

Therapeutic Songwriting with Bereaved Mothers Following Pregnancy Loss:
A Philosophical Inquiry

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ABSTRACT

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Nathalie Maillard

Pregnancy loss is an under-researched and underacknowledged issue that affects many women. Furthermore, there is a lack of specialized support services. Given the unique needs of bereaved mothers and noted relevant benefits of therapeutic songwriting, the purpose of this philosophical inquiry was to organize and synthesize current knowledge and build a case as to why therapeutic songwriting within an individual music therapy context holds strong potential as a mode of support for these women. A first-person arts-informed research component was also employed, wherein relevant audio and lyrical excerpts from songs previously composed by the researcher about her own pregnancy losses were used to support and further elucidate knowledge that emerged from the literature. Connections were made between key components of an experience-oriented songwriting approach and the identified needs of bereaved mothers. Flexible guidelines for applying this approach were subsequently created and these may serve as a helpful starting point for music therapists wanting to offer services to this population. Limitations of the study as well as further implications for practice and research are presented.

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Chapter 1. Introduction

Personal Relationship to the Topic

Between the years 2007 and 2017, I experienced several miscarriages. I vividly remember the first time I went through this, thinking I was alone in experiencing feelings of loss, trauma, grief, guilt, anxiety, inadequacy, and isolation. Following my last miscarriage, I wondered: “After all these losses, how am I still standing?” With time, I began to realize that I was far from being the only woman to have these feelings. During my subsequent psychology and music therapy studies, my personal experience evolved into an academic interest. As a singer-songwriter and new music therapist, I came to understand that songwriting had served as an integral part of my own mourning and healing journey. I began to wonder how this might be realized within a music therapy context for other women who had experienced the unexpected loss of a pregnancy, and thus the initial seeds for this philosophical inquiry were planted. My experience as a music therapy intern working with bereaved parents, and my current professional experience as a music therapist working with this population in the public healthcare system in Quebec (Canada) have also informed the current research project.

Significance of the Inquiry

Pregnancy loss is an underacknowledged and under-researched issue that affects many women (Broad, 2014; Cacciatore et al., 2008; Chichester & Harding, 2021; Frøen et al., 2011; Hug et al., 2020; Quenby et al., 2021; Shannon & Wilkinson, 2020). Every year, approximately 23 million women worldwide experience a pregnancy loss (Quenby et al., 2021), and in Canada, it is estimated that 15% to 25% of pregnancies end in miscarriage (Public Health Agency of Canada, 2020). Noted impacts of pregnancy loss on women’s mental health include symptoms of depression and anxiety, low reported self-worth, and post-traumatic stress disorder (Bowles et al., 2006; Cumming et al., 2007; de Montigny et al., 2017; Engelhard et al., 2001; Farren et al., 2020; Guzewicz et al., 2014; Krosch & Shakespeare-Finch, 2017; Neugebauer et al., 1997).

Literature indicates, however, that there is a documented lack of follow-up in healthcare systems (Chichester & Harding, 2021; de Montigny et al., 2020; Freeman, et al, 2021; Frøen et al., 2011; Markin, 2016; Shakespeare et al., 2019; Watson et al., 2019), and as a result, these women often feel that they have been left alone to deal with their loss, and dissatisfied with healthcare services (Bellhouse et al., 2019; Freeman et al., 2021; Geller et al., 2010; Rowlands & Lee, 2010). In Quebec, a study that examined persistence of perinatal grief symptoms among 245

women who had experienced a miscarriage found that women who were dissatisfied with pregnancy loss healthcare services experienced persistent perinatal grief symptoms, whereas those who were satisfied with these services saw their symptoms diminish significantly over a 2-year period (de Montigny et al., 2017).

Lack of support for these women also extends outside of healthcare systems. News of a pregnancy loss is often met with silence or with comments that feel unsupportive, dismissive, or insensitive, even from well-intentioned family members, friends, or acquaintances who may minimize the magnitude of the loss (Cacciatore et al., 2008; Covington, 2005; Frøen et al., 2011; Jaffe & Diamond, 2011; Leon, 2015; Markin, 2016; Varney, 2014). In addition to a need for more public education, there is a need for more support services designed specifically to address the unique needs of bereaved mothers who have lived through pregnancy loss and provide them with a forum through which they can give voice to experiences that are often silenced and made invisible (Capitulo, 2005; Markin & Zilcha-Mano, 2018; McKernan, 2020; Rowlands & Lee, 2010; Varney 2014).

