-V2.5, Emma-V3.1, Emma-V3.3, Emma-V6.2, Emma-V7.1, Emma-V9.1, Emma-V10.4, Emma-V10.5), and stated that it was special to express gratitude in her own way in a song (Emma-Q5e.1). Paul expressed the same enthusiasm, linking our therapeutic songwriting with professionally written songs by popular musicians (Paul-V2.3, Paul-Q2.2). He was very interested in the techniques of writing songs (Paul-Q2.1). Anna pointed out that she liked to turn themes into music (Anna-Q2.1).

Three out of four participants reported in the final session and interview that the songwriting was helpful and improved their mood (Anna-Q1.1, Anna-V10.8, Anna-V10.9, Willa-Q5g.1, Paul-Q6.1). It was an alternative experience (Anna-V6.4, Willa-V4.5, Emma-Q5c.1) that distracted from everyday routines (Willa-V4.5). For example, after writing a musical phrase about the positive influence of visiting people, Willa stated, “That's a nice distraction too. Now with you” (Willa-V4.5). The musical phrases were perceived as particularly special by three participants (Anna-Q2.2, Willa-Q5c, Emma-V10.2). It was experienced as something new (Anna-Q5c). Songs also encouraged participants to read the lyrics of their self-composed songs (Anna-V10.9), to think about them (Anna-Q6.3: “Yes, of course I thought about it again. I really liked that.”), and to imagine their content (Emma-V4.2 after reading the lyrics: “I'm (.) overwhelmed (smiling) (...) Yes, yes (..) You imagine and then/ Beautiful!”).

M1.2 Identification With the Songwriting Process

Anna attributed the writing of all songs mainly to the music therapist (without the ‘Music Ritual’; Anna-V2.2*, Anna-V2.3*, Anna-V2.4*, Anna-V2.5*, Anna-V3.1*, Anna-V5.3*, Anna-V6.1*, Anna-V7.1, Anna-V9.2*, Anna-V10.3*, Anna-V10.4*, Anna-V10.10*). However, she acknowledged her contribution to the songwriting process in Session 2, after finishing the ‘Pleasure Song’(Anna-V2.6), by repeating the ‘Gratitude Song’ in Session 9 (Anna-V9.3), and after the therapist reminded her of her contribution (Anna-V6.1, Anna-V5.3, Anna-V7.1). She also acknowledged that the songs were about her life (Anna-V7.1). The same phenomenon was observed with Paul, who did not directly attribute the songwriting to himself (Paul-V3.1*, Paul-V3.2*, Paul-V5.1*, Paul-V9.1*), but acknowledged his contribution (Paul-V3.1, Paul-V5.2, Paul-V5.3, Paul-V10.1, Paul-V10.3, Paul-V10.6). One reason for his lack of identification with the songwriting process may have been that he felt his children did not believe he was capable of writing a song (Paul-V5.1*: “Because I told them what we do. 'Oh father, YOU?' Yes, I said.”), or negative comments from friends regarding the songwriting (“Because they all said ‘OOH, OOH’ (negative expression)”, Paul-V10.5*).

Emma did not believe in her ability to write a song at the beginning of the program (Emma-V2.1*, Emma-V2.2*). She did not identify herself with the songwriting process throughout the majority

of the intervention program (Emma-V2.4*, Emma-V3.1*, Emma-V3.3*, Emma-V6.2*, Emma-V7.1*, Emma-V9.1*, Emma-V10.3*, Emma-V10.4*, Emma-V10.5* Emma-Q5g.3*, Emma-Q5g.5*). However, similar to Anna, she acknowledged her contribution in writing the 'Gratitude Song', 'Flourishing Song' and musical phrases (Emma-V6.3, Emma-V9.2, Emma-V10.2).

M1.3 Thoughts/Life Experiences Were Translated Into Songs

A recurring statement was that the thoughts and content of the therapy sessions were translated into songs (Anna-V9.3, Anna-Q2.1, Emma-V6.3, Emma-Q1.2, Emma-Q5b.1, Paul-V3.1, Paul-V10.4). For example, Paul stated that "The lyrics are written as I experienced it." (Paul-Q5c.2). Furthermore, the thoughts were guided (Emma-Q5b.1) to create a song that was about the participant's own experiences and life (Anna-V4.3, Anna-V5.2, Anna-V7.1, Anna-V10.1, Anna-V10.2, Anna-V10.10, Emma-Q5e.1, Emma-Q5g.3, Paul-Q5c.2, Paul-Q6.4), which is easier to express in songs (Emma-Q6.2). In addition, songwriting helped Paul to reflect more deeply on his own life (Paul-Q5g).

M1.4 Identification With the Self-Composed Songs

Although the participants did not seem to recognise their own contributions to the songwriting process (see above, mechanism 1.1), identification with the content of the written songs was reported throughout the intervention program and during the interview (Emma-Q5g.1, Paul-V10.3, Paul-Q5c.1; see also the statements of mechanism M1.3 which represent the relation between one's own life or thoughts and the songs). Paul further reported that the lyrics were written the way he experienced the situations (Paul-Q5c.2). Emma also made statements about her identity in the songs. Listening to the 'Pleasure Song' made her experience herself differently ("I am a completely different person", Emma-Q5b.2*), which may indicate a lack of identification with the 'Pleasure Song'. At the same time, she experienced the 'Flourishing Song' as being written about her own life and her own person being authentically represented (Emma-Q5g.5: "How you got it there. And yet it's not like I'm standing there like that, in there as/ (...) I'm also happy to help. (...) No, you also have your mistakes, you've made mistakes and/ (...) that's wonderful.").

M1.5 Self-Composed Songs Were Experienced Positively (Perception of Song Aesthetic)

The aesthetics of all songs and the musical phrases were perceived positively by all participants (Anna-V2.3, Anna-V3.1, Anna-V4.1, Anna-V7.1, Anna-V9.1, Anna-Q2.2, Anna-Q5e, Anna-Q6.3, Willa-V4.3, Willa-V 4.4, Willa-Q5b, Willa-V10.4, Emma-V4.1, Emma-V4.2, Emma-V6.2, Emma-V7.1, Emma-V10.3, Emma-V10.4 Emma-V10.5, Paul-V9.1, Paul-V10.2, Paul-V10.3, Paul-Q5c.1, Paul-Q6.1). For example, Anna summarised: "You can put together a nice song out of nothing, right? Yes" (Anna-V2.3). Other participants simply commented on the song "That was very nice, very nice" (Willa-V4.4) or "That's just wonderful" (Emma-V4.1).

Some statements pointed out the positive perception of the lyrics in particular (Anna-V2.2, Anna-V2.3, Anna-V6.1, Anna-Q5e, Willa-V7.2, Emma-V6.3, Emma-Q5g.3, Emma-Q5g.5, Emma-Q6.2, Paul-V5.1). In addition, Anna, Willa and Paul liked the performance of the music therapist when presenting their songs (Anna-V4.2, Anna-V6.2, Anna-V10.8, Anna-Q2.1, Willa-V4.2, Paul-V10.2, Paul-V10.3). Paul, who had a low identification with the songwriting process, related those of professional/popular songwriters (Paul-V2.3, Paul-V4.1, Paul-V5.2, Paul-V5.3). Because he was proud of the songs, he showed them to other people who stated that they liked them (Paul-Q6.3, Paul-Q6.4, see M1.6).

M1.6 Self-Composed Songs Were Shown to Other People

During the intervention program and up to the interview one week after completion of the program, three out of four participants showed the songs and/or lyrics to other people. Emma asked the music therapist after Session 5 to show the 'Pleasure Song' and 'Gratitude Song' to her daughters, who visited her immediately after the session. They reported that Emma had already talked about the lyrics and shown them before. Paul talked about his songs with his children (Paul-V5.1) and other people (Paul-V10.5). He showed the lyrics to his friends and acquaintances (Paul-Q5c.1), and later the finished songs to them (NSH-Q6.3) and his family (Paul-Q6.2, Paul-Q6.4). Anna also gave the recordings to her grandchildren (Anna-Q6.1).

M1.7 Self-Composed Songs Became a Memory

Anna and Paul liked the fact that the songs became a memory (Anna-Q6.4, Paul-Q5c.1) that they could read and replay multiple times (Anna-Q6.4). In addition, Paul memorised his 'Pleasure Song' (Paul-Q5c.1).

M1.8 Being Grateful and Proud for Their Participation and Their Written Songs

Emma was overwhelmed and could not believe why she had been selected to participate in the study instead of other people in the residential care facility (Emma-V2.2, Emma-V2.3, Emma-V2.5, Emma-V6.1, Emma-V10.6, Emma-Q1.1, Emma-Q1.3, Emma-Q5a.2). These statements indicated a feeling of being pride (Emma-Q5a.1: "It also made me kind of proud that I was asked to do so and/", Emma-Q6.2: "[…] I'm a bit proud then.") and grateful for her participation (Emma-Q6.1: "[…] Yes, well, I'm grateful that I/ that we together/ that you approached me"). Although she did not name these feelings clearly, she smiled during the statements and looked at the music therapist with excitement, which led to the assignment to this mechanism. She also reported feeling grateful for the weekly 'Music Ritual' with the repeating question for good things that happened (Emma-Q5a.2).

Paul showed pride in his self-composed songs by comparing the songwriting process to the professional songwriting of a band that he had seen on television (Paul-Q2.2). One statement indicated his pride by showing the lyrics to his children and saying "Yes, I said (..) sounds good!" (Paul-V5.1). He also made some jokes to a friend who called him "Don't be mad at me, I have a music teacher with me. When you hear the song on TV. The lyrics are by (Paul) then you'll know it's me (laughing)" (Paul-V5.2) and saying at the end of the session "Now, after all I'm coming to 'Bayerischer Rundfunk' [German radio]" (Paul-V5.3). Both statements indicated that he was proud of his songs. He also proudly explained his contribution to the songwriting process to a friend: "With my music therapist, I took part in everything. She wrote the music, and I wrote the lyrics" (Paul-V10.1).

9.1.2.2 Mechanism 2: Participants Experienced Gratitude

Mechanism 2 contains three sub-categories indicating that participants experienced gratitude in the present. The assigned statements are presented in Table 36. Statements made during the intervention program that were directly related to the task of talking about gratitude were not included in order to avoid bias in finding aspects that were significant for the participants. Mechanism M2.1 describes a general feeling of gratitude in the participant's life. Mechanism M2.2 is more specific and includes statements showing gratitude for the values and beliefs of family and God. Finally, mechanism M2.3 summarises gratitude for the educational influence of the family.

Table 36

Mechanism 2: Participants Experienced Gratitude

Sub-category	Quote Interview	Quote Video
M2.1 General gratitude	Confirming quotes: Emma-Q5b.3, Emma-Q5b.4, Emma-Q5d.3, Emma-Q5e.2, Emma-Q5g.2 Disconfirming quotes:	Confirming quotes: Emma-V3.2 Disconfirming quotes:
M2.2 Gratitude for the existence and support of the family and others	Confirming quotes: Anna-Q5d.1, Anna-Q7.1, Willa-Q2.2, Emma-Q5d.1, Emma-Q5d.2, Emma-Q5f.2, Emma-Q5g.4 Disconfirming quotes:	Confirming quotes: Anna-V4.4, Anna-V5.1, Anna-V10.5, Anna-V10.7, Willa-V2.1, Willa-V2.3, Willa-V7.3, Emma-V3.2 Disconfirming quotes:
M2.3 Gratitude for the values and beliefs of the family and God	Anna-Q5d.2, Emma-Q5f.1 Disconfirming quotes:	Confirming quotes: Disconfirming quotes:

* = disconfirming quotes

<u>M2.1 General Gratitude</u>

Emma was generally very grateful for the experiences in her life. She was very grateful for living in the residential care facility (Emma-Q5b.4) where she used to look out of the window very early in the morning (Emma-V3.2) and in the evening (Emma-Q5e.2), giving thanks to God (Emma-V3.2, Emma-Q5e.2, Emma-Q5g.2). Emma appreciated the little things that people showed her that can turn out to be beautiful (Emma-Q5b.3). She enjoyed participating in daily activities (Emma-Q5b.3, Emma-Q5d.3).

M2.2 Gratitude for the Existence and Support of the Family and Others

The family was important to all participants. They were grateful for their families and the time they were able to spend with them (Anna-Q7.1, Anna-V10.5, Anna-V10.7, Willa-Q2.2). They also expressed gratitude for the support of their parents (Anna-Q5d.1) and children (Willa-V2.3, Willa-V7.3, Emma-Q5d.1) in the past and present. During the program, Paul expressed gratitude to his wife for always giving him the freedom to pursue his interests (documented in the session notes). In addition to the support of family members, participants also made statements about being grateful for help from other people, past and present, such as friends, caregivers and strangers[19] (Anna-V4.4, Willa-V2.1, Emma-V3.2, Emma-Q5d.2, Emma-Q5f.2, Emma-Q5g.4). Talking to visiting people made Willa feel better (Willa-V2.1), including family and friends as well as professionals. Anna was grateful for the help of a friend in the past when her husband died, but also for being able to support her friends herself in the present (Anna-V10.7). Finally, Anna and Emma expressed gratitude for the support of the staff in the residential care facility (Anna-V4.4, Emma-V3.2, Emma-Q5d.2).

M2.3 Gratitude for the Values and Beliefs of the Family and God

Anna and Emma reported feeling grateful for the educational influence of their families (Anna-Q5d.2: "Yes, my generation, they were more grateful to their parents […]") and the development of their strengths. This may have been because their parents set an example for them (Emma-Q5f.1: "Sure, strengths were inherited, or the parents also set an example of them, in the parental home - helping others and being there for one another. You only got it."). Emma also reported that God gave her the right attitude (Emma-Q5g.2: "Yes, you must thank the Lord for that (.) that he then gave you the power and the right attitude […]").

9.1.2.3 Mechanism 3: Improved Awareness and Activation of Memory and Memory Skills

The third mechanism category describes participants' improved awareness and activation of memory and memory skills. Mechanism M3.1 includes statements that the program helped them to

[19] The statements of mechanism M4.3 related to the support of the music therapist were not included in the presentation of gratitude for the support of other people in mechanism M2.2.

remember and be aware of positive things. Mechanism M3.2 draws on statements about becoming aware of their own strengths, M3.3 of their achievements. The improved understanding of oneself and of other people was shown in mechanism M3.4 and the general activation of memory and memory ability in M3.5. All assigned statements are shown in Table 37.

Table 37

Mechanism 3: Gained Awareness and Activation of Memory and Memory Skills

Sub-category	Quote Interview	Quote Video (+/-)
M3.1 Remember and become aware of positive things	Confirming quotes: Anna-Q7.2, Emma-Q5b.3, Emma-Q5b.4, Emma-Q5f.3, Paul-Q6.4, Paul-Q7 Disconfirming quotes:	Confirming quotes: Anna-V6.4, Anna-V10.8, Willa-V2.1, Willa-V4.1, Willa-V4.5, Emma-V3.2, Emma-V10.1, Paul-V2.1, Paul-V2.4 Disconfirming quotes:
M3.2 Gaining awareness of their own strengths	Confirming quotes: Anna-Q5f.2, Willa-Q5f, Willa-Q7, Paul-Q5f Disconfirming quotes:	Confirming quotes: Anna-V10.6, Willa-V6.1, Willa-V10.6, Emma-V10.9 Disconfirming quotes:
M3.3 Remember and become more aware of their achievements	Confirming quotes: Anna-Q5f.1, Emma-Q5g.1, Paul-Q5f Disconfirming quotes:	Confirming quotes: Anna-V5.2, Anna-V9.3, Anna-V10.2, Emma-V10.7, Emma-V10.9, Paul-V10.1 Disconfirming quotes: Willa-V6.1*
M3.4 Better understanding of themselves and other people	Confirming quotes: Willa-Q5d, Emma-Q5b.2 Disconfirming quotes:	Confirming quotes: Willa-V6.1, Paul-V2.2, Paul-V7 Disconfirming quotes:
M3.5 Activation of memory and memory ability	Confirming quotes: Emma-Q3, Emma-Q5c.2, Paul-Q5g Disconfirming quotes:	Confirming quotes: Anna-V1.1, Anna-V1.3, Emma-V10.8 Disconfirming quotes:

* = disconfirming quotes

M3.1 Remember and Become Aware of Positive Things

The ability to remember and become aware of positive things was developed within the 'Pleasure Song' and 'Music Ritual'. At the beginning of the program, it was difficult for Paul to reflect on positively experienced moments. Although he listed positive activities in Session 2 that gave him a

reason “to go on living” (Paul-V2.1), he was not able to evaluate them a few minutes later (Paul-V2.4: “What joys do I have in a day, you asked, right? Not very much. […] Yes, it's (.) that I'm getting out of here, that's for sure, but (.) but well, of course it’s joy. […] Yes, of course, if I, um, that I can get out, right? Um, and yes somehow talking to people or friends (...) or (...) I never drink much (laughing). We used to drink and munch (laughing).” The lack of awareness may have been related to his depression. After the intervention program, he stated that he finally became aware of his positive experiences through the songwriting process (Paul-Q6.4). Awareness of the positive experiences of the songwriting program and music therapy sessions was also reported by Anna in the middle and at the end of the intervention program (Anna-V6.4, Anna-V10.8). Both participants wanted more of these positive experiences in the future (Anna-Q7.2, Paul-Q7).

Being invited to write down positive experiences helped participants to become aware of them (Emma-V10.10). Emma described positive experiences, such as the mornings when she looked at the clouds in the sky (Emma-V3.2) and the activities of the residential care facility (Emma-V10.1). She became aware (Emma-Q5b.4) of what was shown to her and that “turns out to be beautiful” (Emma-Q5b.3). This awareness felt good to her (Emma-Q5f.3). Willa became aware of the positive experiences of the activities offered, such as the activities with the music therapist (Willa-V2.1, Willa-V4.1, Willa-V4.5).

M3.2 Gaining Awareness of Their Own Strengths

Participants were not aware of their strengths but agreed with their created overview (Anna-V10.6, Anna-Q5f.2, Paul-Q5f; see task no. 4 in 6.2.5). Willa reported that she could have achieved more in her life with her strengths (Willa-V6.1). She also stated in the conclusion session that she sometimes needed to read the list of her strengths (Willa-V10.6), and in the interview at the end of the intervention program, that it felt good to look at the overview (Willa-Q5f). She wanted to stay aware of her strengths in the future (Willa-Q7). Emma also wanted to place the strengths overview visibly on her bedside table so that she would stay aware of her strengths (Emma-V10.9).

M3.3 Remember and Become More Aware of Their Achievements

Songwriting helped participants to remember and become aware of their achievements. Anna realised how many situations she had already mastered by writing the 'Flourishing Song' (Anna-V5.2). She was glad that it was possible to include everything in the song (Anna-V9.3). All the achievements represented in her songs were perceived as true (Anna-V10.2), and through the program, she became more aware of them (Anna-Q5f.1). Singing the 'Gratitude Song' made Emma aware of what she had achieved (Emma-V10.7). Furthermore, she became aware of all her achievements (Emma-Q5g.1) by looking at the strengths overview (Emma-V10.9). For Paul, writing songs was an achievement in itself (Paul-V10.1). He was very interested in professional songwriting (see Paul-V2.3, Paul-Q2.1, Paul-Q2.2) and was able to write songs on his own with some help from the music therapist (Paul-V10.1). He also became more aware of his achievements in sports (Paul-Q5f).

In Session 6, the reflection on achievements may have evoked a negative feeling in Willa because she had the impression that she could have achieved more in her life (Willa-V6.1). Willa had experienced difficult challenges in the past. She could not reflect on how successfully she had dealt with them. These feelings may have been related to her depression.

M3.4 Better Understanding of Themselves and Other People

Willa experienced increased self-awareness through reflecting on her strengths and achievements (Willa-V6.1: "I think, as I read through this, I thought I could have accomplished a lot more."). In writing the 'Gratitude Song', Willa gained a clearer understanding of her son's behaviour (Willa-Q5d: "That you can explain a lot to me, that I have more understanding for my son than at the beginning"), with whom she had shared some difficult challenges in the past.

Emma experienced herself as a completely different person in the 'Pleasure Song' (Emma-Q5b.2). In the song she described her behaviour in order to have positive experiences (such as looking out of the window or participating in group activities). In contrast to her previous perception of herself as incapable of writing songs (see e.g. Emma-V2.1, Emma-V2.2, Emma-V6.3, Emma-Q6.2), she gained

a new understanding of herself as being able to create positive experiences for herself. Reflecting on positive experiences (Paul-V2.2), particularly a discussion with his daughter (Paul-V7), Paul became more aware of his needs and limitations, which could lead to a better sense of wellbeing.

M3.5 Activation of Memory and Memory Ability

Songs can evoke memories and strong feelings (Anna-V1.1). The singing of pre-existing songs evoked a negative emotion in Anna because she missed her husband (Anna-V1.3). At the same time, the song reminded her of positive memories with him. Paul explained that writing the song allowed him to think further back into the past (Paul-Q5g). In addition, Emma experienced a general activation of memory (Emma-V10.8) and memory skills (Emma-Q3: "I would say this so. That you notice that the mind is not yet quite/ Or the memory or, in general, the ability to think. Not became degenerate yet.", Emma-Q5c.2: "[…] memory stimulated. It is like this/ if you just sit there and (...) if the grey cells, then totally fade."). As a result, she experienced an improved wellbeing (Emma-Q3).

9.1.2.4 Mechanism 4: Importance of a Good Therapeutic Relationship

Mechanism 4 describes the importance of a good therapeutic relationship. Mechanism M4.1 is about establishing a good therapeutic rapport and was identified as a new sub-category by extracting video data of statements that were related to the therapeutic relationship. Mechanism M4.2 represents the importance of the therapeutic conversation, and M4.3 included statements related to help provided by the music therapist. Table 38 presents the assigned statements.

Table 38

Mechanism 4: Importance of a Good Therapeutic Relationship

Sub-category	Quote Interview	Quote Video
M4.1 Establishment of a good therapeutic rapport	Confirming quotes: Disconfirming quotes:	Confirming quotes: Anna-V2.1, Willa-V2.2, Willa-V4.1, Willa-V4.5, Willa-V6.2, Willa-V7.1, Emma-V2.4, Emma-V10.1, Emma-V10.8 Disconfirming quotes: Anna-V1.3*
M4.2 Importance of therapeutic talk	Confirming quotes: Anna-Q1.2, Willa-Q2.1, Willa-Q5d, Emma-Q2.1, Emma-Q2.2 Disconfirming quotes:	Confirming quotes: Emma-V10.10, Willa-V9.1 Disconfirming quotes:
M4.3 Help provided by the music therapist	Confirming quotes: Emma-Q1.3, Emma-Q5a.2, Emma-Q5b.1 Disconfirming quotes:	Confirming quotes: Anna-V10.5, Willa-V5.1, Willa-V10.1, Willa-V10.5, Emma-V9.2, Emma-V10.8, Emma-V10.10 Disconfirming quotes:
* = disconfirming quotes		

M4.1 Establishment of Good Therapeutic Rapport

Good rapport can be facilitated by singing pre-existing songs (Baker & Wigram, 2005). Initially, when rapport had not yet been established, Anna was embarrassed by her crying when she remembered her deceased husband (Anna-V1.3*). However, by the end of Session 2, when she talked about her husband while writing the 'Gratitude Song' and the 'Flourishing Song', she was no longer embarrassed about her feelings. The therapeutic rapport was already established in Session 2. During the 'Music Ritual', Anna expressed positive feelings regarding my visit (Anna-V2.1). My presence as music therapist was also identified as a positive aspect of the 'Music Ritual' by Willa (Willa-V4.1). She expressed a wish to spend more time with me and to go with me to a café (Willa-V2.2). Furthermore, she was very grateful that I was very patient with her (Willa-V7.1). Willa perceived the time spent with me as pleasant (Willa-V4.5, Willa-V6.2) and as a form of distraction (Willa-V4.5).

The positive experiences associated with songwriting may also contribute to the therapeutic rapport (Emma-V2.4). Nevertheless, in the case of Emma, the therapeutic rapport was already established through group activities in the past. She consistently engaged with all the musical activities that I offered in the residential care facility (Emma-V10.1). A deep therapeutic process, as was experienced by Emma (Emma-V10.8), may facilitate the development of a well-established therapeutic rapport.

M4.2 Importance of Therapeutic Talk

The value of therapeutic conversation with the music therapist was highlighted by three of four participants. As a music therapist, I was perceived as a good person to talk to (Anna-Q1.2, Willa-Q2.1). Furthermore, Emma expressed that the therapeutic environment evoked a need to talk (Emma-Q2.2) and that the therapeutic questions touched her (Emma-Q2.1). The therapeutic conversation also supported her in writing down positive experiences (Emma-V10.10). Our conversations enabled Willa to gain a deeper understanding of her son (Willa-Q5d). Although Willa initially felt unwell as a result of a conflict with her son, her experience at the conclusion of this session was positive following a conversation about her son (Willa-V9.1).

M4.3 Help Provided by the Music Therapist

Anna stated that the music therapy sessions contributed to an improvement in her mood, assuming that the therapeutic songwriting might support older people in general to flourish (Anna-V10.5). Emma also stated that the music therapy stirred something in her in a positive way and thanked the music therapist for the activation (Emma-V10.8). Furthermore, Emma described how she would have never thought about writing down positive things without the invitation of the music therapist (Emma-V10.10). Furthermore, she perceived it as beneficial to be asked for positive experiences (Emma-Q5a.2) when writing the 'Pleasure Song' (Emma-Q5b.1) and the 'Flourishing Song' (Emma-V9.2). She recognised that the help and invitation to participate in the songwriting enabled her therapeutic achievements (Emma-Q1.3). Willa expressed gratitude for my assistance (Willa-V5.1,

Willa-V10.1, Willa-V10.5) and for my comprehension of her (Willa-V5.1). She stated that without my assistance, she did not feel capable of her current achievements (Willa-V10.1).

9.1.3 Discussion

This chapter aimed to answer the research question: “What are the mechanisms of change that emerged from the individual therapeutic songwriting program and were responsible for experiences of decreased depression and enhanced wellbeing?” (see 5.2.2.3). The following section discusses the results in terms of the method, influence of the intervention protocol, and validity of identified mechanisms of change.

9.1.3.1 Discussion of the Methods

According to de Witte et al. (2021), mechanisms of change comprise a series of events or factors that, when sequentially occurring, impact the process of change. Although the elements described in this chapter can be considered as individual factors of the therapy, they can also act with one another, thereby enabling an ongoing process. For example, a well-established rapport (M4.1) and therapeutic talk (M4.2) can lead to improved awareness of positive things (M3.1), thereby to experiencing gratitude (M2) and finally to improved wellbeing and decreased depression. Consequently, these elements can be considered both as factors and as mechanisms of change.

The basis for detecting potential mechanisms of change was the interview data. Interview questions explored the perception of the program and individual program elements. Although questions determined the topic of the responses, most mechanisms were not related to them. One of the mechanisms that was influenced was the experience of gratitude (M2), reflected in Question 5b, which explored how participants perceived gratitude. Furthermore, Question 5f explored the participants' awareness of positive experiences (reflected in M3.1), their own strengths (reflected in M3.2), and achievements (reflected in M3.3).

Although the study presented in this chapter did not extract certain statements related to the tasks of the intervention program, such as the feedback on the ‘Gratitude Song’ or listed positive experiences for the ‘Pleasure Song’, it is important to note that these could be potential mechanisms

of change. Further research could investigate these aspects, which may prove beneficial in the treatment and prevention of depression.

The selection of video data to extract was based on an interpretative approach and was limited. Further data could have been extracted and analysed to provide a more comprehensive representation of the participants' experiences. However, the degree of interpretation may become highly subjective, as a single gesture, such as a smile, could be attributed to a multitude of factors, including a positive experience of the song process, the song/song content, the relationship with the therapist, or simply a mental reflection on something positive.

Although other experts verified the results, the interpretation of the statements, their summarised central meanings, and following this, the identified mechanisms may have been influenced by our clinical experiences. Furthermore, German experts who were included in the analysis and validation were residents of the area of study for several years, but language nuances may have remained undetected. The interpretation of the material could not have been validated by any of the participants due to their relocation, passing away, or my inability to access the residential care facility because of COVID restrictions, representing a limitation of the findings.

The sample size of the study was very small. However, some of the mechanisms were also found in two other studies investigating choir singing with people living with dementia and their family caregivers (Thompson et al., 2023; Thompson et al., 2022). Findings from both studies were compared with the findings of this research project in order to identify shared mechanisms for the three client groups: the people living with depression who received therapeutic songwriting intervention, people living with dementia, and their family caregiver who received choir singing intervention (Eickholt & Thompson, submitted for publication). The congruent mechanisms were activating and maintaining memories (‘M3.5 Activation of memory and memory ability’), experiencing a sense of self (M3.4 ‘Better understanding of themselves and other people), and social connection (in terms of gratitude related to ‘M2.2 Gratitude for the existence and support of the family and others) that can lead to an experience of joy. Therefore, those mechanisms of change may not only be beneficial for older people

living with depression. The mechanisms may further promote wellbeing and enjoyment in people living with dementia and their family caregivers. Interestingly, I found that some of the mechanisms can be considered as both a mechanism that leads to an outcome and as an outcome that can serve as a mechanism in the subsequent course of therapy. For example, the activation and maintenance of memory may act as a mechanism to evoke further memories, enhance the experience of a sense of self, and improve mood.

9.1.3.2 Influence of Intervention Protocol

Some mechanisms may have been active throughout the whole intervention, while different program elements may have influenced or activated others at later time points (see description in 9.1.3.1 above). The activation of memory and memory ability (M3.5) was already reflected in the first session when singing songs that evoked positive experiences (see description in 6.2.1 task no. 3). The importance of songs and songwriting within the intervention process (M1) was relevant from the beginning of writing the first song. In Session 2, the positive experience of the songwriting process (M1.1) was first stated by three out of four participants. Also, the representation of the participants' thoughts and life experiences in the songs (M1.3), positive experiences of the self-composed songs (M1.5), and being grateful and proud of their participation and their written songs (M1.8) were reflected from Sessions 2 to 10. When writing the 'Pleasure Song', which was based on the intervention 'Three good things in life' (see description in 6.2.1 and 6.2.2), Willa remembered and became aware of positive things (M3.1), and Paul gained a better understanding of himself (M3.4).

The meaning of a good therapeutic relationship was also observed throughout the whole intervention. A well-established therapeutic rapport was found during Session 2 (M4.1). Interestingly, mechanism 'M4.3 Help provided by the music therapist' was first reflected in Session 5 and prominent in Sessions 9 and 10. This may be related to the transition to the third part of the intervention program, in which individual and personal strengths, meaning, and achievements were explored for the 'Flourishing Song', and the conclusion session, where therapeutic achievements were discussed.

The awareness of the participants' individual strengths (M3.2) was first reflected by Willa in Session 6 after finalising her strengths overview (see task no. 2 in 6.2.6). Notwithstanding, Anna and Emma reflected on this awareness for the first time in the conclusion session. In this case, the awareness may have been triggered by receiving a new, colourful, and aesthetical version of their strengths overview. Also, the awareness of the achievements (M3.3) was first found in Session 5, when Anna explored situations where she used her strengths for writing the 'Flourishing Song' (see task no. 2 in 6.2.6), but predominantly found in Sessions 9 and 10.

Gratitude was observed for the first time in Session 2 when Willa reflected on the impacts of her positive experienced chorus of the 'Pleasure Song'. Interestingly, during the sessions, only one of the nine extracted statements was linked to writing and listening to the 'Gratitude Song'. Other statements were given when writing the 'Pleasure Song', 'Flourishing Song', musical phrases, reflecting strengths, and in other contexts. Consequently, 'Gratitude' as a potential mechanism was not deemed to be influenced by the gratitude-oriented intervention protocol.

9.1.3.3 Validity of Identified Mechanisms of Change

Prevalence of Detected Mechanisms

In the second stage of analysis, statements were extracted from the video data that confirmed or disconfirmed the identified mechanisms of change. Although the number of statements in the interview and video data may have been influenced by the therapeutic process and tasks within the protocol, the mechanisms of change for which the most statements were found may represent those that were most meaningful to the participants. When setting a cutoff at 15 statements, six categories were identified as the most prominent.

The majority of statements were related to the first category, entitled 'M1: Importance of the songs and songwriting within the Intervention process'. Forty-four statements indicated positive experiences associated with self-composed songs (M1.5). The positive experiences process of the songwriting (M1.1) were found in 42 of 43 statements. Only one statement disconfirmed this mechanism. Willa perceived the writing of the 'Gratitude Song' and the 'Flourishing Song' as difficult

because the songs strongly focused on her son (Willa-Q5e.2*). Although the relationship with her son was good, they experienced some tensions in the past and present. Following this, the difficulty may have been related to the emotional processing of past and present experiences. Notwithstanding, she reported that the songwriting process of the 'Flourishing Song' had enabled her to develop further strategies for coping with the challenges she was facing in relation to her son (Willa-Q5g.1). She further reported that she enjoyed writing the song (Willa-Q5g.2), even though the lyrics needed to be changed following a conflict with her son (Willa-V10.3). This may indicate that writing the songs can evoke negative emotions, a phenomenon that has also been observed in other client groups (Baker, 2015). At the same time, the process of songwriting provides an opportunity to learn how to cope with challenging situations (Eickholt, 2017). In the end, Willa stated in the conclusion session that she liked the 'Flourishing Song' (Willa-V10.3).

Other prominent mechanisms related to the songs and songwriting were 'M1.3 Thoughts/life experiences were translated into songs' with 19 statements, and that participants were grateful and proud for their participation and their own songs (M1.8) with 16 statements. In other categories, gratitude for the existence and support of the family member and others (M2.2) and remembering and becoming aware of positive things (M3.1) were found in 15 statements each.

Four mechanisms found disconfirming statements. In addition to the difficulty of writing the 'Gratitude Song' and 'Flourishing Song' for Willa (linked to M1.1), the self-composed song (M1.4) was identified in 13 of 14 statements. When reading the lyrics of her 'Pleasure Song', Emma stated, "I'm a completely different person and (…) and because of that (…)" (Emma-Q5b.2), which may, on the one hand, indicate a lack of identification with the 'Pleasure Song'. On the other side, the written song may contribute to the understanding of her own identity (Baker, 2015), linking to mechanism 'M3.4 Better understanding of themselves and other people'. However, Emma identified herself with the 'Gratitude Song' (Emma-V6.3) and also the 'Flourishing Song' was written about her own life (Emma-Q5g.1), in which her person was authentically represented (Emma-Q5g.5). Songwriting can help to reaffirm or construct identity (Baker, 2015), which may be fostered by writing the 'Flourishing Song'.

While the identification with the song (M1.4) was observed in all participants, the identification with the songwriting process (M1.2) could not be confirmed. With 11 out of 41 related statements, only 27% confirming statements could be found. Some of those 11 statements indicated a sense of astonishment and disbelief upon realising that they had written the songs (e.g. “That's from ME?” – Emma-V6.3), which may have boosted their sense of self-efficacy. Other statements were ambivalent in terms of the perceived identification with the songwriting process. For example, Paul noted that I performed the songwriting process well (“Yes, you did well” – Paul-V5.1). Conversely, at the same time, he described how impressed his kids responded when explaining the collaborative songwriting to them (“Because I told them what we do” – Paul-V5.1).

A difference in the song category was not observed in terms of confirming or disconfirming statements, indicating the identification with the songwriting process. Due to the different therapeutic songwriting variations applied to write the different songs, the participants wrote lyrics for all songs (see Figure 10 in 6.1.2). In addition, particularly at the beginning of the treatment, in writing the ‘Pleasure Song’, lyrics suggestions were provided to the participant that were as close as possible to the original statements in order to ensure their identification with the song. For example, Emma’s statement that she kept her eyes open “for the beautiful things of nature” was transferred to the lyrics “for the beauty, the things of nature” (see Appendix H). The music for the songs was predetermined by the existing songs, used for the ‘Pleasure Song’, and the precomposed song, used for the ‘Gratitude Song’. The lack of identification may be caused by the limited contribution to composing the music and the strong focus on lyric creation. Consequently, the level of identification with the songwriting process may vary across different songs. Future research projects can investigate methods to enhance the identity with the songwriting process, for example, by teaching songwriting techniques and providing more time for the process of writing lyrics and music. Although the identification with the songwriting process may increase the awareness of achievement, which may also be the written song itself, further research may investigate the influence of the process on wellbeing and depression.

One of the ten statements assigned to the mechanism 'M4.1 Establishment of a good therapeutic rapport' initially seemed to contradict the mechanism. When starting the therapy, Anna was embarrassed by her crying when she remembered her deceased husband (Anna-V1.3*), which indicates that the therapeutic rapport may not have been present. However, by Session 2, Anna´s first confirming statements were found. In addition, throughout the therapeutic process, the rapport was successfully established, as indicated by the observation that Anna stopped being embarrassed when she was sad or cried.

Mechanism Derived From the Intervention Program and Presented in Other Literature

In order to develop the songwriting program, reported mechanisms from different disciplines were considered (see 6.4.2). Although investigated independently, those intended mechanisms of the program were also found in the potential mechanisms of change revealed by the interview data and video data. Other mechanisms were also found in existing literature.

The mechanisms ‘M1.3 Thoughts/life experiences were translated into songs’ and ‘M3.4 Better understanding of themselves and other people’ have also been described by Baker (2015). Songwriting should help the songwriter to explore themselves and transfer their thoughts, feelings, and experiences into lyrics. The positive experiences of writing songs (M1.1) have also been found in a study by Baker and Ballantyne (2012). They observed that participating in a therapeutic songwriting program can evoke positively affected emotions and lead to experience enjoyment and improved wellbeing, which could also be found in the work with people with dementia and their family caregivers (see Eickholt & Thompson, in press).

Showing self-composed songs to other people (M1.6) can lead to a higher sense of achievement and self-worth, particularly when creating musical components (Baker, 2015). In the presented intervention program, only the ‘Flourishing Song’ involved the creation of musical components. However, all songs were shown to other people, independent of focusing on writing music for the song or creating lyrics only. Consequently, not only music creation but also the creation of lyrics may lead to a higher sense of achievement and self-worth.

The mechanism of being grateful (M2.1) was already found to be effective in decreasing depression and increasing life satisfaction and wellbeing in older people (see Table 5 in 3.2). Furthermore, experiencing gratitude can strengthen relationships (Blickhan & Eid, 2018, see 6.4.2.3), which was represented in 'M2.2 Gratitude for the existence and support of the family and others'. In particular, positive relationships with family members play an important role in the wellbeing of older people (Thomas et al., 2017).

The experience of general gratitude (M2.1) may have a beneficial impact on the wellbeing of individuals who are less religious, whereas the wellbeing of those who are religious (M2.3) may be influenced by their religious beliefs and the communities to which they belong (Newman et al., 2024). Consequently, such individuals may benefit less from expressing gratitude to others.

Mechanisms from 'M3 Improved awareness and activation of memory and memory skills' could confirm the intended mechanisms of intervention, as outlined in 6.4.2, and can further be found in the existing literature. As reported by Baker (2015), the written song can act as a reminder of the songwriters' strengths and capacities for achievements, which was also found in the mechanism 'M3.2 Gaining awareness of their own strengths' and 'M3.3 Remember and become aware of their achievements'. In part 3 of the intervention program, the strengths that had been developed over the course of the individual's lifetime were collected through an exploratory conversation and the Signature Strength Survey (see in 6.2.5, task no. 4 and 6.2.6, task no. 2). In particular, strengths were identified that were associated with achievement and the development of a sense of purpose in life. When exploring the identified strengths of the participants, gratitude was most present (see Appendix J), which is, on the other hand, related to gratitude acting as mechanism M2. In addition to the improved awareness of character strengths, represented in mechanism (M3.2), the identification and application of strengths play an important role in achieving wellbeing (see 3.1.1). However, future research may examine the distribution of character strengths in older people that are related to wellbeing. This aligns with Bar-Tur's (2021) recommendation to assess and activate the strengths and capacities of older people, as well as those of their environment, to achieve their individual goals and

address potential challenges constructively. In order to determine the character strengths of older people, the Signature Strengths Survey can be applied in an adapted version that is suitable for this population.

The awareness of positive experiences (M3.1) might be activated by the repetition of the 'Music Ritual' in each session (see 6.1.3.4). Furthermore, the mechanism can be linked to the broaden-and-build theory from Fredrickson (2013, see 6.4.2.1), which assumes that experiencing positive experiences can broaden the awareness of further positive emotions. Furthermore, this mechanism (M3.1) can be related to the character strength 'Appreciation of the beauty', which was frequently found in the participants (see Appendix J).

The improved understanding of the songwriter's self and other people (M3.4) confirmed the theory that songwriting could facilitate the development of a sense of self (Baker & MacDonald, 2013). By singing familiar songs in Session 1, the autobiographic recall was supported (Baker, 2015; Schulkind et al., 1999), which was confirmed by Anna's statements regarding the activation of memory (M3.5). The association of existing songs with positive emotions may facilitate the recall of autobiographical memories and, therefore, act as a mechanism of change to decrease depression in older people (Dunphy et al., 2018). This may be due to the common habit of listening to music in several life situations and thereby linking songs with memories. However, the retrieval of memories activated may be hindered by depression, thus impairs the ability to retrieve them (Ramirez et al., 2014). This might be particularly crucial, as memories are anchored to the newly composed songs within the songwriting process. The activation of memory and memory skills was reflected by Emma in the conclusion session when singing and talking about the 'Gratitude Song' (Emma-V10.8), and by Emma and Paul during the interview in terms of how they perceived the 'Music Ritual' and 'Flourishing Song'. Although the activation of memories and memory skills was linked to all written songs and the 'Music Ritual', the awareness of this activation might have needed more time.

Autobiographical work can have a positive impact on depression when applied in positive psychology (see 3.2) and in music therapy (Dunphy et al., 2018), and also on wellbeing when combined

with music (Istvandity, 2017). In the single-group pilot study, the work with autobiographical memory may have been facilitated through the first meeting, when I explained the studies and helped to fill out the GDS scale and by reading the resident files. However, by singing and listening to songs, memories can also be recalled, and emotional responses evoked (Juslin & Västfjäll, 2008). In this study, singing songs and thereby remembering her deceased husband, triggered sadness in Anna (Anna-V1.1). The intervention may evoke difficult memories; the 'Gratitude Song' in particular, as it requires participants to reflect on situations where they received help in potentially challenging times. Additionally, the reflection on the songwriter's past achievements for the 'Flourishing Song' may evoke negative emotion when the songwriter is not satisfied with their achievements, as experienced by Willa: when reading her strengths and associated achievements, she stated: "I think as I read through this, I thought I could have accomplished a lot more" (Willa-V6.1). When negative situations that triggered negative emotions were integrated into songs, the associated emotions may also be recalled when listening to the songs or reading the lyrics (Baker, 2015). However, songs also give the opportunity for reflection at a later time (Stewart & McAlpin, 2016).

A good therapeutic rapport (M4.1) is essential for effective collaboration (Fernandez et al., 2021). It includes providing help (M4.3) for achieving the people's goals by listening to them and expressing empathy in a collaborative and strong working alliance. A good therapeutic relationship is deemed to be a positive factor in music therapy (de Witte et al., 2021) and correlates with a positive treatment outcome (Horvath, 2018). Verbal communication (M4.2) facilitates the therapeutic process, also in responding to the music part, to guide the songwriter to reflect on and return to the music (Nelligan & McCaffrey, 2020).

9.1.4 Conclusion

The study revealed several mechanisms of the therapeutic process that represent meaningful aspects for older people living with depression in residential care facilities and that may act as mechanisms of change to decrease depression and enhance wellbeing. The identified mechanisms that were related to gratitude (M2), awareness and activation of memory and memory skills (M3), and the

importance of a good relationship (M4) were also found in the literature. Only a few sub-categories related to the importance of the songs and songwriting within the intervention process (M1) were not yet found in the literature and represent new mechanisms of change. However, a lack of evidence from other literature does not mean that the mechanisms are less powerful. Instead, their effects on depression and wellbeing need to be further investigated in future research.

9.2 Meaningful Themes

This chapter aimed to answer the research question: "What meaningful themes emerged from the individual therapeutic songwriting program?" (see 5.2.2.3). The chapter comprises the author-accepted version of an article, which will be published in the *Nordic Journal of Music Therapy* under the title:

Therapeutic songwriting to enhance wellbeing and decrease depression in older people living in residential care: A lyric analysis of participant-composed songs

Abstract:

Introduction: Therapeutic songwriting has shown positive effects on depressive symptoms in people living in residential care. Furthermore, song lyrics written by participants may provide information about their life experiences and interests. However, detailed analysis of song lyrics created by people with late-life depression as part of therapeutic songwriting is often not considered in research. Therefore, this study aimed to analyse the lyrics of songs written by people with depression living in residential care.

Method: The experiences of four participants with depression who completed an individual therapeutic songwriting program that incorporated positive psychology were explored using a content analysis of written song lyrics. The findings from the content analysis were informed by results from interviews with the participants.

Results: Content analysis of 179 lyric lines revealed six categories: social contacts, situations, activities, reflection, self-perception, and expressed emotions. The most frequently described themes were contact with family and being a family member, remembering, reflecting on what evokes good feelings, outings, expressing gratitude, and contact with residents and friends.