Relevance to Music Therapy

Music therapists have been providing grief support services for adults within the context of hospice bereavement services for more than 40 years (DiMaio, 2015). Music therapy can be useful in supporting bereaved individuals at large by helping them to express themselves, develop new support strategies, reach out to other support systems, and reintegrate back into their lives and communities (Krout, 2015). Participation in active and receptive music therapy experiences can facilitate feelings of wholeness and serve as “an enhancer and resonator of the grief” (Krout, 2015, p.405). In other words, music therapy can provide bereaved individuals with a safe space wherein they can express and release feelings of deep grief rather than distancing themselves from these feelings in ways that may not be helpful.

Literature from other fields outside of music therapy (e.g., art therapy, nursing, and psychology) indicates that various creative media can serve as particularly salient forums of personal expression that can help to address specific needs of bereaved mothers following pregnancy loss (Capitulo, 2005; McKernan, 2020; Seftel, 2006). While music therapy literature on this topic is scarce, Broad (2014) conducted a qualitative feasibility study that investigated bereaved mothers’ receptivity towards music therapy within a bereavement

support context. Her findings suggested that overall, bereaved mothers were receptive to music therapy. Participants perceived music therapy as a potentially effective non-verbal intervention for grief, as well as a helpful way to open up channels of communication and to match the intensity of grief.

Bereavement-focused music therapy literature also indicates that therapeutic songwriting holds unique potential as a creative forum that can help to facilitate pre¹ and post loss bereavement processes at large. It can provide a supportive framework wherein the songwriter (i.e., the bereaved client) can express themselves, tell their personal story, process painful memories and experiences, and achieve relationship closure (Baker, 2015; Baker & Wigram, 2005). Therapeutic songwriting can also empower and foster the perception that grieving is allowed, as it is often more socially acceptable to address typically taboo subjects through song lyrics (Baker, 2015; McFerran, Roberts, & O’Grady, 2010; Myers-Coffman et al., 2019). However, despite these potentials, I found no literature on applications of therapeutic songwriting for women who had experienced pregnancy loss. This gap was further confirmed by Broad (2014) who noted a lack of literature regarding music therapy services at large for bereaved mothers.

Statement of Purpose

Given the unique needs of bereaved mothers following unplanned pregnancy loss, the need for more specialized support services to address these needs, and the benefits of therapeutic songwriting noted in relation to bereavement, the purpose of this philosophical inquiry was to synthesize current knowledge and evidence to build a case as to why therapeutic songwriting that occurs in a music therapy context holds strong potential as a valuable mode of support for these individuals. I have chosen to situate therapeutic songwriting within an experience-oriented approach (as opposed to an outcome-oriented approach) because the flexibility inherent in this approach supports a collaborative therapy process wherein bereaved mothers “can act as the expert on themselves and exercise agency in determining the course of therapy” (Heiderscheit & Jackson, 2021, p.7). This approach will be further explicated in Chapter 3 and is also concisely defined below in the key terms section. I have also chosen to focus on individual rather than group music therapy sessions for several reasons: my personal preference as a bereaved mother

¹ Pre-loss bereavement refers to the presence of grief symptoms before an anticipated loss (e.g., when a close one is terminally ill) (Nielsen et al., 2016).

for individual therapy, my experience as a music therapist with this population has occurred almost entirely within individual session contexts, and finally, individual sessions allow for the creative and therapeutic processes to unfold in highly personalized and unique ways.

Research Questions

The primary research question guiding this inquiry was: Why is therapeutic songwriting realized within an experience-oriented individual music therapy context a valuable mode of support for bereaved mothers following unplanned pregnancy loss? The subsidiary questions were: What relevant knowledge or evidence exists in the scholarly literature to date? How can this knowledge or evidence be synthesized and organized to answer the primary research question? And finally, how do the songs that I wrote to process my own grief complement or support this knowledge/evidence?