Discussion: Our findings not only provide insights into meaningful topics and aspects that may enhance wellbeing and reduce depressive symptoms but also offer recommendations for clinical practice. Furthermore, the outcomes from the current study have enriched our ongoing research, which includes exploring participant interview data and changes in observed outcome measurements.

Keywords: therapeutic songwriting; positive psychology; late-life depression; older adults; wellbeing; lyric analysis

9.2.1 Introduction

Depression is a prevalent and growing problem affecting over 280 million people worldwide (World Health Organization, 2023a), which is approximately 3.8% of the global population. The prevalence of depression increases with older age (5.7%). Residents living in residential care facilities (RCF) are at a higher risk of depression with 53% experiencing depressive mood and 27% experiencing major depressive disorder (Q. Wang et al., 2024), characterised by low mood or loss of pleasure (World Health Organization, 2023b) and low levels of wellbeing (Bundesärztekammer et al., 2022). According to the German ´S3-Leinlinie / Nationale Versorgungsleitlinie´, evidence-based psychosocial interventions and psychotherapy are recommended alongside medication and other treatments (Bundesärztekammer et al., 2022).

Music therapy is one of the non-medical treatments recommended by the S3-clinical practice guideline (Bundesärztekammer et al., 2022), that demonstrates significant effects in the treatment of depression in older adults (Dunphy et al., 2019; Istvandity, 2017; Quach, 2017; Werner et al., 2017; Zhao et al., 2016). Therapeutic songwriting, an applied music therapy method, demonstrated positive effects on depressive symptoms when applied in inpatient and in group settings condition (Baker et al., 2018; Clark et al., 2020; García-Valverde et al., 2020). One of the positive aspects of therapeutic songwriting is that the written songs can be played when desired to recall the content and feelings evoked (Eickholt, 2017). Another advantage is that while the lyrics can express various issues, the music can intensify the meaning of the lyrics. Through the songwriting process, older people with moderate to severe depression are motivated to deal with their daily challenges and focus on their future and share wishes with others. Case studies exploring songwriting with older people who have a diagnosis of depression suggest that participants experienced understanding and feelings of acceptance by others (Eickholt, 2017).

Another effective treatment for depressive symptoms and increasing wellbeing in older people are positive psychology interventions (Ho et al., 2014; Proyer et al., 2014; Ramirez et al., 2014; Taghvaienia & Alamdari, 2020). Positive psychology is a psychological orientation that focuses on strengths and virtues rather than deficits caused by illness (Seligman & Csikszentmihalyi, 2000). It centres on valued subjective experiences, experiencing happiness, wellbeing, and satisfaction, as well as hope and optimism. Wellbeing and how to achieve the best possible performance are other focuses of positive psychology (Bar-Tur, 2021). The incorporation of positive psychology into music therapy (Rolvsjord, 2016) and therapeutic songwriting (Baker, 2015; Baker & Ballantyne, 2012; Tamplin et al., 2016) presents an emerging area of research. In particular, for older people with depression, this combination could prove beneficial, who face increasing frailty and daily challenges (Eickholt et al., 2017).

We developed an individual therapeutic songwriting program to maximise the positive effects of both music therapy and positive psychology for people living with late-life depression (Eickholt et al., 2022). The songwriting program incorporates the wellbeing-theory from Seligman (2011), which describes five factors for achieving a flourishing life (PERMA profiler: Positive emotion, Engagement, Relationships, Meaning, and Accomplishment). The therapeutic songwriting program integrates these elements through the writing of three songs and an ongoing music ritual.

Songs in therapeutic songwriting may have different, predetermined themes, such as positive experiences, past achievements, or hopes for the future, and the detailed content in lyrics offers information about the individual´s experiences, interests, and needs. Therefore, this study aimed to analyse the lyrics of songs written by people living with late-life depression in a residential care facility who had participated in Eickholt et al.´s (2022) intervention protocol. The discussion of findings intended to inform clinical practice on the potential integration of the identified themes into the daily lives of older people with depression living in RCFs.

9.2.2 Materials and Methods

The songs were written within a pilot study with four participants that tested the feasibility and effectiveness of a therapeutic songwriting program on depressive symptoms and wellbeing of older adults living in German RCFs. More details of this study will be published elsewhere. A content analysis of lyrics in songs written by the four participants who experienced at least mild depressive symptoms was performed to identify salient themes. An overview of song lyrics and assignment of each lyric line to the different categories will be available through open access to the first author's thesis.

9.2.2.1 Ethical Considerations

This study was approved by the University of Melbourne Human Ethics Research Committee, approval number 1954226 and funded by the Melbourne Research Scholarship. All participants provided informed consent to participate.

9.2.2.2 Participants Description

Anna was aged 83 and born in Germany and had musical experiences by participating in choirs. She experienced her first depressive episode when she became a mother. The decision to move to the residential care home arose when her husband became unwell and she experienced loneliness in their house. She experienced recurrent depressive symptoms coupled with grief following her husband's death a few years earlier. However, the results of the previous pilot study demonstrated that her depressive symptoms, measured by Geriatric Depression Scale, decreased from a mild to an absence of depression following the intervention (Sherry, 2007). She further experienced improved flourishing in life. The written songs and the songwriting process were meaningful for her, as indicated by Meaningfulness of Songwriting Scale´ (MSS) score of 95. The scale includes affective, cognitive, and relational dimensions (Baker et al., 2016). The scale yields scores ranging from 21 to 105, with higher scores suggesting increased meaningfulness. The perceived meaning of the songs was further observed within an interview, following the intervention at the end of the treatment to assess the

meaningfulness of the songwriting process and the songs: “I do believe that they [the songs] play a role. Yes, it's a nice memory if you can read it over and over again. You can play it over and over again.”

Willa was aged 71, came from Serbia, and had no experience in musical activities. She used to listen to music but stopped it due to her depression. In addition, she had been diagnosed with mild cognitive impairment. Willa had developed depression after experiencing domestic violence from her parents, her husband and later from her son. Following her diagnosis of depression, she moved to the RCF. Her mild depression decreased to the absence of a depression, and she experienced improved flourishing in life following the intervention. Her MMS score was 98.

Emma was 87 years old and came from Germany. She had no experience in musical activities. She experienced depressive symptoms when her husband passed away and moved to the RCF when the daily tasks of housekeeping were getting too difficult. Her mild depression decreased to the absence of a depression following the intervention. She experienced improved flourishing, and the songs and songwriting process were meaningful for her (MSS-score=102). In the interview, she confirmed: “Yes, because it is rather to express than/ or expressed in the songs”, indicating the benefit of the songwriting for her.

Paul was 83 years old and came from Germany. He had no experience in musical activities. After an accident, he moved to the RCT and developed a late-life depression. His greatest wish was to move from the RCT to accommodation where he could live independently but receive care support as needed. Following the intervention, his moderate depression decreased to mild depression, and he experienced an increased flourishing in life. The MSS showed a score of 81. Even though he had a lower MSS score than other participants, he experienced the songs and songwriting process positively, likening them to songs written by professional musicians and knowing his lyrics “by heart” (interview). Further, he was observed to increase social connections with other residents when he was listening to the songs “And everyone said, ´Oh, that's good´, out there everyone stopped and one of them even knocked [at the door], what nice music I have” (interview).

9.2.2.3 Intervention

The individual therapeutic songwriting program integrated elements of positive psychology. While positive psychology focuses on positive aspects that are valuable for the individual (Seligman & Csikszentmihalyi, 2000), the applied intervention program adopted a holistic approach by incorporating both positive and negative emotions to facilitate the process of both types of emotion (Tantam, 2018). Based on this perspective, we recognised that negative emotions can serve as a powerful source of motivation, resulting in creativity and resilience in the individual when confronted with and learning to cope with negative experiences (Wong & Roy, 2018).

The treatment consisted of 10 weekly sessions of 60 minutes (Eickholt et al., 2022). The first session aimed to establish a therapeutic rapport by singing pre-existing songs that evoked positive emotions in the participants. In addition, a weekly music ritual of creating short musical phrases was introduced to develop awareness of good experiences in the participant´s daily life. For these musical phrases, the participant composed lyrics, and the music therapist provided the melodic structure (strategic songwriting) or improvised with the participant. Over the program, the participants were encouraged to write lyrics for one or more musical phases each session. Three further songs were then written over the songwriting program in sessions 2 to 9.

The first written song of the program, the ´Pleasure Song´, drew on Seligman´s (2011) principles of ´Positive emotion´ and ´Engagement´. It incorporated the positive psychology intervention ´three good things in life´, which has been shown to have positive effects on reducing depression and increasing wellbeing (Proyer et al., 2014; Salces-Cubero et al., 2019). Here, the participant wrote new lyrics for an existing song (song parody) about positive experiences in their daily life.

The second song, the ´Gratitude Song´, integrated Seligman´s (2011) principle of ´Relationship'. This song is addressed to someone who has positively impacted the participant and whom they have never properly thanked. The incorporated positive psychology intervention ´Gratitude visit/letter´ also has positive effects on depression and wellbeing (Proyer et al., 2014; Ramirez et al., 2014). If the

participant described challenging situations that evoked negative emotions, the therapist encouraged them to further explore and process them. For the 'Gratitude Song', the participant wrote the lyrics, and the music therapist provided a precomposed song structure. The participant could then modify the song according to their interests and needs.

Finally, the ´Flourishing Song´ included Seligman´s (2011) principles of ´Meaningfulness´ and ´Accomplishment". Individual strengths and virtues were identified through discussion and a Signature Strengths Survey (Eickholt et al., 2022). The participant was then motivated to use their strengths in a new way. This was based on the positive psychology intervention ´using (signature) strengths in a new way´, which is effective in reducing depressive symptoms and increasing wellbeing (Proyer et al., 2014; Taghvaienia & Alamdari, 2020). If the developed strengths and achievements resulted from challenging situations that evoked negative emotions, the therapist encouraged participants to further investigate them. For the ´Flourishing Song´, achievements were identified using their individual traits, and a personal definition of a meaningful life was discussed. With the support of the music therapist, the participant created lyrics and original music for their song.

In the final session (session 10), all the written songs were given to the participant as audio recordings together with a folder containing all the song lyrics. The written song acted as a reminder of the therapeutic process, a source of inner strength, and the songwriter´s abilities and capacity for achievement (Baker, 2015).

The intervention was delivered by the first author, a qualified music therapist and certified positive psychology practitioner with experiences in therapeutic songwriting with older people. The dual role of the first author and therapist in the study offered nuanced perspectives and understandings when identifying and discussing the themes of the lyrics, representing the real experiences of the participants. The other two authors, qualified music therapists and researchers with significant experiences working with older people and songwriting methods, provided consultation throughout the project.

9.2.2.4 Data Collection and Analysis

The current study was part of a larger pilot study with four participants investigating the feasibility and appropriateness of the study protocol, and the meaning and impact of the intervention protocol for people living in residential care facilities. In order to identify activities and experiences that are important to older people with depression, the current study analysed written lyrics in participant songs, using different analysis steps from O'Callaghan and Grocke (2009). First, the number of written songs and lyric lines were counted. After an initial reading, an inductive content analysis was carried out to create themes, which were then assigned to superordinated categories. Continued reading of the material verified that the established categories and themes were applicable to all songs. The analysis was based on the original German texts. Rigour and validity were ensured by discussing and developing categories and findings with all authors as well as a native German-speaking and a native English-speaking music therapist and researcher who was fluent in both German and English researcher and music therapist.

In the second step, the importance of each theme was weighted using a deductive analysis. This involved a numerical representation of the categories and themes in the lyrics. In instances where a category was presented twice in a single line, this was counted twice. Repeated lines (choruses) were counted as one line (Baker et al., 2005), regardless of the number of repetitions. However, the choruses were described separately to recognise their important content. The total number and percentage of lines representing each category were then calculated and compared to the total number of lines in each song category and in all songs together. The song categories were 'Pleasure Songs', 'Gratitude Songs', 'Flourishing Songs', and the musical phrases of the ´Music Ritual´. This considered the different focuses of the three program parts: 1. positive experiences and engagement; 2. gratitude and relationships; and 3. strengths, meaning and accomplishment.

Finally, the findings from the presented content analysis were related to interview data from the previously examined pilot study with the same four participants to confirm and supplement the themes of the content analysis of the lyrics and to demonstrate the importance of their content. The

participants were invited to participate in interviews to explore their perceptions of different intervention elements, including the role of the written songs. All data were collected by the first author. The analysis was influenced by our clinical work as a music therapist in residential care facilities. We believe that the songs can represent the residents' needs and those aspects that are important for their wellbeing.

9.2.3 Results

Songs and musical phrases were presented in a total of 179 lines of lyrics (twelve songs and 46 musical phrases). The ´Pleasure Song´ included topics such as time and conversations with friends, family, and supporting people. It was about activities and making new friends in the residential care facility. The choruses expressed the need to go out, enjoy nature, and be with other people. The lyrics of the musical phrases further represented this content and included actual events such as sports games, birthdays, and public holidays, as well as evoked memories.

In the second song, the ´Gratitude Song´, participants expressed gratitude for the whole family and particularly family members. Participants were grateful for the time they had spent with their family members and the support they had received during difficult times, such as depressive episodes, but also throughout their lives. Besides saying 'thank you', themes in choruses written by the four participants described feeling fortunate with their lives and families and having had good times in the past, and were also a call to pause and reflect.

The final ´Flourishing Song´ involved reflecting on the past, including education, work, retirement, being a spouse, parent, grandparent, achievements, and more. Participants expressed personal wishes, such as being true to themselves and becoming more assertive. At the same time, wishes were expressed for their loved ones, such as wanting their family to accept help when needed (“Humanity and help - they should experience it once”; Emma). The choruses included these wishes as well as their strengths and reflections on their lives.

The inductive analysis of lyric content revealed six categories. The categories were social contacts, situations and activities, reflection, self-perception, and expressed emotions.

9.2.3.1 Social Contacts

The deductive analysis of the category 'social contacts' highlighted a substantial presence of various family members (see Table 39). Anna and Paul reported positive experiences with their parents, brothers (/in-law), children and grandchildren in the past and present. Other contacts were co-residents and friends, with lyrics written by Anna and Emma demonstrating the important role that co-residents have in their lives. Spouses were represented in lyrics by Anna and Paul. Anna, Willa, and Emma wrote lyrics about professionals at the RCF, including nurses, therapists, and volunteers. The professionals were an important social network for Willa, who had only her son as additional contact, and with whom she had a difficult relationship. Even though Emma had a good relationship with her children, the professionals and co-residents presented her main network, too.

Family members were consistently represented in all songs. Spouses were only represented in the ´Gratitude Song´ and ´Flourishing Song´ because all participants had lost their partners (either deceased or divorced). Residents, friends, and professionals were only addressed in the ´Pleasure Song´ and musical phrases, which focused mainly on positive experiences in the present.

Table 39

Proportion of Described Social Contacts in Different Songs

Social contacts	Musical phrases (i/ii)	Pleasure Song (i/ii)	Gratitude Song (i/ii)	Flourishing Song (i/ii)	Sum (i/ii)
Family members	14.6/8.9%	8.5/5.2%	18.5/11.3%	12.3/7.5%	53.8/32.9%
Children	7.7/4.7%	5.4/3.3%	9.2/5.6%	3.1/1.9%	25.4/15.5%
Family members (undefined)	1.5/0.9%		1.5/0.9%	8.5/5.2%	11.5/7.0%
Parents			4.6/2.8%		4.6/2.8%
Grandchildren	1.5/0.9%	1.5/0.9%	1.5/0.9%		4.6/2.8%
Great-Grandchildren	2.3/1.4%	1.5/0.9%		0.8/0.5%	4.6/2.8%
Mother/daughter-in-law*	1.5/0.9%		1.5/0.9%		3.1/1.9%
Residents and friends	7.7/4.7%	6.9/4.2%			14.6/8.9%
Spouse			4.6/2.8%	6.2/3.8%	10.8/6.6%
Professionals	8.5/5.2%	1.5/0.9%			10.0/6.1%
Other people (undefined)	3.1/1.9%	3.1/1.9%		2.3/1.4%	8.5/5.2%
Individual	0.8/0.5%			1.5/0.9%	2.3/1.4%

(i) in relation to all described social contacts (ii) and in relation to the total number of lyric lines

9.2.3.2 Situations and Activities

The song lyrics described various situations and activities. Lyrics were assigned to situations (see Table 40a) if they described places or circumstances stimulating an activity, whereas activities (see Table 40b) described what happened in different situations. For example, the situation of being on a family visit (situation) can stimulate participants to enjoy the time or engage in conversations with family members (activity).

Outings were the most frequently mentioned situation, represented more than twice as often as the second most frequent situation, ´Visiting family´. The most described activity in all the lyrics was ´remembering´ the past. All reported activities in this category occurred in the distant past and were unlikely to happen again.

Table 40

Proportion of Described (a) Situations and (b) Activities in Different Songs

a) Situation	Musical phrases (i/ii)	Pleasure Song (i/ii)	Gratitude Song (i/ii)	Flourishing Song (i/ii)	Sum (i/ii)
Outings	11.5/5.6%	16.3/8.0%			27.9/13.6%
Visiting family	7.7/3.8%	1.0/0.5%		1.9/0.9%	10.6/5.2%
Group activity	7.7/3.8%	3.8/1.9%			11.5/5.6%
Experience of depression			9.6/4.7%		9.6/4.7%
Meeting other people	1.0/0.5%	4.8/2.3%			5.8/2.8%
Christmas	1.9/0.9%			3.8/1.9%	5.8/2.8%
Family visits/calls	3.8/1.9%				3.8/1.9%
Good family relationships			1.0/0.5%	1.9/0.9%	2.9/1.4%
Individual	5.8/2.9%	1.9/1.0%	6.7/3.3%	7.7/3.8%	22.1//11.0%
b) Activity					
Remembering	1.5/1.3%		8.2/7.1%	12.2/10.7%	21.9/19.1%
Eating and drinking	5.6/4.9%	7.7/6.7%			13.3/11.6%
Expressing gratitude	0.5/0.4%		8.7/7.6%	0.5/0.4%	9.7/8.4%
Converse	4.1/3.6%	4.6/4.0%			8.7/7.6%
Enjoying activities	5.1/4.4%	2.9/1.8%		1.0/0.9%	8.2/7.1%
Faith	1.5/1.3%		5.1/4.4%	1.0/0.9%	7.7/6.7%
Expressing wishes			1.0/0.9%	6.1/5.3%	7.1/6.2%
Appreciating beauty	1.5/1.3%	2.6/2.2%		0.5/0.4%	4.6/4.0%
Enjoying time with family	2.0/1.8%	1.0/0.9%		0.5/0.4%	3.6/3.1%
Receiving support	1.0/0.9%	0.5/0.4%	0.5/0.4%	1.0/0.9%	3.1/2.7%
Pursuing hobbies	0.5/0.4%	0.5/0.4%	1.0/0.9%	1.0/0.9%	3.1/2.7%
Shopping	1.5/1.3%	1.0/0.9%			2.6/2.2%
Giving	1.5/1.3%			1.0/0.9%	2.6/2.2%
Individual	0.5/0.4%	0.5/0.4%	0.5/0.4%	2.6/2.2%	4.1/3.6%

(i) in relation to all described social contacts/activities (ii) and in relation to the total number of lyric lines

The described situation ´outings´ occurred without a specific destination, for example, "I then see the fortress, the chapel on the hill". Additionally, they described visits to the city centre or cafes. Having time outside of the RCF was very important for all participants except for Emma, who participated in most of the activities in the RCT. The activity ´appreciating beauty´, particularly when going out without a clear direction, was presented in musical phrases in the ´Pleasure Song´ and ´Flourishing Song´, with phrases like “I always keep my eyes open for the beauty, the things of nature” (Emma) or “I enjoy the sunshine” (Paul). Eating and drinking included coffee, cakes, and biscuits shared with friends and family or consumed alone. Additionally, activities included conversation and shopping. Other described situations included time in group activities that all participants enjoyed, such as newspaper discussion groups, bingo, sports, or cooking groups offered by the RCF or initiated by individuals themselves. Interestingly, Willa did not join group activities at the beginning of the intervention but started to meet other residents for the first time in session 6. She enjoyed this social interaction, noting, “I was at the regulars' table until half past seven. We'll talk about what's to come.”

Participants enjoyed meeting with other people, including residents they met unintentionally, acquaintances, and professionals. All the situations and activities described were present-focused and therefore dominant in the musical phrases and ´Pleasure Song´. However, musical phrases also included remembering the past, evoked by everyday activities such as watching television or going for a walk. Furthermore, various hobbies pursued in the past and present, such as knitting or sports, were described in all songs. The activity of 'giving' was presented in the musical phrases and ´Flourishing Song´ and included self-made gifts, donations, and giving support to the family.

The intervention took place from September to February, so three out of four participants described positive experiences involving Christmas activities in lyrics. The ´Gratitude Song´ was also written for family members by all participants. As might be expected, the expression of gratitude was mainly presented in this song (8.7% out of 9.7% of the activities were the expression of gratitude in the ´Gratitude Song´, see Table 40 b). Faith was mainly represented by Emma (5.6% out of 7.7% of the described activity expressing faith, see Table 40 b), who addressed God in her ´Gratitude Song´. Overall,

the experience of depression in the past was reported by Anna and Willa. The activity ´receiving support´ was presented equally in all songs.

The most described category, ´remembering´ (21.9% of described activities, see Table 40 b), had the highest frequency in the ´Flourishing Song´, with all participants reflecting on life events and personal growth. Also, wishes were expressed mainly in the ´Flourishing Song´ (6.1% out of 7.1% expressed wishes, see Table 40 b). These were directed towards family members ("I want you to remember me as good"; Anna), to other people, to God, but also themselves ("I want to be strong again for my own life"; Willa).

The situation of being out visiting family members was presented mainly in the musical phrases, but also in the ´Pleasure Song´ and ´Flourishing Song´. In contrast, receiving visits or calls from family members was only mentioned in the musical phrases. Willa and Paul highlighted their positive relationships with family members in the ´Gratitude Song´ and ´Flourishing Song´.

Individual reported situations during the music ritual were linked to the present time and involved uncomfortable situations (e.g. feeling unwell; Willa) or events (e.g. a small lottery win; Paul). In writing the ´Gratitude Song´, more critical circumstances during past depressive episodes were remembered and described. Finally, the ´Flourishing Song´ reported situations related to individual life events, personal growth, and visits from professionals and volunteers in the present that were experienced as positive. The individual activities in the musical phrases were that Willa forgave her son after a fight during the treatment period. In the ´Pleasure Song´, Anna described sharing her way of life with friends and residents. Emma described the positivity of learning from others and, in turn, sharing her life wisdom. Paul expressed the pride he felt in his relationships with his grandchildren.

9.2.3.3 Reflection

Through songwriting, the participants reflected on their own roles, selves, and feelings. The intervention ´three good things in life´, which was the basis of the musical phrases and ´Pleasure song´, allowed all participants to reflect on what evoked good feelings. These included outings, appreciating beauty, food and drinks, as well as time with family members, friends, and different recreational

activities. Willa and Paul additionally reflected on what they needed to enhance well-being in the musical phrases and ´Flourishing Song´, including conversations and functional and personal support. Willa described in the music ritual, “I get support when things get difficult.” In writing the ´Gratitude song´, she reflected on her relationship with her son. He was very supportive when she experienced a depressive episode, so she acknowledged: “You took care of everything. […] I was very surprised that you did so much.“ However, she further reflected that nowadays he had a more negative influence on her, sometimes making her anxious. However, in working on the ´Flourishing song´, she described being able to finally address her needs: “I stay with myself first, I want to take care of myself first. I want to take care of myself and finally find my peace.”

Table 41

Proportion of Described Reflection in Different Songs

Reflection	Musical phrases (i/ii)	Pleasure Song (i/ii)	Gratitude Song (i/ii)	Flourishing Song (i/ii)	Sum (i/ii)
Evoked good feeling	14.9/6.6%	20.7/9.1%		5.7/2.5%	41.4/18.2%
Needs	8.0/3.5%			8.0/3.5%	16.1/7.1%
Life experiences		1.1/0.5%	2.3/1.0%	12.6/5.6%	16.1/7.1%
Wishes	1.1/0.5%		1.1/0.5%	9.2/4.0%	11.5/5.1%
Personal capacities			5.7/2.5%	3.4/1.5%	9.2/4.0%
Role of family		1.1/0.5%	3.4/1.5%	1.1/0.5%	5.7/2.5%
Individual		5.7/2.5%	1.1/0.5%	2.3/1.0%	9.2/4.0%

(i) in relation to all described social contacts (ii) and in relation to the total number of lyric lines

Wishes were acknowledged mainly in the ´Flourishing Song´ (“That we hope that God knows the best way to proceed”; Emma). The description of individual experiences and events in life were predominantly described in the ´Flourishing Song´ but also in the ´Pleasure Song´ and ´Gratitude Song´. These life experiences could be individually described experiences (“We were able to buy the company”; Anna), summaries of experiences (“I´ve been lucky in my life”; Paul) or learnings (“It will all come back what you have given”; Emma).

Personal capacities were reflected within the ´Gratitude Song´ and ´Flourishing Song´. They reflected on personal capacity (“Things don´t always go the way you want”, Anna), as well as a recognition of individual strengths (“With the help of other people, with courage, humour and faith”, Emma) and attitudes (“I´ve always been modest”, Paul). In exploring their individual strengths and within an interview after the intervention, participants reported positive experiences regarding their detected and remembered strengths (“It feels good to see it again” and “I need this [overview of strengths] sometimes to read”, Willa).

The meaning and role of the family were reflected throughout the ´Pleasure Song´, ´Gratitude Song´, and ´Flourishing Song´. Participants enjoyed spending time with family members and reflected on the importance of the family and helping each other. Individual reflections described, for example, the meaning and importance of friends, what is important in life, and the influence of other people.

9.2.3.4 Self-perception

The category ´self-perception´ described participants’ roles concerning other persons or situations (see Table 42). Participants described themselves as a family member in all kinds of songs. The most described role was being a parent or a general family member. Other described roles were being a daughter, grandparent, and great-grandparent. Being a spouse was the primary focus in the ´Gratitude Song´ and ´Flourishing Song´.

The second most frequent self-perception was related to personal independence and involved the ability to be autonomous (“I am not an obstacle”, Emma) and living life the way they wanted, such as being able to go out and participating in activities with the family or the RCF (“I do everything”, Emma). However, one participant reported several difficult situations (“I came out as a new person”, Willa), recognising how she was able to manage but “still [felt] trapped” (Willa).

Being cared for in the past and present was presented mainly in the ´Gratitude Song´ but also in the musical phrases and ´Flourishing Song´. The participants were cared for by relatives, professionals such as the nursing staff, music therapist, social workers, or volunteers, as well as by acquaintances, friends, and God.

Table 42

Proportion of Described Self-Perception in Different Songs

Self-perception	Musical phrases (i/ii)	Pleasure Song (i/ii)	Gratitude Song (i/ii)	Flourishing Song (i/ii)	Sum (i/ii)
Being a family member	7.4/4.0%	1.6/0.9%	9.8/5.4%	6.6/3.6%	25.4/13.9%
Being a parent	4.1/2.2%	1.6/0.9%	4.1/2.2%		9.8/5.4%
Being a grandparent	0.8/0.4%		1.6/0.9%		2.5/1.3%
Being a great-grandparent	0.8/0.4%			0.8/0.4%	1.6/0.9%
Being a daughter	0.8/0.4%		1.6/0.9%		2.5/1.3%
Being a daughter-in-law			0.8/0.4%		0.8/0.4%
Unspecified family member	0.8/0.4%		1.6/0.9%	5.7/3.1%	8.2/4.5%
Being independent	4.9/2.7%	1.6/0.9%	5.7/3.1%		12.3/6.7%
Being cared for	3.3/1.8%		6.6/3.6%	0.8/0.4%	10.7/5.8%
Being a spouse			4.9/2.7%	3.3/1.8%	8.2/4.5%
Being a group member	5.7/3.1%	2.5/1.3%		0.8/0.4%	9.0/4.9%
Being ill			7.4/4.0%		7.4/4.0%
Being accepted		0.8/0.4%	0.8/0.4%		1.6/0.9%
Individual	4.9/2.7%		4.1/2.2%	16.4/9.0%	25.4%/13.9

(i) in relation to all described social contacts (ii) and in relation to the total number of lyric lines

The perception of being part of a group was pointed out in the musical phrases and ´Pleasure Song´. The groups were with friends, other residents (“I sit in the group with you”), or a sports club (“I was also in the soccer club”). Being ill was expressed in the ´Gratitude Song´ and was related to depressive episodes. However, they recognised feeling accepted by others in the past and present.

Individual descriptions of self-perception were related to life events: being able to build a career, being successful, being an employee, being retired, having skills, the ability to play and win in the lottery, and also being able to help other people.

9.2.3.5 Expressed Emotion

The category ´expressed emotion´ considered clear statements made in the lyrics. The researchers assigned lyrics to this category only when emotions were clearly described, such as "Then I feel relieved". Positive emotions described feeling good, liberated and proud, and experiences of enjoyment and having fun (see Table 43), which were described more frequently than negative. Negative emotions were feeling tired, bad, and trapped during a depressive episode in the past. Willa described how tasks were difficult to fulfil when she felt depressed ("I couldn´t do anything"). She expressed gratitude to her son, expressing positive rather than negative emotions from the past, "Thank you for being here (…) I love you like you are". All participants described negative emotions from past experiences in the ´Gratitude Song´. In the present, a bad feeling was described just once in the musical phrases, which was then again changed to gratitude: "When I was bad, I was not good. There were people there, thoughts were free" (Willa).

Table 43

Proportion of Described Emotions in Different Songs

Emotion	Musical phrases (i/ii)	Pleasure Song (i/ii)	Gratitude Song (i/ii)	Flourishing Song (i/ii)	Sum (i/ii)
Feeling good/enjoyment	18.4/3.5%	7.9/1.5%	7.9/1.5%	5.3/1.0%	39.5/7.5%
Feeling liberated	18.4/3.5%	2.6/0.5%	2.6/0.5%		23.7/4.5%
Feeling bad/depressive	2.6/0.5%		7.9/1.5%	2.6/0.5%	13.2/2.5%
Having fun	7.9/1.5%	2.6/0.5%		2.6/0.5%	13.2/2.5%
Feeling proud			2.6/0.5%	2.6/0.5%	2.6/1.0%
Individual			2.6/0.5%	2.6/0.5%	2.6/1.0%

(i) about all described social contacts (ii) and in relation to the total number of lyric lines

By contrast, the category ´feeling good and enjoyment´ was the most prevalent and found in all songs. These included enjoyable experiences, such as being with the family and other people, outings, pursuing hobbies, giving, and appreciating beauty. Furthermore, lyrics showing that the participants felt liberated were mainly presented in the musical phrases. Statements were related to

recovery from depression through enjoying time with family members and receiving help from professionals. For example, “I recovered well with him [son]” (Anna) and “I get support when things get difficult; then I feel relieved” (Willa). Other statements were associated with relaxation (the smell of lavender “relaxes”; meeting their son “felt comfortable”). In addition, freedom was described several times. Participants perceived themselves as independent (“I am free”, Emma) and free when being with other people (“Thoughts were free”, Willa). Paul remembered the fall of the Berlin Wall: “It was a feeling of freedom” and expressed the need to “get out to be free” and appreciation of free time for his hobbies.

Participants described experiencing fun while enjoying time with their families, pursuing hobbies, or appreciating homemade Christmas decorations. Participants also felt pride in what they could contribute to others (“I could always share [learnings], that makes me grateful and proud”, Emma) and family (“Handball is what unites us. I'm very proud of that”, Paul). Individual statements linked to experienced emotions were the love of their child and feeling grateful for being able to share learnings.

9.2.4 Discussion

This study aimed to gain more information about the life experiences, interests, and needs of individuals with depression living in a residential care facility by analysing the lyrics of the songs they wrote while participating in an individual therapeutic songwriting program (Eickholt et al., 2022) and their perceived meaning of the songs and songwriting process.

9.2.4.1 Lyrics Themes

Lyrics revealed more positive (in sum 86.8%) than negative emotions (13.2%, see Table 43). The intervention protocol may have influenced this. On the one hand, the themes of musical phrases and ´Pleasure Song´ focus on positive emotions, which is one of the PERMA factors (Seligman, 2011). Conversely, both the ´Gratitude Song´ and Flourishing Song´ can include challenging situations that may evoke negative emotions. Interestingly, participants expressed more positive than negative emotions despite previous research recognising that negative emotions are more likely to be perceived

than positive ones when experiencing depression (Wenzler et al., 2017). Participants in our study only reported negative emotions once in the ´Flourishing Song´, once in the musical phrases and three times in the ´Gratitude Song´. This may be a consequence of the changed depressive symptoms. The GDS scale indicates that Anna, Emma, and Willa demonstrated mild depression that decreased to a level that suggests the absence of depression (Sherry, 2007). Paul´s depressive symptoms changed from a moderate to mild depression rating. However, when analysing song lyrics, perceived and reported negative emotions that arose during the songwriting process were usually not included in their song lyrics. Rather, songs comprised mostly positive emotions. Therefore, our findings suggest that the applied individual therapeutic songwriting program may help to change the focus from negative to positive perceptions, which represents one of the main aims of positive psychology (Seligman & Csikszentmihalyi, 2000).

Having good relationships is another factor of the PERMA profiler (Seligman, 2011). This factor recognises how other people share someone´s experience of positive emotion, engagement, meaning, and accomplishment. Positive relationships are crucial for psychological wellbeing (Ryan & Deci, 2001; Saleem et al., 2023) and effectively decrease depressive symptoms (Saleem et al., 2023). The lyric analysis in this study revealed the importance of social contacts. In 61.0% of all lyric lines, contact with people was described (see Table 39). This supportive network can contribute to happiness (Myers, 2000). While all participants in this study reported contact with family members frequently, this might not be the case for all aged care residents with depression. In RCFs, various programs are generally available and promoted to ensure residents have a supportive network (BMFSFJ Bundesministerium für Familie, 2022). Long-term programs could be elaborated to include multi-generational living or jointly used rooms for school students and RCF residents, such as dining rooms or gardens, to enhance the supportive network. Further, group music therapy songwriting programs involving people with dementia in RCFs have enhanced social connection, agency, and feelings of achievement (Clark et al., 2021). The findings of our study build on existing programs and research with a group songwriting

program to promote shared life experiences and positive relationships among residents with depression.

Another meaningful activity for all participants revealed by the song lyrics was engaging in conversation (see Table 40 b). It is crucial to support residents to engage in social activities to prevent depression, particularly when people first move into an RCF (Rivera et al., 2020). Kuper et al. (2023) found that engaging in conversation with others in close relationships and evening socialisation can improve wellbeing. Equally important is participation in meaningful activities, especially for frail older people (Nyende et al., 2023). These activities can be related to the PERMA factors ´engagement´ and 'meaning' and could contribute to improved eudaimonic wellbeing. Our findings build on this knowledge, recognising that therapeutic songwriting prompts conversation and engagement, and suggesting this intervention could mitigate rates of depression, particularly among new residents (Rivera et al., 2020).

Perceived meaningfulness was further presented by reflecting on what is important in life, which was explored for the ´Flourishing Song´. Notwithstanding, the meaningful roles played by family and friends were described mainly in the `Pleasure Song´ and ´Gratitude Song´. Related to the meaningful roles of family and friends, the activity ´giving´ and Emma´s self-perception of being able to help other people could have been boosted by participants´ improved awareness of their personal strengths and skills to help others. This outcome could further be promoted in strengths-based projects like teaching children how to knit or donating hand-made objects. These strengths-based interventions can activate different mechanisms that may lead to wellbeing. For example, using individual signature strengths can improve happiness and decrease depressive symptoms in older people (Proyer et al., 2014). Similarly, helping family members and other people is linked to a higher level of purpose in life and self-acceptance. Further, volunteer work can boost eudaimonic wellbeing (Ryff, 2013), which is more difficult to reach in older people than hedonic happiness (Bar-Tur, 2021). These kinds of programs could be integrated with therapeutic songwriting to boost effects.

The most common activity captured in the lyrics was 'remembering' (see Table 40 b). The intervention protocol might have influenced this result as the ´Gratitude Song´ focused on the past by expressing gratitude to someone who had positively impacted the songwriter, and the ´Flourishing Song´ invited the songwriter to reflect on past achievements. This may explain why most memories were found in the ´Gratitude Song´ and ´Flourishing Song´. In contrast, the musical phrases and ´Pleasure Song´ are present-oriented but might include memories triggered by daily activities. Memories can be used to reassess situations and thereby gain a sense of purpose in life (Bar-Tur, 2021). There is considerable evidence of the effectiveness of reminiscence in reducing depression in older people living in RCFs (Soniya, 2015; Thomas & Sezgin, 2021). Our applied individual therapeutic songwriting aimed to trigger reminiscence, building on previous therapeutic songwriting research, which suggests that writing songs about shared life experiences in groups with people in residential care might promote positive relationships (Clark et al., 2020). Further, remembering the past also encouraged participants in our study to reflect on their own roles in different situations, for example, as a family member, spouse, or part of a group (see Table 42). As a higher level of engagement with these roles can lead to improved wellbeing (Ryff, 2013), our findings suggest that therapeutic songwriting may be a helpful way for RCF residents to raise their awareness of the social roles they play.

9.2.4.2 Study Limitations

The present study illustrated participants' experiences, situations, interests, and needs as expressed through song lyrics. Although there were strong findings, the lyric analysis methodology assigned more than one subcategory to a lyric line. While this may have slightly changed the proportion of described subcategories, it did not strongly influence the overall percentage. Furthermore, the categories developed seem to be interchangeable in some cases, describing similar things but open to interpretation in different ways. For example, the subcategory ´personal capacities´ from the category ´reflection´ could also be linked to the subcategory ´being independent´ from the category ´self-perception´. Yet, other combinations of the same lyric line with other subcategories do not allow for

merging. Finally, results may have been influenced by our clinical experiences and belief that the lyrics represented meaningful themes for the participants.

In the lyric analysis, we considered only the expressed emotions when assigning lyric lines to this category, so the researchers avoided bias in interpreting emotions. However, applying an interpretative analysis could have provided more information about the individual experiences of the program (Smith et al., 2022). For example, the statement about family members made by one participant, “Handball is what unites us”, could reveal the experience of feeling happy but was not included in the expressed emotions category. In addition, interpretative analysis would encompass positive and negative emotions described by participants within the songwriting process despite not being overtly represented in the songs. Thus, an interpretative analysis could offer more information about the extent of perceived emotions processed during the therapy.

The therapeutic songwriting program incorporated elements of positive psychology. While integrated positive psychology interventions have demonstrated efficacy in reducing depression in older adults (Proyer et al., 2014), a focus on positive emotions may impede the development of coping skills in challenging situations (Wong & Roy, 2018). Further, avoiding negative emotions can inhibit the expression and processing of positive and negative emotions (Tantam, 2018). Consequently, a holistic approach can be recommended in the treatment of late-life-depression (Wong & Roy, 2018).

9.2.5 Conclusion

The presented study revealed meaningful aspects of people with late-life depression, that may lead to decreased depression and enhanced wellbeing. Important described aspects included contact with family and friends, going out, reminiscing, and expressing gratitude. Participants became aware of what evoked positive feelings and improved their wellbeing. These new insights were discussed in terms of clinical recommendations. Our findings suggest that the therapeutic songwriting program can be recommended to enable people with late-life depression to shift their focus from negative to positive perception, engage in social and meaningful activities, and reflect on their social roles. Furthermore, our findings lead to the recommendation of a holistic approach to treating late-life

depression, of promotion of social contacts, particularly with family members, and of enabling volunteering activities to improve eudaimonic wellbeing. However, the revealed aspects and clinical relevance need to be confirmed within further studies.

10 Effectiveness of the Therapeutic Songwriting Program

The analysis of pre-test and post-test data from different outcome measures answered the research questions, exploring the potential impacts of the individual therapeutic songwriting program on decreasing depression and enhancing wellbeing in older people living with depression in a residential care facility (see research questions in 5.2.2.4). The data were compared with the interview data and the results of previous analyses in order to facilitate the interpretation of the results.

10.1 Method

The objective of this study was to assess the feasibility of the study protocol and the appropriateness and meaningfulness of the individual therapeutic songwriting program for older people living with depression in residential care facilities. In addition, the pre-test to post-test differences of the different applied scales were described narratively in order to demonstrate the potential effects of this individual therapeutic songwriting program on depressive symptoms (GDS) and wellbeing by measuring the quality of life (WHOQOL-OLD) and psychological flourishing (FS-D, see outcome measurement in 7.2.1.4). The GDS scale was used to quantify the number of items that represented depressive symptoms, with one point for every answer related to depressive symptoms. The WHOQOL-OLD, FS-D, and MSS scales used Likert scales. The answer options categories were transferred to a numerical presentation, such as 'strongly disagree' being counted with zero points, 'disagree' with one point, and so on. By this, the numbers could represent the intensity of quality of life, flourishing, and meaning derived from the created song or songwriting process. The numerical responses can be interpreted as a degree and, therefore, treated as continuous data (Harpe, 2015). Given the limitations of the sample size in this study and the resulting lack of statistical power, no significant results were expected from the scales, and the findings should be interpreted with caution (LaGasse, 2013).

The changes in outcome measurements were compared with the subjective experiences of the intervention program, as reported in Interview Questions 3 (influence on wellbeing) and 4 (influence

on feeling depressed). Finally, the individual changes that may have influenced the changes in outcome measurements of the participants were explored through the analysis of session notes and video data.

10.2 Results

10.2.1 Overall Changes

Four participants who finished the intervention protocol completed pre-test and post-test measurements. Table 44 shows the descriptive data for all participants, including different sub-categories of the WHOQOL-OLD questionnaire. In addition, the mean, standard deviation, and standard error of the mean of the pre-test and post-test data were calculated.

Table 44

Descriptive Data Pre-Test Post-Test – Overall Change

Scale	Mean (Standard Deviation)		Standard Error	
	Pre-Test	Post-Test	Pre-Test	Post-Test
GDS	7.75(2.06)	3.25(2.50)	1.03	1.25
WHOQOL-OLD	91.25(8.77)	89.75(14.06)	4.39	7.03
Sensory function	17.75(1.50)	17.00(2.94)	0.75	1.47
Autonomy	14.75(2.99)	15.75(2.22)	1.49	1.11
Activity	16.00(1.83)	14.00(4.83)	0.91	2.42
Participation	15.00(2.58)	16.25(1.26)	1.29	0.63
Death & Dying	13.75(5.38)	12.25(5.38)	2.69	2.69
Intimacy	14.00(4.08)	14.50(4.20)	2.04	2.10
FS-D	38.25(6.95)	51.00(6.06)	3.47	3.03
MSS		94.00(9.13)		4.56

Note. GDS = Geriatric Depression Scale; WHOQOL-OLD = World Health Organization Quality of Life OLD; FS-D = Flourishing Scale (German version); MSS = Meaningfulness of Songwriting Scale. The WHOQOL-OLD included six sub-categories (sensory function, autonomy, activity, participation, death and dying, and intimacy).

All participants perceived an improvement in wellbeing. Furthermore, Anna and Paul reported an improved mood (Anna-Q1.1, Anna-Q3, Paul-Q3). In addition, the program had a positive effect on feeling depressed in Anna, Willa, and Paul (Anna-Q4, Willa-Q4, Paul-Q1). However, Paul reported an

improvement in feeling depressed in Interview Question 1 (Paul-Q1) but answered Interview Question 4 by stating that he does not have depression (Paul-Q4). Emma reported that she did not feel depressed in general (Emma-Q4). The musical background of Anna, who had choir singing experience, did not show strong influences on the changes compared to the results of Willa, Emma and Paul, who had no musical background.

10.2.2 Individual Changes

10.2.2.1 Anna

Anna showed a reduction in depressive symptoms with a decrease in score from 8 to 2 points (see 45). According to the interpretation of the GDS scale (see definition by Sherry, 2007 in 7.2.2.4), she is no longer depressed after participating in the therapeutic songwriting program. The following areas demonstrated an improvement: life satisfaction (Question 1), perceived emptiness (Question 3), mood (Questions 5 and 7), wish to stay at home (Question 9), the feeling of being alive (Question 11), and energy level (Question 13, see 6). When asked about the influence of the program on her depressive symptoms, she also stated that she felt an improvement (Anna-Q4).

Table 45

Descriptive Data Pre-Test Post-Test – Anna

Scale	Pre-test	Post-test	Change
GDS	8	2	-6
WHOQOL-OLD	86	85	-1
Sensory function	17	19	2
Autonomy	14	15	1
Activity	14	15	1
Participation	14	16	2
Death & Dying	12	6	-6
Intimacy	15	14	-1
FS-D	43	54	11
MSS		95	

Note. GDS = Geriatric Depression Scale; WHOQOL-OLD = World Health Organization Quality of Life OLD; FS-D = Flourishing Scale (German version); MSS = Meaningfulness of Songwriting Scale. The WHOQOL-OLD included six sub-categories.

Table 46

Pre-Test Post-Test-Data Geriatric Depression Scale – Anna

	Pre-test	Post-test	Change
1. Are you basically satisfied with your life?	N	Y	+
2. Have you dropped many of your activities and interests?	Y	Y	o
3. Do you feel that your life is empty?	Y	N	+
4. Do you often get bored?	N	N	o
5. Are you in good spirits most of the time?	N	Y	+
6. Are you afraid that something bad is going to happen to you?	N	N	o
7. Do you feel happy most of the time?	N	Y	+
8. Do you often feel helpless?	N	N	o
9. Do you prefer to stay at home, rather than going out and doing new things?	Y	N	+
10. Do you feel you have more problems with memory than most?	N	Y	-
11. Do you think it is wonderful to be alive now?	N	Y	+
12. Do you feel pretty worthless the way you are now?	N	N	o
13. Do you feel full of energy?	N	Y	+
14. Do you feel that your situation is hopeless?	N	N	o
15. Do you think that most people are better off than you are?	N	N	o

Bold= The answer 'Yes' indicates depressive symptoms; N=no, Y=yes, +=decreased depressive symptoms, -=increased depressive symptoms, o=no change

The WHOQOL-OLD scale did not show large differences in Anna (score change from 86 to 85). However, when considering the subscales, she experienced a slight improvement in sensory function, autonomy, activity, and participation. At the same time, she experienced a strong impairment in the subcategory 'Death and Dying' and a slight impairment in 'Intimacy'.

In terms of flourishing in life, Anna experienced an improvement from a score of 43 to 54, which is close to the maximum score of 56 points. Stronger improvements were found in relationships, the own contribution to other's happiness and wellbeing, optimism, and perceived respect. The results of the FS-D were confirmed in the interview: "I actually feel quite good, it made me/ I think it brought me something and also helped a bit, right? (...) It cheers you[20] up a bit, doesn't it?" (Anna-Q1.1) and "Yes, I think you feel a little bit better. All in all, let's say. Yes (estimating), you can answer that with

[20] Anna used the third person to describe herself or expressed her experiences by relating them to the community.

yes" (Anna-Q3). By the third session, Anna noticed an improvement in her mood at the end of the session: 'Oh, I'm better, aren't I? Actually again. No, so overall, yes. I'm feeling better' (Anna-V3.2).

Table 47

Pre-Test Post-Test-Data Flourishing Scale – Anna

	Pre-test	Post-test	Change
I lead a purposeful and meaningful life.	6	7	1
My social relationships are supportive and rewarding.	5	7	2
I am engaged and interested in my daily activities.	7	7	0
I actively contribute to the happiness and well-being of others.	5	7	2
I am competent and capable in the activities that are important to me.	6	7	1
I am a good person and live a good life.	6	7	1
I am optimistic about my future.	3	5	2
People respect me.	5	7	2

When repeating the 'Pleasure Song' and 'Gratitude Song' in Session 6, Anna summarised for herself that wellbeing was an aim of the program and that the people could "come out and express themselves" (Anna-V6.3). When the therapist asked her in Session 10 how she felt after singing all the songs, Anna initially replied that she felt the same, but after a short moment, she corrected herself: 'Well, sure, after singing, it's a bit better, isn't it? A little cheered up, right?' (Anna-V10.5). She assumed that the program helped older people in general to cheer up and flourish.

Anna reported several supportive aspects that contributed to her wellbeing. She became aware of the importance of being with her family (Anna-V10.5) and wanted to keep enjoying her grand and great-grandchildren also in the future (Anna-Q7.2). The other supportive aspect was the written songs, including the music (Anna-V10.8) and the lyrics (Anna-V10.9).

At the beginning of the treatment, Anna found it difficult to recognise positive experiences. She used to report negative events when asked about events between sessions and needed support to find positive experiences for the 'Music Ritual'. Throughout the treatment process, she was able to find positive experiences easily, and from Session 4 on, she mainly used four instead of the two lines of music suggested at the beginning. This may indicate an improved awareness of positive experiences and might have influenced the changes in outcome measurements.

10.2.2.2 Willa

Willa showed an improvement in her wellbeing, as indicated by the WHOQOL-OLD (with an increase of four points, see Table 48) and the FS-D (with an increase of 13 points). According to the WHOQOL-OLD scale, there was a strong improvement in her feelings regarding 'Death & Dying'. In the FS-D scale, Willa demonstrated improvement in all areas, with a change of 1 to 3 points. The exception was in her engagement in activities, where the score decreased by one point. This change is contrary to the observations made during the session. While Willa initially declined to participate in group activities due to her depression (self-reported), she began to join activities in the residential care facility from Session 6 onwards. She expressed them as positive experiences within the 'Music Ritual'. The FS-D scale indicates that the strongest improvement was observed in the active contribution to the happiness and wellbeing of other people (see 9).

Table 48

Descriptive Data Pre-Test Post-Test – Willa

Scale	Pre-test	Post-test	Change
GDS	8	2	-6
WHOQOL-OLD	96	100	4
Sensory function	19	20	1
Autonomy	19	19	0
Activity	17	16	-1
Participation	18	18	0
Death & Dying	7	11	4
Intimacy	16	16	0
FS-D	40	53	13
MSS		98	

Note. GDS = Geriatric Depression Scale; WHOQOL-OLD = World Health Organization Quality of Life OLD; FS-D = Flourishing Scale (German version); MSS = Meaningfulness of Songwriting Scale. The WHOQOL-OLD included six sub-categories.

Table 49

Pre-Test Post-Test-Data Flourishing Scale – Willa

	Pre-test	Post-test	Change
I lead a purposeful and meaningful life.	6	7	1
My social relationships are supportive and rewarding.	5	7	2
I am engaged and interested in my daily activities.	5	4	-1
I actively contribute to the happiness and well-being of others.	4	7	3
I am competent and capable in the activities that are important to me.	5	7	2
I am a good person and live a good life.	5	7	2
I am optimistic about my future.	5	7	2
People respect me.	5	7	2

At the beginning of treatment, Willa showed mild depressive symptoms according to the GDS scale (8 points, see 48). These symptoms decreased to a score of 2 points, indicating no current depression (see definition by Sherry, 2007 in 7.2.2.4). Compared to her confirmation of the perceived improvement in wellbeing in the interview (“Yes”; Willa-Q3), she confirmed the improvement in depressive symptoms, smiling with a forceful and clear “YES” (Willa-Q4). This statement indicates a strong improvement compared to her general way of conversing, where she rarely spoke forcefully. The areas that demonstrated improvement were related to engagement (Question 2), perceived emptiness (Question 3), mood (Question 5), feeling helpless (Question 8), memory skills (Question 10), energy level (Question 13), and the perception that others have a better life than she (Question 15, see Table 50).

Within the therapeutic process, a change in Willa’s thinking patterns was observed. In the past, Willa had many difficulties in her life. She worked hard for herself and her son to be independent and provide him with a good life. As a result, she had a strong relationship with her son. Unfortunately, he has not treated her well. She had experienced domestic violence from him in the past and the present, yet she gave him whatever he wanted, such as money that she initially needed for herself. Notwithstanding, in the ‘Gratitude Song’, she expressed her gratitude to him for his support during her depressive symptoms in the past.

Table 50

Pre-Test Post-Test-Data Geriatric Depression Scale – Willa

	Pre-test	Post-test	Change
1. Are you basically satisfied with your life?	Y	Y	o
2. Have you dropped many of your activities and interests?	Y	N	+
3. Do you feel that your life is empty?	Y	N	+
4. Do you often get bored?	N	N	o
5. Are you in good spirits most of the time?	N	Y	+
6. Are you afraid that something bad is going to happen to you?	Y	Y	o
7. Do you feel happy most of the time?	N	N	o
8. Do you often feel helpless?	Y	N	+
9. Do you prefer to stay at home, rather than going out and doing new things?	Y	Y	o
10. Do you feel you have more problems with memory than most?	Y	N	+
11. Do you think it is wonderful to be alive now?	Y	Y	o
12. Do you feel pretty worthless the way you are now?	N	N	o
13. Do you feel full of energy?	N	Y	+
14. Do you feel that your situation is hopeless?	N	N	o
15. Do you think that most people are better off than you are?	Y	N	+

Bold= The answer 'Yes' indicates depressive symptoms; N=no, Y=yes, +=decreased depressive symptoms, -=increased depressive symptoms, o=no change

In Sessions 6 and 7, Willa gathered information for the 'Flourishing Song' and decided to write this song for her son again. In explaining her life story, she intended for her son to understand the choices she had made in the past. For this, she wanted to divide the song into three parts. Related to the past, she wanted to concentrate on her achievements in life and how she coped with challenging circumstances in their shared past. For the present time, she wanted to tell him what provoked good feelings in her, such as sharing a meal with her son. Finally, she wanted to express what she wanted to give and leave to her son for the future. Unfortunately, between Sessions 7 and 8, she experienced a severe argument with him, which led her to develop a fear that her son would physically attack her again and that no one would notice and come to her help. After this, Willa changed her attitude towards her son. While she initially wanted to include him as part of her 'Flourishing Song', she then decided to take care of herself first, instead of his wellbeing, and to include this new goal for her future in this song. She further expressed her wish to become aware of her abilities, which she focused on in the chorus. When singing the song in the conclusion session, Willa reported sadness because her son

experienced several challenges in their past. Nonetheless, at the end of the therapeutic process, she stated that she started to reject demands from her son. She expressed pride in being able to tell him when she was angry with him and included this in the lyrics for the 'Music Ritual'. Willa experienced the 'Flourishing Song' as beneficial for her therapeutic process (Willa-Q5g.1). Furthermore, she expressed a positive emotional response to all songs (Willa-Q5b, Willa-Q5c, Willa-Qg.2), which was also reflected in the MSS score of 98. Throughout the treatment, she became aware of her strengths and abilities, which she also aimed to focus on in the future (Willa-Q7).

Over the course of treatment, Willa was able to increasingly reflect on this positive experience within the 'Music Ritual'. In the first three sessions, she only reported negative events. Whereas it was still difficult for her to find any positive experience within the following sessions, she could reflect on what was positive to her when asking again.

10.2.2.3 Emma

Emma completed the treatment with a GDS score of 2 (see 51), indicating that she was no longer depressed (see definition by Sherry, 2007 in 7.2.2.4). In the interview, she stated that she did not feel depressed (Emma-Q4), which might be caused by the initial low level of depressive symptoms. The results of the GDS scale demonstrated that improvements were observed in the following areas: fear of negative outcomes (Question 6), feelings of worthlessness (Question 12), and energy level (Question 13, see 52).

Wellbeing improved slightly regarding quality of life (WHOQOL-OLD overall change of 1 point). Thereby, an improvement was demonstrated in the areas 'Autonomy and Intimacy' and an impairment in 'Sensory Function' (see Table 51). In terms of flourishing, Emma experienced a considerable improvement with an FS-D score change of 13 points. The results demonstrated a strong improvement in meaning, feeling of competence, and self-perception as a good person with a good life (3 points, see 53). Further improvements were related to relationships and perceived respect by other people (2 points). Other areas did not change due to the baseline score, which already represented the highest possible score.

Table 51

Descriptive Data Pre-Test Post-Test – Emma

Scale	Pre-test	Post-test	Change
GDS	5	2	-3
WHOQOL-OLD	101	102	1
Sensory function	19	15	-4
Autonomy	12	15	3
Activity	18	18	0
Participation	16	16	0
Death & Dying	19	19	0
Intimacy	17	19	2
FS-D	42	55	13
MSS		102	

Note. GDS = Geriatric Depression Scale; WHOQOL-OLD = World Health Organization Quality of Life OLD; FS-D = Flourishing Scale (German version); MSS = Meaningfulness of Songwriting Scale. The WHOQOL-OLD included six sub-categories.

Table 52

Pre-Test Post-Test-Data Geriatric Depression Scale – Emma

	Pre-test	Post-test	Change
1. Are you basically satisfied with your life?	Y	Y	o
2. Have you dropped many of your activities and interests?	Y	Y	o
3. Do you feel that your life is empty?	N	N	o
4. Do you often get bored?	N	N	o
5. Are you in good spirits most of the time?	Y	Y	o
6. Are you afraid that something bad is going to happen to you?	Y	N	+
7. Do you feel happy most of the time?	Y	Y	o
8. Do you often feel helpless?	Y	Y	o
9. Do you prefer to stay at home, rather than going out and doing new things?	N	N	o
10. Do you feel you have more problems with memory than most?	N	N	o
11. Do you think it is wonderful to be alive now?	Y	Y	o
12. Do you feel pretty worthless the way you are now?	Y	N	+
13. Do you feel full of energy?	N	Y	+
14. Do you feel that your situation is hopeless?	N	N	o
15. Do you think that most people are better off than you are?	N	N	o

Bold= The answer 'Yes' indicates depressive symptoms; N=no, Y=yes, +=decreased depressive symptoms, -=increased depressive symptoms, o=no change

Table 53

Pre-Test Post-Test-Data Flourishing Scale – Emma

	Pre-test	Post-test	Change
I lead a purposeful and meaningful life.	4	7	3
My social relationships are supportive and rewarding.	5	7	2
I am engaged and interested in my daily activities.	7	7	0
I actively contribute to the happiness and well-being of others.	7	7	0
I am competent and capable in the activities that are important to me.	4	7	3
I am a good person and live a good life.	3	6	3
I am optimistic about my future.	7	7	0
People respect me.	5	7	2

When exploring the influence of the songwriting program on Emma's wellbeing within the interview, she linked wellbeing to her cognitive skills. She underestimated her abilities during the sessions but admitted an improvement at the end of treatment (Emma-Q3) and by the FS-D scale (see Table 53).

In the first half of the treatment, Emma reported repeatedly that she felt unable to engage in many meaningful daily life activities. Furthermore, she noted that she was unable to write a song (Emma-V2.1). She was unaware of her contribution to helping other residents or the songwriting process. However, from the sixth session onwards, Emma began recognising her contribution to the song (Emma-V6.2). In Session 9, she reflected further on her capacities within the 'Music Ritual', noting her positive influence on other people. This recognition of her capacities was also reflected in the FS-D scale (see Table 53).

From the beginning of the therapy, Emma was grateful for the support she received. However, she had difficulties accepting the intensive care she received by participating in the songwriting program. She believed other people deserved it more than she did (Emma-V2.5, Emma-V10.6). She did not want to be a burden to friends, family members, or professionals and tried to be as independent as possible. Although Emma continued struggling to accept that she was allowed to receive support in the same way as other residents, she acknowledged in Session 9 that she was "not an obstacle" (Emma-MP.9) to her family and the people in the residential facility. This may have resulted from identifying and reflecting on her strengths and previous and current achievements.

10.2.2.4 Paul

Paul commenced the intervention with a moderate level of depression, which changed to a mild level of depression according to the GDS scale (see Table 54 and definition by Sherry, 2007 in 7.2.2.4). Areas of positive change in depressive symptoms were experiencing life satisfaction (Question 1), positive mood (Question 5) and feeling hopeful about his current situation (Question 14, see Table 55). Paul confirmed this change in the interview: "That released me a bit from depression" (Paul-Q1). However, he repeated that his depression was not prevalent (Paul-Q1) or not very severe and compared his condition to that of other residents, many of whom had worse conditions and more severe illnesses (Paul-Q4). Paul gave further causes for his depression. On the one hand, he reported depressive feelings due to a conflict with his daughter. He expressed a sense of helplessness: "I'm doing everything wrong, and I can't stand it, I've noticed" (Paul-V7). On the other hand, he assumed that the weather influenced his depression (Paul-Q1).

Table 54

Descriptive Data Pre-Test Post-Test – Paul

Scale	Pre-test	Post-test	Change
GDS	10	7	-3
WHOQOL-OLD	82	72	-10
Sensory function	16	14	-2
Autonomy	14	14	0
Activity	15	7	-8
Participation	12	15	3
Death & Dying	17	13	-4
Intimacy	8	9	1
FS	28	42	14
MSS		81	

Note. GDS = Geriatric Depression Scale; WHOQOL-OLD = World Health Organization Quality of Life OLD; FS-D = Flourishing Scale (German version); MSS = Meaningfulness of Songwriting Scale. The WHOQOL-OLD included six sub-categories.

Table 55

Pre-Test Post-Test-Data Geriatric Depression Scale – Paul

	Pre-test	Post-test	Change
1. Are you basically satisfied with your life?	N	Y	+
2. Have you dropped many of your activities and interests?	Y	Y	o
3. Do you feel that your life is empty?	Y	Y	o
4. Do you often get bored?	Y	Y	o
5. Are you in good spirits most of the time?	N	Y	+
6. Are you afraid that something bad is going to happen to you?	N	N	o
7. Do you feel happy most of the time?	N	N	o
8. Do you often feel helpless?	N	N	o
9. Do you prefer to stay at home, rather than going out and doing new things?	N	N	o
10. Do you feel you have more problems with memory than most?	N	N	o
11. Do you think it is wonderful to be alive now?	N	N	o
12. Do you feel pretty worthless the way you are now?	Y	Y	o
13. Do you feel full of energy?	Y	Y	o
14. Do you feel that your situation is hopeless?	Y	N	+
15. Do you think that most people are better off than you are?	Y	Y	o

Bold= The answer 'Yes' indicates depressive symptoms; N=no, Y=yes, +=decreased depressive symptoms, -=increased depressive symptoms, o=no change

The outcome measurements that were intended to measure wellbeing showed contradictory results in Paul. On the one hand, the WHOQOL-OLD showed an impairment of 10 points. The impairments were notable in the subcategories 'Activity' and 'Death & Dying'. On the other hand, the flourishing increased by 14 points (see Table 54). Strong improvements were demonstrated in the domains of social relationships, engagement, and self-efficacy (see Table 56). In addition, minor enhancements were observed in the domains of optimism about the future and perceived respect. When Paul was asked about the influence of the songwriting program on his wellbeing, he confirmed, "It cheered me up a bit" (Paul-Q3). This was particularly interesting because it was difficult for him to recognise positive experiences for the 'Music Ritual' throughout the whole treatment.

Paul's involvement in the songwriting process increased after the midpoint of his treatment. He had expressed an interest in music and the process of songwriting from the beginning but only decided between the options I had offered. In session six, he firstly proposed rhymes on his own. Overall, most melodies were still created by selecting the suggested ideas he liked the most. However,

he increased his engagement within the music-writing process by suggesting changes such as a higher pitch at the end of a line or emphasising a particular word or phrase.

Table 56

Pre-Test Post-Test-Data Flourishing Scale – Paul

	Pre-test	Post-test	Change
I lead a purposeful and meaningful life.	3	3	0
My social relationships are supportive and rewarding.	2	7	5
I am engaged and interested in my daily activities.	2	7	5
I actively contribute to the happiness and well-being of others.	3	3	0
I am competent and capable in the activities that are important to me.	5	7	2
I am a good person and live a good life.	5	5	0
I am optimistic about my future.	2	3	1
People respect me.	6	7	1

The awareness of positive experiences was difficult for Paul to achieve. His awareness was frequently focused on the negative aspects when asked about positive experiences for the 'Music Ritual'. On his first exploration of positive experiences, Paul could find none. I, therefore, had to provide him with further prompts by reflecting on his recent activities. Over the therapeutic process, he became increasingly aware of positive experiences and even began the sessions by reporting them. Nevertheless, he was unable to reflect on positive experiences only and added commonly negative aspects of positive experiences. Examples of this included lyrics about the negative environment and other people's talks around him that he finally forgot by meeting people he knew (Paul-MP.7.2) and drinking a glass of wine (Paul-MP.1). Furthermore, he did not consider experiences that could be perceived as positive by other people to be particularly good. For instance, a small win at the lottery was not perceived positively by him because it could have been bigger (Paul-MP.9).

10.3 Discussion

The presented results aimed to answer the research questions: "Does the individual therapeutic songwriting program have an impact on depressive symptoms in older people living with depression?" and "Does the individual therapeutic songwriting program have an impact on wellbeing

in older people living with depression?" (see 5.2.2.4). The following section discusses the results in terms of the measurement tools, validity of findings and observed effects.

10.3.1 Changes in Depression, Quality of Life, and Wellbeing

Due to the small sample size, the results could have been by chance. With only four participants, the quantitative data were not sufficient to calculate any effects. However, the combination and triangulation of quantitative and qualitative enabled the description of individual changes in all participants.

Some items from the WHOQOL-OLD scale were difficult for the participants to understand (see 7.4.2) and deemed inappropriate for residents of residential care facilities. At the same time, results did not show significant changes with a slight impairment. One reason may be that the physical health part of the questionnaire (e.g. limitations due to impaired sensory function) may not have been affected by the intervention program. In addition, some items in the subcategory 'Death and Dying' may not have been affected by the program because they include themes such as being concerned about how the person will die or that the person may be in pain when dying.

The improvements in wellbeing could have been greater than reflected in the FS-D scale due to the high scores in the pre-test. Anna's improvements per FS-D item showed a maximum of two points. Already in the pre-test, she rated one item with seven points, the highest rate per item, indicating the presence of a ceiling effect. Only one item was not rated with the highest possible score, with a change of three to five points. The same phenomenon was observed in Willa and Emma. Willa rated only one item with less than five points in the pre-test and all items except one with the highest score. Emma rated three items already in the pre-test with seven points, and only one item did not achieve the best score. On the one hand, this may be caused by a high level of wellbeing in the pre-test. On the other hand, the answer options on the scale may not be sufficiently defined (level of agreement on a scale of 1 to 7).

Seligman's (2011) wellbeing theory suggests that the PERMA profiler leads to a flourishing life. The FS-D scale includes all these factors, and the results demonstrated a considerable improvement in

all participants (see Table 44 in 10.2.1). Hedonic wellbeing focuses on pleasure and happiness (Ryan & Deci, 2001) and is more likely to be experienced with increasing age (Bar-Tur, 2021). Hedonism can be related to the first factor of the PERMA profiler 'Positive emotion'. In contrast, eudemonic wellbeing does not focus on happiness (Ryan & Deci, 2001). Instead, concepts like virtues, autonomy, life purpose, personal growth, and positive relationships are important. Interestingly, eudemonic wellbeing tends to decrease in later life (Bar-Tur, 2021). However, the large improvement found for the FS-D scale in this study contradicts these findings. The therapeutic guidelines (see Chapter 6) could have led to an improvement in eudaimonic wellbeing. In the 'Flourishing Song', participants were encouraged to reflect on what gives them a meaningful life and what virtues, immaterial, and material possessions they might want to leave to other people. Besides measuring wellbeing in terms of flourishing, future research could also investigate the effects of therapeutic songwriting on hedonic and eudemonic wellbeing in particular.

The results of some of the items on the GDS and FS-D scales could confirm each other. The FS-D items 'I lead a purposeful and meaningful life' and 'I am a good person and live a good life' can be related to GDS Questions 12 ('Do you feel pretty worthless the way you are now?' – purpose) and 3 ('Do you feel that your life is empty?' – meaning). Improvements were found in Anna, Willa, and Emma. Anna's slight improvements in the FS-D scale (one point in each item) were reflected in GDS Question 3, which improved following the treatment. The same phenomenon was observed in Willa (FS-D change of one and two points and an improvement in meaning following GDS Question 3). Emma showed a greater improvement in the FS-D items (two points each) but only an improvement in GDS Question 12, which examined the purpose in life. Consequently, the changes in depression influenced the same areas of wellbeing, as demonstrated in the results of the FS-D scale.

The FS-D item 'I am engaged and interested in my daily activities' can be linked to GSD Question 2 ('Have you dropped many of your activities and interests?'), Question 4 (Do you often get bored?'), and Question 9 ('Do you prefer to stay at home, rather than going out and doing new things?'). Anna and Emma have already demonstrated the highest score in the FS-D item. While Anna showed an

improvement in going out and doing new things (GDS Question 9), Emma did not have depressive symptoms in this area and experienced, therefore, no changes. Willa showed an improvement in dropping activities and interests (GSD Question 2). However, in the FS-D scale, she experienced an impairment of being engaged and interested in her daily activities (change from five to four points). Notwithstanding, Willa experienced an improved engagement in activities from the middle of the treatment period (see 10.2.2.2). Paul showed no changes in GDS Questions 2, 4, and 9, although the FS-D item indicated that he was more engaged and interested in daily activities (change from two to seven points).

GDS Question 14 ('Do you feel that your situation is hopeless?') can be linked to the FS-D item 'I am optimistic about my future'. Although Paul showed an improvement in this GDS question, turning from Pre-test=Yes to Post-test=No, the change may be small, as demonstrated in the FS-D from Pre-test=2 to Post-test=3.

The presented results indicate that decreased depressive symptoms correlate with enhanced wellbeing. This observation can be confirmed by the findings from several studies investigating the impact of positive psychology interventions (McTiernan et al., 2022) and music therapy (Istvandity, 2017) on depressive symptoms and wellbeing.

10.3.2 Other Observed Effects

Anna, Paul, and Willa improved their awareness of positive experiences. On the one hand, the positive psychology intervention 'Three good things in life' was integrated into the 'Pleasure Song' and repeated within the 'Music Ritual' to improve awareness. On the other hand, depression can lead to cognitive distortion, whereby experiences are misinterpreted negatively (Beck & Alford, 2009). Consequently, decreasing depressive symptoms throughout the intervention program may lead to a better perception of positive experiences.

Some changes in recognising achievements and feelings may require more time before they can be perceived. When collecting information for the 'Flourishing Song', Anna realised that she had already mastered several situations (Anna-V5.2). Hence, the aim of the third part, to recognise

achievements, was achieved (see description in 6.2.5). Moreover, she was not aware of the improvement in her mood after singing the songs until she reflected on this experience (see 10.2.2.1 and Anna-V10.5). In encouraging her to reflect on her emotional state, her intermediate assumption regarding her subjective experience of situations could be reappraised, resulting in a cognitive reconstruction (Purdon, 2021).

Willa experienced improved self-esteem by starting to take care of her wellbeing (see 10.2.2.2). Meléndez Moral et al. (2015) found that working with autobiographical memory and reflecting on positive feelings, relationships and achievements improved self-esteem. Participants were also encouraged to reflect on the meaning and purpose of past experiences. As these elements were also part of this intervention program, as described in Chapter 5, the changes observed in Willa are consistent with Meléndez Moral et al.'s (2015) study.

Emma's negative self-perception of her abilities at the beginning of the treatment may have been another symptom of depression, as people with depression often attribute individual behaviours to general personality traits, leading to the development of a negative self-image (Beck & Alford, 2009). Such people tend to perceive any mistake or deficiency as a personal failing, even when the circumstances indicate that external factors beyond their control may have contributed to the situation.

Wen et al. (2023) investigated the cognitive control of emotional information in individuals experiencing recurrent major depressive disorder and compared their findings with those of healthy people. According to their theory, negative information is retained longer within the working memory than positive information in affected persons. Consequently, the focus is more on negative emotions and thoughts. The improved awareness of positive experiences, as observed in Anna, Willa, and Paul, may have been facilitated by decreasing depressive symptoms. Although Paul improved his awareness of positive experiences, he still focused on negative aspects (see Section 10.2.2.4). Hence, Wen et al.’s (2023) theory may also be applicable to Paul, who experienced moderate depression when participating in the study and had no recurrent major depressive disorder.

Therapeutic songwriting was not only a therapeutic tool but could also be a pleasurable activity for the participants. When Paul was asked if he was engaged and interested in his daily activities for the post-test (FS-D scale), the therapeutic songwriting program was one of his reported recurring activities.

10.3.3 Limitations

The observed changes were limited to people with no or little musical experience. Of the participants, only Dora had a professional musical background; however, she withdrew from the study at an early stage. The applied scales were valid and reliable, and the interview questions aimed to be as less suggestive as possible. However, social desirability may have influenced the findings of the study. A good therapeutic relationship was observed in all participants. Furthermore, Anna, Willa, and Emma reflected on their positively experienced therapeutic relationship (see mechanism of change M4 in 9.1.2.4). In addition, the participants knew the intention of the program and my research project. Consequently, participants' responses may have been influenced by a desire to fulfil my aims as a researcher and music therapist practitioner. This risk was limited by extracting video data to confirm or disconfirm findings. It can be assumed that the spontaneous behaviour displayed during the sessions excludes the risk of social desirability. Future research could also include external rating scales to provide further insight into the externally experienced effects of the songwriting program.

10.4 Conclusion

The results of the scales and observations during the therapy indicate that the therapeutic songwriting program may be potentially effective in decreasing depression and enhancing wellbeing. However, future studies with a full-powered sample size are needed to validate these findings.

11 Discussion

This chapter discusses the findings of this research project. In the first part of the discussion, the findings from the single-group pilot study, as presented in Chapter 7, are discussed (Section 8.1). First, Section 11.1.1 relates the findings with the aims of the intervention program, as outlined in Section 6.1.1. Then, Section 11.1.2 links the different findings from the study with each other and existing literature in order to validate them. Section 11.1.3 then relates the findings from the single-group pilot study to the dosage from the intervention program in its current form, as outlined in Section 6.1.4, and to applicable and effective intervention dosages from positive psychology and therapeutic songwriting, outlined in Section 5.1.3. Finally, in Section 11.1.4, different research parts from the single-group pilot study are discussed in terms of their level of evidence.

The second part of this chapter discusses the positive psychology orientation (Section 11.2.1) that was applied in the intervention program and gives recommendations for potential changes and extensions of the program in Section 11.2.2. Furthermore, the requirements for the songwriter and music therapist are discussed in Section 11.2.3.

Recommendations for future research projects are provided in Section 11.3. Finally, Section 11.4 describes target groups that may benefit from the results of this research project.

11.1 Single-Group Pilot Study

11.1.1 Aim of Program

The aim of the single-group pilot study, presented in Chapter 7, was to examine the feasibility of the study protocol, the appropriateness and meaningfulness of the intervention protocol, and its effects on depression and wellbeing. In addition, several of the objectives of the therapeutic songwriting program outlined in Section 6.1.1 were achieved. Confirming findings were observed in the identified potential mechanisms of change (see 9.1), lyrics content (see Section 9.2) and the results of the MSS scale (see Appendix I).

The overall aim included the broadening of perceptions, such as mental flexibility and creativity, and could be observed in the mechanisms of change by improved awareness of positive experiences (M3.1), and the awareness of individual personal strengths (M3.2) and achievements (M3.3). An enhanced creativity was observed among the participants, with an increased contribution to the songwriting process. However, further investigation is required to validate this observation in future studies. The broaden-and-build theory by Frederickson (2013), which represented the basis for the therapeutic songwriting´s aim of broadening perceptions, included the building of physical, social, intellectual, emotional, and operational resources, as well as resilience by becoming more aware of positive experiences. It could only be observed within the sessions to a limited extent, such as by reflecting on their feelings and planning activities for the future to maintain their wellbeing. Nevertheless, further investigation is required to identify any additional changes that may have occurred.

The aim of improving cooperative engagement to facilitate feelings of pleasure (Koelsch, 2010) could be observed following the increased participation in the songwriting process. Improved relationships and interaction skills were found in the mechanism 'M2.2 Gratitude for the existence and support of the family and others'. Furthermore, the improved relationships and the aim of perceiving a sense of belonging could be confirmed by the lyrics, which, for example, indicated that they perceived themselves as being a family member, spouse, or group member, as well as by describing conversations with other people. Finally, various statements from the participants could confirm the well-perceived relationships, for example by talking about time with their friends (Paul regarding the intervention 'Three good things in life': "[…] Yes, of course, if I, um, that I can get out, right? Um, and yes somehow/ talking to people or friends"; Paul-V2.4) or the support of friends ("And then I had my friend, who I was invited to several times, with her husband, that helped too, didn't it?" Anna-V5.2).

The songwriting program further aimed to activate the brain and autobiographic memory, supported by integrating familiar music (Baker, 2015; Schulkind et al., 1999). Concrete, familiar songs were sung in the first session, providing the basis for writing a 'Pleasure Song'. This aim was observed

in the pilot study, reflected in the mechanism 'M3.5 Activation of memory and memory ability' and by describing memories in the lyrics. An enhanced awareness of the self was represented in the category 'reflection' and by describing their self-perception. Furthermore, the MSS scale confirmed the achievement of this aim, indicating that the participants perceived discovery and self-reflection through the songwriting process (Item 2, MD=4.75, SD=0.43).

The intentional development of the participants' musical identity by sharing their experiences (Jackson, 2013) could be confirmed by the mechanism M1.3 representing the participants' perception that thoughts and life experiences were translated into the songs. Further confirming mechanisms were the identification with the songs (M1.4) and the positively experienced song aesthetics of the self-composed songs (M1.5). The musical identity could not be confirmed by the MSS scale. However, the scale was able to confirm the representation of the personality traits of the participants in the songs. The MSS confirmed that the songs represented the participants' story (Item 15, MD=5, SD=0.00). They reflected on their understanding of the self (Item 17, MD=4.25, SD=0.83), and expressed the participants' personality, unique style, and identity (Item 20, MD=4.50, SD=0.50) at the time the songs were written (Item 16, MD=4.75, SD=0.43).

The aim of linking music with positive emotions was facilitated by creating music using parameters that are linked to positive emotion (Juslin and Timmers; 2010) and by evaluative conditioning (pairing music with a positive emotion; Juslin and Västfjäll, 2008). The achievement of this aim was confirmed by the mechanisms of change M1.1 and 1.5, which indicated that participants experienced the songwriting process and the songs positively. In addition, M1.6, M1.7, and M1.8 indicated the link between positive emotions and the music by reflecting that songs were shown to other people, became a memory, and that the participants were proud of them.

The third part of the songwriting program extended its aims by focusing on the strengths, accomplishments, and meaning in life that can contribute to a reduction in depressive symptoms (see literature review in 3.2). The achievements of these aims, as outlined in Section 6.1.1, could also be observed in the single-group pilot study in Chapters 7 to 10. As intended, the participants became

aware of their accomplishments in life, as indicated by the mechanism of change ‘M3.3 Remember and become more aware of their achievements’. The improved sense of meaning in life could be confirmed by Interview Question 7, asking for the participants´ intentions for the time after the therapy. This included plans to enjoy time with their family (Anna-Q7.2), engage in activities in the city (Paul-Q7) and maintain awareness of their strengths (Willa-Q7, Emma-V10.9).

The intended improvement of confidence, competence, and self-esteem can be achieved by therapeutic songwriting (Baker, 2015) was demonstrated through different findings of the single-group pilot study. The self-concept and a true sense of the self can be facilitated by working on one´s individual strengths (Peterson and Seligman, 2004; Tamplin et al., 2016). This was achieved and observed through the mechanisms of change ‘M3.2 Gaining awareness of their own strengths’. Other findings that demonstrated these achieved aims were the mechanism ‘M3.3 Remember and become more aware of their achievements’ and the identified content from the song lyrics analysis. In the song lyrics, the participants described themselves as independent, reflected on their personal capacities, and described activities related to their independence and capacities, including work for their own family (see lyric line Paul-FS.10), gifting self-crafted decoration elements to other people (Emma-MP.4, Emma-MP6.2, Emma-MP.9) and donating money to people in Tanzania (Emma-FS.10 to Emma-FS.12; category ‘giving’, see Appendix H).

Finally, the aim of developing an integrated self-concept, resilience, effective coping strategies, and a sense of empowerment could only be confirmed to a limited extent by the previously analysed data. A change in coping strategy and sense of empowerment could be observed in Willa, who began to prioritise her own wellbeing over that of her son (see description in 10.2.2.2). At the same time, Anna and Paul demonstrated increased empowerment to initiate and enjoy activities in the city or with their family. However, further investigation into the impact of the therapeutic songwriting program on resilience and the degree of an integrated self-concept may be investigated in future studies.

The aims of the therapeutic program, as outlined in Section 6.1.1, were developed based on observed mechanisms and effects from different disciplines (see mechanisms of intervention in 6.4.2).

While these observations were not always specified for older people, the findings from the single-group pilot study demonstrated that the majority of the program´s objectives could be achieved in this population with a small sample size. However, future studies may investigate the achievement of these aims with a larger sample size.

11.1.2 Validity of Mechanisms, Themes, and MSS

The different data sources revealed several findings. The low number of participants and interpretative approach may have biased the outcomes. In addition, contact with the participants was lost because of COVID restrictions, relocation, or passing away, so the interview transcripts and findings could not be discussed with them, representing a limitation in the findings. Therefore, this chapter aims to validate the findings of the single-group pilot study by linking the identified mechanisms of change (see 6.4.1) with the findings from the lyrics analysis (see 6.4.2) and the Meaningfulness of Songwriting Scale (MSS; see Appendix I).

Mechanism 'M1 Importance of the songs and songwriting within the intervention process' was reflected in the results of the MSS, which demonstrated a high meaning of the songwriting for the participants (MD=94.00, SD=9.13). Three of the most prominent mechanisms were found in this category (M1.1, M1.3, and M1.8) and were also examined within the MSS scale. The positive experienced songwriting process (M1.1) related to MSS Item 1 'Songwriting was an enjoyable process' was rated with a mean of 4.75 (SD=0.43) of a maximum of five points. Thoughts and life experiences that were translated into songs (M1.3) was confirmed by the highest score in MSS Item 15, exploring if the song(s) tell the participants' story or the story of their community (MD=5.00, SD=0.00). Furthermore, the mechanism 'M1.8 Being grateful and proud of their participation and their songs' was reflected in MSS item 9, asking if the participant experienced a sense of achievement when writing the song(s), and was rated with a mean of 4.75 (SD=0.43). The identification with the self-composed songs (M1.4) was reflected in MSS Item 12 'Songwriting enabled me to express my personality, unique style, personal and/or cultural identity, or values in life' with a mean of 4.0 (SD=1.22). With only seven

statements, M1.6 ‘Self-composed songs were shown to other people’ was less prominent. However, MSS Item 18 confirmed that participants showed songs to other people (MD=4.5, SD=0.87).

Mechanism ‘M2 Participants experienced gratitude’, which was confirmed by 15 statements, was also found in the lyrics. Gratitude for the existence and support of the family and others (M2.2) was described in the activity of talking with other people, which was presented in 7.6% of all analysed lyric lines (see Appendix H). Furthermore, this sub-category was found in the lyrics by perceiving themselves as a family member, spouse, group member, and someone who is accepted by other people and cared for. Being a family member was frequently described, with a representation of 13.9% of all described lyric lines.

The expression of gratitude was further observed in relation to the values and beliefs of the family and God (M2.3), and general gratitude (M2.1). A study by Atad and Russo-Netzer (2022) revealed that the 'Gratitude visit' intervention, which provided the basis for the ‘Gratitude Song’ (see explanation in 6.1.3.2), was particularly effective when people sought both positivity, which is related to hedonic wellbeing, and meaning, which is related to eudaimonic wellbeing. At the same time, this intervention did not demonstrate positive effects on wellbeing when participants did not prioritise either meaning or positivity. If meaning was more pursued than positivity, more eudaimonic wellbeing could be achieved. Although the investigated ‘Gratitude visit’ was only one element of the therapeutic songwriting program, as outlined in Chapter 6, the findings from Atad and Russo-Netzer (2022) may be applicable to the experienced gratitude expressed throughout the entire intervention period of the pilot study (presented in Chapter 7). The mechanism ‘2.1 General Gratitude’ can be considered as an orientation to positivity (for example, the appreciation of beautiful things and participation in daily activities). ‘M2.2 Gratitude for the existence and support of the family and others’ can be allocated to both the positivity and meaning (for example, time with the family, gratitude for their support in the past and present), while ‘M2.3 Gratitude for the values and beliefs of the family and God’ can be considered to represent the focus on meaning. The findings from Atad and Russo-Netzer (2022) suggest that the mechanisms M2.1 and M2.2 may be less effective in enhancing wellbeing.

All sub-categories of mechanism ‘M3 Improved awareness and activation of memory and memory skills’ could be linked to song themes and/or the findings of the MSS scale. Remembering and becoming aware of positive things (M3.1) were described in the lyrics by reflecting on what evokes good feelings and one’s life experiences. Gaining awareness of their own strengths (M3.2) was reflected in the MSS Item 17, exploring if the song reflected or reinforced their new understanding of their self and/or community, and received a mean rating of 4.25 (SD=0.83). This mechanism was further represented in the lyrics by perceiving themselves as being independent and reflecting on personal capacities. The perception of personal capacities in the lyrics was further related to the awareness of their achievements (M3.3). People gained a better understanding of themselves and other people (M3.4), which was also found in the lyrics by reflecting on their needs and wishes. It was further explored by MSS Item 7 ‘Songwriting helped me make sense of the world around me’, rated with a mean of 3.74 (SD=0.83). The activation of memory (M3.5) was found in the lyrics by remembering and describing past experiences, addressed in 19.1% of all analysed lyric lines. Furthermore, MSS Item 8 explored if songwriting aroused thoughts, nostalgia, personal, and cultural associations, which was rated with a mean of 4.5 (SD=0.50).

Although the MSS scale explored the meaning of the songs and songwriting process, the identification with the songwriting process was not directly examined. Hence, the scale could not reflect the mechanism ‘M1.2 Identification with the songwriting process’. On the one hand, the identification with the songwriting process may be relevant in gaining a sense of achievement. On the other hand, the sense of achievement derived from songwriting was explored in MSS Item 9 and rated with a mean of 4.75 (SD=0.43; see also the link to M1.8 above).

By listening to the songs (MSS Item 14, MD=3.75, SD=1.64), sharing them with others (MSS Item 18, MD=4.5, SD=0.87; mechanism M1.6), and when the songs have a meaning for the person (MSS Item 21, MD=4.75, SD=0.43), the songs may evoke joy, which can be considered not only as a mechanism but also as an outcome of an intervention (Eickholt & Thompson, in press).

Existing literature could already confirm the benefits of the potential mechanisms of change (see discussion 9.1.3.1) and important themes presented in the song lyrics (see discussion in 9.2.4). This chapter related these findings with each other and with the findings from the MSS scale and could thereby confirm the potentially positive effects on depressive symptoms and wellbeing.

11.1.3 Intervention Dosage and Effects

A dosage of nine to ten hours in eight to nine sessions, with each session lasting 50 to 60 minutes, was identified as a clinically feasible and effective treatment duration for depressive symptoms based on the reviews from therapeutic songwriting and positive psychology (see intervention dosages in 5.1.3). The presented therapeutic songwriting program investigated in this thesis had a lower duration of 7.5 hours in ten weekly sessions, with each session lasting 45 minutes. Consequently, the intervention program was feasible in a lower dosage than the included studies from the reviews investigating the effects of therapeutic songwriting (Section 4.2) and positive psychology (Section 3.2).

In addition to the shorter duration of the therapeutic program examined in this thesis, its observed impact on reducing depression was also promising. Changes in depressive symptoms were individually shown in all participants from the current study, with a potentially large effect size (Cohen's *d*=-1.96). In the literature review presented in Section 3.2, which assesses the effects of positive psychology in older people with depression, a large mean effect size was identified (without weighting; Cohen's *d*=-2.10, ranging from *d*=-0.18 to *d*=-8.95; see Table 57). In comparison, a systematic review and meta-analysis of the effects of therapeutic songwriting in adults aged 18 and older revealed a moderate improvement in depressive symptoms, with a standardised mean difference of SMD=-0.45 (ranging from SMD=0.84 to SMD=-1.90, see Figure 5 in 4.2). A subgroup analysis further demonstrated a slightly larger effect in older people (SMD=-0.53) compared to people younger than 65 years of age (SMD=-0.40).

Although the single-group study presented in Chapter 6 was not sufficiently powered to represent a valid effect size, the shorter duration of the therapeutic songwriting program seems to

offer benefits in decreasing depression. Consequently, it may present a more cost-effective treatment than either therapeutic songwriting or positive psychology alone. However, further fully powered trials and health economic analysis are required to confirm this conclusion.

Table 57

Effect Sizes in Different Intervention Forms

Therapy form	Effects sizes for depression
Positive psychology in older people living with depression (7 studies)	Cohen's *d*=-2.10
Therapeutic songwriting in adults aged 18 and older (13 studies)	SMD=-0.45
→ Therapeutic songwriting in older people living with depression (3 studies)	SMD=-0.53
Intervention program	Cohen's *d*=1.96

The therapeutic songwriting program may be extended up to the suggested dosage (see description above) in order to add further elements that may further improve the effects. Depending on their previous skills and interests, an extension of the sessions would allow participants to gain more confidence with the songwriting process, gain musical skills, deeper knowledge about songwriting techniques, and skills in music-related software, such as music-making software (e.g., GarageBand, Magix Music Maker), recording software (e.g., Audacity), and notation programs (e.g., MuseScore). Other possible extensions are presented in Section 11.2.2.

11.1.4 Level of Evidence

The results of the single-group pilot study (presented in Chapter 7) enabled an in-depth analysis of the therapeutic songwriting program (presented in Chapter 6). These results provided essential background information to examine the study protocol (presented in Sections 7.1 and 7.2) in future, fully powered studies. Evans (2003) developed a theoretical framework for evaluating healthcare interventions, which enabled the ranking of the evidence from different types of research in terms of the validity of the findings. In the ranking, the categories of feasibility, appropriateness,

and effectiveness were distinguished. The category 'appropriateness' included the exploration of psychosocial aspects, such as the experiences of the participants, important issues, and perceived benefits from the given outcomes. Therefore, the category 'appropriateness' from Evans (2003) can be considered to include the category 'meaningfulness' from the 'JBI Model of Evidence-Based Healthcare' by Pearson et al. (2005, see description in 5.2).

According to Evans' (2003) framework, the pre-test and post-test design of the study protocol presented in Chapter 7 can be deemed to represent a fair level of evidence in the category 'feasibility' of the study protocol. The pre-test and post-test design further enabled a quantitative measurement of the effectiveness of the intervention program on depressive symptoms and wellbeing (see Chapter 10), also with a fair level of evidence. Evans (2003) defined a fair level of evidence by studies that explore the potential benefits of the interventions. Given the potential risk of error associated with this research type, it is recommended that additional investigation and evaluation be conducted in future studies, such as applying randomised controlled trials.