Definitions of Key Terms

Key terms contained in the research questions are defined below. Other important terms will also be defined at the end of this section.

Therapeutic songwriting refers to “the process of creating, notating and/or recording lyrics and music by the client or clients and [music] therapist within a therapeutic relationship to address psychosocial, emotional, cognitive and communication needs of the client” (Baker & Wigram, 2005, p.16).

An *experience-oriented approach* aims to promote exploration and expression of self, of emotions, of life experiences, and of meaning through music (Baker, 2015; Heiderscheidt & Jackson, 2021). It relies on what emerges within the therapeutic process to determine the focus and flow of therapy and is guided by two main strategies: using music as process (i.e., engaging the client in music experiences is in and of itself therapeutic) and understanding music as representation (i.e., the musical artefact that results from the process represents the client’s experience and can deepen exploration, reflection, and insight) (Bruscia, 2014; Heiderscheidt & Jackson, 2021). This is different from an outcome-oriented approach where predetermined goals are formulated to address a client’s identified functional problems and music is used to elicit specific non-musical (i.e., functional) outcomes (Bruscia, 2014; Gibson, 2022).

An *individual* music therapy context is one wherein the elements of the following definition are fulfilled within an individual (i.e., one to one) session.

According to the Canadian Association of Music Therapists (CAMT, 2020, About Music Therapy section), *music therapy* is defined as “a discipline in which Certified Music Therapists (MTAs) use music purposefully within therapeutic relationships to support development, health, and well-being. Music therapists use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social and spiritual domains.”

A *mode of support* refers to therapeutic songwriting as a means and process through which bereaved mothers feel cared for and understood. It is conceptualized within a philosophical perspective that views grief as a natural response to loss that unfolds in a process that can be constructively supported rather than treated or viewed as an ailment (Fréchette-Piperni, 2004).

Within the context of the present study, the term *bereaved mothers* refers to women who are grieving the unexpected loss of their unborn child.

Unplanned pregnancy loss refers to any situation where the end of a pregnancy was unexpected. For the sake of brevity, the term *unplanned* will not always be repeated throughout the thesis and it is assumed within the context of this thesis that pregnancy loss is usually an unexpected occurrence (Richardson & Schiller, 2021).

In this inquiry, *pregnancy loss* includes losses due to miscarriage (or early pregnancy loss) and stillbirth (or late pregnancy loss). It does not include losses that happen prior to pregnancy (infertility), after delivery (neonatal loss and infant mortality) (Public Health Agency of Canada, 2020), or as the result of the termination of a pregnancy for medical or personal reasons. The reason for this delimitation will be further explicated in Chapter 2. It is important to note that the distinction between early and late pregnancy loss may vary slightly from one country to another, so for the present inquiry, definitions provided by the Public Health Agency of Canada (2020) will be used. Miscarriage or early pregnancy loss refers to a pregnancy loss that occurs before reaching 20 weeks of gestation, while stillbirth or late pregnancy loss refers to a pregnancy loss after 20 weeks of gestation or after the fetus has reached 500 grams (Public Health Agency of Canada, 2020).

The terms *knowledge* and *evidence* will both be used throughout this paper in accordance with the types of information gleaned from specific studies being referenced (e.g., objectivist, interpretivist, arts-based, etc.). This inquiry assumes a pluralistic epistemological and ontological

view wherein all methodologies are considered as equally valued options from which to choose depending upon what it is one wants to know (Baker & Young, 2016).

The *songs that I wrote* refer to my own compositions (lyrics and music), written between 2007 and 2021 (outside of the context of the present inquiry), in response to my own experiences of pregnancy loss.

Terms such as *grief*, *mourning*, *bereavement*, *complicated grief*, and *perinatal grief* (or *bereavement*) are used repeatedly throughout this paper and are defined here to help provide clarity and consistency for readers. *Grief* refers to the natural emotions that one feels when experiencing a loss (Lally & Valentine-French, 2019). *Mourning* involves the outward expression of those emotions and is typically influenced by cultural practices (Lally & Valentine-French, 2019). *Bereavement* is the period of time during which an individual grieves and mourns (Lally & Valentine-French, 2019). *Complicated grief* refers to grief that becomes chronic and significantly affects functioning over a prolonged period (Shear et al., 2011). Finally, *perinatal* usually refers to a certain period of time starting before birth and ending after birth. The duration of this period may vary from one definition to another. According to the Public Health Agency of Canada (2020), it may start prior to pregnancy and end 1 year after birth. *Perinatal grief* and *perinatal bereavement* are therefore ascribed to grief and bereavement that occurs following infertility (prior to pregnancy), pregnancy loss, neonatal loss, or infant death. However, within the context of this inquiry, *perinatal grief* and *perinatal bereavement* will be used only to refer to grief and bereavement that occur following early and late pregnancy loss.

Chapters Summary

The current chapter outlined the rationale for this philosophical inquiry, including my personal relationship to the topic, significance of the inquiry, and its relationship to music therapy. The purpose statement, research questions, and definitions of key terms were also presented. Chapter 2 explains how a philosophical inquiry methodology was realized within the context of the present study. Chapter 3 consists of a literature review aimed at *setting the scene* for the present inquiry. It is organized into 2 main sections: (1) the reality and reverberations of pregnancy loss, and (2) supporting bereaved individuals. These sections incorporate excerpts from my own song compositions which serve to elucidate and complement knowledge and evidence from the literature. Building upon this information, Chapter 4 explicates how the key

components of an experience-oriented approach to songwriting may address bereaved mothers' needs. It also presents flexible guidelines for how an experience-oriented individual music therapy approach to songwriting may be realized as a mode of support for bereaved mothers following unplanned pregnancy loss. Finally, Chapter 5 outlines limitations of the present study and discusses potential implications of the results for practice and future research.

Chapter 2. Methodology

Research Design

Although there is no standardized way to conduct a philosophical inquiry, Byers (2012) indicates that it is common for researchers who utilize this methodology to “identify a question, outline a position, present evidence, refine one’s position, and discuss the study’s implications” (p.18). As the researcher of the present inquiry, I also assumed a continental philosophical stance that focused on interpreting and reflecting on the data I gathered from the literature and its perceived significance (Stige & Strand, 2016). Finally, I incorporated a first-person arts-informed research component wherein I used audio and lyric excerpts from songs I had previously written about my own experiences of pregnancy loss and applied them when relevant to support or further elucidate knowledge and evidence that emerged from the literature. This gave new meaning and purpose to these pre-existing creative works and added an element of reflexivity which can be considered as a measure of trustworthiness (Keith, 2016; Viega & Forinash, 2016).

Delimitations

In order to keep this inquiry focused and within the scope of a master’s thesis as well as aligned with my research and personal experience to date, I imposed several delimitations on the study design: (a) there were no participants; (b) data was delimited to information gathered from relevant literature; (c) material from my existing song compositions was not analyzed but used to support or complement evidence and knowledge from the literature; (d) while partners do face challenges related to pregnancy loss, this study focused only on women’s/mothers’ experiences; (e) although termination of pregnancy for personal or medical reasons can lead to similar impacts on women’s mental health, I chose to focus only on unplanned pregnancy loss; (f) this study focuses on therapeutic songwriting as a mode of supporting healthy or grieving processes that unfold naturally (this paper does not address the particularities of complicated grief, as this is a unique and important topic in and of itself); and (g) although many music therapy interventions/experiences may hold potential in addressing bereaved mothers’ needs, I chose to stay close to my personal experience and to focus only on therapeutic songwriting applied within an individual experience-oriented music therapy context.

Materials

The materials used for this inquiry consisted of the following: a spreadsheet used to compile salient points from identified relevant literature, my personal computer, the songs I had written during my past experiences of miscarriage (including written lyrics and demo recordings), and a journal in which I recorded thoughts, ideas, and insights that emerged throughout the entire research process.