In addition to the quantitative changes, observed changes in the individual participants could be described. Although case studies represent a poor level of evidence, according to Evans (2003), particularly findings that were observed in the different participants could provide information about the potential benefits of the program that can be further investigated in future research.

The appropriateness and meaningfulness of the intervention program were explored by analysing the interview data, video data, and field notes, as well as the song lyrics (see Chapters 8 and 9). On the one side, the interpretative phenomenological analysis of these data aimed to explore meaningful aspects within the treatment period in order to identify potential mechanisms of change (see 9.1). On the other side, the content analysis of the song lyrics aimed to explore meaningful themes that are experienced beyond the therapeutic setting. Both research parts could be allocated to the category 'focus groups' in Evans' (2003) framework, which can explore the feelings and opinions of small groups and are also assigned to a fair level of evidence. In order to achieve a higher level of evidence, these findings can be further investigated in randomised controlled trials with a larger

sample size, representing a good level of evidence (Evans, 2003). These studies may then contribute to further meta-analyses examining the effects of therapeutic songwriting on depression, as outlined in Section 4.2, representing an excellent level of evidence (Evans, 2003).

11.2 Intervention Program

11.2.1 Positive Psychology Orientation

This therapeutic songwriting program described in this thesis was designed to complement standard care modalities, including occupational therapy, traditional behaviour therapy, and verbal psychotherapy. The aim of the program was to extend the traditional work on depression by focusing on the songwriter's positive experiences and attitudes. While the implementation of positive psychology in music therapy (Rolvsjord, 2016) and therapeutic songwriting (Baker, 2015; Baker & Ballantyne, 2012; Tamplin et al., 2016) has become a growing research field, the combination may be particularly beneficial for older people with depression, who face increasing fragility and daily challenges (Eickholt et al., 2018). This approach can facilitate a shift in focus back to the awareness of positive experiences, strengths developed over a lifetime, and remaining resources. However, a strong focus on positive emotions without considering negative experiences and their implemented needs can have negative effects (Tantam, 2018). Avoiding negative aspects can impede the development of skills to cope with challenging and distressing experiences. A holistic model is needed that considers both positive and negative sides to improve wellbeing (Wong & Roy, 2018). Consequently, the approach of positive psychology needs an interaction between negative and positive aspects, supporting the development of strengths and working on individual problems as well (Tantam, 2018).

Different aspects of the intervention program, presented in Chapter 6, aimed to address this need for a holistic approach. The previously presented ‘broaden-and-build theory’ by Fredrickson (2013, see description in 3.1.2.1) was integrated into this intervention program. Following the theory, the focus on positive emotion can broaden the individuals’ awareness of stimuli and further build physical, social, intellectual, emotional, and behavioural resources. In order to ensure a more holistic approach, the program was complemented by the ‘deep-and-wide’ theory proposed by Wong (2012).

Following this theory, negative emotion can be highly motivating and lead to creativity and resilience as the songwriter is confronted and learning to cope with negative experiences (Wong & Roy, 2018). This hypothesis was observed in the single-group pilot study, in which Willa demonstrated a motivation to adapt her coping strategy following conflicts with her son, suggesting that the learned behavioural mechanisms for coping with negative situations became new character traits (Wong, 2012).

In this intervention program, the recognition of negative experiences is integrated with the 'Gratitude Song' and by identifying strengths and achievements for the 'Flourishing Song'. The holistic approach should be ensured by considering the negative feelings evoked when reflecting on difficult situations the songwriter needed to cope with, and in which a person supported the songwriter. Furthermore, developed strengths and achievements may result from those challenging situations (Birrer & Vemuri, 2004; Singh & Okereke, 2015). For example, a partner may become ill or deceased. The relative may be required to take on their responsibilities, in addition to learning how to cope and find solutions in this new situation. Unsolved negative experiences in the past and stressful life events may represent a risk factor for developing depression (see definition in 2.2). In the presented intervention program (Chapter 6), these experiences were also acknowledged and processed. The following examples of the single-group pilot study (Chapter 7) further demonstrate the integration of the holistic approach by acknowledging and processing upcoming negative experiences and feelings:

Willa started to shiver when talking about her experience with domestic violence and the first time she developed depression. She was provided with sufficient time to explore and reflect on these experiences before being encouraged to identify the strengths that helped her cope with the challenging situations. The provision of time to reflect on these experiences should be accompanied by encouragement for Willa to accept her negative emotions and thoughts, which is associated with better psychological health, including lower depressive symptoms (Ford et al., 2018). Through the songwriting process, Willa was enabled to accept her history and additionally to explore and describe her gratitude for her son, who provided her with support during this challenging situation ("You

supported me", Willa-GS.4; "You took care of everything", Willa-GS.7). Those experiences were then shaped into the lyrics for the 'Gratitude song'.

Expressing gratitude was also found in Anna. In the first session, Anna sang a song that reminded her of her husband. The sadness evoked was acknowledged and processed by providing an opportunity for reflection and exploration of memories associated with her husband, particularly those that evoked feelings of happiness and gratitude. Experiencing gratitude due to positive experiences, such as recalling positive memories, has been found to contribute to positive emotions and coping resources (Klibert et al., 2019). Anna´s memories were further integrated into writing the 'Flourishing Song', reporting the positive time spent on holidays: "Then we travelled more often, preferably to Italy and Austria" (Anna-FS.12).

Emma expressed anxiety about becoming a burden to her family and caregivers. During the therapeutic process, we explored the basis of this feeling before identifying those of her strengths she used to enrich other´s lives and give her meaning and life satisfaction. Strengths associated with life satisfaction and meaning, such as zest and gratitude, were identified, as well as the strengths love and kindness, which are linked to positive relationships and social connectedness (Niemiec, 2018). This approach allowed for the acknowledgement of Emma's anxiety about being a burden before transitioning to feelings of independence. Finally, the activities that led to this feeling were incorporated into the lyrics for the music ritual: "I've progressed, with stars to give away. I am NOT an obstacle; I am free, and I am grateful for that" (Emma-MP.9).

Although different aspects of this intervention program aimed to ensure a holistic approach, the highly structured manual limits the flexibility and space for working with negative experiences. In the event that a songwriter reports a situation that is causing them distress during the course of the program, the music therapist is required to make a careful judgement as to whether the program can be followed as intended or whether it should be suspended to address the current issues and, therefore, to accommodate the songwriter´s needs (Eickholt et al., 2022). In the single-group pilot study, Willa needed one additional session to cope with a negative experience (see 7.3.3.1). In the case

of more intense or traumatic experiences, a temporary interruption to the program may be required until the songwriter has developed the needed coping strategies.

11.2.2 Changes and Extensions of Program Elements

The required holistic approach (see 11.2.1) can be further promoted by acknowledging negative experiences in the songwriters' past. As a potential extension, a forgiveness letter could be optionally applied, replacing the gratitude letter. This positive psychology intervention 'Forgiveness letter' has been demonstrated to be effective in decreasing depressive symptoms and increasing wellbeing (Ramirez et al., 2014; Taghvaienia & Alamdari, 2020). The intervention encourages the songwriter to forgive someone who has hurt them (see description in Appendix C). The reduced focus on gratitude following this change could be compensated by integrating the reflection on what the person is grateful for when reflecting on the positive experiences combined with the one's contribution within the 'Music Ritual'.

In the case that it is difficult for the songwriter to write a gratitude letter to a person or a spiritual figure like God, an extension may include the expression of gratitude for animals. Although the prevalence of depression in older age is similar among pet owners and non-pet owners (Enmarker et al., 2015), a study by Chakma et al. (2022) indicates that the prevalence of depression in younger adults is lower in owners of pets than in non-pet owners. Consequently, expressing gratitude for a pet that may have been owned in the past or present may evoke positive emotions. The application of the 'Gratitude Song' in which an animal was addressed was already successfully applied in my clinical work. Furthermore, gratefulness may be expressed for immaterial or material possessions, such as the person's own body, for enabling the person to go out and gain positive experiences, as well as for the person's own house, which lets the songwriter feel safe.

Session 10 was shorter than the other sessions (see session duration in 7.3.3.5). The remaining time in this session could be used to record the 'Flourishing Song' if more time is needed to write it. In this case, the CD with the recordings and map with the song lyrics should be given to the songwriter as soon as possible to promote the emotional link between therapeutic achievements and the songs.

With an extension of the program dosage, an added session could also be used to record all songs more professionally. This would allow the songwriter to practice their songs and feel more confident when singing them. In comparison to the 'Pleasure Song' or 'Gratitude Song', the newest 'Flourishing Song' could not be practised and repeated in the following sessions. With an extension of the dosage, participants may get the opportunity to learn to accompany their songs with instruments, depending on their musical experiences and skills with increasing complexity, such as playing a shaker, the drum, guitar, or piano. Furthermore, playing instruments may lower the risk for cognitive decline (Mansky et al., 2020).

Written songs can act as a reinforcer for therapeutic achievements (Baker, 2015). An extension may be the presentation of the songs to family, friends, other residents, and staff members. In this way, the audience may become aware of therapeutic achievements and better understand the individuality of the songwriter (Baker, 2015). Furthermore, the songwriter's relationships with other people may be improved by sharing their achievements (Seligman, 2011). Following this, the PERMA elements 'Relationships' and 'Accomplishment' may be further boosted by sharing the songs. Notwithstanding, there is a risk that songs may be misunderstood by other people and, therefore, negatively impact their relationships (Baker, 2015). In this case, the lyrics may be further discussed with the therapist in order to identify specific elements that may have contributed to the misunderstanding of the lyrics, as well as factors that may have unintentionally caused music-induced harm. These factors may be related to the songwriter's personality and character, perspective, and intention represented in the lyrics (Silverman et al., 2020). Following this, ways can be explored to clarify the misunderstood content to the person concerned. In cases where content is shared by the song that evokes negative feelings in other people, or if the content is too private to be shared, the songwriter may refrain from showing the song to other people.

The songwriter could also create a booklet for the CD, or a picture that represents the overall feeling after completing the program. The process of creating an artifact can boost all PERMA elements (Wilkinson, 2017). The presence of positive emotions (P) can support creative thinking, and the

creative process itself is associated with engagement and flow (E). Furthermore, the resulting artefact may lead to a sense of accomplishment and pride (A). This can thus serve as a powerful motivator, leading to meaningful experiences in life. Sharing these experiences with others and re-experiencing them together can lead to improved relationships (R). A visual representation of their experiences program can further visually anchor the therapeutic achievements (de Rijk et al., 2022).

11.2.3 Requirements for the Songwriter and Music Therapist

In this therapeutic songwriting program for older people living with depression, the success and positive emotion of creating the songs must be ensured by the music therapist. In the case that the songwriter's intention to work on getting positive emotion fails, they risk experiencing failure, which may exacerbate their negative feelings (Wong & Roy, 2018). They may also be less motivated to work on the individual symptoms of depression. Due to this, it can be argued that at least parts of the song must be completed within a single session to provide a sense of achievement.

The applied songwriting techniques were feasible and appropriate for the residents (see 8.2.2). However, to meet the songwriter's interests and needs, those techniques should be chosen with flexibility regarding rhymes, metaphors, repeated motives, and more. Furthermore, including musical skills from the songwriter may improve the identification with the songwriting and could be facilitated by integrating them in the songwriting process and accompanying their songs (see suggestions for possible program extensions in 11.2.2). If a songwriter is already experienced in writing songs, they may also compose the music for the 'Pleasure Song' and 'Flourishing Song' instead of only writing lyrics and later on changing musical aspects. In this case, the music therapist is required to adjust the program in terms of the songwriting approaches and the time spent on each song.

A risk of using song parody as a therapeutic songwriting variation is that the meaning associated with familiar songs can be changed when lyrics are rewritten (Baker & MacDonald, 2017). Through the process of rewriting the lyrics, the songs were given a new meaning. In addition to the songs' content, the context in which they were written, particularly in relation to the therapy, may be anchored with the 'Pleasure Song'. Consequently, the music therapist needs to assist the songwriter

in selecting a song for the 'Pleasure Song' that is related to positive emotion, while ensuring that it is appropriate to change the anchored memories. For example, a song well-known from the radio should be preferred over a song that is associated with the songwriter's wedding.

To ensure positive experiences, comprehensive training of the music therapist in therapeutic communication techniques, as well as techniques of therapeutic songwriting and positive psychology, is essential. In addition, older adults need sufficient communication skills to write a song (Baker, 2015) and good cognitive skills to reflect on the exercises so they can transfer the findings with the music therapist into the song lyrics. This might include people in the therapeutic songwriting program with mild cognitive impairment but exclude people with significantly high cognitive impairment, such as moderate or severe dementia.

Another requirement for the music therapist is to speak the same language at a level that allows for creating song lyrics that best represent the songwriter's experiences and identity in order to reduce the risk of misinterpreting the songwriter's intentions (Baker, 2015). Furthermore, the songwriters' musical preferences must be met, therefore the music therapist needs knowledge about various music styles and musical accompaniments.

Although the songwriter's level of contribution to the songwriting increased gradually (see description in 6.1.2), Emma was intimidated by writing lyrics for the 'Pleasure Song', which represented the song with the smallest contribution by the songwriter. This observation can be confirmed by the findings from Medcalf (2016), who found that working with music can lead to the experience of musical intimacy that can evoke intense emotions and a connection with the therapist but also vulnerability. However, in guiding her through the lyrics writing, the 'Pleasure Song' could be finished as planned in Session 2. Following this, the songwriting was appropriate for her when given the support she needed, and ensuring the success of her writing. However, the support required by the therapist could also be observed in other participants. For the 'Flourishing Song', they were invited to not only write the lyrics but also compose the accompanying music with my support. However, for the majority of the time, I needed to provide different musical elements for the melodies and accompaniment, and they chose

which fitted the best. Only Anna and Paul increased their contribution by suggesting changes in the melody or wording at a later stage. This observation indicates the need for high flexibility and musical skills of the music therapist. Furthermore, for all participants in the study, my vocal contribution was important for singing and recording the songs, which principally requires both singing skills and vocal confidence on the part of the therapist.

The focus of this therapeutic songwriting program is on the songwriter's experiences, with greater emphasis placed on the identification of the songwriter with the song than on the aesthetic qualities of the song itself (Baker, 2015). However, people may tend to expect their songs to be as aesthetically well-designed as those of popular songwriters. Consequently, it is important for the music therapist to receive training in songwriting techniques in order to meet the songwriter's expectations.

According to the intervention protocol, the contribution of the songwriter to the music creation increases with every song they write (see 6.1.2). In addition, the intimacy of the song content deepens. The first composed 'Pleasure Song' includes positive experiences of the own person. The content may be about enjoying internal but also external experiences or material possessions. The second composed 'Gratitude Song' invites the songwriter to explore more personal experiences that might be difficult to reflect on. The songwriter expresses gratitude for something that someone else initiated and that has affected the songwriter until today. Finally, in the 'Flourishing Song', the songwriter reflects on very personal aspects of their life: the attributes of their own personality, achievements in life, personal perceptions of their meaning in life, and what they want to leave to others. Consequently, the depth of intimacy in the songs gradually intensified, so that the order of the songs allowed for the building of a therapeutic relationship to the required extent of being confronted with the particular theme of the song. While each song may be written individually without writing the other songs of the program, the music therapist must ensure that the depth of the therapeutic relationship is given to confront the songwriter with the intended song theme. The use of music can be a beneficial factor in deepening the therapeutic relationship, as it encourages the songwriter to engage in personal interactions (Medcalf, 2016). A good therapeutic alliance can contribute to positive

treatment outcomes (Flückiger et al., 2018). In addition, where a person shows a higher readiness for the treatment, in this case, for the different song themes, a greater reduction of depressive symptoms can be achieved (McCarthy et al., 2024).

While the intervention protocol aimed to boost PERMA elements of Seligman's (2011) wellbeing theory by writing songs and reflecting on the songwriters 'different life areas, the interaction between the songwriter and music therapist might also affect these elements. The highly manualised intervention protocol aimed to reduce the influence of the individual personality of the music therapist. However, other aspects may influence outcomes that have not yet been considered in the program. The therapeutic rapport and relationship, as well as engaging in the procedure of co-producing the songs, may positively impact the perception of the PERMA elements 'Relationship' and 'Engagement'. Future research may investigate the role of the therapist's individuality and actions on the perception of these PERMA elements.

11.3 Future Research

11.3.1 Application of the Intervention Program for Depression

The effects of the different positive psychology interventions involved in the presented intervention program have proven to be effective in decreasing depressive symptoms and increasing wellbeing by several studies (see literature review in 3.2). Although some positive psychology studies included in the review were controlled, none masked participants. Only the two studies, Ramirez et al. (2014) and Proyer et al. (2014), offered a controlling intervention that may have been perceived as a positive psychology intervention for the participants. The control group reflected on and noted early memories that could be related to elements of positive psychology but did not focus on them. Similarly, music therapy cannot be masked to the participants, but may be compared to music interventions that are conducted without a therapeutic purpose. Consequently, the music therapeutic aspect of the intervention can be investigated.

In order to evaluate the effectiveness of the therapeutic songwriting that was combined with positive psychology interventions, as outlined in Chapter 6, the control group could receive a treatment that is similar but differs from this program. A potential control group that would particularly test the importance of therapeutic songwriting could discuss preexisting songs, including the same positive psychology elements regarding similar topics like in this program. The participants could receive the following intervention:

- In the first part, which emphasises positive emotion and engagement, songs that provoke positive experiences could be discussed instead of writing a 'Pleasure Song'.
- In the second part, participants could reflect on gratitude to someone and discuss songs that are linked to this person in this time period or might represent the person instead of writing a 'Gratitude Song'.
- Finally, instead of writing a 'Flourishing Song', participants could reflect on their virtues, strengths, previous achievements, and what they associate with a meaningful life, reflecting on the emotions evoked by songs that represent the same experiences.

Potential control groups might receive standard care only, or a program that includes the positive psychology interventions without musical components (see description of included intervention in 6.1.3). The inclusion of an adequate control group and the implementation of a randomisation process are essential for achieving a high level of evidence when examining the effects of the therapeutic songwriting program on depressive symptoms and wellbeing (Evans, 2003).

In developing a study design, it is also important to consider that depression is not always diagnosed (American Psychiatric Association, 2010; see 2.3). Additionally, depression may be effectively treated, resulting in participants who currently present no depressive symptoms. Consequently, participants may be recruited by screening potential participants using a depression scale (e.g., the GDS scale), which may allow people who have not received a formal diagnosis to be included. This approach was already successfully applied in the study from Werner et al. (2017), which

examined the decrease in depression in all nursing home residents following music therapy or recreational group singing.

The program could also be applied prophylactically, in order to avoid the development of depression. The improved awareness of positive experiences, the experience of gratitude, acknowledging individual character strengths and reflecting on meaning and accomplishment in life may not only reduce depressive symptoms, but also prevent its development. Consequently, the intervention program may be offered to people who are at risk of developing depression. This may occur, for example, when a person is transferring to retirement, or when they lose their social roles (for further examples see 2.2), in order to facilitate the identification of new tasks and activities, as well as the processing of their own life story.

11.3.2 Other Applications

The different songs from the intervention programme may be applied independently, where the therapeutic context may benefit from the individual song themes. The 'Pleasure Song' may be applied to build rapport, introduce therapeutic songwriting, or in short-term therapies. The 'Gratitude Song' may be appropriate in the early stage of coping with bereavement to express gratitude to the deceased person. The 'Flourishing Song' may be beneficial if the therapeutic relationship has already been established and the person seeks to find meaning in their life or to improve their sense of self-efficacy. Further research may investigate the different songs independently in terms of feasibility, appropriateness, meaning, and effectiveness (Jordan et al., 2018). The study presented in Chapter 7 included only residents from residential care facilities with mild and moderate depression. Further research is required to examine the program with residents living with severe depression. Furthermore, studies could investigate the effectiveness of the songwriting program in other settings, for example, with older people living with depression at home or in a hospital context. The study was further conducted in residential care facilities in Germany. Positive psychology, which represented the main influence of the songwriting program, has been demonstrated to be effective, particularly in Western culture (Marecek & Christopher, 2017). Therefore, it is possible that language and culture

may have influenced the feasibility, appropriateness, meaningfulness, and effectiveness of the intervention program. Further research in other countries is needed to investigate this potential influence.

The single-group pilot study of this research project excluded people with severe cognitive impairment. People with dementia or an acquired brain injury may experience songwriting as more challenging due to difficulties in abstract thinking, problem-solving, generating new ideas for writing songs, and anterograde memory (Baker, 2015). However, therapeutic songwriting with people living with dementia has already been successfully applied. In a study by Saura Moreno (2021), people in the early stages of dementia wrote songs using song parody (see description of this songwriting variation in 6.2.2 task no. 3). Clark et al. (2020) invited people with dementia and their family caregivers to engage in songwriting using original songwriting. In order to implement the intervention program, as outlined in Chapter 6, the therapeutic songwriting variations may require adjustments for people with dementia. Depending on the extent of cognitive impairment, some participants may benefit from a fill-in-the-blank approach, in which they only compose lyrics for certain sections of the songs (Baker, 2015), or from writing all songs as a song parody.

People with dementia and their family caregivers could engage in the co-creation of the songs of the intervention program described in this thesis. In this case, the dyads could focus on shared positive experiences for the 'Pleasure Song'. For the 'Gratitude Song' they may express gratitude for each other or a person who has positively affected both of them. Finally, the people with dementia and their family caregivers may reflect on their strengths as a couple, on the meaning of their relationship or shared meaning in life, and on their mutual accomplishments for writing the 'Flourishing Song'. This collaborative approach to songwriting may be particularly beneficial, given that research indicates that group songwriting may be more effective in reducing depressive symptoms than songwriting in an individual setting (see 4.2).

Although developed for older people in an individual setting, the therapeutic songwriting program described in Chapter 6 may also be applicable to other populations. In a student project,

Burkhardt (2020) explored the feasibility of the intervention program with three healthy students. She observed an improvement in wellbeing and perceived study-related stress. Future studies could examine the intervention program in terms of its feasibility, appropriateness, meaning, and effectiveness in other client groups, age groups, and settings.

11.4 Benefits for Different Target Groups

Different target groups may benefit from the results of this research project. Older people living with depression may benefit from the individual therapeutic songwriting program. Potential benefits found in the single-group pilot study (Chapter 7) include an increase in positive experiences, an enhanced sense of gratitude, an improved awareness of personal strengths and achievements, and a greater sense of purpose and meaning in their life, along with a decrease in depressive symptoms and enhanced wellbeing.

The therapeutic songwriting program has been disseminated through the publication of an article, the presentation of findings at academic conferences, and the incorporation of the program into music therapy courses. Consequently, student music therapists and those who are interested in applying therapeutic songwriting and/or elements of positive psychology are able to apply the program in their clinical practice. This empowers music therapists in their clinical work and represents a significant benefit of this research.

Finally, the dissemination of the findings from the single-group pilot study enables the planning of future studies examining the effectiveness of the intervention program in decreasing depression and improving wellbeing. Moreover, the results provide clinicians and prescribers of depression treatments with new insights into the experiences of participants, which may be used to optimise existing or plan novel interventions to prevent or treat depression. In particular, the meaningful themes for people living with depression in residential care facilities (see 9.2) and the potential mechanisms of change (see 9.1) may be transferable to other music therapy interventions and also to interventions from psychology, social work, geriatric, gerontology, and geriatric psychiatry.

12 Conclusion

Chapter 2 presented important background information about depression in older people and concluded that new interventions for this target group are required. Following this, the literature review presented in Section 3.2 explored the effects of positive psychology interventions. The findings suggested that interventions based on Seligman's (2011) PERMA-profiler and character strengths were beneficial for older people living with depression.

The second promising discipline was music therapy, with therapeutic songwriting identified as a potential method. Despite the limited number of studies examining the effectiveness of therapeutic songwriting in treating depression in older people, the meta-analysis presented in Section 4.2 indicated that this method could have a beneficial impact on depressive symptoms in adults aged 18 and above.

The individual songwriting program has been developed and examined in order to merge the knowledge from music therapy and positive psychology and thereby augment the benefits of both disciplines (see Chapter 6). One benefit of the presented songwriting program is that, although it is highly structured, its elements can be individually adapted in terms of therapeutic songwriting variations and specific song content within the overall themes of the songs.

The preliminary findings of the single-group pilot study, presented in Chapter 7, were encouraging. The small sample size of four participants enabled an in-depth analysis by integrating qualitative and quantitative data through a triangulation approach. Consequently, these findings may provide valuable information for further studies with larger sample sizes. Furthermore, potential adaptations and extensions of the program may expand the targeted client groups (see 11.2.2).

By developing and examining the individual therapeutic songwriting program, a novel and highly promising treatment option for older people living with depression could be identified.

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Karger – Flourishing Scale

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E-Mail – [redacted]

[EXT] FW: Permission to reprint a figure for my dissertation

Chris Jenkins <chrisj@viacharacter.org>

Do 10.10.2024 17:42

An:Eickholt, Jasmin [redacted]

Hello Jasmin, you are permitted to use the items with the copyright noted. Thank you for contacting us!

Christina Jenkins
Customer Experience Manager
VIA Institute on Character
3080 Exploration Ave. #640
Cincinnati, OH 45206

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Sent: Sunday, October 6, 2024 5:05 PM
To: VIA Customer Service <info@viacharacter.org>
Subject: Permission to reprint a figure for my dissertation

Dear Ladies and Gentlemen,

I'm doing my PhD in Music at the University of Melbourne on "Positive Psychology in Therapeutic Songwriting for Older People Living With Depression". Specifically, I have developed and investigated an individual therapeutic songwriting program that combines knowledge from positive psychology with knowledge from music therapy. As character strengths are an important element of the intervention, I would like to give the reader an overview of character strengths and virtues. Following this, I would like to ask for permission to reprint the figure from page 301 of the book "Niemiec, R. M. (2017). Character Strengths Interventions: A Field Guide for Practitioners. Hogrefe."

Kind regards

1 von 2 13.10.2024, 19:23

VIA Institute for Character – Signature Strengths Survey

Eickholt, Jasmin

Von: VIA Customer Service <info@viacharacter.org>
Gesendet: Donnerstag, 14. November 2024 18:18
An: Eickholt, Jasmin
Betreff: RE: [EXT] RE: Signature Strengths Survey

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Christina Jenkins
Customer Experience Manager
VIA Institute on Character
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From: Eickholt, Jasmin [redacted]
Sent: Thursday, November 14, 2024 1:42 AM
To: VIA Customer Service <info@viacharacter.org>
Subject: RE: [EXT] RE: Signature Strengths Survey

Dear Mrs Jenkins,

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Kind regards

Jasmin Eickholt

1

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Von: VIA Customer Service <info@viacharacter.org>
Datum: 13.11.24 22:22 (GMT+01:00)
An: "Eickholt, Jasmin" <[redacted]
Betreff: RE: [EXT] RE: Signature Strengths Survey

Hello, here is the signature strengths survey.

Christina Jenkins
Customer Experience Manager
VIA Institute on Character
3080 Exploration Ave. #640
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From: Eickholt, Jasmin [redacted]
Sent: Wednesday, November 13, 2024 11:26 AM
To: VIA Customer Service <info@viacharacter.org>
Subject: RE: [EXT] RE: Signature Strengths Survey

Ladies and Gentlemen,

Yes. In the intervention program, the participant should use the survey to gain an understanding of their individual signature strengths.

Best regards,

Jasmin Eickholt

-------- Ursprüngliche Nachricht --------
Von: VIA Customer Service <info@viacharacter.org>
Datum: 12.11.24 18:52 (GMT+01:00)
An: "Eickholt, Jasmin" [redacted]
Betreff: [EXT] RE: Signature Strengths Survey

The Signature Strengths Survey is a self-assessment non-validated survey. I want to confirm that this is the survey you are wishing to use?

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From: Eickholt, Jasmin <[redacted]
Sent: Saturday, November 9, 2024 2:46 PM
To: VIA Customer Service <info@viacharacter.org>
Subject: Signature Strengths Survey

Dear Ladies and Gentlemen,

I'm doing my PhD in Music at the University of Melbourne on "Positive Psychology in Therapeutic Songwriting
for Older People Living With Depression". Specifically, I have developed and investigated an individual therapeutic songwriting program that combines knowledge from positive psychology with knowledge from music therapy. As the Signature Strengths Survey should be applied in the program, I would like to present the survey in the thesis. Hence, I would like to ask for permission to reprint the Signature Strengths Survey.

Kind Regards

Jasmin Eickholt

Willimek & Willimek – Table 14

[redacted]

Von: willimek[redacted]
Gesendet: Donnerstag, 19. September 2024 17:31
An: Jasmin Eickholt
Betreff: AW: Darstellung Ihrer Theorie in meiner Dissertation

Sehr geehrte Frau Eickholt,

vielen Dank für Ihre Anfrage.

Wir freuen uns, dass Sie die Erkenntnisse der Strebetendenz-Theorie für Ihre Dissertation nutzen möchten. Selbstverständlich können Sie den Abschnitt "1.2.17 An overview of the emotional nature of harmonies" aus unserer Arbeit unter Angabe der Quelle wörtlich zitieren.

Hier noch zwei Links zu Publikationen von uns über die Strebetendenz-Theorie (engl.: Theory of Musical Equilibration), die in diesem Zusammenhang interessant sind:

https://www.tandfonline.com/doi/abs/10.1080/25742442.2023.2185064

https://meditationmusiclibrary.com/blogs/wednesday-wisdom-blog/the-theory-of-musical-equilibration

Informieren Sie uns gerne, sobald Ihre Dissertation publiziert bzw. verfügbar ist.

Viel Erfolg bei Ihrer weiteren Forschung!

Mit freundlichen Grüßen

Daniela und Bernd Willimek

www.willimekmusic.de

-----Original-Nachricht-----

1

The Signature Strengths Survey

Instructions

Read the following descriptions of 24 character strengths. Everyone uses these strengths at times. What we would like you to do is to put a check in the box next those strengths that are *absolutely essential* to you, that define *who you are as a person*, that are *part of who you are*. For example, someone who has devoted their life to helping others might choose Kindness as one of his essential strengths, someone who prides herself on being able to figure out other people might consider Social Intelligence key to who she is, and someone who is constantly seeking out new information might consider Love of Learning to be essential. Most people check just a few essential strengths.

There are some people who believe none of these characteristics is more essential to who they are than any of the others. If so, don't check any of the strengths. In the last row, check *None of these characteristics is more essential to who I am than any of the others*.

Please describe *the person you are*, NOT the person you wish you could be. Also, think about your life *in general*, not how you behaved in 1-2 situations.

Essential Strength?	Character Strengths
	1. Creativity: You are viewed as a creative person; you see, do, and/or create things that are of use; you think of unique ways to solve problems and be productive.
	2. Curiosity: You are an explorer; you seek novelty; you are interested in new activities, ideas, and people; you are open to new experiences.
	3. Judgment/Critical Thinking: You are analytical; you examine things from all sides; you do not jump to conclusions, but instead attempt to weigh all the evidence when making decisions.
	4. Love of Learning: You often find ways to deepen your knowledge and experiences; you regularly look for new opportunities to learn; you are passionate about building knowledge.
	5. Perspective/Wisdom: You take the "big picture" view of things; others turn to you for wise advice; you help others make sense of the world; you learn from your mistakes.
	6. Bravery/Courage: You face your fears and overcome challenges and adversity; you stand up for what is right; you do not shrink in the face of pain or inner tension or turmoil.
	7. Perseverance: You keep going and going when you have a goal in mind; you attempt to overcome all obstacles; you finish what you start.
	8. Honesty: You are a person of high integrity and authenticity; you tell the truth, even when it hurts; you present yourself to others in a sincere way; you take responsibility for your actions.
	9. Zest: You are enthusiastic toward life; you are highly energetic and activated; you use your energy to the fullest degree.

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Essential Strength?	Character Strengths
	10. Love: You are warm and genuine to others; you not only share but are open to receiving love from others; you value growing close and intimate with others.
	11. Kindness: You do good things for people; you help and care for others; you are generous and giving; you are compassionate.
	12. Social Intelligence: You pay close attention to social nuances and the emotions of others; you have good insight into what makes people "tick"; you seem to know what to say and do in any social situation.
	13. Teamwork: You are a collaborative and participative member on groups and teams; you are loyal to your group; you feel a strong sense of duty to your group; you always do your share.
	14. Fairness: You believe strongly in an equal and just opportunity for all; you don't let personal feelings bias your decisions about others; you treat people the way you want to be treated.
	15. Leadership: You positively influence those you lead; you prefer to lead than to follow; you are very good at organizing and taking charge for the collective benefit of the group.
	16. Forgiveness/Mercy: You readily let go of hurt after you are wronged; you give people a second chance; you are not vengeful or resentful; you accept people's shortcomings.
	17. Humility/Modesty: You let your accomplishments speak for themselves; you see your own goodness but prefer to focus the attention on others; you do not see yourself as more special than others; you admit your imperfections.
	18. Prudence: You are wisely cautious; you are planful and conscientious; you are careful to not take undue risks or do things you might later regret.
	19. Self-Regulation: You are a very disciplined person; you manage your vices and bad habits; you stay calm and cool under pressure; you manage your impulses and emotions.
	20. Appreciation of Beauty & Excellence: You notice the beauty and excellence around you; you are often awe-struck by beauty, greatness, and/or the moral goodness you witness; you are often filled with wonder.
	21. Gratitude: You regularly experience and express thankfulness; you don't take the good things that happen in your life for granted; you tend to feel blessed in many circumstances.
	22. Hope: You are optimistic, expecting the best to happen; you believe in and work toward a positive future; you can think of many pathways to reach your goals.
	23. Humor: You are playful; you love to make people smile and laugh; your sense of humor helps you connect closely to others; you brighten gloomy situations with fun and/or jokes.

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Essential Strength?	Character Strengths
	24. Spirituality/Sense of Meaning: You hold a set of beliefs, whether religious or not, about how your life is part of something bigger and more meaningful; those beliefs shape your behavior and provide a sense of comfort, understanding, and purpose.
	None of these characteristics is more essential to who I am than any of the others. Remember, you should choose this option if the strengths are all equally essential to you, NOT because you think they should be equally essential.

Final Step: Review the strengths you checked. Do any of these strengths stand out as more important to who you are than the others? If so, put a second check in the box next to those strengths.

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Intervention name*	Intervention description
Acknowledge the positive aspects	Change thinking patterns from negative, pessimistic thoughts to acknowledging the positive aspects of life.
Act of kindness	Perform an act of kindness in situations where they usually wouldn´t do that.
Active participation	Encourage active participation in the environment to improve interpersonal relationships.
Alternate solutions	To promote creativity, ask to generate a list of multiple alternate solutions for a problem.
Beauty walk/Pleasure walk	The person mindfully and curiously explores all sensations of taking a walk.
Benefits of uninteresting topics	Love of learning can be strengthened by asking to which extent the person self or the world can benefit from a topic that is not very interesting.
Best possible self	The person writes about their best possible self in the future. They should describe a positive developed future. Domains can be health, work, relationships or creative efforts.
Contradict arguments	Judgement and critical thinking can be trained by finding arguments that contradict one's own beliefs, attitudes, or behaviour.
Defining Bravery	Bravery can be supported by considering appropriate reasons for and labelling someone or the self as brave.
Engage proactively in life	If the person engages proactively in life, a sense of purpose can be built. This might be through a volunteer position in their community.
Features of activities	Pay attention to three new features of an activity that the person doesn´t like to encourage curiosity.
Forgiveness letter	Here, the person writes a letter to someone who hurt them. In this letter, the person should describe how deeply this hurt and how much anger it provoked. Then, they give a reason why they want to forgive the person, despite what happened. The person describes the circumstances that led to the hurting behaviour, without excusing them. At the end of the letter, the person expresses forgiveness. Finally, the person can reflect on upcoming feelings during the writing process and consider, whether they want to overhand the letter or not.
Gratitude is the building block of life	Expression of grateful thoughts and feelings for one or more persons or a situation.
Gratitude journal (/Three good things in life)	Write down three things (or blessings) every evening that went well and provide a cause explanation. What does the experience mean to them, and what did they learn from it?
Gratitude visit	The person writes and delivers a letter of gratitude to another person who had been kind to them, but they had never properly thanked them. Reflect on the feelings that emerged by writing the letter.
Gratitude-evoking aspects in life	Describe aspects in life that evoke gratitude.

Group success and capabilities	To encourage teamwork, the group can be asked to discuss the likelihood of their success, and about their confidence in their capabilities, and their ability to recover from setbacks.
Help a friend	Give a hypothetical situation in which a friend needs help and ask about the feelings that would be evoked by helping the friend.
Honest behaviour	Honesty can be practised by encouraging someone to have a sense of choice and self-expression in behaviour.
Humour to share something negative	Use humour to share something negative from the last days to improve optimism.
Identifying positive events in daily life	To understand gratitude, offer pictures of daily activities, word events, and nature and ask to discuss their feelings toward them.
Identify signature strengths	Take the VIA survey on www.viacharacter.org and identify the five highest strengths as signature strengths.
Imagine positive events	Imagine positive events that might occur within the next week.
Involving other people	Fairness can be trained by involving other people in decision-making that they impact. The involved persons should be enabled to disagree and dispove ideas and assumptions.
Life challenges	The virtue courage can be improved by discussing the meaning of courage based on a famous person who faced life challenges.
Lifestyle with experiencing happiness	Discussing stories about people who discovered happiness can be a way to improve the understanding of having a lifestyle and experiencing happiness.
Making a specific plan towards a goal	Prudence can be practised by making a specific plan towards a goal on your to-do list. In planning the performance, any restrictions that can occur during achieving the goal should be considered.
Meet a wise person	One way of getting more perspectives is to have or imagine a conversation with a wise person. The imagination should contain possible questions and responses, as well as different nuances and possible advice for the discussion.
Memorable experience	Report a memorable experience and reflect on its influence on the meaning of your life.
Music and traditional games	Positive emotions can be evoked by music and traditional games.
Observing one’s self-control	The observation of one's self-control in one domain (e.g. physical exercises) can improve the self-regulation in others.
One door closes, another door opens	The person reflects on opportunities that appear when they experience, for example, a rejection or failure.
Optimistic attitude	To get a sense of optimism, a story about someone with an optimistic attitude towards life can be discussed.
Other person's need	To improve forgiveness, the person can reassess situations where someone offended them by thinking about the other person's need to experience positive growth and transformation instead of stigmatising them as good or bad or to see the situation as all-or-none
Plan steps to achieve something	To improve optimism, plan steps to achieve something the person hopes will happen. Further, developing an action plan can help achieve future goals or maintain existing goals.
Planned savouring activity	Plan activities to savour by taking an object.

Pleasure walk / Beauty walk	The person mindfully and curiously explores all sensations of taking a walk.
Problem-solving	Solution-focused coaching emphasises strength development and the search for solutions to problems.
Reappraisal of adverse	This strength can be improved by the practice of reappraisal of the adverse, such as in training to see the positive, good, meaning, or learning from the event. This can maintain the mentality of continuing the task.
Reflected the best self	The person asks people about their surroundings for moments when they were at their best.
Reflecting autobiographical memory	Reflecting on autobiographical memory can facilitate the awareness of achievements and goals in the past.
Reflecting on something positive	Reflecting on something positive from the past, current moment or something that can occur in the future. The person then reflects on the evoked positive feelings, such as amusement, interest or excitement, and takes a moment to appreciate the experience.
Remember positive experiences	To experience savour, experiences can be shared with others or a mental or physical memory can be built, such as a souvenir or mental photographs, to be remembered and shared with others later. Also, the meaning of an already existing object that evokes positive memories can be explained to a group. In addition, life events can be shared.
Responding to different options	To improve leadership skills and to be more flexible, the leader should be open to responding to different options and to meet the individual needs of the group members.
Savouring date	Plan an activity with someone else to savour.
Sense of the self	To develop a sense of the self, aspects can be worked out that are related to one's own identity, self-esteem, autonomy, and how they mastered the environment.
Sharing positive experiences	Sharing positive experiences with others can improve energy and vitality.
Sharing one´s own achievements	Self-praise, which involves sharing one's own achievements authentically and honestly, is another technique to experience and savour.
Share something novel and interesting	To boost curiosity, encourage a group to share something novel and interesting about the individual´s life.
Sharpening the perception	Lead focus on a specific element while out-blending others.
Slowing down activities	To improve the ability to savour, slow down activities.
Spontaneous loving acts	To boost love, spontaneous loving acts can be planned.
Three funny things	In this new intervention, the person is asked to write down three funny things that happened each day for one week.
Three good things in life (/Gratitude journal)	Version 1: Write down three things every evening that went well and provide a cause explanation. Version 2: Integrating long-term memories, the person can think about good things that happened within the last six months. The person then chooses three of the most relevant ones to share with others.
Time in the nature	Spending can improve zest and vitality.
Using signature strengths in a new way	The participant is asked to use their identified strengths for one week in a new and different way.

What went well	Promote optimism: For one week, write down one sentence about what went well caused by the environment or yourself and one sentence about what didn´t go well because of something temporary, specific and external. Temporary means that the situation will end, specific means that it is not a common situation and external means that it was caused by something that could be expected.
Writing about a time when they felt humility	A person's sense of humility can be improved by writing about a time when they felt humble and reflecting on the evoked feelings and thoughts.
You at your best	A person writes about a time when they were at their best in life. Then, the person will identify the strengths shown in these times.

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Positive Psychology in Therapeutic Songwriting for People Living with Late-Life Depression—An Intervention Protocol

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Abstract: (1) Background: An increasing number of people are living with late-life depression, yet non-pharmacological treatments to help manage symptoms are limited. Two interventions, positive psychology and music therapeutic songwriting, have independently led to decreased depressive symptoms and an improved wellbeing in older people over 65 years old. (2) Methods: This article describes the development of a therapeutic songwriting program for people living with late-life depression. Knowledge from positive psychology and therapeutic songwriting was combined to maximize the potential benefits. (3) Results: The intervention program has ten weekly 45 min sessions that incorporate elements from positive psychology into therapeutic songwriting. Using a three-song approach encompassing ongoing musical practices, different positive psychology interventions were incorporated to support the experiences associated with a flourishing life. The intervention protocol for older people presented here is distinct from previous deficit-orientated approaches in that it shifts the focus to positive experiences, resources, and the individual's ability to decrease their own depressive symptoms and improve their wellbeing. (4) Discussion: This protocol presenting a therapeutic songwriting program meets the need to develop new non-pharmacological treatment options. However, further studies are needed to examine the feasibility and impact of the intervention program on late-life depression and wellbeing in older people.

Keywords: therapeutic songwriting; music therapy; positive psychology; depression; wellbeing; older people; late life

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1. Introduction

The number of people living with late-life depression continues to increase. It is estimated that by 2050 there will be almost 1.9 billion individuals over 60 years old living with late-life depression [1]. In 2013, the National Centre for Health Statistics (NHANES) reported that 61.7% of people over 65 years old experience at least one depressive symptom [2]. At the same time, the effects of traditional therapies are proving unsuccessful for an increasing number of older people. Hence, there is a need to find successful evidence-based treatments for people living with late-life depression [1].

Positive psychology is one treatment option. It presents a psychological orientation that turns the focus from deficits related to diseases to strengths, virtues, and the building of positive qualities. Positive psychology acknowledges and values subjective experiences and recognizes happiness, wellbeing, and satisfaction, as well as hope and optimism [3]. Wellbeing is associated with two aspects—hedonic and eudaimonic wellbeing. Hedonic wellbeing includes happiness with an optimal balance between positive and negative experiences and perceived life satisfaction [4]. The main goal of hedonic wellbeing is to experience pleasure [5]. Conversely, eudaimonic wellbeing is about living in accordance to

one's own values, self-realization, and meaning [5], emphasizing long-term wellbeing [6]. Eudaimonic and hedonic wellbeing are presented in Seligman's [7] 'Well-Being Theory', seeking to support the experiences associated with a flourishing life [4,6]. His theory emphasized five measurable elements (acronym PERMA) of positive psychology that can lead to wellbeing and flourishing. These are: experiencing positive emotion (P), more engagement (E), good relationships (R), accomplishment (A), and meaning (M). Meaning is understood as the "belonging to and serving something that you believe is bigger than the self" [7] (p. 45), and is independent of positive emotion, engagement, relationships, and accomplishment, which are mainly experienced within relationships. Character strengths are pathways towards each of the PERMA elements, and ultimately towards an improved wellbeing [7].

The effects of positive psychology interventions on subjective experiences, psychological wellbeing, and depression were investigated in a meta-analysis by Bolier, Haverman [8]. In 40 included randomized studies (6319 adults), small-to-medium effect sizes (Cohen's d) for positive psychology interventions were observed for depression ($d = 0.7$), subjective wellbeing ($d = 0.43$), and psychological wellbeing ($d = 0.41$) [8]. Two of these studies examined different positive psychology interventions that included samples with some participants over 65 years old. In these studies, the ages ranged from 22–77 years old ($n = 65$ [9]) to 18–79 years old ($n = 165$ [10]). A further two studies were conducted with a population of older adults with a mean age of 72.9 ($n = 193$ [11]) and 64.3 years old ($n = 142$ [12]). In other studies, significant improvements in depressive symptoms, psychological outcomes (such as life satisfaction and mood), and social wellbeing were observed following positive psychology interventions for older people [13–19]. Unfortunately, data from some of these studies were missing, making it impossible to calculate the effect sizes. The reported effect sizes ranged from small to large [13–19]. Music therapy can provide a highly promising non-pharmacological intervention for late-life depression. Therapeutic songwriting supports the songwriter (in this article, the term songwriter is used for the patient/client) to express themselves, release stress, and cope with the experiences they encounter in their everyday lives [20,21]. The songwriting helps them to develop a sense of self and to facilitate clarifying and externalizing their thoughts, fantasies, and emotions. A written song can thereby become a powerful reminder of their inner sources and strengths as well as their accomplishments [20].