Data Collection and Analysis Procedures

Relevant literature was identified through key word searches in several databases, including *Academic Search Complete*, *Cairn*, the Concordia University library database (*Sofia*), *Érudit*, *Google Scholar*, *Proquest dissertations and theses global*, *PsycNET*, *Pubmed*, *Repère*, and *Scopus*. I also searched relevant electronic journals including *Advances in Neonatal Care*, *Bereavement Care*, *Death Studies*, the *Canadian Journal of Music Therapy*, the *Journal of Music Therapy*, *Music Therapy Perspectives*, and *SAGE Journals*. Because my first language is French, keywords were combined in multiple ways in both English and French to maximise chances of finding relevant literature. Search terms included: pregnancy/perinatal loss (*perte périnatale*), miscarriage (*fausse couche*), stillbirth (*mortinaissance*), bereavement (*deuil*), perinatal grief/bereavement (*deuil périnatal*), music therapy (*musicothérapie*), therapeutic songwriting (*écriture de chanson thérapeutique*), intervention (*intervention*). Additional sources were identified through examining the references sections of relevant literature.

This search resulted in approximately 150 sources. Upon review, only 100 sources were retained as the others did not contain either substantial or new information related to the research questions. These were organized on a spreadsheet that included the title of each source, authors' names, year published, main concepts, relevant quotes, and rationale for inclusion. I reviewed the relevant concepts and rationale, organized these into topic areas and synthesized information from the literature to create a concise summary overview for each topic area. I then reviewed my song compositions in relation to each topic area and integrated relevant audio and lyrical excerpts into the summary overviews thereby supporting and/or complementing what I had found in the literature with my own firsthand experiences of miscarriage. Finally, I made connections between the key characteristics of an experience-oriented approach to songwriting and the identified needs of bereaved mothers, which helped me outline flexible guidelines for applying this approach within an individual music therapy bereavement support context with bereaved mothers following an unplanned pregnancy loss.

Chapter 3. Setting the Scene

In the present chapter, I have synthesized evidence and knowledge from relevant scholarly literature and organized it within two overarching categories: firstly, the reality and reverberations of pregnancy loss, and secondly, supporting bereaved individuals. Each of these overarching categories is organized into key subtopic areas that also integrate relevant audio and lyric excerpts from songs I composed related to my own experiences of pregnancy loss. As a whole, this chapter aims to address most aspects of the primary research question: why therapeutic songwriting realized within an experience-oriented individual music therapy context is a relevant mode of support for bereaved mothers following unplanned pregnancy loss. Chapter 4 will further elucidate the answer to this question by relating the key characteristics of an experience-oriented approach to songwriting with the needs of bereaved mothers, and by outlining flexible guidelines for the proposed experience-oriented individual music therapy approach.

The Reality and Reverberations of Pregnancy Loss

Societal Context

Silence and Disenfranchised Grief. Although statistics published in Canada indicate that 15% to 25% of pregnancies end in miscarriage, the numbers are commonly thought to be higher, because many early pregnancy losses are typically not reported (Public Health Agency of Canada, 2020) and stillbirths are often not included in international pregnancy loss data (Hug et al., 2020). Even though pregnancy loss is frequent, affects a significant proportion of the population, and is experienced as a personal tragedy (Berry, 2022; Broad, 2014), it is cited as an under-researched topic (Frøen et al., 2011; Hug et al., 2020; Shannon & Wilkinson, 2020). This lack of research masks the extent to which pregnancy loss is experienced, and consequently, the extent of the repercussions of that loss on women's mental health. It also mirrors the social silence that surrounds the experience of pregnancy loss.

Miscarriage and stillbirth have historically been met with silence and a lack of appropriate support from well-intentioned friends, family, and community members (Cacciatore et al., 2008; Covington, 2005; Frøen et al., 2011; Jaffe & Diamond, 2011; Leon, 2015; Markin, 2016; Varney, 2014). This silence minimizes the extent of the loss suffered by bereaved parents. More broadly, the lack of mourning gatherings and rituals for bereaved parents (cards, flowers, funeral ceremonies, etc.) also minimizes the extent of the loss (Lang et al., 2011; Markin &

Zilcha-Mano, 2018). The social silence that surrounds pregnancy loss can leave women feeling isolated, alienated, and ashamed. It can also elicit feelings of personal failure, and they may feel pressured to move on from their grief before they are ready (Covington, 2005; Leppert & Pahlka, 1984; Rowlands & Lee, 2010). Consequently, bereaved mothers' experiences have been linked to the concept of disenfranchised grief, a theory put forward by Kenneth Doka (1989) and cited by other authors (e.g., Berry, 2022; Cassidy, 2021; Lang et al., 2011; Markin & Zilcha-Mano, 2018). Disenfranchised grief is a loss experience "that is not or cannot be openly acknowledged, publicly mourned, or socially supported" (Doka, 1989, p.4). Disenfranchisement sends a message to bereaved mothers that their pain does not qualify as real grief and that it should not be publicly displayed (Lang et al., 2011; Markin & Zilcha-Mano, 2018).

Personal Song Excerpt #1: On le dit pas (We Don't Say That). Receiving this kind of silent message can be very alienating and upsetting. After my second miscarriage, I remember feeling baffled by how heavy the surrounding silence felt. Most people around me never really talked about my loss and did not seem to know how to ask how I was feeling. Perhaps it was because they knew even less about what they could or should say the second time around. Indeed, what do you say to someone who has just experienced pregnancy loss for a second time in a row?

While there was silence around me, I also felt like I was being silenced in a way. I was under the impression that I somehow had to spare people around me from the discomfort they might feel in relation to my loss. This led me to feeling isolated, alienated, angry, and a sense of injustice. It motivated me to explore and express these feelings through writing a song entitled *On le dit pas (We don't say that)* (Maillard, 2011). The verses list the things that felt taboo for me to say at the time. They evoke feelings of invisibility and of being overwhelmed by the intensity of my own silenced thoughts and feelings. The steady and repetitive musical accompaniment wraps the lyrics in a sort of contained anger, which summarizes precisely how I felt about my own disenfranchisement at the time. (Listen to [Audio Excerpt #1.](#))

*Que je suis bien la seule à pouvoir me reconnaître
Que je fuis mon reflet quand je le vois dans la fenêtre
Que je rêve d'un jour pouvoir prendre toute la place
Mais lorsque je m'écris, d'un même souffle je m'efface
Que la plupart du temps je ne tiens qu'à un fil*

*Que je vais me taire parce que c'est plus facile
Qu'une fois le couvercle bien ouvert sur l'intérieur
J'en ai tellement à sortir que ça me fait peur
Ça, on le dit pas*

*That I am the only one who can acknowledge myself
That I run away from my reflection when I see it in the window
That I dream of taking up all the space, someday
But when I write myself, at the same time I fade away
That most of the time I'm hanging by a thread
That I am going to shut up because it's easier
That once the lid opens up on what's inside
I have so much to get out that it scares me
We don't say that*

Interestingly, I never recorded this song in its entirety. The lyrics were completed and written down, but the recordings I found only included a verse and a chorus. I was not ready at the time to make these thoughts known to anyone but myself. However, I remember that singing those words and this melody out loud for my own expression and enjoyment throughout the songwriting process felt like a satisfying and much needed release.

Silence in Healthcare Systems. The lack of research about miscarriage and stillbirth also reflects and contributes to a lack of professional support for bereaved mothers and their partners within healthcare systems (Chichester & Harding, 2021; de Montigny et al., 2020; Freeman et al., 2021; Frøen et al., 2011; Markin, 2016; Shakespeare et al., 2019; Watson et al., 2019). Consequently, many families report low levels of satisfaction with healthcare services following pregnancy loss (Bellhouse et al., 2019; Freeman et al., 2021; Geller et al., 2010; Rowlands & Lee, 2010). The negative experiences reported by bereaved mothers include a lack of medical information, as well as a lack of acknowledgement of the loss, which can manifest through insensitive comments from healthcare professionals and/or through their avoidance of acknowledging the painful loss-related emotions (Bellhouse et al., 2019; Geller et al., 2010; Markin, 2016; Rowlands & Lee, 2010). These experiences add to bereaved mothers' psychological distress, accentuating stigmatisation and exacerbating their feelings of loss, guilt,

and isolation (Bellhouse et al., 2019; Shakespeare et al., 2019; Watson et al., 2019). Research indicates that levels of satisfaction with healthcare services are especially low for women who experience an early pregnancy loss in a hospital emergency room where services and referrals to psychosocial support services are often lacking and ineffective (de Montigny et al., 2020; Freeman et al., 2021). Finally, the dissatisfaction with healthcare services that bereaved mothers experience can also influence the length and intensity of their perinatal grief symptoms described below (de Montigny et al., 2017). In their 2017 research that examined persistence of perinatal grief symptoms after miscarriage among 245 bereaved mothers, de Montigny, Verdon, Meunier and Dubeau noted that women who were dissatisfied with healthcare services after a miscarriage had elevated perinatal grief symptoms for up to two years after their loss while those who were satisfied with the provided healthcare services saw their perinatal grief symptoms decrease after 6 months. This research and other literature indicate that compassionate and individualized care that recognizes the impact of the loss and decreases isolation can reduce stigma and protect women's mental health in preventing complex or prolonged grief (de Montigny et al., 2017; de Montigny et al., 2020; Watson et al., 2019).