Different authors have suggested the effectiveness of therapeutic songwriting in adults living with depression. However, based on the review findings to date, just nine studies have investigated therapeutic songwriting in depression ([22–30]). Three investigated therapeutic songwriting for older people, with observed medium- (Cohen's d; $d = 0.64$; $d = 0.57$ [23,26]) to-large effect sizes ($d = 0.83$ [24]), suggesting a reduction in depressive symptoms. However, there is a lack of large randomized controlled studies investigating the effects of therapeutic songwriting.

The aim of this study is to develop a therapeutic songwriting program that addresses the need to develop new successful treatments. In combining knowledge from positive psychology and therapeutic songwriting, the developed intervention program aims to support the management of depressive symptoms and to improve wellbeing in older people living with late-life depression.

2. Materials and Methods

The development of the intervention program was informed by the new Medical Research Council guidance [31]. The guideline describes four key elements that are important for developing and evaluating complex interventions. The development, as first described as a key element, concerns the identification of the existing evidence, the development of a theory that informs the intervention, and the determination of the intervention design. Other key elements are feasibility and pilot studies, and the evaluation and the implementation of the intervention [31]. The following paper presents the results of the 'development' phase.

Elements of positive psychology with evidence demonstrating decreased depressive symptoms and increased wellbeing were incorporated into a therapeutic songwriting program. We sought to integrate hedonic and eudaimonic happiness into the intervention program presented here by using all the elements of the PERMA model.

In combining therapeutic songwriting and positive psychology, the songwriter should receive the benefits of both disciplines, accelerate and intensify the reduction in depressive symptoms, and enhance their wellbeing. The program was further influenced by knowledge from music therapy and different psychological orientations such as music psychology and behavioral therapy. The presented case studies in this article were conducted in Germany with participants from the Würzburg region.

The program is divided into three parts, each with a different therapeutic focus and each including both positive psychology and therapeutic songwriting components. During the final session (session 10), the songwriter is asked to reflect on what was learned during the therapeutic process.

3. Results

3.1. Overview

The overall aim of the intervention program is to decrease depressive symptoms and improve wellbeing by incorporating all facets of the PERMA model: positive emotion, engagement, relationships, meaning, and accomplishment. The ten-session individual therapy intervention is offered once a week for 45 min (a more detailed explanation of the program, including more songwriting techniques and background information will be included in a dissertation of the first author, which will be available through the University of Melbourne or by contacting the first author). If a session cannot take place at the scheduled time, the music therapist and songwriter can reschedule to the next available time, and at the very latest, to the regular scheduled time the following week. When this occurs, the duration of the entire program is extended until all ten sessions have been implemented. The songwriter is asked to complete three homework activities that take up to five minutes per day. If these tasks are not completed by the songwriter, this is discussed and completed with the music therapist at the beginning of the following session. Figure 1 details the focus and intervention content of each session.

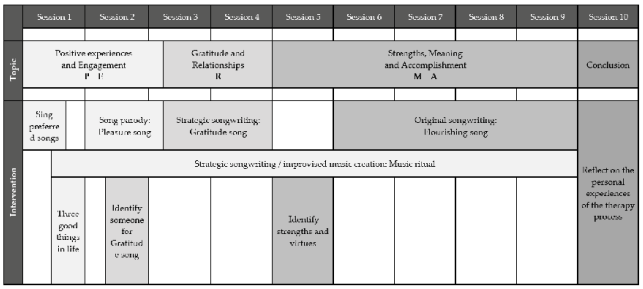

Figure 1. Overview focus and applied intervention of each session.

The first part of the program asks songwriters to focus on positive experiences and engagement. The 'Pleasure song' is written during sessions two and three with an extension to a music ritual that frames positive experiences into short musical phrases in each session. Starting with a song parody (the 'Pleasure song'), the songwriter offers new lyrics to a known precomposed song [20]. The second part (sessions 4 to 5) focuses on gratitude and relationships. Here, a precomposed strategic songwriting approach uses an unfamiliar melody [20] to write lyrics for a 'Gratitude song'. The third and final part of the program (sessions 6 to 9) focuses on strengths, meaning, and accomplishment. A 'Flourishing song' is written with an original songwriting approach that involves the creation of lyrics and music by the songwriter, with support from the music therapist [20].

The level of difficulty of the applied songwriting techniques increases as the intervention process progresses. The songwriter is first introduced to the concept of song creation and, as the sessions progress, more and more songwriting elements are incorporated with the support of the music therapist. Figure 2 shows the songwriting elements that are prepared by the music therapist or determined by the songwriter, depending on the status of the intervention progress. The 'Pleasure song' is based on an existing song selected by the songwriter and there are less opportunities to change the musical parameters (such as the rhythm or melody). The musical parameters of the 'Gratitude song' are predetermined by the music therapist by providing various precomposed songs to choose from. These songs are informed by the songwriter's background and interests following an assessment in session one and ongoing throughout the intervention process. The music therapist demonstrates different options for changing the musical parameters. The songwriter chooses the parameters that they prefer and identify with the most. Finally, the original songwriting technique of the 'Flourishing song' enables the songwriter to choose the musical parameters from the beginning. For this 'Flourishing song', the music therapist does not provide any predetermined musical parameters but provides the songwriter with as many or as few musical suggestions needed to support their creation of an original song.

Song	Pleasure Song content: positive experiences	Gratitude Song content: gratitude	Flourishing Song content: accomplishment, meaningful life, individual strengths
	Music Ritual content: positive experiences framed into short musical phrases		
Lyrics	written by the songwriter	written by the songwriter	written by the songwriter
Decisions about musical parameters	determined by the original song	predetermined by the therapist, modified by the songwriter	decided by the songwriter
Composing melody and accompaniment	determined by the original song	determined by the therapist	composed by the songwriter

Figure 2. Elements of songwriting procedure.

The songwriting process can be adjusted to the needs of the songwriter, such as to their interests, cognitive and musical/writing abilities, or context (for example, where time is limited). To promote a sense of accomplishment within each session and in the overall process, the music therapist supports the songwriter to ensure that the individual components of and then the final versions of the songs are completed within each of the ten sessions.

3.2. Part 1—Session 1–3 'Pleasure Song'

The first part introduces the songwriter to the intervention program and represents the positive emotion (P) and engagement (E) components of the PERMA model. The aim of the first and second part is to:

- Broaden perception (such as mental flexibility and creativity);
- Build resilience and social, intellectual, and emotional resources;
- Improve social engagement, relationships, interaction skills, and sense of belonging;
- Promote brain activation and autobiographic memories;
- Promote an awareness of self and one's musical identity;
- Link music with positive emotions.

Before the first song is written, the songwriter and music therapist sing or listen to songs that evoke positive emotion to build rapport. Songs can be a good starting point for musical interaction and songwriting. The music that evokes positive memories of the past and motivate the songwriter to share their own stories and to stimulate autobiographical

recall [20,32] is selected by the songwriter. Providing the songwriter with songbooks that list different topics facilitates finding songs that are already linked to positive experiences.

The songwriter is further informed about the impact of positive emotions and engagement. Positive emotion and the regulation of negative emotion enhances positivity and optimism and has been found to reduce anxiety, depressive symptoms, frailty, and mortality rates in old age [13,33]. Being engaged with a task can lead to 'flow-experiences'. Flow experiences are described as the feeling of being completely absorbed in a task that is challenging but achievable. They lead to personal growth and the gaining of higher capacities [34].

3.2.1. Music Ritual

For the music ritual and the first song, the songwriter, guided by the music therapist, brainstorms positive experiences that happened to them in recent days. To facilitate deeper insight, these positive experiences are then shaped into a short musical phrase that becomes a music ritual for each subsequent session. To enhance the musical connection, the music therapist offers a short and easily memorized melody and accompaniment that incorporates the songwriter's preferred music style. During the program, the music therapist continually tries to motivate the songwriter to improvise and/or create new melodies on their own. In improvised music creation, the lyrics and melody of the songs are created 'in the moment' rather than over time (as occurs with brainstorming) [20] (p. 132). This music ritual takes place at the beginning of each subsequent session to train the awareness of positive experiences.

Case study example: In the first session, a 71-year-old woman described her experiences over recent days. It was difficult for her to identify good things. However, together with the music therapist, she was able to describe events that were positive. She had enjoyed going to the city to buy an air freshener. She had been doing this regularly. The first musical phrase was "On this day, I was in the city. Smell of lavender, smell of vanilla, I like that so much" (translated by the author). In the following sessions, it was still difficult for her, but she needed less time to identify good things. Her time with other people was often reported and recognized as being very important for her. At the end of the intervention, her description of good things gained depth and became more abstract. Her last musical phrase was: "I get support when it gets difficult. Then I feel relieved and can finally look forward" (translated by the author).

3.2.2. 'Pleasure Song'

The first song is the 'Pleasure song'. The songwriter is introduced to the positive psychology intervention 'three good things in life', where they write down three good and successful things per day for one week. This positive psychology intervention has already demonstrated positive effects on depression and happiness among adults [35]. A worksheet can be used to write these positive experiences (see Figure A1 in Appendix A). The worksheet also serves as a reminder for the task. In session two, the songwriter's collected positive experiences are categorized into areas that evoke pleasure.

The steps of the therapeutic songwriting approach include the verbal introduction of the songwriting process, with a short musical example of the rewritten lyrics of a song/song part by the music therapist. Then, the songwriter can choose one of the songs that are already linked to positive emotions for the first song. As opposed to the "Song parody" therapeutic songwriting technique where the songwriter rewrites parts of or the whole lyrics of the existing song and the music therapist can offer the 'song transformation' method, here, the songwriter may also vary the melody and accompaniment if they wish [36]. This songwriting approach allows the songwriter to just focus on the lyrics without creating the music and allows for a gradual introduction to writing songs.

The 'experiences that lead to pleasure' topic is explored by the results of the 'three good things in life' positive psychology intervention. The collected experiences are allocated to areas or a conclusion, as appropriate. This information is then allocated to the given song

structure and the songwriter starts to shape new lyrics on the melody of the pre-existing song. The finished song can be sung and refined, if required. A record of the song acts as a reminder of the exploration of the topic. At least one written song (and/or song part) is repeated at the beginning of each session.

Case study example: An 87-year-old woman collected positive experiences that were related to different activities provided by a residential care facility and in nature. Every morning, she sat in front of a window to admire how nature changed with the seasons. Mindfulness and gratefulness were very important for her. She chose a strophic song and allocated the two categories to two verses. The lyrics of the one verse were "I always keep my eyes open, for the beauty, the things of nature. I see the colors of the leaves, and they soar through the air" (translated by the author). She expressed feeling proud about the song and enjoyed showing the song to other residents in the therapeutic singing group.

3.3. Part 2—Session 3–4 'Gratitude Song'

The second part focusses on the relationships (R) concept of the PERMA model. At the end of session three, a person or spiritual/symbolic figure is determined for the second song. The basis of the song is the positive psychology intervention 'gratitude visit', which has demonstrated positive effects on happiness and depression among adults [35]. The 'Gratitude song' is written to address someone specific from the songwriter's past and/or present life. This person is someone who has impacted the songwriter in a positive way and who they never properly thanked. In comparison to the original songwriting, no letter must be delivered to the person. Instead, the song might be written for a living or deceased person, a group of people (such as their family), or for spiritual/symbolic figures. In the strategic songwriting approach, precomposed music is provided by the music therapist and meets the musical interests and needs of the songwriter. This songwriting technique allows the songwriter to keep the focus on writing lyrics but for an unknown song. In addition, they still have the opportunity to change some musical parameters, such as the melody, accompaniment, and harmonic progressions. A song that meets the preferred style of the songwriter gives more meaning to the song [20].

For the song, the songwriter collects information about the person or spiritual/symbolic figure. This might be special situations or general traits the songwriter is grateful for. The collection takes place within and after session three. A worksheet can support the collection by asking, for example, for joint experiences (see Figure A2 in Appendix A). In session four, the music therapist presents possible precomposed songs. The songwriter chooses the song that best matches their interests, needs, and the statement of the collected information. The song can thereby have a traditional song structure with verses and a chorus, or it can be a strophic song without a chorus. In a strophic song, the lyrics continue, and one line can contain a main statement that is repeated in every verse to intensify the statement if desired. Strophic songs are appropriate where a story is told and a chorus would interrupt the flow of the song [37]. The 12-bar blues is one form of a strophic song that can be effective for writing songs with people with depression [29,30]. In the next step, the songwriter writes the lyrics based on the collected information, sings the song, and refines the lyrics and musical components, if required. The finished song is recorded with the songwriter. This can take place at the beginning of session five.

Case study example: For an 83-year-old man, it was important to show gratitude to his family but to also recognize God's goodness. In the chorus, he wrote: "I have been lucky in my life, with family and God's blessing [. . .] I don't want to give up the good times" (translated by the author). Then he wrote one verse about the kindness and support of his deceased wife, further acknowledging her as a good mother and grandmother. A second verse was about his children and grandchildren, acknowledging their good relationship. He enjoyed showing the song to them.

3.4. Part 3—Session 5–9 'Flourishing Song'

The third part focusses on the meaning (M) and accomplishment (A) concepts of the PERMA model. The aim of this part is to recognize the songwriter's virtues and strengths, and how these traits were used to achieve their accomplishments and to achieve a meaningful life. Recognizing one's strengths can improve wellbeing and decrease depression. It is connected with life satisfaction and supports the songwriter to cope with stress and trauma. Emphasizing the songwriter's strengths, potentials, and resources can increase their confidence, competence, self-esteem, and resilience. Further, the focus on their strengths supports the building of effective coping strategies, a sense of empowerment, and a more integrated self-concept [20,38].

3.4.1. Identifying Strengths

Together with the music therapist, individual strengths and situations where the songwriter's strengths were used in the past are explored. The strengths could be used for their own achievements but also to improve someone else's life. In addition, previously reported experiences can be reflected in this discussion. After the initial brainstorming, an overview of their virtues and strengths (see Table 1) is offered, based on the Values in Action Inventory of Strengths [39], to further support the identification of the songwriter's strengths. The identified strengths can be written down on post-it papers and collected on a blank sheet to symbolize the abundance of strengths of the songwriter. After identifying the individual strengths, signature strengths are determined by asking for strengths that stand out in the songwriter's personality. Identifying and using signature strengths in a new way can lead to increased happiness and decreased depression [14,35].

Table 1. Overview virtues and strengths.

Wisdom and Knowledge	**Courage**	**Humanity**
Creativity Curiosity Judgement/Critical thinking Love of learning Perspective	Bravery Perseverance Honesty Zest	Love Kindness Social Intelligence
Justice	**Temperance**	**Transcendence**
Teamwork Fairness Leadership	Forgiveness Humility Prudence Self-regulation	Appreciation of Beauty and Excellence Gratitude Hope Humor Spirituality

Together with the music therapist, the songwriter finds examples where their own signature strengths are already used in their everyday life, and they start to understand how their signature strengths could be used in a new way. Using their signature strengths in a new way is a positive psychology intervention that has demonstrated positive effects on happiness and wellbeing among adults [35]. Between the sessions, the songwriter is asked to write down which strengths were used and in which situations and day of one week. For this purpose, an overview of the songwriter's strengths and a worksheet for writing down the strengths and situations are provided (see Figure A3 in Appendix A). Asking for different situations where the songwriter experienced their identified strengths can intensify the experience of their strengths and further support the collection of potential information for the lyrics of the 'Flourishing song'.

Recognizing one's strengths can be difficult for older people living with depression. An 83-year-old man reported that he thought he had no strengths. Through the intervention, however, he could recognize them. An 83-year-old woman reported that she did not

recognize her own strengths in her daily life. She explained that they were more likely to be perceived in her subconscious.

3.4.2. 'Flourishing Song'

The 'Flourishing song' is about what a meaningful and accomplished life would look like. A strong sense of meaning correlates with wellbeing, quality of life, and life satisfaction, whereas a lack of life satisfaction can lead to depression and social withdrawal. The song can include what the songwriter is proud of, what is important for them, or what they have already done to achieve meaning and accomplishment, using their own strengths. In addition, wishes and upcoming plans can be integrated.

For the brainstorming, a guiding question might be: 'What is important in your life that gives you a sense of a meaningful life? Is there something you want to leave to the persons around you, for example virtues, or immaterial and material possessions?' Then, individual ways of experiencing a meaningful life using signature strengths are discussed. For the song, all previously reported experiences that guided the songwriter to experience a flourishing life can be shaped into the lyrics (for example, experiences reported during the music ritual; see part 1). They might, for example, be experiences that influence the songwriter's life in the present and for which the songwriter is grateful for (see part 2), or simply experiences that relate to the songwriter's individual traits (see part 3).

After brainstorming about strengths, achievements, and what a meaningful life looks like, the song is written using an original songwriting approach. All information can be allocated to a song structure. A main statement, conclusion, or appeal can be stated in the chorus. The chorus can be used as a starting point for writing lyrics and music. A song structure might be as follows:

- Verse 1: what were the achievements in the songwriter's past?
- Verse 2: what is meaningful for the songwriter in the past and present?
- Verse 3: what does the songwriter want to achieve in the future?
- Chorus (examples):
    - Who is the songwriter and what are their signature strengths, traits, and attitudes?
    - What does the songwriter want to leave to the persons around?
    - What is a guiding slogan for the songwriter?
    - What does the songwriter want to tell the people around them (e.g., memories or appeal)?

In the next step, the lyrics and music for verses and other elements are created. After the refinement of the lyrics and music, the song is recorded for the songwriter.

Case study example: For the 'Flourishing song', an 82-year-old man explored his life achievements with the music therapist, including his strengths and what he believed was important to him in life. In the past he was a very successful winery owner. He had always worked hard. This was used for the first verse. It was also important to him that he could share his knowledge and success with his son. He was very proud of his son's successes. This was presented in the second verse. Work and success were very important for the man. However, he summarized that satisfaction is most important in life and that he is grateful for every new day. This summary was presented in the chorus: "Thank you for this life, for every new day [. . .] Satisfaction is the greatest thing I have" (translated by the author). During the therapy, he revealed how challenging it was to deal with the lack of contact with his son. In writing the song, he was motivated to get in contact with his son again.

3.5. Conclusion Session

Session 10 is the conclusion session. The aim is to receive and give feedback, and to discuss the therapeutic process. After singing all the songs, a record and a folder with sheets of all the composed songs, the lyrics of the music ritual, and an overview of their own strengths is provided to the songwriter. Then, memorable moments that are the most helpful or make the songwriter the happiest are brainstormed. The music therapist

supports the songwriter to reflect on the role of the songs and to identify their own strengths and achievements during the therapeutic process. The discussion involves the transfer of the therapeutic content to day-to-day living at the time after therapy. The songwriter is further engaged in a discussion about the ways to use their experiences and songs to maintain positive experiences and achieve possible new goals in the future.

4. Discussion

In this intervention program, the success and positive emotions caused by creating songs must be ensured by the music therapist. If the songwriter's intention to work on obtaining positive emotions fails, they will collect more experience of failed efforts [40] and thus might be less motivated to work on their individual symptoms of the depression. In an ongoing study examining the feasibility of the program, it was observed that the music therapist's contribution to finding positive experiences increased with the severity of the depression. The contribution was facilitated by knowing the songwriter's biography and carefully observing their activities and environment. In the songwriting process, at least parts of the song must be finished within single sessions. Therefore, adherence to traditional songwriting techniques should be flexible regarding rhymes, metaphors, repeated motives, etc.

We recommend scheduling the ten intervention sessions consistently (for example, one session per week). However, taking real-life practicalities into account, flexibility may be required owing to institutional factors (such as employee sick leave) and individual factors (such as grief, medical appointments, or personal conflicts). Whenever an issue arises that needs to be prioritized, the intervention can be interrupted to accommodate the participant's needs.

Older adults need sufficient communication skills to write a song. This includes sufficient cognitive skills but also the use of a well-known language within the therapy to prevent a misinterpretation of the songwriter's statements [20]. Furthermore, the older person needs good cognitive skills for the reflection exercises so they can work with the music therapist to transfer their findings into the lyrics. This might include people with a mild cognitive impairment, but excludes people with significant cognitive impairments, such as dementia.

In the case of a woman with mild dementia, the music therapist recognized early in the intervention program that her cognitive abilities were insufficient for participating in the songwriting program. To enable songwriting, the music therapist used knowledge from her biography and the activities of the residential care facility to create a song parody for and with her. Applying the song parody technique can simplify the songwriting process. However, using known songs can change the feeling and memories evoked by the song by adding new lyrics. In addition, a song parody may be too abstract for people with dementia. New lyrics to a known song may feel wrong to them or lead to a loss of security. Further songs were not written with the woman, but the regular music therapy continued. In the following weeks, the woman still remembered the song and sang it with the music therapist. Further studies can investigate how writing a 'Gratitude song' and a 'Flourishing song' can be adjusted for people living with dementia. This might include using songwriting techniques that are more guided by the music therapist or by the structure of a known song.

Within the intervention program, it is important that the proposed songwriting technique matches each participant's unique interests and their musical and cognitive abilities. For example, a musician might not be interested in a song parody and may prefer to write their three songs using the original songwriting technique. On the other hand, musical skills may be less acute in older age and the songwriter must cope with the loss that can be triggered within the therapeutic songwriting process. In an ongoing feasibility study, an opera singer reported sadness due to the loss of her singing voice. She could not cope with her loss and withdrew from this songwriting project.

Different aspects of the songwriting program interconnect. For example, gratitude might be reported when writing the 'Pleasure song', or experiences that evoke pleasure

might be reported in the 'Gratitude song'. Conversely, working on the 'Gratitude song' can evoke sadness, particularly if the gratitude is for someone who supported the songwriter during a crisis or is deceased. Empathic support from the music therapist is important to help the songwriter cope with emerging feelings of sadness or anger.

Addressing a spiritual figure was one extension of the original positive psychology intervention 'Gratitude visit'. In different cases, belief in a spiritual figure was very important to feel grateful. The 'Gratitude song' could be extended further to address animals. In the author's clinical work, a woman wrote the song for her dog who accompanied her for many years when other people around had left. She sang and listened to the song until the day she died.

The therapeutic songwriting program aims to be an extension of the traditional work on depression and to focus on the individual resources and potentialities of the songwriter. Therapeutic songwriting and positive psychology can switch the focus back to an awareness of the developed strengths and resources, especially in older age, where fragility and daily challenges are growing [41]. However, a strong focus on positive emotion without considering negative experiences and their implications can have negative effects. Avoiding negative aspects hinders the development of skills to cope with difficult and sad experiences [42]. To improve wellbeing, a holistic model is needed that considers both positive and negative states. Negative emotions can be highly motivating and can lead to creativity and resilience, as the songwriter is confronted with this and learns to cope with negative experiences [40]. In addition, the learned behavioral mechanism of coping with negative situations can develop character traits [43]. In the intervention program presented here, the recognition of negative experiences is partly integrated in the 'Gratitude song' and 'Flourishing song'. Other people can be of help in coping with challenging situations. In previous applications, the meaning of other people in experiencing pleasure and gratitude was observed regularly. Further, developed strengths and achievements can result from the challenging situations in which the individual finds solutions. A holistic therapeutic approach is possible when the intervention program is complementary to standard care, such as traditional behavior therapy or verbal psychotherapy.

This intervention program was developed for application in Germany. It had previously been successfully applied in an ongoing feasibility study in residential care facilities to investigate its impact on depressive symptoms and wellbeing. Further comprehensive studies are needed to test the effectiveness of the program for people living with late-life depression.

Different components of the program parts, the 'Pleasure song', 'Gratitude song', and 'Flourishing song', could be examined separately to assess its effectiveness on depressive symptoms and wellbeing. Furthermore, an evaluation of the benefits attributed to therapeutic songwriting interventions compared with positive psychology interventions (rather than combined) would help to discern the mechanisms responsible for change and any synergistic effects.

The therapeutic songwriting program was strongly influenced by positive psychology, which is especially effective in western culture [44]. The application in other contexts must be adapted and tested.

Some elements of the program have been applied in therapies with people with different diagnoses and ages. Interventions involving positive psychology [45] or music therapy [46–48] have demonstrated effective reductions in anxiety among adults and older people with various health conditions. As an extension to the current protocol, future research might examine the effects of the program on anxiety and with people who experience other health conditions such as dementia and cancer, or with critically ill patients.

5. Conclusions

This intervention program meets the need to identify and develop new treatment possibilities for older people living with late-life depression. Two treatment methods that

have already showed significant improvements of depressive symptoms and wellbeing were combined to achieve the best possible effects. However, further research is needed to validate the program and extend the target groups.

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Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki, and approved by the Education Fine Arts Music & Business Human Ethics Sub-Committee of University of Melbourne (Ethics ID 1954226.2 on 22 April 2020).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data is not available for this research.

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Appendix A

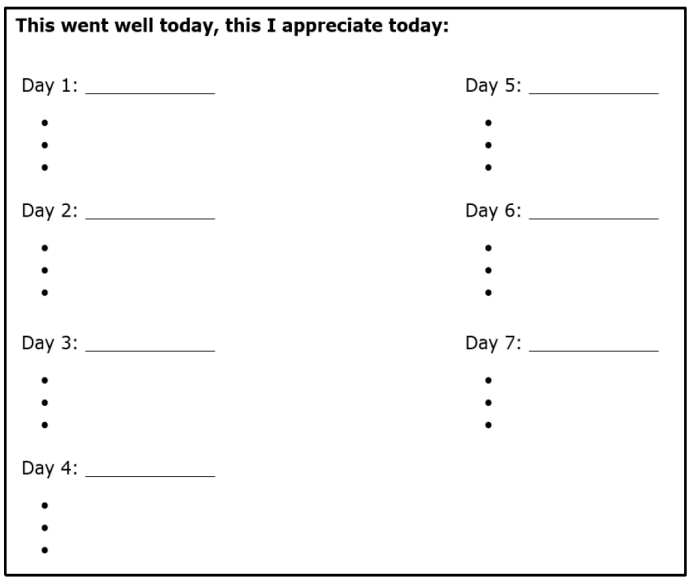

Figure A1. Worksheet for the 'Pleasure song'.

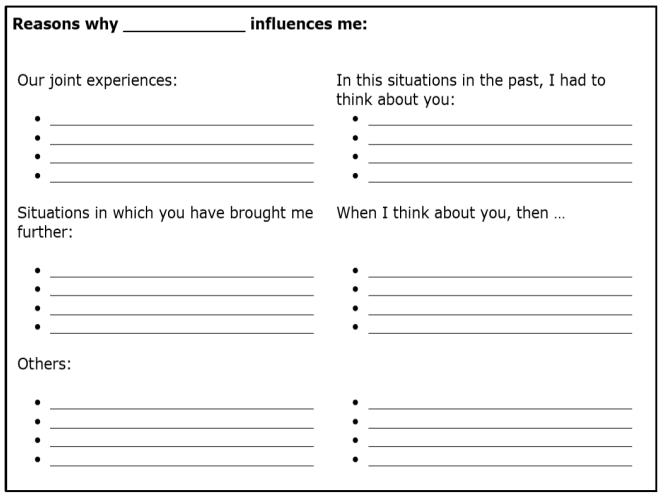

Figure A2. Worksheet for the 'Gratitude song'.

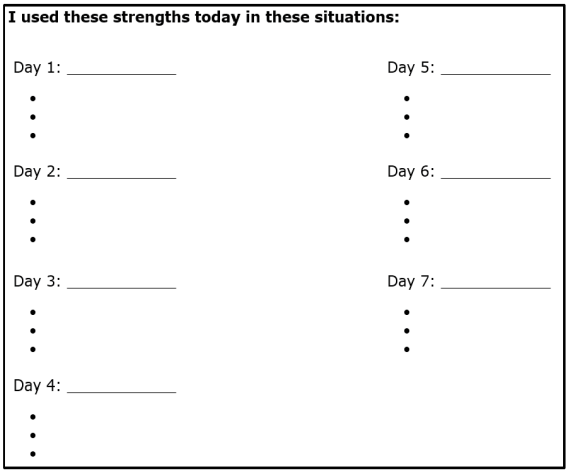

Figure A3. Worksheet for identifying strengths.

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E Translation of Meaningfulness of Songwriting Scale (MSS)

Original Items Meaningfulness of Songwriting Scale (MSS)	Non-validated German translation
1. Songwriting was an enjoyable process.	1. Das Liederschreiben war ein Prozess, den ich genossen habe.
2. Songwriting was a process of discovery and/or self-reflection.	2. Das Liederschreiben war ein Prozess der Entdeckung und / oder Selbstreflexion.
3. Songwriting aroused my emotions.	3. Liederschreiben erweckte meine Emotionen.
4. Songwriting was a creative experience.	4. Liederschreiben war eine kreative Erfahrung.
5. Songwriting was an engaging experience.	5. Das Liederschreiben war eine fesselnde Erfahrung.
6. Songwriting was a challenging experience.	6. Das Liederschreiben war eine herausfordernde Erfahrung.
7. Songwriting helped me make sense of the world around me.	7. Liederschreiben half mir, die Welt um mich herum zu verstehen.
8. Songwriting aroused thoughts/nostalgia/personal/cultural associations.	8. Das Liederschreiben erweckte Gedanken / Nostalgie / persönliche / kulturelle Assoziationen.
9. I experienced a sense of achievement as I wrote this song.	9. Als ich dieses Lied schrieb, erlebte ich ein Erfolgserlebnis.
10. The songwriting process was valuable for me.	10. Der Prozess des Liederschreibens war für mich wertvoll.
11. Songwriting was a rewarding experience.	11. Das Liederschreiben war eine lohnende Erfahrung.
12. Songwriting enabled me to express my personality, unique style, personal and/or cultural identity, or values in life.	12. Durch das Liederschreiben konnte ich meine Persönlichkeit, meinen eigenen Stil, meine persönliche und / oder kulturelle Identität oder meine Werte im Leben zum Ausdruck bringen.
13. Songwriting was a meaningful process for me.	13. Das Liederschreiben war für mich ein bedeutsamer Prozess.
14. I have listened to my self-composed song.	14. Ich habe mein selbst komponiertes Lied angehört.
15. My song tells my story or the story of my community.	15. Mein Lied erzählt meine Geschichte oder die Geschichte meiner Gemeinschaft.
16. This song expresses who I was at the time I composed it.	16. Dieses Lied drückt aus, wer ich war, als ich es komponierte.
17. My song reflects/reinforces my new understandings of the self and/ or community.	17. Mein Lied reflektiert / verstärkt mein neues Verständnis über mich selbst und / oder der Gemeinschaft.
18. I'd like to share my song with others.	18. Ich möchte mein Lied mit anderen teilen.
19. My song is important and valuable in my life.	19. Mein Lied ist wichtig und wertvoll in meinem Leben.
20. My song reflects my personality, unique style, identity, community, or cultural experience.	20. Mein Lied spiegelt meine Persönlichkeit, meinen eigenen Stil, meine Identität, meine Gemeinschaft oder meine kulturellen Erfahrungen wider.
21. My song is meaningful for me.	21. Mein Lied hat eine Bedeutung für mich.

F Translation of Interview Statements

Assigned to Question (Q) / Mechanism (M)	Quote-Code	Statement German (original) (T=Therapeut)	Statement English (T=Therapist)	Nonverbal behaviour during statement	Central meaning	Exploratory comments
1. How did you feel after we completed the program?						
Q3 M1.1	Anna-Q1.1	Ich fühl mich eigentlich ganz gut, es hat mir/ Ich find es hat mir was gebracht und auch aweng geholfen, ne? (…) Es muntert a bissl auf, ne?	I actually feel quite good, it made me/ I think it brought me something and also helped a bit, right? (...) It cheers you up a bit, doesn't it?		She reported an improvement in her emotional state, which she attributed to the program.	
Q1 M4.2	Anna-Q1.2	Es ist auf jeden Fall/ Sie sind a sehr nette Person. Mit Ihnen man kann sich gut unterhalten. (..) Sehr nett habe ich das gefunden.	It is definitely/ You are a very nice person. One can have good conversations with you. (..) I thought that was very nice.		Anna expressed positive sentiments regarding the therapist, emphasising the quality of discourse during sessions.	
Q1	Willa-Q1	Es geht gut.	I am fine.		Her emotional state is satisfactory.	
Q1 M1.8	Emma-Q1.1	Ich kann es nicht sagen, dass ausgerechnet ich/ so gar nichts damit zu tun gehabt hab/ dass Sie da ausgerechnet auf MICH gekommen sind und sowas/ (..) Ja.	I can't say, that I of all people/ I had nothing to do with that/ That you came to me of all people/ from all the people/ and something like this/ (..) Yes.	smiling	She was uncertain as to the rationale behind her selection from among all residents.	
Q1 M1.3	Emma-Q1.2	Die Gedanken in ein Lied zu bringen, (.) sowas/	Bringing the thoughts into a song, (.) something like this/			It was astonishing to her that thoughts could be transformed into a song.
Q1 M1.8 M4.3	Emma-Q1.3	Das braucht eine Weile, bis das hineingeht, dass ich/ warum Sie ausgerechnet auf mich gekommen sind. Es gibt so viele Leute hier und/ Ohne Ihre Hilfe oder Aufforderung wäre es	It takes a while to get into the fact that I/ why you came up with me, of all people. There are so many people here and/ It would not have happened without	smiling	She was uncertain as to the rationale behind her selection from among all residents. She was grateful for the therapist's support	

Assigned to Question (Q) / Mechanism (M)	Quote-Code	Statement German (original) (T=Therapeut)	Statement English (T=Therapist)	Nonverbal behaviour during statement	Central meaning	Exploratory comments
		nicht dazu gekommen. Gut, dass es Sie gibt.	your help or demand. Good that you are there.		and invitation to participate in the program.	
Q4	Paul-Q1	Das hat mich ein bisschen erlöst von Depression, habe ja keine Krankhafte Depression. Das ist auch wegen dem Wetter, aber trotzdem	That released me a bit from depression; I don't have any morbid depression. It's also because of the weather, but anyway.		Although he did not report experiencing severe depression, he did perceive a slight reduction in depressive symptoms.	
2. Thinking back to the songwriting program in general: What are aspects of the program that stood out for you?						
Q2 M1.1 M1.3 M1.5	Anna-Q2.1	Ja so eigentlich so wenn wir des vertont haben. Sie haben's dann gesungen, das habe ich sehr schön gefunden, ne?	Yes, actually, so when we have set it to music. Then you sang; I found that very beautiful, right?		She expressed pleasure in shaping themes into musical phrases, as well as the therapist's performance of them.	
Q2 M1.1 M1.5	Anna-Q2.2	(Sie zeige auf den Abschnitt mit den Musical Phrases.) T: Von den Kurzen, was so Gutes passiert ist, meinen Sie? Anna: Ja, (…) Ja, das habe ich ganz schön gefunden. Ja die kleinen.	(She pointed to the section with the musical phrases.) T: From the short ones, what good things happened, you mean? Anna: Yes (…) Yes, I found that very nice. Yes, the little ones.		She particularly enjoyed the musical phrases.	
Q2 M4.2	Willa-Q2.1	Gut tut, dass ich mit ihnen über sehr vieles Reden kann.	It is good that I can talk to you about a lot.		The discussion of a range of subjects with the therapist was beneficial for her.	
Q2 M2.2	Willa-Q2.2	Willa: Das mit meinem Sohn, dass es/ so soll es sein wie er ist. T: Dankbarkeit? Willa: Ja.	Willa: About my son, that it/ [it] should be the way it is. T: Gratitude? Willa: Yes.		It was beneficial for her to reflect that her son's characteristics are acceptable to her, and she expressed gratitude for this affirmation.	

Assigned to Question (Q) / Mechanism (M)	Quote-Code	Statement German (original) (T=Therapeut)	Statement English (T=Therapist)	Nonverbal behaviour during statement	Central meaning	Exploratory comments
Q2 M4.2	Emma-Q2.1	Auf der einen Seite konnte ich/ von Anfang an habe ich gemerkt, wenn Sie fragen (..) das berührt mich, das hat was.	On the one hand, I was able to/ from the beginning, I noticed, when you asked (..) that it touches me, that it has something.		From the beginning of the program, she was touched by the use of thought-provoking questions.	
Q2 M4.2	Emma-Q2.2	Die Musiktherapie (...) das gibt in mir so/ ich kann’s nicht sagen, woran es liegt aber/ Ich muss einfach reden.	The music therapy (...) That evokes in me/ I can't tell the reason, but/ I just have to talk.		Music therapy prompted her desire to engage in communication.	
Q2 M1.1	Paul-Q2.1	Dass sie mir erklären, wie ich so ein Lied (..) zusammen kommt. Text und Musik. Da hab ich ja keine Ahnung von gehabt.	That you explain to me how to put a song (..) together. Lyrics and music. I had no idea about that.		She expressed pleasure when the therapist explained him the different songwriting techniques.	
Q2 M1.1 M1.8	Paul-Q2.2	Das habe ich letztens im Fernsehen auch gesehen, wie man sowas macht und da habe ich mir gedacht, Siehst du, so haben wir es auch gemacht, aber wir haben nur drei Lieder gehabt [Im Gegensatz zur vorgestellten Band].	I saw that, the other day on TV, how to do something like that, and I thought, you see, that's how we did it, too, but we only had three songs. [In comparison to the presented band]		He recognized that the music bands shown on television used the same songwriting techniques. However, in comparison to the extensive body of work of a band, our output consisted of only three songs.	
3. Is there any influence on your wellbeing due to the songwriting program?						
Q3	Anna-Q3	Ja, ich glaub schon, dass man sich da ein wenig besser fühlt. Insgesamt sagen wir mal. Ja (abschätzend), das kann man schon mit Ja beantworten.	Yes, I think you feel a little bit better. All in all, let's say. Yes (estimating), you can answer that with yes.		The songwriting program resulted in a slight enhancement of her overall mood and sense of wellbeing.	She spoke in the third person rather than expressing her own feelings, which may be attributed to her educational background.

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Q3	Willa-Q3	Ja, gut.	Yes, good.		The songwriting program had a beneficial effect on her sense of wellbeing.	
Q3 M3.5	Emma-Q3	Möcht ich schon sagen. Dass du merkst, der Geist ist doch noch nicht so ganz/ Oder das Gedächtnis oder überhaupt, das Denkvermögen. Noch nicht so ganz runtergekommen.	I would say this so. That you notice that the mind is not yet quite/ Or the memory or, in general, the ability to think. Not became degenerated yet.		She experienced a positive impact on her wellbeing, accompanied by the realisation that she still possesses cognitive abilities.	She linked wellbeing to cognitive abilities. She underestimated her skills during the sessions but admitted an improvement during the interview.
Q3	Paul-Q3	Ja das hat mich ein bisschen gehoben.	It cheered me up, a bit.		He experienced a positive impact on his mood following the songwriting program.	He was not used to admitting positive experiences (during the program) but admitted an improvement within the interview.
4. Is there any influence on feeling depressed due to the songwriting program?						
Q4	Anna-Q4	Ich mein, so arge Depressionen habe ich ja gar nicht mehr. Ja, ich denk, es ist schon besser geworden.	I mean, I don't have that bad depression anymore. Yes, I think it is improved.		Anna no longer experienced severe depression. She reported an improvement in her depressive symptoms.	Given her previous experience of severe depression, it was her intention to avoid overweighting her depressive symptoms in the present.
Q4	Willa-Q4	Willa: JA (nachdrücklich) T: Eine Verbesserung? Willa: Ja	Willa: YES (forcefully) T: An improvement? Willa: Yes!	smiling	Willa reports a reduction in depressive symptoms.	Her voice was characterised by a notable degree of forcefulness, a quality that was not typically observed in her discourse.

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Q4	Emma-Q4	Nein, depressiv bin ich nicht.	No, I'm not depressed.		Emma did not experience the symptoms of depression.	
Q4	Paul-Q4	Depressiv. Das kann man bei mir nicht sagen. Dadurch, dass ich mich abkapsele, hier vom Haus, bin ich nicht so arg belastet. (Er berichtete dann über das Programm für kranke Menschen im Pflegeheim. Er nimmt nicht an diesen Aktivitäten teil und geht lieber nach draußen.)	Depressed. You can't say that in my case. Because I cut myself off from the house, I am not so badly burdened. (He then reported about the program for sick people in the residential care home. He does not join these activities and prefers to go outside)		Paul did not experience a severe depressive episode, as he avoided participating in the activities provided by the residential care facility.	This statement did not align with the response provided in question 1 (Paul-Q1) that he was relieved from depression by participating in the program. This discrepancy may be attributed to a desire to avoid the potential stigma associated with depression.
5. How did you feel about each of the tasks, and how much did they affect you, if at all, to experience therapeutic achievements? Which elements, if any, could you use in your daily life? a. The intervention 'Three good things in life'						
Q5a	Willa-Q5a	Das war in Ordnung für mich, Ja.	That was fine with me, yes.		Willa experienced the intervention 'Three good things in life' as positive.	The intervention may have been perceived as an order rather than an invitation to engage in reflection on positive experiences.
Q5a M1.8	Emma-Q5a.1	Das hat auch irgendwie stolz gemacht, dass ich dazu aufgefordert bin und/	It also made me kind of proud that I was asked to do so and/	smiling	The request for intervention 'Three good things in life' prompted a sense of pride, particularly	She was very grateful for participating in the program.

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					given the repetition of the task.	
Q5c M1.8 M4.3	Emma-Q5a.2	Emma: Dass sie drangeblieben sind und nicht nur so [schob ihre Hand zur Seite] vorübergehend. T: Dass jede Woche gefragt habe? Emma: Ja.	Emma: For sticking with it and not just [pushing her hand aside] temporarily. T: That every week I've asked? Emma: Yes.		She found the repetition of the musical ritual in each session particularly positive.	
Q5a	Paul-Q5a	War am Anfang schwer, weil ich nicht gewusst habe, was auf mich zukommt [bei der Aufgabe]. Danach war das für mich kein Hindernis mehr.	It was difficult at the beginning because I didn't know what to expect [from the task]. After that, it was no longer an obstacle for me.		The intervention's objective, 'Three good things in life,' was initially unclear to Paul. However, once he understood its underlying concept, he was able to successfully complete the task.	The response indicated that the intervention in question was not specifically 'Three good things in life' but rather the broader therapeutic songwriting program in general.
b. Writing a 'Pleasure Song'						
Q5b M1.5	Willa-Q5b	Willa: Gut T: Hat es Ihren Alltag positiv beeinflusst? Willa: Ja. Ich sag ja, die Lieder sind sehr schön geworden, ja.	Willa: Good. T: Has it had a positive impact on your everyday life? Willa: Yes. I say yes, the songs have become very beautiful, yes.		Willa positively experienced song aesthetics.	
Q5b M1.3 M4.3	Emma-Q5b.1	Ohne Ihre Hilfe und wäre sowas nie und nimmer zustande gekommen (..) auf sowas gekommen. Aber durch Ihre Anregungen und Ihre/ Ja, Sie waren diejenige, die die Gedanken auch gelenkt hat. Ne,	Without your help, something like this would have never come about (..) would have come up with something like that. But through your suggestions and your/ Yes, you were the	smiling	The therapist encouraged Emma to engage in creative thought processes, which resulted in the creation of lyrics.	She observed that the songs in the program were beautifully and astonishingly composed.

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		also nie und nimmer hätte ich da so dichten können.	one who directed the mind too. No, I could never have written poetry like that.			
Q5b M1.4* M3.4	Emma-Q5b.2	(Emma hat sich die Texte des Pleasure-Songs angesehen). Ja, das/ da bin ich a ganz anderer und (...) und dadurch (…) [lächeln]	(Emma looked at the lyrics of the 'Pleasure Song'). Yes, that/ I'm a completely different person and (...) and because of that (...) (smile)		She experienced herself as a different person in the song.	The precise meaning of the phrase "being different" in the context of the song is not clear. This may be a contributing factor to the observation that she perceived herself to possess fewer skills. In the song, she described her awareness and creation of beauty, citing examples such as nature and the formation of stars. She also discussed how this awareness and creation of beauty can positively influence one's behaviour (see Emma-Q5b.3-5).
Q5b M2.1 M3.1	Emma-Q5b.3	Das sind nicht nur/ Nicht nur selber darauf kommen. Das sind kleine Dinge, die du gezeigt kriegst und was du alles machen kannst und was Schönes draus wird.	That is not just/ Don't just come up with it yourself. These are small things that you are shown, all the things that you can do, and what turns out to be beautiful.		She became aware of positive experiences.	