Impacts of Pregnancy Loss on Women's Mental Health

Grieving: Natural Reactions to Loss. Grieving corresponds to an active process of experiencing and addressing a loss as one adjusts to a new reality. This process of adjusting can include questioning the meaning of life and of one's own existence, although every person's grieving process is unique (Krout, 2015). While bereaved mothers' reactions after pregnancy loss are similar to those of individuals experiencing other kinds of loss, perinatal bereavement also has specific characteristics. For example, these women are grieving the loss of a person with whom they have only few or no memories at all (Broad, 2014; Shannon & Wilkinson, 2020; Varney, 2014). Common perinatal grief symptoms include shock, overwhelming emotions, feelings of emptiness, guilt or self-blame, concerns regarding subsequent pregnancy, and a search for meaning (Cacciatore et al., 2013; Lee & Rowlands, 2015; Omar et al., 2019; Potvin et al., 1989; Robinson, 2014). In comparison with women who experience a live birth, women who go through a pregnancy loss may have significantly lower self-esteem as well as a "lowered sense of purpose and meaning in life" (Guzewicz et al., 2014, p.174). They may also experience feelings of existential injustice and develop negative beliefs related to God and/or spirituality (Guzewicz et al., 2014).

Personal Song Excerpt #2: *Hors de l'eau (Out of Water)*. In my own personal perinatal loss journey, my perceived lack of meaning in life was an important theme that I explored through songwriting. I vividly remember how deeply absurd and unjust it felt to be robbed of an unlived life. When I was grieving, the lack of meaning about what had happened made me feel lost and confused, as all the things in my life that had once felt meaningful did not seem to matter anymore. One of my songs, entitled *Hors de l'eau (Out of water)*, uses the image of a fish being out of the water, unsure about how it ended up on the shore (Maillard, 2020). The very simple accompaniment on the piano helps convey a state of confusion and disbelief, using pauses that illustrate a sensation of time being suspended. (Listen to [Audio Excerpt #2.](#))

C'est dur à trouver

Qu'est-ce qu'on fait ici

Y'a personne qui le sait vraiment

On s'est échoués

J'ai pas trop compris

Ce qu'on fait sur le continent

Hors de l'eau

It's hard to find

What we are doing here

Nobody really knows

We ran aground

I didn't really understand

Why we ended up on the continent

Out of water

Personal Song Excerpt #3: *À demain (About Tomorrow)*. In another song entitled *À demain (About Tomorrow)*, my feelings of emptiness are explicitly portrayed, as I go on to list every part of me that feels empty (Maillard, 2014). The song includes an instrumental part that reveals the overwhelming emotions I had been feeling and contrasts them with my impression of emptiness. I remember writing this song in an attempt to illustrate how emotionally drained I felt. (Listen to [Audio Excerpt #3.](#))

J'ai les yeux asséchés par le vent du désert

Il ne reste plus de larme pour y boire

*J'ai le ventre vidé de toute sa colère
Et je n'ai plus rien pour me défendre
Je ne rêve presque plus à demain*

*J'ai la tête tordue et il n'en sort plus rien
Plus de raison, plus rien à comprendre
Et si j'ouvre la bouche, c'est le sourire en coin
Tout est dit: ne reste que du silence
Même si je ne m'avoue pas vaincue, pas avant la fin
Je ne rêve presque plus à demain*

*My eyes have been dried up by the desert wind
There are no tears left to drink
My guts are empty from all their anger
And I have nothing left to defend myself
I hardly dream about tomorrow anymore*