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M5b M2.1 M3.1	Emma-Q5b.4	T: Das ist Ihnen nochmal bewusst geworden? Emma: Auf jeden Fall und ich bin auch so dankbar, dass ich da bin (Emma erklärte wie begeistert der Diakon von der häuslichen Pflegeeinrichtung war)	T: Did you realise that again? Emma: Absolutely, and I'm so thankful to be there (Emma explained how excited the deacon was about the home care facility)		She was grateful for the beautiful things in her life and became aware of positive experiences.	
c. The 'Music Ritual'						
Q5c M1.1	Anna-Q5c	Das war besonders. Ja, ganz bestimmt! So habe ich das noch nicht mitgemacht und noch nicht so erlebt. Es war ein neues Erlebnis, ganz genau.	That was special. Yes, definitely! I have never done something like this and never experienced [something] like that. It was a new experience, exactly.	Stating with incredulous amazement	She experienced the 'Music Ritual' as something new and special.	
Q5c M1.1	Willa-Q5c	Willa: Das war schön, gut. T: Hat das den Alltag beeinflusst? Willa: Ja.	Willa: That was nice, good. T: Did that affect everyday life? Willa: Yes.		The 'Music Ritual' was a source of enjoyment for her, and she experienced it positively.	
Q5c M1.1	Emma-Q5c.1	Auch schön, also als Abwechslung (…) [Gedächtnis angeregt; siehe Emma-Q5c2]	Also nice, so as alternative activity (...) [memory stimulated; see Emma-Q5c2]		She perceived the musical ritual as favourable and as contrast to her usual activities.	
Q5c M3.5	Emma-Q5c.2	[Auch schön, also als Abwechslung …] Gedächtnis angeregt. Das ist ja so/ wenn man nur dasitzt und (…) wenn die grauen Zellen dann total verkümmern.	[Also nice ... so as alternative activity ...] memory stimulated. It is like this/ if you just sit there and (...) if the grey cells, then totally fade.		The 'Music Ritual' could simulate the mind.	

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Q5b M1.4 M1.5 M1.6 M1.7	Paul-Q5c.1	Das kann ich ja schon fast auswendig (…) Den Text mit "[eine Brücke]“ und "[örtliche Kneipe]“ fanden sie [Freunde, Bekannte] gut. Das haben wir schon reingebaut (..) Ja, ich hab dann auch erklärt.	I know it almost by heart (...) They [friends, acquaintances] liked the [song] lyrics with "[a bridge]” and "[local pub]”. We built that in (..) Yes, I also explained that then.		He enjoyed the ‘Pleasure Song‘.	
Q5b M1.3 M1.4	Paul-Q5c.2	Der Text ist geschrieben, wie ich es erlebt hat. Das ist so gemacht, dass ich den Text gedichtet hab. (...) Die haben wir auch wiederholt und so. Und am Schluss und die letzten zwei Zeilen manchmal doppelt gesungen. Das war gut.	The lyrics are written as I experienced it. It was done in such a way that I wrote the lyrics. (...) We repeated them, and so on. And at the end and the last two lines sometimes sung twice. That was good.		He identified with the song as the lyrics were aligned with his personal perspective.	
d. Perceiving gratitude						
Q5d M2.2	Anna-Q5d.1	Über die Eltern haben wir das gemacht, ja. Ich mein, ich war schon immer meinen Eltern und meinen Schwiegerleuten gegenüber dankbar.	We did this about the parents, yes. I mean, I have always been grateful to my parents and my in-laws.		She was always grateful to her parents and in-laws.	A sense of gratitude appeared to be a defining characteristic of her personality.
Q5d M2.3	Anna-Q5d.2	Ja so meine Generation, die waren dankbarer ihren Eltern gegenüber, sagen wir mal, als wie es jetzt im Moment ist. … Mit der Jugend ist heute a bissl alles anders. Es ist aber nicht alles schlechter. (Informationen wie sie ihren Eltern geholfen hat)	Yes, my generation they were more grateful to their parents, let's say, than how it is now. … With the youth today, everything is a bit different. But it's not all bad. (Information on how she helped her parents)		Members of her generation were more grateful than those of the younger generation. She did not perceive this as a negative trait but rather as a quality that sets her generation apart from the following ones.	

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Q5d M3.4 M4.2	Willa-Q5d	Dass Sie mir vieles erklären können, dass ich mehr Verständnis für meinen Sohn habe als am Anfang.	That you can explain a lot to me, that I have more understanding for my son than at the beginning.		She expressed gratitude for the opportunity to gain deeper insight into her son's behaviour through the therapeutic process.	In both the program and the interview, she primarily attributed her accomplishments to her relationship with her son, as well as the positive developments in his life and his general wellbeing.
Q5d M2.2	Emma-Q5d.1	Dass die Tochter/ wie sie es rausgefunden hat es "[Pflegeheim]/ gibt. (…) Sie wäre damit/ mich ständig da/ wenn sie Angst gehabt hätten, sobald sie zum Arbeiten müssen. Das ist schon Dankbarkeit, die man da spürt. Und wenn man dann noch gesagt kriegt (smiling) [Bezug auf den Dekan, der das Pflegeheim lobte].	That the daughter/ how she found out the [nursing home]/ exists. (...) She would be there/ me all the time/ if she had been afraid as soon as she had to go to work. That's gratitude that one feels there. And then when you get told (smiling) [referring to the dean speaking in high terms of the nursing home].	smiling, gratefully and with incredulous amazement	The residential care facility was initially identified by the daughter, who was grateful that her concerns about her mother's wellbeing were no longer an issue when she left for work.	.
Q5d M2.2	Emma-Q5d.2	Doch, es gab so viel, wo einem geholfen wurde oder jemand beigestanden hat. Wenn man sieht, wie hilflos/ man bildet sich ein, das passiert einem gar nicht (..) und dann bin ich gefallen und dann/ (…) Ich bedanke mich da schon (…) schon beim Anziehen oder Aufstehen. Frühs zum Beispiel, da hat das Bein angefangen	Yes, there was so much where one was helped or someone stood by. When you see how helpless/ you imagine that this won't happen to you (..) and then I fell and then/ (...) I say thank you (...) as soon as I get dressed or get up. In the morning, for example, that's when the leg started and	smiling, gratefully and with incredulous amazement	She was grateful for the consistent availability of assistance when she required it, both in the past and present.	

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		und dann ausgerechnet zur Übergabe/ (Kopfschütteln). Dann bist du dankbar, wenn die Schwestern kommen und sagen es ist alles gut.	then of all things for the handover/ (shaking head). Then you are grateful when the sisters come and say everything is fine.			
Q5d M2.1	Emma-Q5d.3	Und wenn dann am Tag, dann am Abend/ dass du dankbar bist, dass du an allem teilhaben konntest und das hat mir was gebracht, dann (..) [nickt]	And if then during the day, or then in the evening/ that you are grateful that you were able to participate in everything and that brought me something, then (..) [nodding]	smiling, gratefully and with incredulous amazement	She expressed gratitude for the opportunity to engage in the activities offered by the residential care facility.	
e. Writing a 'Gratitude Song'						
Q5e M1.5	Anna-Q5e	Das war völlig in Ordnung. Wie hat das noch geheißen? Doch, das war aber a schönes Lied, das weiß ich noch. Der Text und so. War schon schön. (…) Das hat mir gefallen, das hat mir gutgetan.	That was perfectly fine. What was that called? Yes, that was a nice song, I remember that. The lyrics and so on. It was nice. (...) It pleased me, that was good for me.		Anna expressed a positive response to the 'Gratitude Song', indicating that it had a beneficial effect on her emotional state.	In the region where the study was conducted, the phrases "fine" and "ok" are often used to convey that something is good or satisfactory.
Q5e	Willa-Q5e.1	War gut.	That was good.		She enjoyed the 'Gratitude Song'.	
Q5e/Q5g M1.1*	Willa-Q5e.2	Das (zeigte auf das dritte Lied) fiel mir schwerer und auch das Dankeslied. Dass ich gesagt hab er soll so bleiben wie er ist und er entschuldigt sich immer und fragt nach.	This one (pointed to the third song) was more difficult for me, and so was the 'Gratitude Song'. That I said he should stay the way he is, and he always apologises and asks.		The 'Gratitude Song' and 'Flourishing Song' were more challenging for her than the 'Pleasure Song' due to her included advice to her son to 'stay the way he was'.	The reported difficulty might be related to the emotional process.

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Q5e M1.1 M1.3	Emma-Q5e.1	Das in Musik zu packen/ das geht/ Man drückt seinen Dank aus (..) und (..) aber, dass es dann noch so/ (lächelt) Das war das Höchste. Aber dass man es so ausdrückt (.) in seinen eigenen Dingen (.) Das war das Höchste.	Putting that into music/ that works/ you express your gratitude (..) and (..) but that it's still like this/ (smiles) That was the best. But that you put it that way (.) in your own things (.) That was the best.		It was a unique opportunity for her to express her gratitude in a song.	It seems that the song aesthetics were an outstanding and meaningful aspect when expressing her gratitude to her parents.
Q5d M2.1	Emma-Q5e.2	Und dann noch seine eigenen Gedanken – das Dankesgebet am Abend, spricht man zum Himmel. Da sitze ich gern noch am Fenster, wenn der Tag gut rumgegangen ist.	And then your own thoughts - the prayer of thanks in the evening, one speaks to heaven. I like to sit at the window when the day has gone well.		She engaged in prayer and gratitude when situated in front of a window.	For Emma, practising her belief appears to be a crucial element for her sense of wellbeing.
Q5e	Paul-Q5e	Das war schwer darüber nachzudenken (…) vor allem der Satz "[Name der Ehefrau]“, die Oma, die Mutter und Ehefrau, hat schon bewegt.	It was hard to think about that (...), especially the sentence "[name of wife]”, grandma, mother and wife, that touched me.		It was challenging for him to reflect on the ‘Gratitude Song’. The names of his relatives evoked a profound emotional response when thinking about the song lyrics.	
f. Identifying and working with your strengths to get a meaningful life and accomplish your goals						
Q5f M3.3	Anna-Q5f.1	Ja, wir haben im Leben schon was erreicht, aber nicht allein, mein Mann und ich zusammen.	Yes, we have achieved something in life, but not alone, my husband and I together.		She became aware of her achievements in life.	
Q5f M3.2	Anna-Q5f.2	Anna: (Nachdem sie die Übersicht mit ihren Stärken sah) Ja also, das stimmt schon was da so steht (...) stimmt	Anna: (After she saw the overview with her strengths) Well, that's right, what it says there (...)		She confirmed that the summary of strengths aligned with her own self-perception. However, she	

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		alles, was ma da rausgefischt haben (5). T: Wie war es, das zu sehen? Anna: Man merkt das so gar nicht, das gleitet so in den Alltag rein. (Sie las ihre Stärken laut vor.) Ja, des ist so im Unterbewusstsein, da denkt man gar nicht dran. Da ist es dann so hervorgekommen. Ja, da haben Sie schon recht! (Sie zählt weiter auf.) Doch, das war schon in Ordnung.	everything I fished out there is right (5). T: How was it to see that? Anna: You don't really notice it, it just slips into everyday life. (She read her strengths out loud.) Yes, it's in the subconscious, you don't even think about it. Then it came out like this. Yes, you are right! (She continues listing.) Yes, that was okay.		was not aware of the strengths in her daily life.	
Q5f M3.2	Willa-Q5f	Das tut schon gut, das nochmal zu sehen.	It feels good to see it again.		It felt good to her to see the strengths.	
Q5f M2.3	Emma-Q5f.1	(Sie überlegt, Therapeut zeigte auf den Überblick mit den Stärken.) Sicher, Stärken waren vererbt oder auch vorgelebt von den Eltern, im Elternhaus - anderen helfen und füreinander da sein. Du hast es halt mitbekommen.	(She ponders; the therapist pointed to the overview with the strengths.) Sure, strengths were inherited, or the parents also set an example for them in the parental home - helping others and being there for one another. You just got it.		She concluded that strengths and mutual support were inherited from parents or given as role models.	Emma did not correlate her developed strengths with her past behaviour. This may be a contributing factor to her self-perception as lacking in skills or strengths.
Q5d M2.2	Emma-Q5f.2	Und wenn du da immer einen vor dir hast (..) dass da auch immer Leute da waren und einem weitergeholfen haben. Egal ob/ wo mein Mann gestorben war, ob das ein Vertreter war oder sonst	And when you always have someone in front of you (..) that there were always people that helped you. It doesn't matter if/ when my husband died - whether		She was grateful for the support she received throughout her life, in particular during the period following the death of her husband. Nobody took advantage of her.	

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		jemand, dass sie es gut mit mir gemeint haben und nicht nur ausgenutzt.	that was a sales representative or someone else; that they meant well to me and did not just take advantage of me.			
Q5d M3.1	Emma-Q5f.3	T: Hat es ihnen geholfen das mal zu reflektieren? Emma: Auf jeden Fall. Wenn man sich an kleine Sachen erinnert und sich denkt, och Gott, das hat mir ja so gutgetan.	T: Did it help you reflect on that? Emma: Definitely. When you remember small things and think, oh God, that was so good for me.		She benefited from remembering the positive experiences.	
Q5f M3.2 M3.3	Paul-Q5f	Ich hab immer gedacht naja, Stärken ja, so richtige habe ich nicht gehabt, aber so allgemeine Stärken – beim Sport da hab ich aber schon viel gemacht.	I always thought, well, strengths, yes, I did not have real ones, but such general strengths - but I've done a lot in sports.		He gained awareness of his strengths and what he achieved in sports.	Previously, he had presumed that he did not possess any concrete strengths; however, upon reflection, he recognised that he exhibited a number of general strengths.
g. Writing a 'Flourishing Song'						
Q5g M1.1	Anna-Q5g	Das war sehr nett, doch, ja.	That was very nice, yes.		She enjoyed writing the 'Flourishing Song'.	
Q5g M1.1	Willa-Q5g.1	Hat mich weitergebracht.	Has brought me further.		The composition of the 'Flourishing Song' enabled her to make further progress.	
Q6 M1.1	Willa-Q5g.2	Das hat mir gefallen mit den Liedern, auf jeden Fall	I liked that with the songs, definitely.		She enjoyed the songs.	

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5g M1.4 M3.3	Emma-Q5g.1	Ja, doch. Das stimmt so und dass Sie das halt auch wachgerufen haben. Aber jetzt (...) das ist einem jetzt so richtig bewusst geworden (..) und dann/	Yes, sure. That's true, and that you have also awakened that. But now (...) you've really become aware of that (...) and then/		In writing the 'Flourishing Song', she became aware of her achievements.	
Q5d M2.1	Emma-Q5g.2	Emma: (Frage von T. nach dem Identifizieren und Nutzen von Stärken.) Ja, dafür hat man überhaupt zum Herrgott zu danken (.) dass er einem die Kraft und die richtigen Einstellungen dann übermittelt hat und dass er das richtige dann so eingerichtet hat, dass/ auf dem Weg. T: Ihre Einstellungen so zu leben? Emma: Ja freilich. Ich bin froh drum, dass das so/ dass der Herrgott so vertraut.	(Question from T. about identifying and using strengths.) Emma: Yes, you must thank the Lord for that (.) that he then gave you the power and the right attitude and that he then set it up in such a way that that/ on the way. T: Your settings to live like that? Emma: Yes, of course. I'm glad that it's like that/ that the Lord trusts so much.		She expressed gratitude to God for providing her with the necessary abilities and attitudes, for establishing the optimal circumstances, and for placing trust in her.	The way she pointed to the sky and smiled indicated that she felt connected, perhaps supported by God.
Q5g M1.2* M1.3 M1.5	Emma-Q5g.3	Ich staune was Sie/ das auszudrücken. Das ist Wahnsinn. Und das (…) "zurück wird es kommen", dass ... die Frau, die sagte „Frau '[Emma]', Sie wissen, es kommt alles zurück!" [Während des Songwriting-Prozesses bezog sie diese Aussage mehrfach auf eine	I am amazed at what you express. This is madness. And that (...) "it will come back", that... the woman who said "Mrs '[Emma]', you know, it's all coming back!" [During the songwriting process, she referred this statement several times to a story		She was amazed at how the song expressed her experiences, particularly a statement from a woman who had supported her in the past.	

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		Geschichte darüber, wie sie Hilfe von einer Frau im Krankenhaus bekam]	about how she received help from a woman in the hospital]			
Q5d M2.2	Emma-Q5g.4	(Nachdem sie die Texte des Flourishing-Songs gesehen hat) Mein Gott, was wärst du denn ohne die anderen da.	(After looking at the lyrics of the 'Flourishing Song') My God, what would you be without the others.		She was grateful for the support she received from others.	
Q5g M1.2* M1.4 M1.5	Emma-Q5g.5	Wie Sie es hingebracht haben. Und trotzdem ist das jetzt nicht so, dass ich jetzt so dastehe, da drin als/ (…) Ich helf auch gern. (…) Nein, man hat auch seine Fehler, man hat Fehler gemacht und/ (…) das ist wunderschön.	How you got it there. And yet it's not like I'm standing there like that, in there as/ (...) I'm also happy to help. (...) No, you also have your mistakes, you've made mistakes and/ (...) that's wonderful.		She enjoyed the 'Flourishing Song' and was glad that she was presented in an authentic manner. She concluded that, as with all individuals, she has imperfections.	It was important for her to not praise herself.
Q5g M1.3 M3.5	Paul-Q5g	An und für sich, gut. man hat halt mal über sein Leben nachgedacht. Man denkt da, wenn man sowas macht [zeigt aufs Lied] mal weiter zurück. So war es doch immer kürzere Zeit. Zeit, wo die Kinder klein waren und groß waren (...) Hat mich viel an die Vergangenheit erinnert.	In itself, good. You just thought about your life. You think back further when you do something like that [points to the song]. So, it was always a shorter time. Time, when the children were small and grown up (...) Reminded me a lot of the past.		He reflected on his life with greater depth than usual. The song evoked memories of the past.	
6. Have you listened to your songs since we stopped working together? What role, if any, did the songs play to support your wellbeing?						
Q6 M1.6	Anna-Q6.1	Noch nicht [angehört], wir haben noch keine Zeit gehabt. Die CD ist ja bei den Enkele, aber ich komm ja wieder am Sonntag.	Not yet [listened to], we didn't have time. The grandchildren have the CD, but I'll be back on Sunday.		She had not yet had the opportunity to listen to the songs, as the CD was currently with her grandchildren.	

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Q6	Anna-Q6.2	(Sie zeigt auf Mappe.) Und das hab ich nochmal da, das will ich nochmal in Ruhe a bissle durchlesen. Ich hab es schonmal gelesen, aber das lese ich schon nochmal a bissle in Ruhe durch, es war etwas hektisch wegen der Feiertage.	(Pointing to folder.) And I have that here again, I want to read through it a bit again, in calm. I've read it before, but I'll read it again calmly, it was a bit hectic because of the holidays.		She wished to read the folder in a tranquil and composed manner.	
Q6 M1.1 M1.5	Anna-Q6.3	T: Haben nochmal über die Lieder nachgedacht? Anna: Ja, freilich habe ich da nochmal drüber nachgedacht. Das fand ich doch ganz schön.	T: Did you think about the songs again? Anna: Yes, of course, I thought about it again. I really liked that.		She enjoyed the songs and reflected on their meaning.	Anna might relate the statement that she likes "it" to the songwriting process.
Q6 M1.7	Anna-Q6.4	T: Spielen die Lieder eine Rolle für Ihr Wohlbefinden? Anna: Ob die eine Rolle spielen (…) Wenn ich die ein paar Mal gehört habe, weiß ich sie ja auswendig. Das glaube ich schon, dass sie eine Rolle spielen. Doch, das ist eine schöne Erinnerung, wenn man es immer wieder lesen kann, die kann man ja immer wieder abspielen.	T: Do the songs play a role in your wellbeing? Anna: Whether they play a role (...) If I've heard them a few times, I know them by heart. I do believe that they play a role. Yes, it's a nice memory if you can read it over and over again, you can play it over and over again.		After listening to the songs a few times, she would be able to recall the lyrics and melodies by heart. She assumed that the songs played a role in her wellbeing. She appreciated the possibility of listening to the songs again.	
Q6	Willa-Q6.1	Willa: Gehört nein, aber drüber nachgedacht. T: Welche Gedanken hatten Sie? Willa: Dass es doch mit meinem Sohn gut wird. Weil er anruft,	Willa: Heard no, but thought about it. T: What were your thoughts? Willa: That my son will be fine after all. Because he		She had not yet listened to the songs, but she reflected on them and, in doing so, on the son who had sought forgiveness. This gave her	

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		fragt, ob ich ihm verzeihen kann. Das hat Hoffnung gemacht.	calls, asks if I can forgive him. That made hope.		hope for a positive future with her son.	
Q6 M1.8	Emma-Q6.1	Schon ja, und da hab ich da gesessen und da denk ich/ (...) Ja, also ich bin dankbar, dass ich/ dass wir zusammen/ dass Sie auf mich zugekommen sind. Ich frag mich manchmal, warum ausgerechnet ich? Da sind ja so viele Patienten oder Senioren (...) und so hell leuchte ich auch nicht raus, dass/	Yes, and there I sat, and I think/ (...) Yes, well, I'm grateful that I/ that we together/ that you approached me. I sometimes wonder why me of all people? There are so many patients or seniors (...) and I don't shine so brightly that/	smiling	She listened to the songs and expressed gratitude for being selected for the study, given the high number of residents.	She did not consider herself as being exceptional.
Q6 M1.3 M1.5 M1.8	Emma-Q6.2	T: Denken Sie, die Lieder spielen auch eine Rolle für Ihr Wohlbefinden? Emma: JA (nachdrücklich gesprochen) (..) Ja (..) weil es da auch eher auszudrücken ist als/ (.) oder ausgedrückt ist in den Liedern. Wie Sie es angeordnet haben oder dass Sie/ Das tat gut (…) Man ist immer wieder/ (…) Manchmal hast du auch das Gefühl „Oje jetzt ist es gerad (..) jetzt bist du a richtiges altes	T: Do you think the songs also play a role in your wellbeing? Emma: YES (speaking emphasising) (..) Yes (..) because it is rather to express than/ (.) or expressed in the songs. How you directed it or that you/ that felt good (...) You are again and again (...) Sometimes you also have the feeling "Oh dear, now it		Emma confirmed, emphasising that the songs played a role in her wellbeing. For her, the act of expressing something in the form of a song was found to be a more effortless process than verbal communication. The song aesthetics pleased her and she was proud of the songs.	She identified with the lyrics but initially did not perceive herself as involved in the songwriting process. At the same time, she acknowledged that the songs were created collaboratively, which indicated that she was aware of her contribution to the songwriting process.

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		Dapperle" und und (..) wenn du dann die Texte oder so – man sieht, was Sie daraus gemacht haben und dann/ (5) T: Was macht das dann mit Ihnen, wenn Sie sich die Lieder anschauen? Emma: Dann denke ich „Mein Gott, wie sie es formuliert haben oder wie Sie es/ (lächelt) (..) Bin schon aweng stolz dann. Teamwork, Ja!	is (..) now you're a real old 'Dapperle' [Franconian word for someone who is awkward/impaired]" and so on, and when you [read] the lyrics or so - I can see what you've made of it and then/ (5) T: What does it do to you when you look at the songs? Emma: Then I think, "My God, how you phrased it or how you/ (smiling) (..) I'm a bit proud, then. Teamwork, yes!	smiling		
Q6 M1.1 M1.5	Paul-Q6.1	Das hat sehr gutgetan, jetzt wo ich das so höre [alle Lieder]. Das war ja schön gemacht.	That was very well for me, now when I hear it like that [all songs]. That was done nicely.		The songs provided him with a sense of wellbeing.	
Q6 M1.6	Paul-Q6.2	Mit meiner Frau und meinen Enkeln. Die Enkel waren erstaunt, weil ihre Namen darin vorkamen. Ja. Weil Sie wissen ja, Musik liebe ich schon. (… er zählt Musiker und Sendungen auf, die er im TV sieht)	With my wife and grandchildren. The grandchildren were astonished because their names appeared in it. Yes. Because you know I love music. (He lists musicians and programs he sees on TV)	smiling	The lyrics of the songs were inspired by his wife and grandchildren. The grandchildren were surprised to find themselves included in the lyrics. Music was one of his passions.	

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Q6 M1.5 M1.6	Paul-Q6.3	Und alle sagten, „Oh das ist aber gut", da draußen sind alle stehen geblieben und einer hat sogar geklopft, was für schöne Musik ich hab.	And everyone said, "Oh, that's good", out there everyone stopped and one of them even knocked, what nice music I have.	smiling	Other people stopped to tell him that they liked the songs.	His expression suggested a sense of pride in the songs.
Q6 M1.3 M1.5 M1.6 M3.1	Paul-Q6.4	Jetzt begreif ich erst, was ich gesagt hab und was da drin ist. Dass da so viel Erlebnisse drin sind und die Familie. (.) Das war gut, ja. Das ist gut angekommen.	Now, I understand what I said and what is in there. That there are so many experiences and the family. (.) that was good, yes. That went down well with the people.		By the conclusion of the program, he had gained an understanding of the content of the songs, which reflected many of his personal experiences and those of his family. The songs were also well-received by other individuals.	
7. You wanted to (in the conclusion session reported intentions to transfer the achievements from the therapeutic process into their daily life). Could you integrate this into your daily life?						
Q7 M2.2	Anna-Q7.1	Bin ja praktisch heute auch noch dankbar und viel Freude habe ich wenn meine Enkel kommen.	Today, I'm still grateful, and I have a lot of joy when my grandchildren come.		She expressed gratitude for the joy her grandchildren brought to her life.	
Q7 M3.1	Anna-Q7.2	Das möchte ich in Zukunft ja noch ein wenig erleben, wie sich die Ur-Enkele entwickeln. (…) Das ist mir schon bewusst, das behalte ich, freilich.	In the future, I would like to see a bit more of how the great-grandchildren develop. (...) I am already aware of that, I will keep that, of course.		She desired to observe the further development of her great-grandchildren. She became aware of this and wished to retain this.	
Q7 M3.2	Willa-Q7	Ich möchte weiter auf die Stärken schauen, ja.	I want to continue looking at the strengths, yes.		She was motivated to keep aware of her strengths.	

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Q7 M3.1	Paul-Q7	[Paul wollte mehr rausgehen] In meiner Lage, da kann man nicht viel. Die letzten drei Jahre waren eine verlorene Zeit. (...) Wenn ich rauskomme aus dem Seniorenheim (..) das Leben in der Innenstadt was ich schon immer gekannt habe, da mache ich schon Pläne. Da bin ich beim Bahnhof und (er listet auf, wohin er normalerweise geht) auch wegen meiner Arbeit. Meine Woche ist immer geplant. (Er listet auf, welche Termine er hat.)	[Paul wanted to go out more] In my position, you can't do much. The last three years have been a lost time. (...) When I get out of the retirement home (..) the life in the city centre, which I have always known, I'm already making plans. I'm at the train station and (... he lists where he usually goes) also because of my work. My week is always planned. (... he lists which dates he has.)		He experienced a sense of helplessness in his situation at the residential care facility. He planned to visit the city centre, an activity he had previously engaged in, also due to work commitments. His schedule for the week was comprehensive and well-structured.	
8. (If there was an interruption, such as medical issues or intermediate events, reported by the participant during the treatment, see data collection in 6.2.3.1): Did (description of reported interruptions) interrupt you in achieving your goals?						
Q8	Anna-Q8	[Weihnachten zwischen den Treffen] Vom Gefühl her ist Weihnachten ja schon mit positiven Gefühlen begleitet (.) war immer schön, nie Streit. (..) könnte eventuell ein wenig mitspielen.	[Christmas between meetings] In terms of feelings, Christmas is already accompanied by positive feelings (.) it was always beautiful, never arguments. (..) Could possibly play a little role.		The Christmas period was characterised by a general sense of positivity, which may have had a beneficial impact on her, potentially facilitating the achievement of the treatment.	
Q8	Willa-Q8	[Willa hatte einen ernsthaften Streit mit dem Sohn und war infolgedessen in einer schwierigen Situation]	[Willa had a serious argument with the son and was in a difficult situation as a result]		The conflict with her son was challenging for her, yet she retains optimism that it will have a positive outcome in the future. She	She was intensely focused on her son and consistently directed her response to him. The intensive relationship

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		Willa: Ja, das war ganz schwierig. Aber Hoffentlich, wenn sich das letztendlich zum Guten wendet (...) T: Hatte das einen Einfluss auf unsere Treffen? Willa: Ja, also was ich gut gefunden habe war, das war (..) ich kann meinem Sohn nicht böse sein. Doch, Verzeihen.	Willa: Yes, that was very difficult. But hopefully, if this ultimately turns out for the better (...) T: Did that have an impact on our meetings? Willa: Yes, well, what I thought was good was that (..) I can't be mad at my son. Yes, sorry.		expressed a desire to forgive him.	may have had an impact on the therapeutic content, consequently influencing the therapeutic process.
Q8	Emma-Q8	[Zwei Wochen Unterbrechung wegen Krankheit] Nein, das hat überhaupt nicht gestört. (..) Nein, war nichts abgerissen.	[Two weeks break due to illness] No, that didn't bother at all. (..) No, nothing was broke off.		The two-week break had no impact on the therapeutic achievements.	
Q8	Paul-Q8	[Weihnachten zwischen den Treffen] Nein.	[Christmas between meetings] No.		Christmas had no impact on therapeutic achievements.	
9. About completing the measurement: How did you experience the questionnaires?						
Q9	Anna-Q9	Anna: Die sind nicht schwer. (..) Man könnte sagen sind leicht auszufüllen. T: Und die Menge? Anna: Ja, die Menge ist auch ok.	Anna: They are not difficult. (..) One could say are easy to fill out. T: And the amount? Anna: Yes, the amount also ok.		The scales were simple to complete, and the quantity was acceptable.	
Q9	Willa-Q9	Es war ok, ja.	It was ok, yes.		Scales were acceptable.	
Q9	Emma-Q9	Für die Wissensforschung. Das geht.	For research. That works.		Scales were acceptable for research purposes.	

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Q9	Paul-Q9	Paul: Teilweise ist da nichts mit anzufangen. (..) Manche waren nicht so verständlich (.) welche Stufen (.) so stufenmäßig. T: Beim dem WHOQOL oder dem FS? Paul: Der lange [WHOQOL-OLD]. Die Fragestellung war mir manchmal ein wenig komisch (..) was man ankreuzen soll.	Paul: Partially I can't do anything with it. (..) Some were not so understandable (.) which levels (.) so gradual. T: In the WHOQOL or the FS? Paul: The long one [WHOQOL-OLD]. The question was sometimes a bit strange to me (.) what to tick.	Looking fending	The WHOQOL-OLD scale did not seem to be a suitable tool for the purpose of measuring quality of life.	Paul's body language indicated a lack of motivation to repeat the measurement with the WHOQOL-OLD scale in the future.

G Translation of Video Data

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Chapter 8.2.2.1 M3.5	Anna-V1.1	Also entschuldigen Sie, dass ich da das Heulen anfange, aber/ also/ Das wird Ihnen öfters hier passieren, ne? Dasse dene ältere Leute / gerad bei so Liedern, denke man an seinen Mann und so, ne? Da kommt des. (verlegen lachend) #10:22#	So excuse me for starting to cry there, but/ well/ that's going to happen to you here more often, no? That older people / especially with such songs, one thinks of her husband and such, no? Then it comes. (laughing embarrassed) #10:22 #	Singing a folksong		She offers an apology for her tears, assuming that such an emotional response is more common among older people. The songs evoke memories of her deceased husband.	Songs can evoke memories and strong feelings.
Chapter 8.2.2.1	Anna-V1.2	Aber dich (…) das singen wir sogar hier #06:11#	"Aber dich" (...) we even sing that here. #06:11 #	Singing a song about love	Laughing and smiling	The song was sung in the nursing home.	Singing was a positive experience.
Chapter 8.2.2.1 M3.5 M4.1*	Anna-V1.3	Anna: Das macht mich ja traurig (weinend und verlegen lachend). T: Dann lassen wir das. Anna: Schön aber, ne? (weinend und verlegen lachend) T: Das erinnert Sie sehr an Ihren Mann, wahrscheinlich, oder? Anna: Ja, ne? Genau. (weinend und verlegen lachend) #07:05#	Anna: That makes me sad (crying and laughing in embarrassment). T: Let's leave it then. Anna: But it's nice, isn't it? (crying and laughing embarrassed) T: That reminds you a lot of your husband, probably, doesn't it? Anna: Yes, right? Exactly. (crying and laughing embarrassed) #07:05#	Crying while singing a love song	Crying	The act of singing a love song evoked a state of sadness in her. Conversely, she expressed a positive emotional response to the song, which prompted a memory of her deceased husband.	Although the act of singing may have evoke negative emotions, it can also recall positive associations.

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M4.1	Anna-V2.1	Heute sind Sie wieder da. #2:14#	Today, you are here, again. #2:14#	Feedback on the homework 'Three good things in life': T: "Thursday, what happened today?"		She assigned the visit from the therapist to the experiences she wished to include in the musical ritual.	The therapeutic relationship between the therapist and Anna is deemed to be positive.
Q5b M1.2* M1.5	Anna-V2.2	Ja, das haben Sie gut geschrieben. Zwei Strophen schon. #10:44#	Yes, you wrote that well. Two verses already. #10:44#	Showing lyrics of 'Pleasure Song'		Anna perceived the lyrics, which had been composed by the therapist, as positive.	She attributes the lyrics writing to the therapist.
Q5b M1.1 M1.2* M1.5	Anna-V2.3	Das machen Sie schon schön, muss man schon sagen. Aus, aus nix bringen Sie ein schönes Lied zusammen, ne? Ja. #31:53#	You're doing well, I have to say. You can put together a nice song out of nothing, right? Yes. #31:53#	Singing the ‚Pleasure Song'	Laughing and smiling	She expressed appreciation for the song's aesthetic qualities.	She attributes the lyrics writing to the therapist.
Q5b M1.2*	Anna-V2.4	T: Das war gerad mal eine halbe Stunde und wir haben schon so viel. Wunderbar. Anna: Ja, Sie machen das ja auch gut. #34:00#	T: That was only half an hour and we already have so much. Wonderful. Anna: Yes, you do it also well. #34:00#	The therapist summarised how much was created	Laughing and smiling	The therapist demonstrated the ability to compose songs.	She attributes the lyrics writing to the therapist.
Q5b M1.1 M1.2*	Anna-V2.5	Haben Sie schön gemacht. #38:07#	You have done nicely. #38:07#	Singing the ‚Pleasure Song'		The therapist demonstrated the ability to compose songs.	She attributes the lyrics writing to the therapist.
Q5b M1.1 M1.2	Anna-V2.6	(Anna lächelt) T: Da sind Sie stolz drauf?! Anna: Doch, das haben Sie sehr schön gemacht. Ich habe Stichpunkte gegeben, aber Sie	(Anna smiles) T: You are proud of it?! Anna: Yes, you did that very nicely. I gave	Singing the ‚Pleasure Song'		Anna provided feedback on the 'Pleasure Song', but the therapist demonstrated the ability to compose songs.	She attributes the lyrics writing to the therapist. She admits that she contributed to the songwriting process.

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		haben das wirklich gut gemacht. #41:15#	notes, but you did really well. #41:15#				
Q5b M1.2* M1.5	Anna-V3.1	Schön machen Sie das. #13:26#	You are doing it nicely. #13:26#	Singing the ‚Pleasure Song'		The therapist demonstrated the ability to compose songs.	She attributes the lyrics writing to the therapist.
Q3 Q4	Anna-V3.2	T: Wie geht es Ihnen jetzt? Anna: Jaa. Och, es geht mir besser, ne? Eigentlich wieder. Ne, so insgesamt, ja. Geht mir schon besser. 40:46#	T: How are you now? Anna: Yeah. Oh, I'm better, aren't I? Actually again. No, overall, yes. I'm feeling better. 40:46#	Finishing the session		Anna reports a general improvement in her wellbeing following the session.	
Q5b M1.5	Anna-V4.1	Ich find, es is so n schönes Lied geworden, oder? #22:21#	I think it turned out to be such a beautiful song, didn't it? #22:21#	Singing and recording the 'Pleasure Song'	Laughing and smiling	She enjoyed the ‚Pleasure Song'.	
Q5b M1.1 M1.5	Anna-V4.2	Das ham Sie schön gemacht, schöne Stimme, schöne Singstimme. #3:33#	You did it beautifully, beautiful voice, beautiful singing voice. #3:33#	Singing the ‚Pleasure Song'	Smiling	She enjoyed the song and performance by the therapist.	She attributes the lyrics writing to the therapist.
M1.3 M1.4	Anna-V4.3	Und entspricht auch der Wahrheit, alles. So aus dem Leben. Spricht man doch die Wahrheit. #4:17#	And also corresponds to the truth, everything. So from life. You speak the truth. #4:17#	Talking about the 'Pleasure Song'	Smiling	The lyrics are an authentic reflection of Anna's personal experiences and emotions.	She identified herself with the song content.
M2.2	Anna-V4.4	Aber hier (Seniorenheim) ist man ja dann doch versorgt, ne? Bemühen sich hier auch um die Leute, das muss man schon sagen. #24:01#	But here (residential care home) you are taken care of, right? They also try to help the people here, you must say that. #24:01#	Anna explained that she felt lonely when living alone in a big house		Anna received appropriate care in the residential care facility.	

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M2.2	Anna-V5.1	Und da hatte ich meine Freundin, bei der war ich auch mehrfach eingeladen, mit ihrem Mann, das hat auch geholfen, ne? Ja, das muss man schon sagen. #26:53#	And then I had my friend, who I was invited to several times, with her husband, that helped too, didn't it? Yes, you have to say that. #26:53#	Talking about grief and being distracted by others	It was beneficial that she was invited to her friend's house following the death of her husband.	
Q5f M1.3 M3.3	Anna-V5.2	Anna: Bisschen viel, oder? Das ganze unterzubringen. T: Ihr Leben. Anna: Ja, das ist mein Leben, ganz bestimmt, so war's. #28:49#	Anna: Bit much, isn't it? To accommodate it all. T: Your life. Anna: Yes, that's my life, definitely, that's how it was. #28:49#	Exploring strengths and situations where she used them	She questioned whether the collated information was too extensive to be incorporated into a song. Nevertheless, she agreed that the information aligned with her personal experiences.	She tended to be modest. However, she became aware of her ability to cope with a wide range of situations.
Q5e M1.1 M1.2*	Anna-V5.3	Anna: Jaja, ist gut so. Haben Sie gut gemacht. T: Das kam gerade von Ihnen (…) Anna: Ja ja, wir machen das zusammen (lachend). #30:42#	Anna: Yes, that's a good thing. You did well. T: That just came from you (…) Anna: Yes, yes, we do it together (laughing). #30:42#	Repeating lyrics for the chorus that were mainly suggested by Anna	Anna said the therapist demonstrated the ability to write good lyrics. The therapist reminded her that the lyrics were her own, so she amended her statement and admitted that they wrote the song collaboratively.	She seemed to remember that the therapist had repeatedly emphasised that the lyrics were her own, so she amended her statement.
M1.2* M1.5	Anna-V6.1	Schön haben Sie das gemacht (..) Ja, is ja gut. (Lachen) #41:32#	You did well (..) Yes, that's good. (laughter) #41:32#	Singing the 'Pleasure Song'	The therapist demonstrated the ability to write good lyrics.	She attributes the lyrics writing to the therapist.
M1.5	Anna-V6.2	Das hört sich gut an, wenn Sie das so spielen, schön. (Lächeln und Lachen) #45:03#	Sounds good when you play it like that, nice. (smile and laugh) #45:03#	Singing the 'Gratitude Song'	She enjoyed the song, particularly the song's aesthetic qualities.	

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Q3	Anna-V6.3	Anna: Das ist auch das ganze Ziel, dass die Menschen da aus sich rausgehen und sich da, ne? Wohlfühlen. T: Ja, schon Anna: Schon ne? T: ich hoffe ich erreiche mein Ziel. Anna: Ja, och doch, ne? #45:30#	Anna: That's the whole goal, that people come out and express themselves, isn't it? To feel good. T: Yes, yes Anna: Alright, no? T: I hope I reach my goal. Anna: Yes. sure, right? #45:30#	Singing the 'Pleasure Song' and the 'Gratitude Song'	The aim of the program was to facilitate a process of self-discovery and self-transcendence. Anna confirmed that she was able to achieve this.	
M1.1 M3.1	Anna-V6.4	Anna: Also, war ganz schön jetzt, ne? Ja, doch. T: Das freut mich. Anna: Ja, ja freilich. (..) Das ist auch eine Abwechslung. Und überhaupt, Musik, mit Musik kann man viel erreichen, kann man viel die Menschen erreichen mit Musik, ne? Ja, also finde ich schon, ne? Ja. Ja. #46:20#	Anna: So, it's nice now, isn't it? Yes, sure. T: I'm glad. Anna: Yes, yes of course. (..) That is also an alternate. And anyway, music, you can achieve a lot with music, you can reach a lot of people with music, right? Yes, so I think so, no? Yes. Yes. #46:20#	End of session: Packing for leaving	Anna enjoyed the session, which represented an alternative activity. Music has the capacity to facilitate communication with individuals who may otherwise be difficult to engage with.	
Q5e M1.2* M1.3 M1.4 M1.5	Anna-V7.1	Anna: Das finde ich ganz gut. Ja, doch, doch (…) Das machen Sie doch ganz toll, ne? (..) Ja (lächelnd und Lachen), Naja aber es stimmt doch, Sie machen das doch ganz schön, ne?	Anna: I think that's a good. Yes, sure, sure (…) You're doing really good, aren't you? (..) Yes (smiling and laughing), well, but it's true, you do it really good, don't you?	Singing the 'Gratitude Song'	She enjoyed the song, and the therapist demonstrated the ability to write good lyrics. The therapist highlighted that Anna composed the lyrics. Anna acknowledges that the	

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		T: Das habe trotzdem nicht ich formuliert, das haben Sie formuliert. Anna: Ja, ja freilich, das ist ja mein Leben, was ich ihnen da erzähl, ne? So wie es war, ne? #47:55#	T: I didn't formulate that, you formulated it. Anna: Yes, yes of course, what I'm telling you is my life, isn't it? The way it was, right? #47:55#		lyrics reflect her personal experiences.	
Q5g M1.5	Anna-V9.1	Ja, ist doch ganz schön. #41:48#	Yes, it's very nice. #41:48#	Singing the complete 'Flourishing Song' for the first time	She enjoyed the song's aesthetic qualities.	
Q5g M1.1 M1.2*	Anna-V9.2	Sehr schön gemacht, ja. #43:52#	Very nicely done, yes. #43:52#	Finishing the 'Flourishing Song'	She acknowledged the well-executed songwriting process.	It remained unclear if she identified herself with the songwriting process.
Q5g M1.2 M1.3 M3.3	Anna-V9.3	Jetzt haben wir so ziemlich alles untergebracht, ne? Doch, schön. #44:01#	We've taken pretty much everything in now, haven't we? Yes, nice. #44:01#	Finishing the 'Flourishing Song'	She enjoyed that the lyrics incorporated all the relevant information.	It seemed that she identified herself with the songwriting process.
M1.3	Anna-V10.1	T: Wir haben ja immer spontan gedichtet auf das, was gut war. Anna: Ja so das ganze Leben, so ganz überflogen, ne? Ja ja #4:15#	T: We always wrote spontaneously about what was good. Anna: Yes, this whole life, flown over, right? Yes yes #4:15#	Writing a musical phrase	The therapist summarised the process by which the participant and therapist spontaneously wrote lyrics about positive experiences. Anna confirmed that the musical phrases represented lived experiences from her entire life.	While the therapist focused on the musical ritual, it is possible that Anna referred to the experiences of the entire program.

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Q5g M1.3 M1.4 M3.3	Anna-V10.2	Aber ja, stimmt, alles wahr, was da drinne steht. #6:54#	But yeah, that's right, everything that's in there is true. #6:54#	Singing the 'Flourishing Song'	The lyrics accurately reflected the information that had been collated.	The act of confirming the truth of the content can evoke a sense of identification with the song.
Q5b M1.1 M1.2*	Anna-V10.3	Das haben Sie schön gemacht (lächelnd und Lachen). #11:23#	You did well (smiling and laughing). #11:23#	Singing the 'Pleasure Song'	The therapist demonstrated the ability to write good lyrics	She attributes the lyrics writing to the therapist.
Q5e M1.1 M1.2*	Anna-V10.4	Schön, ne? Haben Sie schön gemacht alles. #14:32#	Nice, right? You have done everything nicely. #14:32#	Singing the 'Gratitude Song'	She enjoyed the song, particularly its the song's aesthetic qualities and the therapist demonstrated the ability to write songs.	She attributes the songwriting to the therapist.
Q3 Q4 M2.2 M4.3	Anna-V10.5	T: Wie fühlen Sie sich jetzt eigentlich denn danach, so nach all den Liedern? Anna: Ja, naja eigentlich so wie immer (..) Naja, ach doch, nach dem Singen schon a bissl besser, ne? A weng aufgemunterter, ne? Ja (zustimmend), schon, dann bin ich wieder bei der Familie, das hilft dann alles zusammen ne?. Ja, ja (…) Also ich glaub schon, dass das Menschen a weng hilft, ne? Gerade bei den alten Leuten, ne? Das so ein wenig aufmuntert auch, ne? T: Ihnen hilfts auch?	T: How do you actually feel after that, after all the songs? Anna: Yes, well actually like always (..) Well, sure, after singing it's a bit better, isn't it? A little cheered up, right? Yes (agreeing), sure, then I'll be back with my family, that will help all then, right?. Yes, yes (...) So I do believe that that helps people a little, right? Especially with the old people, right? That's a little cheering up too, isn't it? T: Does it help you too?	Singing all songs	When being asked, Anna responds that her emotional state remains unchanged following the singing of all songs, yet she has reconsidered her initial response. She reports an increase in positive mood and attributes this change to the program, which may generally have a beneficial impact on the emotional wellbeing of older individuals.	She needed a period of reflection to recognise the change in her emotional state.

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		Anna: Jaa, jaa, es hilft, doch (.) doch. Ne, also ich denke, dass alle alten Menschen da ein bisschen aufblühen damit, oder? #15:13#	Anna: Yes, yes, it helps, sure (.) sure. but. No, well, I think that all old people flourish on that, don't they? #15:13#			
Q5f M3.2	Anna-V10.6	Weiß man manchmal selber nicht so was man für Stärken hat, weiß man manchmal selber net so. Ja (.) Ja. (Lächeln) #15:25#	Sometimes you don't know what your strengths are, sometimes you don't know them yourself. Yes . Yes. (smile) #15:25#	Looking at her strengths overview	Anna assumed that people are sometimes unaware of their own strengths.	It is possible that she was referring to herself, which suggests that she was not aware of her own strengths.
M2.2	Anna-V10.7	Kann mich ein bisschen um meine Freundin kümmern weil die ja auch einen pflegebedürftigen Mann hat, und das erfüllt einen ja schon. Und dann meine zwei Urenkele, die sind ja ganz goldig, ne? Dann gehen wir in die Kirche und anschließend dann bin ich bei der Familie. #16:14#	I can look after my friend a bit because she also has a husband who needs care, and that fills you up. And then my two great-grandchildren, they're really adorable, aren't they? Then we go to church and then I´ll be with my family. #16:14#	The therapist asked which elements from the therapy she would like to implement in her daily life.	She experienced a sense of fulfilment when she provided care for a friend. She enjoyed spending time with her great-grandchildren, attending church, and engaging in activities with her family.	Engaging in pleasurable activities was an important aspect of her life.
Q2 Q3 M1.1 M1.5 M3.1	Anna-V10.8	Anna: Also auf jeden Fall, die Musik, das hat mir gut getan, ne? #17:16#	Anna: Definitely, the music was good for me, wasn't it? #17:16#	The therapist wanted to know what Anna drew from the program.	The music was beneficial for Anna.	
Q3 Q4 M1.1	Anna-V10.9	Wenn man das dann liest, ich glaube, das hilft einem dann schon, ne? #17:29#	When you read that, I think that helps, doesn't it? #17:29#	The therapist wanted to know what Anna drew from the program.	A review of the folder reveals that the program was beneficial for her.	

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M1.2* M1.3 M1.4	Anna-V10.10	Sie haben da alles so schön in die Lieder eingepackt, ne? #18:31#	You built everything so nicely into the songs, didn't you? #18:31#	The therapist wanted to know what Anna drew from the program.	The therapist incorporated all of the relevant information into the songs.	She attributes the songwriting to the therapist.
Q5b M2.2 M3.1	Willa-V2.1	Dann werden, dann werde ich wach und dann kommen wir ins Gespräch und (..) dann geht's mir etwas besser. #32:04#	Then I'll wake up and then we'll start a conversation and (..) then I'll feel a little better. #32:04#	Working on the chorus of the 'Pleasure Song': Visit from people	She reported an improvement in her wellbeing when she awoke and could engage in conversation with others.	Composing the chorus for the 'Pleasure Song' made her aware of what was beneficial for her, and she expressed gratitude for the opportunity to engage in discourse with others.
M4.1	Willa-V2.2	Also mit Ihnen möchte ich mal zum (…) ins Café. #34:15#	I would like to go with you (...) to the café. #34:15#	Working on the chorus of Pleasure Song: Visit from people	She expressed a desire to visit a café with the therapist.	A good therapeutic rapport was established.
Q5d M2.2	Willa-V2.3	Wie ich dann ausgezogen bin, erst bin ich in die (…) Klinik (…) Und dann war alles (..) ich hab nix machen können in der Wohnung und er hat das alles mein Sohn gemacht. Sie war nicht in Ordnung, die Wohnung (..) Ich habe nicht Ordnung gemacht. Das hat alles mein Sohn gemacht. #44:47#	When I moved out, first I went to the (...) clinic (...) and then everything was (...) I couldn't do anything in the apartment and he did everything, my son. It wasn't in order, the apartment (..) I didn't put things in order. My son did all of that. #44:47#	Identification of someone for the Gratitude Song: the son who lived with her	Upon her return from psychiatric care, her son took responsibility for the shared apartment when Willa was unable to maintain appropriate care of it.	She expressed gratitude for her son in the 'Gratitude Song'.

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M3.1 M4.1	Willa-V4.1	Und Sie sind jetzt gekommen, das ist gut, das ist schön. Ja, Sie sind da und das ist, das ist einfach schön, immer. #36:13#	And now you've come, that's good, that's nice. Yes, you are there and that's, that's simply nice, always. #36:13#	''Music Ritual'': writing a phrase about being visited	Willa was pleased to have the therapist visit her in person.	A good therapeutic rapport was established.
Q5e M1.5	Willa-V4.2	Sehr schön. Sie singen das sehr schön. #7:12#	Very nice. You sing that very beautifully. #7:12#	Singing the song part from the previous week ('Gratitude Song')	She enjoyed the song and performance by the therapist.	
Q5e M1.5	Willa-V4.3	Das ist sehr schön. #9:00#	That is very nice. #9:00#	Singing the song part from the previous week ('Gratitude Song')	She enjoyed the song part.	
Q5e M1.1 M1.5	Willa-V4.4	Sehr schön, sehr schön war das. #10:23#	That was very nice, very nice. #10:23#	Finishing and singing the 'Gratitude Song'	She enjoyed the 'Gratitude Song'	
M1.1 M3.1 M4.1	Willa-V4.5	Das ist auch schöne Ablenkung. Jetzt mit Ihnen. #13:33#	That's a nice distraction too. Now with you. #13:33#	''Music Ritual'': writing a phrase about visiting people that evoked good feelings and presented a distraction from her diseases	She enjoyed the process of songwriting with the therapist, which provided a welcome distraction from her circumstances in life.	A good therapeutic rapport was established.
M4.3	Willa-V5.1	Ich danke Ihnen, dass Sie so viel Verständnis für mich haben (..) Und mir geholfen haben. (...) Sie haben mir sehr viel geholfen. #46:18#	I thank you, that you have so much understanding for me (..) and for helping me. (...) You helped me a lot. #46:18#	The therapist thanked Willa for her participation in the session, even though she felt bad	She expressed gratitude for the therapist's empathic understanding and support.	
Q5f M3.2	Willa-V6.1	Ich denk, ich hab gedacht, wie ich das durchgelesen hab und	I think as I read through this, I thought I could have	The therapist noted down Willa's	Upon reflecting on her strengths and	She had some significant

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M3.3* M3.4		so, ich hätte viel mehr erreichen können. #19:19#	accomplished a lot more. #19:19#	strengths. Reflection about wishes for the future		accomplishments, she concluded that she had the capacity to achieve considerably more in her lifetime.	challenges in her life and was unable to recognise her own performance in dealing with the situation.
M4.1	Willa-V6.2	Das ist mit Ihnen sehr schön. #20:25#	That's very nice with you. #20:25#	The therapist noted down Willa's strengths	The therapist notes down Willa's strengths	She enjoyed the time with the therapist.	A good therapeutic rapport was established. Willa demonstrated this by reflecting on this feeling during a task without any obvious stimulus.
M4.1	Willa-V7.1	Dass Sie so viel Geduld haben mit mir. #39:51#	That you have so much patience with me. #39:51#	Willa could not determine the topic for the 'Flourishing Song'		The therapist showed a high level of patience in their interactions.	
Q5b M1.5	Willa-V7.2	Schön ist das. #8:02#	That's nice. #8:02#	Singing the 'Pleasure Song'	intensive smile	She enjoyed the 'Pleasure Song'	In this case, reporting is more intensive than previously noted.
M2.2	Willa-V7.3	Dass er sich also- ich mein er kümmert sich sehr um mich. Er hat mich auch in der Straßenbahn geholfen, rein (4) und hat mit den Straßenbahnfahrer gesprochen, dass er mir hilft dann rauszukommen und so. Und das hat auch alles gutgegangen, aber er hat mich dann	That he- I mean he cares a lot about me. He also helped me on the tram, get in (4) and talked to the tram driver that he would help me get out and stuff like that. And everything went well, but then he called me/ to ask if he had helped me and if everything turned out	The therapist asked what she wanted to tell her son in the 'Flourishing Song' chorus. She wanted the son to understand her past.		She is grateful for the assistance provided by her son. He assisted her in the tram and asked her by telephone if he had been of any help. He provided her with care and support, which evoked a good mood.	

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		angerufen/ dann ob er mich geholfen hat, ob alles gut geworden ist. Der kümmert sich sehr um mich. (4) Des tut gut #11:40#	all right. He takes great care of me. (4) That's good #11:40#				
M4.2	Willa-V9.1	Ich hab nicht gedacht dass das schön wird. Heute ist es schön geworden. #15:25#	I didn't think it would be nice. It turned out nice today. #15:25 #	Willa told the therapist about current activities with her son		She enjoyed the session, a phenomenon that she did not expect in the beginning.	She experienced distress at the beginning of the session as a result of a conflict with her son.
M4.3	Willa-V10.1	Ich danke Ihnen, dass Sie so viel geholfen haben. (..) Sie helfen so viel. (…) Ohne Sie könnte ich das nicht schaffen. #47:15#	Thank you for helping so much. (..) You help so much. (...) I couldn't do it without you. #47:15#	The therapist explained the content of the last session and expressed gratitude for her participation.	soft smiling and shaking hand	Willa expressed gratitude to the therapist for her support, which enabled her to accomplish the therapeutic achievements.	
M1.5	Willa-V10.2	Schön, sehr schön. #15:41#	Nice, very nice. #15:41#	The records were shown, and songs were performed together. Willa concluded each song with the German "Schön" (beautiful/nice)	Soft smiling while singing songs	She enjoyed the songs.	
Q5g M1.1	Willa-V10.3	Das war schön aber, ne? #16:21#	That was nice, wasn't it? #16:21#	The therapist summarised that the 'Flourishing Song' was difficult after the severe conflict with her son.		She enjoyed writing the 'Flourishing Song'.	The 'Flourishing Song' was a positive experience, although Willa had experienced a severe conflict with her son and thus needed to modify the content.

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Q5e M1.5	Willa-V10.4	Schönes Lied ist das. Das gefällt mir. (4) Ich möchte das behalten. (15) T: Das war das zweite große Lied. Willa: (5) Das ist schön geworden. #21:18#	Willa-10.4 That's a nice song. I like that. (4) I want to keep this. (15) T: That was the second big song. Willa: (5) That turned out nice. #21:18#	Singing the 'Gratitude Song'		She enjoyed the 'Gratitude Song' and wished to retain it in her memory.	
M4.3	Willa-V10.5	Ich danke Ihnen für alles. Was Sie getan haben. #29:45#	Thank you for everything. What you have done. #29:45#	Singing all songs	Taking the therapist's hand	Willa expressed gratitude to the therapist for her support.	
Q5f M3.2	Willa-V10.6	Ich brauch das manchmal zu lesen. #35:41#	Sometimes I need to read this. #35:41#	Willa reviewed her strengths overview. The therapist suggested using it to solve difficult situations.	Pointing to the strengths overview	She expressed the desire to read her strength overview.	The strengths overview seemed to evoke positive feelings and a sense of being able to draw on a range of capabilities.
Chapter 8.2.2.1 Q5b M1.2*	Emma-V2.1	Hohe Tannen, ja, des is/ sehr schöne Melodie, Hohe Tannen weisen die Sterne. T: Sollen wir das nehmen, als Grundlage? Emma: Probieren Se, ja, zu machen. T: Wir! (Lachen) Emma (Lachen) (…) Also (..) mich brauchen Se net da mit einz/ #12:53#	„Hohe Tannen", yes, that is/ very beautiful melody, "Hohe Tannen weisen die Sterne. T: Should we use that as a basis? Emma: Yes, try to do it. T: We! (Laugh) Emma (laughter) (...) So (..) you don't need to integr/ [integrate me] #12:53#	The therapist listed the songs that were sung in the first session.		The selected song was perceived to have an aesthetically pleasing melody. Emma assumed that the therapist would compose the song. However, the therapist indicated that they would collaborate with Emma on the song. At this stage of treatment, Emma did not perceive herself as able to contribute to the song.	Emma may have perceived the task of composing a song as overwhelming, potentially leading to a lack of self-assurance in her ability to write it.

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Q5b M1.2* M1.8	Emma-V2.2	(Unerwartet, schnell und nachdrücklich:) Bitte, tun SIE doch bestimmen, was/ (zeigt auf sich selbst und lächelt) T: Was denn? Emma: Weil ich, weil ich (lächelnd, den Kopf gesenkt auf die Therapeutin schauend), das sagen soll/ (Kopfschütteln, lächelnd, den Kopf gesenkt auf die Therapeutin schauend) T: Ist alles gut? Geht es Ihnen gut? Emma: (nickend) Ja, aber, aber (.) warum ich allein und net, und net mehrere (..) ich sag (..) mit gefragt werden, damit/ #15:03#	(Unexpectedly, quickly and emphatically:) Please, do YOU decide what/ (points to self and smiles) T: What? Emma: Because I, because I (smiling, head down, looking at therapist) should say that/ (shakes head, smiling, head down, looking at therapist) T: Is everything alright? Are you alright? Emma: (nodding) Yes, but, but (.) why am I alone and not, and not others (..) I say (..) also be asked, to/ #15:03#	The therapist suggested categories for the 'Pleasure Song'	Emma requested that the therapist determine the song content. She was uncertain as to why she was selected for the songwriting program, given that there were numerous other residents.	She showed a lack of confidence in her ability to compose lyrics for a song. She expressed gratitude for being selected to participate in the songwriting program.
Q5b M1.1 M1.8	Emma-V2.3	Emma: Ach Gott, ach Gott, ich bin überfordert (…) T: Ist alles ok? Emma: (lächelnd, den Kopf gesenkt auf die Therapeutin schauend, Nicken) Sowas (..) (Kopfschütteln) Das hätt ma nie/ (..) heiheihei, ne (Lächeln). T: Schön! Emma: Ne, ja, aber wirklich (..) Ich bin total hin und weg. #19:18#	Emma: Oh god, oh god, I'm overwhelmed (...) T: Is everything ok? Emma: (smiling, head down, looking at the therapist, nodding) Something like that (..) (shakes head) You would never have (believed) that/ (..) heiheihei, no (smile). T: Nice! Emma: No, yes, but really (..) I'm totally blown away. #19:18#	Singing her own words for the first verse of the 'Pleasure Song' on the pre-composed melody	Emma experienced a sense of overwhelming emotion as she listened to the first verse of the 'Pleasure Song'. She found the song to be highly appealing.	She experienced a sense of disbelief that the song could have been created in such a manner.

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Q5b M1.2* M4.1	Emma-V2.4	Ach Gott, ach Gott, ach Gott, was Sie sich alles einfallen lassen (Lächeln) (…) Ich bin überwältigt. #35:50#	Oh god, oh god, oh god, what you come up with (smile) (…) I'm overwhelmed. #35:50#	Singing the second verse of the 'Pleasure Song', lyrics suggested by Emma	The songwriting process evoked positive feelings regarding the creative process.	
Q5b M1.1 M1.8	Emma-V2.5	Emma: Heimatland!, ich m/ m/ mit 87 do nie einfallen lassen, dass ich da mal/ (zeigt auf die Texte und lächelt) T: Schön, das heißt, ich kann Sie freudig entlassen? (Lachen) Emma: Ja, aber wirklich! (..) Ja, ja, und und, aber da hat der Herrgott a sei Finger mit drin gehabt, dass ausgerechnet (.) jetzt (.) Sie (.) da (4) W w wie kommen Sie da einfach so daher und da/ (..) es sind so viele alte Leute da. (schüchtern lächelnd) #46:35#	Emma: Heimatland [expression of amazement]!, I would never have/ w/ w/ with an age of 87, that I would/ (points to the text and smiles) T: Fine, does that mean I can let you go gladly? (Laughing) Emma: Yes, but really! (..) Yes, yes, and and, but the Lord God had a hand in it that of all things (.) now (.) you (.) here (4) H/ h/ how [why] do you come along and/ (..) there are so many old people here. (decent smiling) #46:35#	The therapist summarised that we wrote a song within the session	She was astonished to find herself engaged in the process of songwriting. She could not understand why she was selected for the songwriting program instead of other residents.	She seemed to be deeply honoured to have been selected for the songwriting project.
Q5b M1.1 M1.2*	Emma-V3.1	Ach Gott, ach Gott (Kopfschütteln), was Sie alles – Heiheihei (3) Das ist ja (.) sagenhaft. #9:13#	Oh God, oh God (shaking her head), what you all – Heiheihei (3) That's (.) amazing. #9:13#	smiling Singing the 'Pleasure Song'	She experienced the 'Pleasure Song' as marvellous.	She seemed to be speechless about the 'Pleasure Song' and appeared to be unable to process the fact that she had created it.

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M2.1 M2.2 M3.1	Emma-V3.2	Es hat alles seinen Sinn. Oder früh wenn die Schwester kommt und mich aus dem Bett. Dann kann's passieren dass se mich dort ans Fenster, am Fenster drüben. Am Himmel dann so- a weng a Streifen sich zeigt. (…) Und dann bin ich halt auch gleich/ mit meinem Morgengebet dann/ mein Wünschen und mein Dank, gleich (…) Das ist (.) ja (.) einfach (..) WUNDERschön (schließt die Augen und lächelt). #10:14#	Everything has a meaning. Or early when the nurse comes and gets me out of bed. Then it can happen that they get me to the window, at the window over there. In the sky then just a little bit of a strip shows up. (...) And then I'll be right away/ with my morning prayer/ my wishes and my thanks (...) That's (.) yes (.) just (..) WONDERful (closes her eyes and smiles). #10:14#	Singing the musical phrase	Emma believed that everything had a meaning. She enjoyed being taken to the window by the nurse, where she could observe the sky. She then engaged in a form of prayer, expressing gratitude to a higher power.	
Q5e M1.1 M1.2*	Emma-V3.3	Emma: Ja, Ja (..) Wie Sie das alles/ (Kopfschütteln) (8) T: Ist alles ok? Emma: Ja, ich, (Kopfschütteln) sach, ich bin hin und weg, ich/ wie Sie (..) die Melodie umsetzen, und und/ #50:55#	Emma: Yes, yes (..) How you do it all/ (shakes head) (8) T: Is everything ok? Emma: Yes, I, (shaking her head) I'm blown away, I/ How you (..) implement the melody, and and/ #50:55#	Singing the previous version of 'Gratitude Song'	She was astonished to experience the process of creating the melody.	
Q5b M1.5	Emma-V4.1	(flüsternd und lächelnd) Das ist einfach wunderbar. #2:33#	(whispering and smiling) That's just wonderful. #2:33#	Singing the 'Pleasure Song'	She experienced the 'Pleasure Song' as being wonderful.	
Q5e M1.1 M1.5	Emma-V4.2	Das ist ja/ (4) Boah (..) Heia (..) (looking at lyrics) „ganz schwarz siehst" (reading lyrics)	Yes, that is/ (4) Boah (..) Heia (..) (looking at lyrics) "look at the black side" (reading lyrics)	Singing the 'Gratitude Song'	She was overwhelmed by the 'Gratitude Song', which evoked a positive	

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		(…) „merkst es dann“ (liest Text) … „der Herrgott es richtet“ (liest Text, schaut auf die Therapeutin, atmet hörbar aus). Ich bin (.) überwältigt (smiling) (…) Ja, ja (..) Man stellt sich vor und dann/ Wunderschön! #5:12#	(...) "then notices it" (reading lyrics) ... "the Lord leads it" (reads text, looks at therapist, exhales audibly). I'm (.) overwhelmed (smiling) (...) Yes, yes (..) You imagine and then/ Beautiful! #5:12#		emotional response. She visualised the content, which was perceived as highly positive.	
Q5e M1.8	Emma-V6.1	Heieiei (5) Ne (3) ich sach ja, dass ich dort/ dass sie auf mich gekommen sind und ich dann- (unv.) Und da fragt man sich, wie hast du das verdienst. #27:20#	Heieiei (5) No (3) I said that I there/ that you came to me and I then/ (not understandable) And then you wonder, how did you deserve that. #27:20#	Singing the ‘Gratitude Song’	She wondered whether she had merited selection for inclusion in the program.	
Q5e M1.1 M1.2* M1.5	Emma-V6.2	SAGENHAFT, was Sie da-dadraus gemacht, was ich/ was ich da/ (.) JA (Lächeln) (..) Ich bin überwältigt. #8:00#	AMAZING, what you made of it, what I/ what I [did/experienced?] there/ (.) YES (smile) (..) I'm overwhelmed. #8:00#	Singing the ‘Gratitude Song’	The ‘Gratitude Song’ was perceived as marvellous, and she was deeply affected by the result of the songwriting process.	Emma unintentionally identified the therapist as the songwriter, which suggests a lack of emotional connection to the songwriting process.
Q5e M1.2 M1.3 M1.4 M1.5	Emma-V6.3	Emma: Ich staune, die Arbeit, die Sie haben, die Sie/ was Sie da/ so richtig zu formulieren und/ Mit dene Stichpunkte, die ich Ihnen gegeben hab, also/ #10:18#	Emma: I am amazed, the work you have, that you/ what you/ formulate so correctly and/ With the key points that I gave you, well/ #10:18#	Emma looked at the lyrics of the ‘Gratitude Song’	She was astonished at the song that had been composed using the notes she had provided. She could not believe that she was the author of the lyrics.	She was unable to articulate her amazement at the song.

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		T: (Therapeutin zeigt Passagen die von Emma genannt wurden und im Lied komplett übernommen oder nur einzelne Wörter verändert wurden). Das haben SIE gesagt, ich habe es nur aufgeschrieben. Emma: Das stammt von MIR? (..) Hm . Ja (unv.) #11:10#	T: (The Therapist shows passages that Emma mentioned and were completely taken over in the song, or only individual words were changed.) That's what YOU said; I just wrote it down. Emma: That's from ME? (..) Hm . Yes (not understandable) #11:10#			
Q5g M1.1 M1.2* M1.5	Emma-V7.1	T: So schnell gehen auch Melodien. Emma: Ne, also was Sie, was Sie alles für Ideen und für Einfälle haben und/ das hätt ich mir doch nie träumen lassen. #19:40#	T: Melodies go that fast, too. Emma: No, what kind of ideas and inspirations you have and/ I would never have dreamed of. #19:40#	Writing melodies for the 'Flourishing Song'	The therapist's suggestions for the song far exceeded Emma's expectations.	The songwriting was a positive experience.
Q5g M1.1 M1.2*	Emma-V9.1	Was Sie alles einfalln lass. #11:20#	What you come up with. #11:20#	Reading lyrics for the verse of the 'Flourishing Song'		She seemed to enjoy the songwriting process and self-composed song.
Q5g M1.1 M1.2 M4.3	Emma-V9.2	Emma: Ach du liebe Zeit, heiheihei. T: Das haben Sie gemacht. Emma: Ne, als, wie ich/ ich gemacht/ ohne Ihre Hilfe wär/ ohne Ihr Mittun oder Ihre Ideen überhaupt/ NE wäre nix, ne. #7:15#	Emma: Oh dear, heiheihei. T: You did that. Emma: No, like, how I/ I did/ without your help [it?] would/ without your contribution or ideas at all/ NO would be nothing, no. #7:15#	Showed the previous version of the chorus of the 'Flourishing Song'	The songs would not have been created without the input of the therapist.	She admitted that she contributed to writing the song. She likes the song.

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M3.1 M4.1	Emma-V10.1	Ich guck' schon immer oder erkundig mich, was ist denn heut? Und dann, die anderen/ hat man mir gesagt, JA, es kommt die Jasmin (Therapeutin), also super, und dann dann nehm ich an allem teil, grundsätzlich. #10:13#	I always look for or ask someone, what's up today? And then, the others/ I was told, YES, Jasmin (therapist) is coming, so great, and then I take part in everything, principally. #10:13#	The main statement for the lyrics of the 'Pleasure Song' was summarised by the therapist: she lives her life		She inquired about the available activities. When the therapist provided an activity, she attended to it.	A good therapeutic rapport was established.
Q5c M1.1 M1.2	Emma-V10.2	Ja, da hab ich schon/ das hat mir Freude gemacht. (Looking at the lyrics for 1:30 min) #2:14#	Yes, there I already/ that made me happy. (Looking at the lyrics for 1:30 min) #2:14#	Emma had a look at the overview of musical phrases		She enjoyed the ''Music Ritual''.	She devoted some time to reading the lyrics. This was the first occasion on which she had remained silent for an extended period of time since the program commenced.
Q5c M1.2* M1.5	Emma-V10.3	Nein, nein (…) Heiheihei (…) Was Ihnen da alles einfällt (Lächeln) #2:41#	No, no (...) Heiheihei (...) What comes to your mind (smile) #2:41#	Emma had a look at the overview of musical phrases			She seemed to enjoy the 'Music Ritual'.
Q5b M1.1 M1.2* M1.5	Emma-V10.4	Ach (.) heiheihei, ich staune, ich staune (..) Was Sie da (.) zu Wege bringen. #9:10#	Oh (.) heiheihei, I'm astonished, I'm astonished (..) What you (.) bring about. #9:10#	Singing the 'Pleasure Song'		She was astonished by the therapist's achievements, particularly the composed songs.	She enjoyed the song. However, there seemed to be a lack of identification with the songwriting process.

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Q5e M1.1 M1.2* M1.5	Emma-V10.5	Heiheihei, was alles geht, was SIE daraus gemacht haben. #13:56#	Heiheihei, what is possible, what YOU made of it. #13:56#	Singing the 'Gratitude Song'	She was impressed with what is possible in writing songs. She attributed the songwriting to the therapist.	She enjoyed the song. However, there seemed to be a lack of identification with the songwriting process.
M1.8	Emma-V10.6	Ich frag mich immer noch, wie Sie, wie sie/ es gibt so viele Leute da drinne und wie Sie da ausgerechnet auf mich/ #14:44#	I still wonder how you, how you/ there are so many people in here and how you [selected?] me/ #14:44#	Singing the 'Gratitude Song'	She questioned whether she had merited selection for inclusion in the program, considering the high number of other residents in the residential care facility.	
M3.3	Emma-V10.7	Und wenn man da so drüber nachdenkst. Und da merkst was du (unv.) was du da hingekriegt hast. #16:11#	And if you think about it. And then you realise what you (not understandable) what you managed to do. #16:11#	Singing the 'Gratitude Song'	Upon reflection on the lyrical content, she recognised how much she had already accomplished.	
Q5e M3.5 M4.1 M4.3	Emma-V10.8	Emma: Was Sie/ was Sie in mir aufgerüttelt haben (Kopfschütteln, Lächeln, Nicken) T: Positiv? Emma (Nicken, Augenbrauen hebend) Das ist schon super (..) Ja, dass man net so/ (..) (Lächeln) Ich dank Ihnen ganz herzlich. #18:36#	Emma: What you/ what you aroused in me (shaking head, smiling, nodding) T: Positive? Emma (nodding, raising eyebrows) That's great (..) Yes, that you don't/ (..) (smile) Thank you very much. #18:36#	Singing and talking about the 'Gratitude Song'	The song and its composition had a beneficial effect on her emotional state, and she expressed her gratitude to the therapist.	A deep therapeutic process was achieved.

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Q5f M3.2 M3.3	Emma-V10.9	Emma: Heiheihei (4) Das soll/ dann stell ich mir das/ (zeigt auf das Nachtkästchen, schaut wieder auf die Stärkenübersicht) (16) T: Damit haben Sie ganz viel erreicht in Ihrem Leben (3) und auch im Alltag (5) Emma: Des/ Ich glaub […] (Erzählungen über eine ihrer Stärke und Ihre Vergangenheit) #20:35#	Emma: Heiheihei (4) That should/ then I imagine that/ (points to the bedside table, looks again at the strengths chart) (16) T: With that you have achieved a lot in your life (3) and also in everyday life (5) Emma: This/ I believe [...] (stories about one of your strengths and your past) #20:35#	The therapist overhanded the strengths overview	Smiling and holding the sheet	She was unable to find the words to express her feelings. She wished to keep the strengths overview next to her bed.	She seemed to derive a sense of pride and enjoyment from the songs, and she seemed to become aware of her achievements through her strengths overview.
Q5c M4.2 M4.3	Emma-V10.10	Ne, dank Ihrer Hilfe/ (…) Ja. Ja, weil Sie mich da drauf angesprochen ham, was mir gefallen hat. Und das/ (..) Da wäre ich doch nie drauf gekommen, das (was gut tut) mir aufzuschreiben. #32:30#	No, because of your help/ (…) Yes. Yes, because you asked me about it, which I liked. And that/ (..) I would never have thought of writing that down [what let her feel good]. #32:30#	Feedback on the 'Music Ritual'		She would have never thought about writing down positive things without the invitation of the therapist.	The 'Music Ritual' was a positive experience.
Q5b M3.1	Paul-V2.1	Wie soll ich des beschreiben, alles (..) och Gott (..) des brauch ich alles zum Weiterzuleben, wenn des Ihnen was/ Ähm, ohne dem, [mittag?], wenn ich im Bett liege du, oder was, das wär das schlimmste für mich. #20:25#	How can I describe it, everything (..) oh God (..) I need everything to go on living, if that [tells] you something / Um, without that [at noon?], when I would lie in bed, or so, that would be the worst for me. #20:25#	The therapist lists pleasure activities from Paul for the 'Pleasure Song'		Paul required engagement in many activities. He considered remaining in bed to be the most unsatisfactory state.	The composition of the 'Pleasure Song' enabled him to reflect on his everyday life.
M3.4	Paul-V2.2	Ich muss raus, weil sonst verkümmere ich. #21:43#	I have to get out, otherwise I'll wither away. #21:43#	Writing chorus of the 'Pleasure Song'		Paul perceived a necessity for external motivators to maintain his wellbeing.	

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Q5b M1.1 M1.5	Paul-V2.3	Haben Sie den Text von Helene Fischer, ihr gegeben? Das passt prima! #29:06#	Did you give her – the lyrics to Helene Fischer [German singer]? That fits perfectly! #29:06#	Suggesting lyrics based on his information/talk	Paul posed the question in a jocular manner, wondering whether the therapist had provided the lyrics to a pop star. The lyrics appeared to align perfectly with the melody of the song.	Paul seemed to like the song's aesthetics.
Q5a M3.1	Paul-V2.4	Paul: Was für Freuden ich am Tag habe, haben Sie gefragt, gell? Net so viel. T: Sehen Sie solche Sachen wie (Auflistung der gesammelten Aktivitäten) nicht als Freude? Paul: Jaaaa (langgezogen) . Ja, des ist ja (.), dass ich hier rauskomme, des ist klar, aber, (.) aber naja, freilich Freude. Achso, zu dere drei Fragen (Intervention 'Three good things in life'), das was wir aufgeschrieben haben (..) Ja na freilich, wenn ich, ähm, dass ich raus kann, ne? Ähm, und ja irgendwie/ Menschen oder mit Freunden (…) zu reden oder (…) trinken ich ja nimmer viel (Lachen). Früher ham wir gesoffen und gefressen (Lachen) … #36:57# (Erzählungen vom Stammtisch)	Paul: What joys do I have in a day, you asked, right? Not very much. T: Don't you see such things (list of collected activities) as joy? Paul: Yeah (long-drawn-out) . Yes, it's (.) that I'm getting out of here, that's for sure, but (.) but well, of course it's joy. Oh, about your three questions (intervention 'Three good things in life'), what we wrote down (..) Yes, of course, if I, um, that I can get out, right? Um, and yes somehow/ talking to people or friends (...) or (...) I never drink much (laughing). We used to drink and munch (laughing) ... #36:57# (stories from the cracker barrel)	The therapist summarised activities from the intervention 'Three good things in life' for verses	Paul indicated that his daily life was devoid of joy. However, he subsequently acknowledged that he enjoyed the activities on the list ('Three good things in life').	Despite his previous listing of positive experiences and activities, he was unable to evaluate or become aware of them. This may have been related to his depression.

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Q5b M1.1 M1.2*/ M1.2 M1.3 M1.4	Paul-V3.1	Paul: Das hätte ich Ihnen gar nicht zugetraut. T: Mir? Ihnen! Paul: IIICH hab nur Worte gesacht. Die musst man dann noch a bissle dann (..) „gegangen“ (..) das ham se schön gemacht. (lacht) #19:25#	Paul: I wouldn't have given you credit for that. T: Me? You! Paul: I was just saying words. Then you have to [change] a little bit (..) "working" (..) that was done nicely. (laughs) #19:25#	Singing the ‘Pleasure Song’	Smiling and laughing	He made a jocular comment that he would never have imagined that the therapist could compose lyrics of such a quality. The therapist highlighted that the lyrics were his own creation. However, he then summarised that he had merely articulated words that the therapist subsequently transcribed into the song.	He seemed to enjoy the song. Although he did not initially identify with writing, he later reflected on the songwriting process.
Q5b M1.2*	Paul-V3.2	T: Das ist IHR Lied. Sie dürfen das entscheiden. Paul: (Lachen) Na, äh (Lächeln) (..) das ist MEIN Lied, das (Lachen) sagen Sie, (unv.) zu schauspielern Sie/ (Lachen) (unv.) Ich soll d/ von dir (unv.) (Lachen) #21:10#	T: That's YOUR song. You can decide that. Paul: (laughting) Well, uh (smile) (..) that's MY song that (laughing) you say (not understandable) to act [therapist]/ (laughing) (not understandable) I should d/ from you (inv .) (Laughter) #21:10#	Discussing possible changes		He did not perceive the song as being his own creation.	
M1.5 Q5b	Paul-V4.1	Mit diesem Lied können Sie a Grand Prix machen. (Lachen) #6:03#	With this song ,you can make a grand prix. (laughing) #6:03#	Singing the ‘Pleasure Song’		Paul associated the song with other pieces performed at the Eurovision Song Contest, referring to the event on multiple occasions as the "Grand Prix."	It was unclear whether the "you can" was because he did not identify with the song or enjoyed the therapist´s performance.

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Q5b M1.2* M1.5 M1.6 M1.8	Paul-V5.1	Paul: Ja, das reimt sich immer gut (4) T: Haben wir gut gemacht. Paul: Ja, Sie haben es gut gemacht (Lachen und Lächeln) T: Wieso ich? Paul: Naja (Lächeln) (..) Ich will doch nicht behaupten/ (..) mei Kinder haben/ Weil hab ich erzählt, was wir machen. 'Oh Vatter, DU?' Ja, ich sach. (..) Hört sich gut an! #8:15#	Yes, that always rhymes well (4) T: We did well. Paul: Yes, you did well (laughing and smiling) T: Why me? Paul: Well (smiling) (..) I don't mean to pretend/ (..) my kids have/ Because I told them what we do. 'Oh father, YOU?' Yes, I said. (..) Sounds good!	Singing the 'Pleasure Song'		Paul shared with his children his experiences of songwriting. They did not consider him to possess the ability to compose a song in a professional manner.	He did not identify with the songwriting process. This may be attributed to the feedback he received from his children, who expressed doubt in his ability to compose a song. His expression suggests that he was proud of his ability to create the song.
M1.2 M1.5 M1.8	Paul-V5.2	Sei mir nicht böse, ich hab a Musiklehrerin bei mir. Wenn du im Fernsehn mal das Lied hörst. Der Text ist von (Paul), dann weißte, dass ich das bin. (Lachen) #22:54#	Don't be mad at me, I have a music teacher with me. When you hear the song on TV. The lyrics are from (Paul) then you´ll know it's me. (laughing) #22:54#	Receiving a phone call from a friend	Phone call from a friend	He informed a friend jokingly that in the event of hearing the song on television and hearing the name Paul mentioned in relation to it, he would know that it was his song.	He identified himself with the songwriting process.
M1.4 M1.5 M1.8	Paul-V5.3	Jetzt komm ich doch noch zum Bayerischen Rundfunk. #48:14#	Now, after all I'm coming to Bayerischer Rundfunk [German radio]. #48:14#	Packing the documents (lyrics)		He made a jocular comment that he would finally be appearing on the radio.	He was proud of the positive outcomes of the songwriting process.
Q4 M3.4	Paul-V7	Jaa, ich bin auch depressiv, a bissle. Jetzt war meine Tochter da und äh ich mach halt alles	Yeah, I'm also depressed, a little. Now my daughter was there and uh, I'm doing	Looking for the content for the 'Music Ritual'		He experienced depressive feelings. His daughter visited him, and he was overcome with the sense	Paul's daughter demonstrated difficulties when he failed to recall

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		falsch und das vertrag ich nich, hab ich gemerkt. #4:55#	everything wrong, and I can't stand it, I've noticed. #4:55#		that he made every possible mistake. He was unable to cope with this situation.	names, dates, and more. It is possible that his current depressive symptoms were influenced by her reaction. Consequently, there was a potential impact on the post-test results of the GDS.
Q5e M1.2* M1.5	Paul-V9.1	Sehr schön (..) Das haben Sie schön gemacht #4:30#	Very nice (..) You did a great job #4:30#	Singing the 'Gratitude Song'	He enjoyed the song. The therapist wrote the song well.	He did not identify himself with the songwriting process.
M1.2 M1.8 M3.3	Paul-V10.1	Mit meiner Musiktherapeutin, da hab ich alles mitgemacht. Sie hat die Musik geschrieben und ich den Text #5:37#	With my music therapist, I took part in everything. She wrote the music, and I wrote the lyrics #5:37#	Presenting the map with all lyrics	He participated in the intervention program in its entirety, with the therapist composing the musical elements and him composing the lyrics.	While he demonstrated a high level of identification with the lyrics, this was not the case with the music. This might be a result of his relatively limited input into the musical composition process.
Q5b M1.5	Paul-V10.2	Gut, Bravo. #17:20#	Good, bravo. #17:20#	Singing the 'Pleasure Song'		He expressed pleasure in the song. However, his applause did not indicate whether he identified with the writing of the song.
M1.2 M1.4 M1.5	Paul-V10.3	Muss ich wieder klatsch – ham se gut gemacht. (Lachen) Jaja, a Stück von jeder Zeile hab ich, hab ich gesacht (…) Es kommt, es kommt drauf	I do have to clap again - well done. (Laughing) Yes, yes, I have said a piece of each line, (...) It depends, it depends on what it/ well, but	Singing the 'Flourishing Song'	He expressed appreciation for the 'Flourishing Song', noting that he had contributed to each of the lyric lines.	

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		an was es/ naja, aber ich hab irgendwie a Anstoß gegeben, ja. #22:21#	somehow I gave an impetus, yes. #22:21#			
M1.3 M1.4	Paul-V10.4	Ich komm mir ja schon a bissle komisch vor, ja gut, den Text hab ich ja immer a bissle vorgegeben, ne? (..) Also WAS (.) können Se ja auch net wissen. #26:48#	I feel a bit strange, okay, I always gave the lyrics a bit, didn't I? (..) [I mean] WHAT (.) you can't know this. #26:48#	Singing the 'Gratitude Song'	He experiences a sense of oddness regarding his contribution to the lyrics.	
Q1 M1.1 M1.2* M1.6	Paul-V10.5	Ich bin anfürsich überrascht, dass das so gegangen is. Weil die ja alle ham gesacht „OOH, OOH" (negativer Ausdruck), hab ich gesacht, aber des macht die gut. #27:19#	I'm actually surprised that it turned out that way. Because they all said "OOH, OOH" (negative expression), I said, but she is doing it good. #27:19#	Question T: How do you feel after these three songs	He was surprised at the results of the songwriting process. He informed others that the therapist demonstrated capabilities in songwriting.	It is possible that other individuals may have had a negative expectation of the songwriting.
M1.2	Paul-V10.6	Ich sach n Text und sie macht die Musik. #27:27#	I write the lyrics and she makes the music. #27:27#	Question T: How do you feel after these three songs?	He provided a summary of his contribution to the songwriting process, noting that he composed the lyrics, while the therapist composed the music.	While he demonstrated a high level of identification with the lyrics, this was not the case with the music. This might be a result of his relatively limited input into the musical composition process.

H Lyrics of Written Songs and Their Assignment to Different Categories

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Anna-MP.1	Die (Tochter) war hier, die Mama besucht. Lud mich ein, zum Kaffee fein, gemütlich zu sein.	The (daughter) was here, visiting the mother. Invited me to be coffee fine, being cosy.	Daughter	Visiting family	Eating & Drinking	n/a	Being a parent	n/a
Anna-MP.2	An diesem Tag, gelesen bekomm´n, Politik, Diskussion was so passiert.	On this day, get read, politics, discussion what is happening.	Professionals	Group activity	Converse	n/a	n/a	n/a
Anna-MP.3	Beim Schuster vorbei, im Kaufhof hinein, Kaffee den gönn ich mir, woanders zu sein.	Visiting the shoemaker, going into the (shop), I treat myself to coffee, to be somewhere else.	n/a	Outings	Eating & Drinking, shopping	Evoked good feeling	Being independent	n/a
Anna-MP.4.1	Am Sonntag da war ich zu Besuch, Urenkel – waren spielen, hatten viel Spaß.	On Sunday I was visiting, great-grandchildren - we were playing, had a lot of fun.	Great-grandchildren	Visiting family	Enjoying time with family	Evoked good feeling	Being independent	Having fun
Anna-MP.4.2	Dann danach, bei meinem Sohn, Kaffee gabs, Kuchen gabs, reden was ´s gab.	Then afterwards, with my son, there was coffee, there were cakes, we talked about everything.	Son	Visiting family	Eating & Drinking, Converse	n/a	n/a	n/a
Anna-MP.5.1	Mit der Freundin der Freunde im Café in der Stadt.	With the friend of friends in the cafe in the city.	Residents & friends	Outings	Eating & Drinking	n/a	n/a	n/a
Anna-MP.5.2	Mein Sohn kam am Abend lust´ge Unterhaltung gehabt.	My son came in the evening and we had some funny talks.	Son	Family visits / calls	Converse	Evoked good feeling	n/a	Having fun
Anna-MP.6.1	(Sohn) und (Schiegertochter) kamen um drei, wir fuhren nach (Stadt) in eine Gärtnerei. (Schiegertochter) kaufte drei Weihnachtssterne.	(Son) and (daughter-in-law) came at three, we drove to (town) to a garden centre. (daughter-in-law) bought three poinsettias.	Son + daughter in-law	Outings, Family visits / calls	Shopping	n/a	n/a	n/a
Anna-MP.6.2	Anschließend ins Café, das mache ich gerne.	Then to the café, which I like to do.	Son + daughter in-law	Outings	Eating & Drinking	Evoked good feeling	n/a	Feeling good / enjoyment
Anna-MP.7.1	Kaffee und Kuchen gab´s bei meinem Sohn, unterhielten uns über einfach alles. Ich habe mich bei ihm gut erholt.	My son had coffee and cake and we talked about everything. I recovered well with him.	Son	Visiting family	Eating & Drinking, Converse	n/a	n/a	Feeling liberated
Anna-MP.7.2	(Urenkelin) hat stets Hunger, da mussten wir drüber lachen.	(Great-granddaughter) is always hungry, we had to laugh about it.	Great-grandchildren	Visiting family	n/a	Evoked good feeling	n/a	Having fun

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Anna-MP.8	Am Sonntag zum Geburtstag, (Urenkel) wurde 5 Jahre alt. Am 5.12. der Kindergeburtstag, am Sonntag die Feier mit Omas und Opas.	On Sunday for her birthday, (great-granddaughter) turned 5 years old. On 5.12. was the children's birthday party, on Sunday the celebration with grandmas and grandpas.	Great-grandchildren, family members	Visiting family	n/a	n/a	Being a grandparent-parent	n/a
Anna-MP.9	Am Sonntag sind wir zu viert zum Kaffee. Den Bus verpasst drum nahmen wir ein Taxé. Die Zeit zu viert war echt ein Highlight, am Waldfriedhof im schönen Café.	On Sunday we were four for coffee. Missed the bus so we took a taxi. The time as a foursome was really a highlight, at the forest cemetery in the beautiful café.	Residents & friends	Outings	Eating & Drinking, Enjoying activities	n/a	n/a	n/a
Anna-MP.10	Kaffeetrinken am Sonntag mit der Freundin (name). Die Freundin ist, die ich mag, sie tut mir sehr gut.	Drinking coffee on Sunday with the friend (name). The friend is that I like, she is very good for me.	Residents & friends	Outings	Eating & Drinking, Enjoying activities	Evoked good feeling	n/a	n/a
Anna-PS.1C	Mit vielen Leuten kann ich viel erleben	I can experience a lot with many people	Other people	n/a	Enjoying activities	Individual: Role of friends	n/a	n/a
Anna-PS.2C	Manchmal ein Eis gibt´s und manchmal Kaffee	Sometimes there's ice cream and sometimes coffee	n/a	n/a	Eating & Drinking	n/a	n/a	n/a
Anna-PS.3C	Mit guten Freunden kann man auch gut reden	It's also good to talk to good friends	Residents & friends	n/a	Converse	Individual: Role of friends	n/a	n/a
Anna-PS.4C	Wir passen zusammen und teilen den Weg	We fit together and share the path	Residents & friends	n/a	Individual activity: sharing the own way	Individual: Role of friends	n/a	n/a
Anna-PS.5	1) Es gibt viele Dinge in meinem Leben, die machen mir Freude sehr viel	1) There are many things in my life that give me a lot of joy	n/a	n/a	Enjoying activities	Evoked good feeling	n/a	n/a
Anna-PS.6	Die Begegnung mit Enk´lin und Urenkelchen, berühren mich ziemlich tief	Meeting grandchildren and great-grandchildren touched me quite deeply	Grandchildren + great-grandchildren	Visiting family	Enjoying time with family	Evoked good feeling, Role of family	n/a	n/a
Anna-PS.7	Ich lese dann Märchen und schaue ihn´n zu, und spielen dann Pferdchen, Hüa!	Then I read fairy tales and watch them, and then play little horses, Hua!	Grandchildren + great-grandchildren	n/a	Enjoying time with family	n/a	n/a	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Anna-PS.8	Da sind viele Menschen und spannende Spielen, die Neugier die tut mir auch gut	There are a lot of people and exciting games, curiosity is also good for me	Other people	n/a	n/a	Evoked good feeling	n/a	Feeling good / enjoyment
Anna-PS.9	2) Das Bingo am Dienstag mit anderen Menschen, Kaffee und Kuchen dazu	2) Bingo on Tuesday with other people, with coffee and cake	Residents & friends	Group activity	Eating & Drinking	n/a	n/a	n/a
Anna-PS.10	Es geht nicht ums g´winnen, das wichtigste hier, sind Menschen, zusammen zu sein.	It's not about winning, the most important thing here are people, to be together.	Residents & friends	n/a	n/a	Individual: Role of friends	n/a	n/a
Anna-PS.11	Und mit den Gesprächen lern´n wir uns nah kennen, Freundschaften kommen hinzu	And with the Converses we get to know each other closely, friendships are appeared	Residents & friends	Meeting other people	Converse	Life experiences, Individual: Role of friends	n/a	n/a
Anna-PS.12	Und treffen wir uns dann hier auf den Gängen, dann grüßen wir freundlich, Hallo!	And if we meet here in the corridors, we'll greet each other, hello!	Residents & friends	Meeting other people	n/a	n/a	n/a	n/a
Anna-GS.1C	Recht herzlichen Dank, an meinen Mann, und an die Eltern (Mutter) und (Vater).	Many thanks to my husband and to my parents (mother) and (father).	Husband, mother, father	n/a	Expressing gratitude	n/a	Being a spouse + daughter	n/a
Anna-GS.2C	Recht herzlichen Dank, Schwiegermama, dass ihr ward immer für mich da.	Thank you, mother-in-law, for always being there for me.	Mother-in-law	n/a	Expressing gratitude	n/a	Being a daughter in-law, Being cared for	n/a
Anna-GS.3	1) Bei der Geburt meines Sohns, da war ich stets sehr müd.	1) When my son was born, I was always very tired.	Son	Experience of depression, individual: Birth of son	Remembering	n/a	Being a parent, Being ill	Feeling bad / depressive
Anna-GS.4	Mama hat mich aufgenomm´n und hat mich gut behüt.	Mama took me in and took good care of me.	Mother	Experience of depression	Remembering	n/a	Being a daughter, Being cared for, Being accepted	n/a
Anna-GS.5	Abends hat mein Mann geholfen, hat mich stets abgeholt.	My husband helped in the evenings and always picked me up.	Husband	Experience of depression	Remembering	n/a	Being a spouse, Being ill	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Anna-GS.6	Es vergingen viel Tage, bis man mir endlich half.	Many days passed before I was finally helped.	n/a	Experience of depression, individual: waiting for help	Remembering	n/a	Being ill	n/a
Anna-GS.7	2) Es war schon ein halbes Jahr, bis ich in der Klinik war.	2) It took already half a year before I was in the clinic.	n/a	Experience of depression, individual: being in the hospital	Remembering	n/a	Being ill	n/a
Anna-GS.8	Mama war dann für mich da, mein Sohn war bei Schwiegermama.	Mom was there for me, my son was with my mother-in-law.	Mother	Experience of depression	Remembering	n/a	Being a daughter, Being ill, Being cared for	n/a
Anna-GS.9	Immer wenn ich mich nicht wohl fühlt´, legte ich mich kurz hin.	Whenever I didn't feel well, I laid down for a moment.	n/a	Experience of depression	Remembering	n/a	Being ill	Feeling bad / depressive
Anna-GS.10	Es brauchte nur einen Anruf, dann kamen die Omas geschwind.	All it took was a phone call and the grannies came quickly.	Mother, mother-in-law	Experience of depression	Remembering	n/a	Being ill, Being cared for	n/a
Anna-FS.1C	Die Familie hat immer was gegolten,	The family was always worth something	Family member	n/a	n/a	Role of family	Being a family member	n/a
Anna-FS.2C	Ein jeder hat einander geholfen.	Everyone helped each other.	Family member	n/a	n/a	Role of family	Being a family member	n/a
Anna-FS.3C	Ich möchte, dass ihr mich in guter Erinnerung behaltet.	I want you to remember me as good.	Family member	n/a	Expressing wishes	Wishes	Being a family member	n/a
Anna-FS.4C	Und dass auch ihr mir die Treue haltet.	And that you too are loyal to me.	Family member	n/a	Expressing wishes	Wishes	Being a family member	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Anna-FS.5	1) Jahrelang hat mein Mann viel gearbeitet,	1) For years my husband worked a lot,	Husband	Individual: Hard working husband	Remembering	n/a	n/a	n/a
Anna-FS.6	Sich als Kaufmann in der Firma behauptet	Asserting oneself as a businessman in the company	Husband	Individual: Hard working husband	Remembering	n/a	n/a	n/a
Anna-FS.7	Sechsundsechzig konnten wir die Firma kaufen	In ´66 we were able to buy the company	Husband	n/a	Remembering	Life experiences	Being a spouse	n/a
Anna-FS.8	Ich hielt ihm den Rücken frei und wir hielten alles am Laufen	I had his back and we kept things going	Husband	Individual: having a company	Remembering	n/a	Being a spouse	n/a
Anna-FS.9	2) Später sind wir nach (Stadt) gezogen,	2) Later we moved to (city),	Husband	Individual: Own a house	Remembering	Life experiences	n/a	n/a
Anna-FS.10	Wo wir zwei kleine Häuschen bauten.	Where we built two little houses.	Husband	Individual: Own a house	Remembering	Life experiences	Being a spouse	n/a
Anna-FS.11	Und als wir dann in Rente endlich waren,	And when we were finally retired,	Husband	Individual: Retirement	Remembering	Life experiences	Being a spouse, individual: being retired	n/a
Anna-FS.12	Dann reisten wir öfters, am Liebsten nach Italien und Öst´reich.	Then we travelled more often, preferably to Italy and Austria.	Husband	Individual: Retirement	Remembering	n/a	n/a	n/a
Anna-FS.13	3) Heiligabend komm´n wir stets zusammen	3) We always get together on Christmas Eve	Family member	Visiting family, Christmas	n/a	n/a	n/a	n/a
Anna-FS.14	Die Familie mit Kind und Kegel	The family with the whole kit and caboodle	Family member	Visiting family, Christmas	n/a	n/a	Being a family member	n/a
Anna-FS.15	Mit Ur-Enkelchen und vielen, tollen Programmen	With great-grandchildren and lots of great programs	Great-grandchildren	Christmas	Enjoying time with family, Enjoying activities	n/a	Being a grandparent-parent	n/a
Anna-FS.16	Der Christbaum beleuchtet mit vielen, bunten Kugeln	The Christmas tree is illuminated with many colorful balls	n/a	Christmas	Appreciating beauty	n/a	n/a	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Willa-MP.1.1	An diesem Tag war ich in der Stadt. Lavendelduft, Vanilleduft, gefällt mir so gut	On this day I was in the city. Lavender scent, vanilla scent, I like it so much	n/a	Outings	Shopping	Evoked good feeling	n/a	Feeling good / enjoyment
Willa-MP.1.2	An diesem Tag Besuch war da, fragte mich ob ich will gehen zum Café	On this day there was a visitor, asked me if I want to go to the cafe	Professionals	Individual: Visit from professionals	Eating & Drinking	n/a	n/a	n/a
Willa-MP.2	An diesem Tag die (Sozialarbeiterin) war da, redete was geschieht, was mich berührt	On that day the (social worker) was there, talking about what is happening, what touches me	Professionals	Individual: Visit from professionals	Converse	Needs	Being cared for	n/a
Willa-MP.3	An diesem Tag die (Sozialarbeiterin) bei mir, Gespräche die tun mir gut, auch mit (Therapeutin)	On this day the (social worker) was with me, Converses that do me good, also with (therapist)	Professionals	Individual: Visit from professionals	Converse	Needs	Being cared for	n/a
Willa-MP.4	Ging es mir schlecht, ging es mir nicht gut. Da waren Menschen da, Gedanken war´n frei.	When I was bad, I was not good. There were people there, thoughts were free.	Professionals	Individual: feeling unwell	Receiving support	Needs	Being cared for	Feeling bad / depressive , Feeling liberated
Willa-MP.5	Lavendelduft tut mir sehr gut. Augen zu, riecht es gut und es entspannt.	The scent of lavender is very good for me. Close your eyes, it smells good and it relaxes.	n/a	n/a	Appreciating beauty	Evoked good feeling	n/a	Feeling liberated
Willa-MP.6	Ich war am Stammtisch bis um halb 8. Wir reden was alles noch kommt. [Vorbereitung Weihnachtsfeier]	I was at the regulars' table until half past seven. We'll talk about what's to come. [Christmas Party Preparation]	Residents & friends	Group activity, Christmas	Converse	n/a	Being a group member	n/a
Willa-MP.7	An diesem Tag mit (Sohn) in der Stadt. Wir haben uns wohl gefühlt, nur wir, zu zweit.	On this day with (son) in town. We felt comfortable, just us, for two.	Son	Outings	Enjoying time with family	Evoked good feeling	Being a parent	Feeling liberated
Willa-MP.9	Ich bekomme Unterstützung, wenn es schwierig wird. Dann fühl ich mich erleichtert und kann endlich nach vorne sehen.	I get support when things get difficult. Then I feel relieved and can finally look ahead.	Professionals	n/a	Receiving support, Faith	Needs	Being cared for	Feeling liberated
Willa-MP.10	Als (Sohn) angerufen hat, hat er gefragt, ob ich böse bin. Ich sagte, ich bin nicht böse, doch in Zukunft wird es anders sein.	When (son) called, he asked if I was angry. I said I'm not angry, but in the future it will be different.	Son	Family visits / calls	Faith, individual: forgiving son	Needs	Being a parent	n/a
Willa-PS.1	1) Die (ehrenamtliche Betreuerin) und (ehrenamtliche Betreuerin), die kommen hier zu mir	1) The (volunteer) and (volunteer) come here to me	Professionals	Individual: Visit from professionals	n/a	n/a	n/a	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Willa-PS.2	Sie kommen jede Woche – zu mir	They come to me every week	Professionals	Individual: Visit from professionals	Receiving support	n/a	n/a	n/a
Willa-PS.3	Wenn ich brauche neue Schuh – beim Reno oder Kaufhof	When I need new shoes - at the Reno or Kaufhof	n/a	Outings	Shopping	n/a	n/a	n/a
Willa-PS.4	Vom Herbstschuh zum Winterschuh – uhh	From autumn shoe to winter shoe - uhh	n/a	Outings	Shopping	n/a	n/a	n/a
Willa-PS.5C	Besuch, wenn ich schlafe, kommt manchmal Besuch	Visitors, visitors sometimes come to visit when I'm asleep	Other people	Meeting other people	n/a	n/a	n/a	n/a
Willa-PS.6C	Dann werde ich wach und komme auch ins Gespräch	Then I wake up and get into a conversation	Other people	Meeting other people+E69	Converse	n/a	n/a	n/a
Willa-PS.7C	Sie nehmen mich an, egal wie´s mir manchmal geht	They accept me, no matter how I feel sometimes	Other people	Meeting other people	n/a	n/a	Being accepted	n/a
Willa-PS.8C	Und sind wir zusammen geht es mir häufig gut	And when we're together, I'm often fine	Other people	n/a	n/a	n/a	n/a	Feeling good / enjoyment
Willa-PS.9C	Ich gehe gerne Kaffee trinken	I like going out for coffee	n/a	Outings	Eating & Drinking	Evoked good feeling	n/a	n/a
Willa-PS.10C	Kuchen brauch ich mir nicht zu nehmen	I don't need to take cake	n/a	Outings	Eating & Drinking	Evoked good feeling	n/a	n/a
Willa-PS.11C	Nussschnecken schmecken manchmal gut dazu	Nut snails sometimes go well with it	n/a	Outings	Eating & Drinking	Evoked good feeling	n/a	n/a
Willa-PS.12C	Boot-Kaffee ist was ich genieße	Boot coffee is what I enjoy	n/a	Outings	Eating & Drinking	Evoked good feeling	n/a	n/a
Willa-PS.13C	Brauch ich keine Sahne gießen	I don't need to pour cream	n/a	Outings	Eating & Drinking	Evoked good feeling	n/a	n/a
Willa-PS.14C	Ich nehm´ mir was ich will – was mir gut tut.	I take what I want - what is good for me.	n/a	Outings	Eating & Drinking	Evoked good feeling	n/a	Feeling good / enjoyment
Willa-PS.15	2) Mit meinem Sohn (Name), geh ich ins Café	2) I go to a café with my son (name).	Son	Outings	Eating & Drinking	n/a	Being a parent	n/a
Willa-PS.16	Zum (Bäckerei) in der Stadt – uuh	To the (bakery) in town - uuh	Son	Outings	Eating & Drinking	n/a	n/a	n/a
Willa-PS.17	Wir trinken einen Kaffee und Kuchen gibt´s dazu	We drink coffee and there is cake	Son	Outings	Eating & Drinking	n/a	n/a	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Willa-PS.18	Wir reden über die Wohnung von ihm.	We're talking about his apartment.	Son	n/a	Converse	n/a	Being a parent	n/a
Willa-PS.19	3) Die Wohnung von ihm ist gut, mit großem Balkon dazu	3) His apartment is good, with a large balcony	Son	n/a	Converse	n/a	n/a	n/a
Willa-PS.20	Der Rest was er noch braucht, holt er im Nu	The rest of what he still needs, he fetches in no time	Son	n/a	Converse	n/a	n/a	n/a
Willa-PS.21	Dann ist alles auch komplett, die Wohnung ist einfach nett	Then everything is complete, the apartment is just nice	n/a	n/a	Converse	n/a	n/a	n/a
Willa-PS.22	Die Wohnung ist schön und hell dazu.	The apartment is nice and bright.	n/a	n/a	Converse	n/a	n/a	n/a
Willa-GS.1C	Ich danke dir, dass du bist hier. Verändert hast du dich doch so viel	Thank you for being here. You've changed so much	Son	n/a	Expressing gratitude	n/a	n/a	n/a
Willa-GS.2C	Ich liebe dich so wie du bist. Darum bleib so, so wie du bist.	I love you like you are. So stay the way you are.	Son	n/a	Remembering	n/a	Being a parent	Individual: loving son
Willa-GS.3	1) Wir hab´n zusammen gewohnt, hab´n Bad und Küche geteilt.	1) We lived together, shared the bathroom and kitchen.	Son	Individual: Sharing a flat	Remembering	n/a	Being a flatmate	n/a
Willa-GS.4	Jeder hat seinen Bereich. Du hast mich unterstützt.	Everyone has their area. You supported me.	Son	Individual: Sharing a flat	Remembering, expressing gratitude	n/a	Being a flatmate	n/a
Willa-GS.5	Wir hatten kein gutes Verhältnis, doch es wird endlich gut	We didn't have a good relationship, but it's finally getting better	Son	Good family relationships	Remembering, Faith	n/a	Being a parent	n/a
Willa-GS.6	Und ich wünsch mir in der Zukunft, dass es besser noch wird.	And I wish in the future that it will be even better.	Son	n/a	Expressing wishes	Wishes	n/a	n/a
Willa-GS.7	2) Ich habe nichts machen könn´n, du hast dich um alles gesorgt.	2) I couldn't do anything, you took care of everything.	Son	Individual: Sharing a flat, Experience of depression	Remembering, expressing gratitude	n/a	Being a flatmate, being ill	Feeling bad / depressive
Willa-GS.8	Die Wohnung in Ordnung gebracht, den Umzug dann vollbracht.	Put the apartment in order, then completed the move.	Son	Individual: Sharing a flat	Remembering, expressing gratitude	n/a	n/a	n/a
Willa-GS.9	Es hat mich sehr gewundert, dass du so viel hast gemacht.	I was very surprised that you did so much.	Son	n/a	Remembering, expressing gratitude	n/a	n/a	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Willa-GS.10	Du gabst mir viel Unterstützung, als ich dich wirklich gebraucht	You gave me a lot of support when I really needed you	Son	Experience of depression	Receiving support	n/a	Being ill	n/a
Willa-FS.1C	Ich bleib zuerst bei mir, ich möchte mich erstmal selbst versorgen.	I stay with myself first, I want to take care of myself first.	n/a	n/a	Expressing wishes	Needs	Being independent	n/a
Willa-FS.2C	Ich möchte auf mich aufpassen und endlich meine Ruhe finden.	I want to take care of myself and finally find my peace.	n/a	n/a	Expressing wishes	Needs, wishes	n/a	n/a
Willa-FS.3C	Es sehen, was in mir steckt, ich hab viel erlebt, was mich hat geprägt.	See what's inside me, I've experienced a lot that has shaped me.	n/a	n/a	Expressing wishes	Needs, wishes	n/a	n/a
Willa-FS.4C	Und rausgekomm´n bin ich als neue Person. Ich finde zu mir hin.	And I came out as a new person. I find myself.	n/a	n/a	n/a	Personal capacities	Being independent	n/a
Willa-FS.5	1) Früher war es nicht einfach, ich musste viel erleben.	1) It wasn't easy before, I had to experience a lot.	n/a	n/a	Remembering	Life experiences	n/a	n/a
Willa-FS.6	Hab vieles Schwere durchgemacht, so manches Erdbeben.	I've been through a lot of hardships, so many earthquakes.	n/a	n/a	Remembering	Life experiences	Being independent	n/a
Willa-FS.7	Und immer bin ich einen neuen Weg gegangen und stellte mich jeden Bangen.	And I've always walked a new path and faced every fear.	n/a	n/a	Remembering	Life experiences	Being independent	n/a
Willa-FS.8	Ich hab es geschafft raus zu kommen, fühl mich dennoch gefangen.	I managed to get out, but still feel trapped.	n/a	n/a	Remembering	Life experiences	NOT Being independent	Feeling bad / depressive
Willa-FS.9	2) Ich möchte wieder positives sehen und erleben.	2) I want to see and experience positive things again.	n/a	n/a	Expressing wishes	Needs, wishes	n/a	n/a
Willa-FS.10	Ich möchte wieder stark sein, für mein eignes Leben.	I want to be strong again for my own life.	n/a	n/a	Expressing wishes	Needs, wishes	n/a	n/a
Willa-FS.11	Mich endlich von altem lösen können, was mir nicht gut tut.	Finally being able to let go of old things that aren't good for me.	n/a	n/a	Expressing wishes	Needs, wishes	n/a	n/a
Willa-FS.12	Mein Leben genießen, wie es war, die Freiheit endlich spüren.	Enjoying my life as it was, finally feeling the freedom.	n/a	n/a	Expressing wishes	Needs, wishes	n/a	n/a
Emma-MP.1	In einem Wald, gibt es viel zu seh´n. Zu jeder Jahreszeit, von Osterglocken und von Moos, von Pilzen und Tannenzapf, bis zu ´nem Reh.	In a forest, there is a lot to see. At any time of the year, from daffodils and moss, from mushrooms and fir cones to a deer.	n/a	Outings	Appreciating beauty	n/a	n/a	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Emma-MP.2	An diesem Morgen, Gemüse geschnippelt, quer durch den Garten, kunterbunt und gewürfelt.	This morning, snipped vegetables, across the garden, motley and diced.	Professionals, Residents & friends	Group activity	Enjoying activities	n/a	Being a group member, Being independent	n/a
Emma-MP.3	Lassen sich was einfallen – Sterne basteln. Zu jeder Zeit fällt ihnen was ein. Mit Sternen und Singen und Bewegung mit Stampfen, Gedanken sind dabei.	They come up with something – make stars. They always come up with something. With stars and singing and movement with stamping, (my) thoughts are there.	Professionals, Residents & friends	Group activity	Enjoying activities	n/a	Being a group member, Being independent	n/a
Emma-MP.4	In zwei Farben, je vier Quadrate. Motiviert, mehr zu mach´n. Schenken möchte ich´s den Menschen, dass es an andere geht, Freude soll´s machen.	In two colors, four squares each. Motivated to do more. I would like to give it to people, that it goes to others, it should make people happy.	Professionals, Residents & friends	Group activity	Giving	Evoked good feeling	Being a group member, being able to do good things to / help other people	n/a
Emma-MP.5	Die Kinder und der Bruder waren da, Sie waren in der Kirch´, das war wunderbar.	The children and the brother were there, they were in the church, that was wonderful.	Children, individual: brother	Family visits / calls	n/a	n/a	Being a parent + sister	Feeling good / enjoyment
Emma-MP.6.1	Ich mach alles mit, den Sport am Morgen, von Händ zu den Füßen, Halten und Bewegungen, sagen auch einiges aus [geöffnete Hände = offen für die Welt].	I do everything, the sport in the morning, from hands to feet, holding and movements, also say something [open hands = open to the world].	Professionals, Residents & friends	Group activity	Enjoying activities	Evoked good feeling	Being a group member, Being independent	n/a
Emma-MP.6.2	Ein gutes Gefühl, beim Sternehäkeln, sie hängen an Bäumen, Zweigen und Ästen, als Schneekristalle auch in Fenster, besonders im späten Kalender.	A good feeling when crocheting stars, they hang on trees, twigs and branches, as snow crystals in windows, especially in the late calendar.	n/a	n/a	Giving, appreciating the beauty, pursuing hobbies	Evoked good feeling	Being able to do good things to / help other people	Feeling good / enjoyment
Emma-MP.7	Gleiche Interessen und dass wir uns verstehen. Dass wir hoffen, dass Herrgott weiß, wie es am besten weitergeht.	Same interests and that we understand each other. That we hope that God knows the best way to proceed.	Residents & friends	n/a	Converse, Faith	Wishes	Being a group member	n/a
Emma-MP.8	Ein Lied der Mutter, noch heute drin. Erinnert mich an früher, als wir arbeiten sind.	A mother's song, still know by heart. Reminds me of the past when we were working.	n/a	n/a	Remembering	n/a	Being a daughter	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Emma-MP.9	Ich bin vorangekommen, mit Sternen zum Verschenken. Ich bin KEIN Hindernis, ich bin frei und dafür danke ich.	I've progressed, with stars to give away. I am NOT an obstacle, I am free and I am grateful for that.	n/a	n/a	Giving, expressing gratitude	n/a	Being independent, being able to do good things to / help other people	Feeling liberated
Emma-MP.10	Egal was sie planen, es ist immer eine Überraschung dabei. Und sie bringen es rüber, Freude gibt´s in Allerlei.	No matter what they plan, there is always a surprise. And they convey it, there's joy in all kinds of things.	Professionals, Residents & friends	Group activity	Enjoying activities	Evoked good feeling	Being a group member	Feeling good / enjoyment
Emma-PS.1	1) Halte ich meine Augen stets offen, für die Schönheit, die Dinge der Natur	1) I always keep my eyes open for the beauty, the things of nature	n/a	n/a	Appreciating beauty	Evoked good feeling	n/a	n/a
Emma-PS.2	Sehe ich das Bunte der Blätter, durch die Lüfte schwebend dahin	I see the colorful leaves floating in the air	n/a	n/a	Appreciating beauty	Evoked good feeling	n/a	n/a
Emma-PS.3	2) Sitze ich mit euch in der Runde, haben Schere, Papier in der Hand.	2) I sit in the group with you, have scissors, paper in hand.	Residents & friends	Group activity	Enjoying activities	Evoked good feeling	Being a group member	n/a
Emma-PS.4	Sei´n es Karten oder rote Sterne, die am Ende der Freude uns bringt	Could be cards or red stars, which brings us joy at the end	Residents & friends	Group activity	Enjoying activities	Evoked good feeling	Being a group member	Having fun
Emma-GS.1C	Es geht nicht immer so wie du möchtest.	Things don't always go the way you want.	n/a	n/a	n/a	Personal capacities	n/a	n/a
Emma-GS.2C	Manchmal siehst du nicht weit genug.	Sometimes you don't see far enough.	n/a	n/a	n/a	n/a	Being part of something bigger	n/a
Emma-GS.3C	Bevor du ganz schwarzsiehst, denke daran:	Before you go all black, remember:	n/a	n/a	Expressing wishes	Personal capacities	n/a	n/a
Emma-GS.4C	Es kommt die Erleuchtung, du merkst es dann!	Enlightenment is coming, you will notice it then!	n/a	n/a	Faith	Personal capacities	n/a	n/a
Emma-GS.5	1) Dass der Herrgott es richtet, er hat deinen Weg im Griff.	1) That the Lord God judges, he has your way under control.	n/a	n/a	Faith	Personal capacities	Being cared for	n/a
Emma-GS.6	Er richtet es aus zum Besten, ich bin so dankbar dafür.	He's adjusting it for the best, I'm so grateful for that.	n/a	n/a	Expressing gratitude, Faith	n/a	Being cared for	n/a
Emma-GS.7	Es gab auch trübe Zeiten, doch du zeigst uns den Weg.	There were also gloomy times, but you show us the way.	n/a	n/a	Faith	Personal capacities	Being cared for	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Emma-GS.8	Erlöst uns von vielem Schweren, hälst dein Hand über uns.	Save us from many difficulties, hold your hand over us.	n/a	n/a	Faith	n/a	Being cared for	n/a
Emma-GS.9	2) Danke meinen Eltern, dass sie den Grundstein gelegt.	2) Thank my parents for laying the foundation.	Parents	n/a	Expressing gratitude, Faith	n/a	n/a	n/a
Emma-GS.10	Und ich dann durch den Glauben gefunden hab und gelebt.	And then I found and lived through faith.	n/a	n/a	Faith	n/a	n/a	n/a
Emma-GS.11	Ich bin unendlich dankbar, die Umgebung, trägt dazu bei,	I am infinitely grateful, the environment contributes to that,	n/a	n/a	Expressing gratitude	n/a	n/a	n/a
Emma-GS.12	Dass ich dem Herrgott danke, für´s Leben und Wohlsein.	That I thank the Lord God for life and wellbeing.	n/a	n/a	Expressing gratitude, Faith	n/a	n/a	n/a
Emma-FS.1C	Der Weg war das Leben, zurück wird es kommen	The way was life, it will all come back	n/a	n/a	n/a	Life experiences	n/a	n/a
Emma-FS.2C	was du hast gegeben, drum bringe anderen Freuden	what you have given, so bring joy to others	n/a	n/a	Expressing wishes	n/a	n/a	n/a
Emma-FS.3C	Dass du bist auf Erden war jemands andere Idee	That you are on earth was someone else's idea	n/a	n/a	Faith	n/a	Being part of something bigger	n/a
Emma-FS.4C	Drum halte einmal inne, und du wirst Lichtblicke sehen	So pause for a moment and you will see redeeming features	n/a	n/a	Expressing wishes	n/a	n/a	n/a
Emma-FS.5	1) Ich traf die richtigen Menschen, ich hab´ viel lernen dürfen.	1) I met the right people, I was allowed to learn a lot.	Other people	n/a	Remembering, learning and sharing learnings	n/a	n/a	n/a
Emma-FS.6	Egal ob beim Kurs oder Vortrag, es hat mich weitergebracht.	Regardless of whether it was a course or a lecture, it got me further.	Other people	n/a	Remembering, learning and sharing learnings	Individual: reflection of influence of other people	n/a	n/a
Emma-FS.7	Mit Hilfe anderer Menschen, mit Mut, Humor und Glauben	With the help of other people, with courage, humor and faith	Other people	n/a	Receiving support, Faith	n/a	n/a	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Emma-FS.8	Ich konnt´ stets weitergehen, das macht mich dankbar und stolz	I could always share (learnings), that makes me grateful and proud	n/a	n/a	Learning and sharing learnings	Evoked good feeling	Being independent	Individual: Feeling grateful, feeling proud
Emma-FS.9	2) Ich häkle schöne Sterne, sie hängen an vielen Orten	2) I crochet beautiful stars, they hang in many places	n/a	n/a	Pursuing hobbies	n/a	n/a	n/a
Emma-FS.10	Vom Haus bis Tanzania, mit Spenden konnt´ ich helfen	From the house to Tanzania, I could help with donations	n/a	n/a	Remembering	n/a	Being able to do good things to / help other people	n/a
Emma-FS.11	Auch anderen hab´ ich geholfen, ich denk´ noch oft daran.	I also helped others, I still think about it often.	n/a	n/a	Remembering	Evoked good feeling	Being able to do good things to / help other people	n/a
Emma-FS.12	Das gab mir das Gefühl, wo´s nötig ist kommt es an.	That gave me the feeling that where it's needed, it counts.	n/a	n/a	Giving	n/a	Being able to do good things to / help other people	Feeling good / enjoyment
Emma-FS.13	3) Den Kindern weitergeben was im Leben zählt	3) Passing on to the children what is important in life	children	n/a	Learning and sharing learnings	Individual: reflection on what is important in life	Being able to influence children	n/a
Emma-FS.14	Dankbarkeit zu spüren, das konnte ich mitgeben.	To feel gratitude, I could give that to them.	children	n/a	Learning and sharing learnings	n/a	Being able to influence children	n/a
Emma-FS.15	Sie sind stets für mich da, für sie ist´s selbstverständlich	They are always there for me, for them it's a matter of course	children	n/a	Receiving support, expressing gratitude	n/a	Being cared for	n/a
Emma-FS.16	Menschlichkeit und Hilfe – soll´n sie es einmal erfahren	Humanity and help - they should experience it once	children	n/a	Expressing wishes	n/a	n/a	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Paul-MP.1	1: An diesem Tag im (Kneipe), n´ Achterle Schoppen dann, geht´s Geschmarr´ weg.	1: On this day in (the pub), [125ml of] wine, then the gossips go away.	Other people	Outings	Eating & Drinking, group activity	n/a	n/a	n/a
Paul-MP.2	2: An diesem Tag im (Café), Kellnerin bringt Kaffee, ist ganz viel los.	2: On this day in (cafe), waitress brings coffee, it's very busy.	n/a	Outings	Eating & Drinking	n/a	n/a	n/a
Paul-MP.3	3: Am Donnerstag durft (Enkel) nicht spiel´n (Sportspiel), dafür am Sonntag da durfte er ran.	3: On Thursday (grandson) wasn't allowed to play (sports game), but on Sunday he was allowed to play.	grandson	Outing	Enjoying time with family, Enjoying activities	n/a	Being a grandparent	n/a
Paul-MP.4	4: Ich denk daran, die Mauer gefallen, ich ließ Gefühle wallen. Und ging durchs Brandenburger Tor, es war ein Freiheitsgefühl.	4: I remember, the wall fell, I let feelings flow. And went through the Brandenburg Gate, it was a feeling of freedom.	n/a	n/a	Remembering	n/a	n/a	Feeling liberated
Paul-MP.5	5: Zum Geburtstag am Flughafenplatz, vieles altes hab´ ich noch gekannt. Amerikaner waren dort am Platz, als Kind war es unser Spielplatz. Erinnere mich gut daran.	5: For my birthday at the airport, I still knew a lot of old things. Americans used to be there, it was our playground when we were kids. I remember it well.	n/a	Outing	Remembering	n/a	n/a	n/a
Paul-MP.6	6: Die Enkel, die Töchter, mit meinem Klan, es war sehr schön, war´n wir alle zusamm´n	6: The grandchildren, the daughters, with my clan, it was very nice, we were all together	grandchildren, daughters	Visiting family	n/a	n/a	Being a parent / grandfather	Feeling good / enjoyment
Paul-MP7.1	7.1: Wenn´s in der Wohnung zu eng wird, dann muss ich raus und genieß die Luft.	7: When the apartment gets too cramped, I have to go out and enjoy the fresh air. Then I meet people I know and I no longer think about the bad things around me.	n/a	Outings, individual: Small apartment	Appreciating beauty	Needs	n/a	n/a
Paul-MP7.2	7.2: Dann treffe ich mir bekannte Menschen und denke ich nicht mehr ans Schlechte drum herum.		Other people	Meeting other people	Enjoying activities	Needs	n/a	n/a
Paul-MP.8	8: Die große Übertragung aus Mailand und Verona, am Fernseh´n gesehen (Fußball), was mein Herz erfreut hat.	8: The big broadcast from Milan and Verona, seen on TV (football), which made my heart happy.	n/a	n/a	Enjoying activities	n/a	n/a	Feeling good / enjoyment
Paul-MP.9	9: Ein Gewinn im Lotto so klein – war auch ganz fein! Aber größer wäre auch ganz gut, dann hätt ich Mut – zum Weiterspielen!	9: A win in the lottery so small – it was also very nice! But bigger would also be good, then I would have the courage – to continue betting!	n/a	Individual: Winning lottery (small prize)	n/a	n/a	Individual: Being able to win in the lottery	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Paul-MP.10	10: Weihnachten mit großer Familie, mit 14 Person´. In (Stadt), bei der Tochter, bei (Tochter) in der Wohnung. Mit Gesang und Geschenken und vielem guten Essen.	10: Christmas with a large family, with 14 people. In (city), at the daughter, at (daughter´s) apartment. With singing and gifts and lots of good food.	Family members	Visiting family, Christmas	Enjoying time with family, Enjoying activities	n/a	Being a family member	n/a
Paul-PS.1C	Ich muss raus, um frei zu sein	I have to get out to be free	n/a	Outings	n/a	Evoked good feeling	Being independent	Feeling liberated
Paul-PS.2C	brauch ich zum Leben und zum Sein.	I need this to live and to be.	n/a	n/a	n/a	Evoked good feeling	Being independent	n/a
Paul-PS.3C	Ich muss raus am (Fluss) vorbei	I have to get out passing the (river).	n/a	Outings	n/a	Evoked good feeling	n/a	n/a
Paul-PS.4C	Ich genieß den Sonnenschein	I enjoy the sunshine	n/a	n/a	Appreciating beauty	Evoked good feeling	n/a	n/a
Paul-PS.5C	Sehe dann die Festung, ´s Käppele am Berge	I then see the fortress, the chapel on the hill	n/a	n/a	Appreciating beauty	n/a	n/a	n/a
Paul-PS.6C	und die (Fluss)brücke, Menschen am (Fluss)	and the (river) bridge, people at the (river)	n/a	n/a	Appreciating beauty	n/a	n/a	n/a
Paul-PS.7	1) Ich gehe in die Stadt, ich gehe zum Café	1) I go to the city, I go to the cafe	n/a	Outings	n/a	n/a	n/a	n/a
Paul-PS.8	genieße einen Kaffee und niemals einen Tee	enjoy a coffee and never a tea	n/a	n/a	Eating & Drinking	Evoked good feeling	n/a	n/a
Paul-PS.9	Ich gehe dann zum Strand, zum (Bäckerei)	I then go to the beach, to the (bakery)	n/a	Outings	Eating & Drinking	n/a	n/a	n/a
Paul-PS.10	Ich trinke einen Wein beim (Kneipe)	I'll have a wine at the (pub).	n/a	Outings	Eating & Drinking	n/a	n/a	n/a
Paul-PS.11	Dass ich raus kann und dann	That I can go out and then	n/a	Outings	n/a	n/a	n/a	n/a
Paul-PS.12	mit den Freunden reden mit Wein	talk to friends, with wine	Residents & friends	n/a	Converse, Eating & Drinking, Group activity	n/a	Being a group member	n/a
Paul-PS.13	und ich sehe Fußball am Platz, abends am TV	and I watch soccer on the field, in the evening on TV	n/a	n/a	Pursuing hobbies	n/a	n/a	n/a
Paul-GS.1C	Ich hatte Glück in meinem Leben, mit der Familie und Gottes Segen	I've been lucky in my life, with family and God's blessings	Family member	n/a	Faith	Life experiences	Being a family member	Feeling good / enjoyment

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Paul-GS.2C	Ich hatte Glück mit der Familie, die schönen Zeiten will ich nicht hergeben	I was lucky with my family, I don't want to give up the good times	Family member	n/a	Remembering	Life experiences	Being a family member	Feeling good / enjoyment
Paul-GS.3	1: Meine (Frau), du warst stets gut zu mir	1: My (wife), you have always been good to me	Wife	n/a	Expressing gratitude	n/a	Being a spouse	n/a
Paul-GS.4	Du gabst mir viel Freizeit im Leben, ich konnte Hobbys nachgehen	You gave me a lot of free time in life, I could pursue hobbies	Wife	n/a	Expressing gratitude, pursuing hobbies	n/a	Being a spouse	Feeling liberated
Paul-GS.5	Du warst eine gute Mutter und Oma und Ehefrau	You were a good mother and grandma and wife	Wife	n/a	Expressing gratitude	n/a	Being a spouse	n/a
Paul-GS.6	Du warst mit mir auf Reisen, obwohl ich dich niemals gefragt.	You traveled with me, although I never asked you.	Wife	n/a	Expressing gratitude, pursuing hobbies	n/a	Being a spouse	n/a
Paul-GS.7	2: (Tochter) und (Tochter), ihr wart stets gut zu mir.	2: (daughter) and (daughter), you have always been good to me.	Daughters	Good family relationships	Expressing gratitude	n/a	Being a parent	n/a
Paul-GS.8	Unser gutes Verhältnis, das gibt mir Freude viel.	Our good relationship gives me a lot of joy.	Daughters	Good family relationships	Expressing gratitude	n/a	Being a parent	Feeling good / enjoyment
Paul-GS.9	(Enkelin) und (Enkelin), (Enkel) und (Enkelin)	(Granddaughter) and (Granddaughter), (Grandson) and (Grandson)	Grandchildren	n/a	n/a	n/a	Being a grandparent	n/a
Paul-GS.10	Handball ist was uns verbindet, darauf bin ich sehr stolz	Handball is what unites us, I'm very proud of that	Grandchildren	n/a	Individual: expressing proud of his relationship to his grandchildren	Role of family	Being a grandparent	Feeling proud
Paul-FS.1C	Mit Ehrgeiz durch´s Leben gehen, und stets war ich bescheiden.	Going through life with ambition, and I've always been modest.	n/a	n/a	n/a	Personal capacities	Being ambitious / modest	n/a
Paul-FS.2C	Konnte mein Leben genießen, bin immer ich selbst geblieben!	Was able to enjoy my life, always remained myself!	n/a	n/a	Enjoying activities	Personal capacities	Being independent	n/a
Paul-FS.3	1: Ein Ausgleich war es, ein ruhiger Pol, wir gingen gern auf Reisen	1: It was a balance, a calm haven, we liked to travel	Family member	n/a	Remembering	Evoked good feeling	n/a	n/a

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Paul-FS.4	Ich sorgte für unser Wohl, dabei blieb ich bescheiden.	I looked after our wellbeing, while remaining modest.	Family member	n/a	Remembering	n/a	Being ambitious / modest, being the head of the family	n/a
Paul-FS.5	Familie ist mein Leben, das Höchste auf der Welt,	Family is my life, the highest thing in the world	Family member	n/a	n/a	Role of family	Being a family member	n/a
Paul-FS.6	wir konnten viel erleben. Das war, was mir gefällt.	we could experience a lot. That was what I like.	Family member	n/a	Remembering	n/a	Being a family member	Feeling good / enjoyment
Paul-FS.7	2: Trotz, dass ich nur hab die Volksschul gemacht, hat´s bei der Polizei geklappt,	2: Despite the fact that I only did secondary school, it worked out with the police,	n/a	n/a	Remembering	n/a	Individual: being able to build his career	n/a
Paul-FS.8	und sogar zur Olympiade! Ich konnte viel erleben.	and even to the Olympics! I could experience a lot.	n/a	Individual: work at olympics	Remembering	n/a	n/a	n/a
Paul-FS.9	Trotz meines Berufs war´s Leben nicht einfach für uns.	Despite my job, life wasn't easy for us.	n/a	n/a	n/a	Life experiences	Individual: being an employee	n/a
Paul-FS.10	Ich schaute wie´s weiter ginge, es sollt ihn´n gehen gut.	I looked at how things were going, they should be fine.	Family member	n/a	Giving	Life experiences	Being the head of the family	n/a
Paul-FS.11	3: Und auch beim Fußballverein war ich, als Trainer bei der Jugend.	3: And I was also at the soccer club, as a youth coach.	Individual: Soccer club members	n/a	Remembering	n/a	Being a group member Individual: being successful	n/a
Paul-FS.12	Wir spielten um die Meisterschaft, das kam gut an bei allen.	We were playing for the championship and that was well received by everyone.	Individual: Soccer club members	n/a	Remembering	n/a	Individual: being skilled as soccer trainer	n/a
Paul-FS.13	Und auch als Tennisspieler, da hatt´ ich großen Spaß.	And also as a tennis player, I had a lot of fun.	n/a	n/a	Remembering	Evoked good feeling	n/a	Having fun

Code	Original lyrics	Translation	Social contacts	Situation	Activities	Reflection	Self-perception/ own role	Expressed emotion
Paul-FS.14	Auch heute seh ich Spiele, am Fernsehn oder Spielfeld.	Even today I watch games, on TV or on the field.	n/a	n/a	Pursuing hobbies	Evoked good feeling	n/a	n/a

I Results Meaningfulness of Songwriting Scale

MSS Item	Anna	Emma	Willa	Paul	Sum	Mean	Standard deviation
1. Songwriting was an enjoyable process.	5	5	5	4	19	4,75	0,43
2. Songwriting was a process of discovery and/or self-reflection.	5	5	5	4	19	4,75	0,43
3. Songwriting aroused my emotions.	5	5	5	3	18	4,5	0,87
4. Songwriting was a creative experience.	5	5	3	4	17	4,25	0,83
5. Songwriting was an engaging experience.	4	4	5	4	17	4,25	0,43
6. Songwriting was a challenging experience.	4	5	5	3	17	4,25	0,83
7. Songwriting helped me make sense of the world around me.	3	4	5	3	15	3,75	0,83
8. Songwriting aroused thoughts/nostalgia/personal/cultural associations.	5	4	4	5	18	4,5	0,50
9. I experienced a sense of achievement as I wrote this song.	5	5	5	4	19	4,75	0,43
10. The songwriting process was valuable for me.	5	5	5	4	19	4,75	0,43
11. Songwriting was a rewarding experience.	5	5	5	5	20	5	0,00
12. Songwriting enabled me to express my personality, unique style, personal and/or cultural identity, or values in life.	4	5	5	2	16	4	1,22
13. Songwriting was a meaningful process for me.	5	5	5	3	18	4,5	0,87
14. I have listened to my self-composed song.	4	5	1	5	15	3,75	1,64
15. My song tells my story or the story of my community.	5	5	5	5	20	5	0,00
16. This song expresses who I was at the time I composed it.	4	5	5	5	19	4,75	0,43
17. My song reflects/reinforces my new understandings of the self and/ or community.	4	5	5	3	17	4,25	0,83
18. I'd like to share my song with others.	5	5	5	3	18	4,5	0,87
19. My song is important and valuable in my life.	4	5	5	4	18	4,5	0,50
20. My song reflects my personality, unique style, identity, community, or cultural experience.	4	5	5	4	18	4,5	0,50
21. My song is meaningful for me.	5	5	5	4	19	4,75	0,43
Sum	95	102	98	81			

J Overview Strengths of the Participants

The following table presents the results from the Signature Strengths Survey (SSS) and the reported strengths from Sessions 5 and 6 that were presented in the individual strengths overviews (SO).

Virtue	Strength	EFB		EFF		MFB		NHS		No. of part.	Score
		SSS	SO	SSS	SO	SSS	SO	SSS	SO		
Wisdom and knowledge	Creativity	X		X		X		X		4	4
	Curiosity	X		X		X		X		4	4
	Judgement / Critical thinking			X				X		2	2
	Love of learning	X		X						2	2
	Perspective	X						X		2	2
Courage	Bravery	X		X+	X		X			4	5
	Perseverance	X	X	X+	X	X	X	X	X	4	9
	Honesty	X	X	X		X		X	X	4	6
	Zest	X	X			X+				4	4
Humanity	Love	X	X	X	X	X+	X	X		4	8
	Kindness	X+	X	X		X	X		X	4	7
	Social intelligence		X				X			2	2
Justice	Teamwork	X				X		X		3	3
	Fairness	X	X	X		X	X	X		4	6
	Leadership							X		1	1
Temperance	Forgiveness	X		X+	X			X		3	5
	Humility	X+	X	X	X	X+	X	X	X	4	10
	Prudence	X			X			X		3	3
	Self-regulation			X				X		2	2
Transcendence	Appreciation of beauty of excellence	X+	X	X		X+	X	X		4	8
	Gratitude	X+	X	X+	X	X+	X	X	X	4	11
	Hope	X				X	X			2	2
	Humour	X		X				X		3	3
	Spirituality	X+	X			X	X	X		3	6
Other reported strengths	Loyalty		X							1	1
	Caring	n/a		n/a	X	n/a		n/a		1	1
	Self-protection				X					1	1
SSS = Signature Strengths Survey; SO = Strengths overview; X+ signature strength											