*My head is twisted like a rag and nothing comes out of it
No meaning, nothing to understand
If I open my mouth, it is with a smirk
Everything has been said, only silence remains
Even though I do not admit defeat, not until the end
I hardly dream about tomorrow anymore*

When Symptoms Worsen. A wide range of feelings and thoughts such as those expressed in the above song excerpts can be present in healthy and natural grief (Potvin et al., 1989). However, perinatal grief symptoms can sometimes worsen and lead to complicated grief or to other psychodiagnosis. Although it has been previously stated that the goal of this research is not to address complicated grief in detail, it is still relevant to note that the risk of developing complicated grief may be higher in the case of perinatal bereavement than in any other type of bereavement (Kersting et al., 2011; Kersting & Wagner, 2012). Many of the risk factors of developing complicated grief often apply in the case of pregnancy loss, such as lack of adequate

social support, dissatisfaction with the way in which the death/loss was communicated, and the sudden death of one's own child (Burke & Neimeyer, 2013).

The worsening of perinatal grief symptoms (listed on page 14) sometimes leads to other psychological diagnoses, such as depressive or anxiety disorders. Women who experience a pregnancy loss have a higher risk of experiencing these disorders than women who have not experienced a pregnancy loss (Beutel et al., 1995; Cacciatore et al., 2013; Faren et al., 2020; Herbert et al., 2022; Westby et al., 2021). Bereaved mothers are also more at risk of meeting the clinical diagnosis criteria for these disorders within the first year after their loss (Richardson & Schiller, 2021). Research indicates that up to 15% of bereaved mothers experience symptoms that meet the clinical criteria for a major depressive disorder after having gone through an early pregnancy loss (Cumming et al., 2007; de Montigny et al., 2017). Another significant proportion of women (28.3%) see their symptoms meet the clinical threshold for an anxiety disorder following pregnancy loss; additionally, women who suffer from untreated anxiety after a miscarriage become more at risk of developing other psychopathologies, along with an impairment in social functioning (Cumming et al., 2007).

Post-traumatic stress disorder (PTSD) and suicidal ideation are other possible impacts of pregnancy loss on women's mental health. Literature indicates that pregnancy loss is usually perceived by bereaved mothers as a traumatic event (Bellhouse et al., 2019; Berry, 2022; Richardson & Schiller, 2021; Robinson, 2014; Westby et al., 2021). Early pregnancy loss can lead to trauma symptoms such as avoidance of trauma-related stimuli and reliving the event, and literature indicates that more than 25% of bereaved mothers meet the clinical criteria for post-traumatic stress disorder one month after an early miscarriage (Bowles et al., 2006; Engelhard et al., 2011; Krosch & Shakespeare-Finch, 2017). After pregnancy loss, women are also more at risk of experiencing suicidal ideation, attempted suicide, and of committing suicide (Cacciatore, 2007; Quenby et al., 2021; Weng et al., 2018).

Finally, it is important to note that numerous studies have identified the lack of social support and resources as one of the factors that predict complicated grief, post-traumatic stress disorder, and depressive reactions after pregnancy loss (Berry, 2022; Beutel et al., 1995; Burke & Neimeyer, 2013; Kersting & Wagner, 2012). Evidence that this lack of support acts as a risk factor for bereaved mothers and exacerbates their perinatal grief symptoms further emphasizes

the need for specialized support services that meet the unique concerns of women who have experienced pregnancy loss.

Bereaved Mothers' Need for Specialized Support

The fact that bereaved mothers need specialized support following their loss is documented in various fields of practice, including nursing, psychology, and the creative arts therapies. In a survey study conducted in France and Belgium with 305 women who had experienced an early pregnancy loss, most participants (91%) wished they could have received more support from the medical team after their loss and even more (95%) thought post-miscarriage support was necessary (Séjourné et al., 2010). While the researchers acknowledge that these high numbers may have been influenced by the study recruitment procedures (e.g., participants were recruited from relevant online information/discussion forums), the results still indicate a need for established support systems to address the specific needs of these women.

In alignment with Stroebe and Schut's (2010) dual process model of coping with bereavement, bereaved mothers often experience a "conflicting need to *hold on* and *let go* at the same time" (Varney, 2014, p.51). The dual process model of coping with bereavement relies on the idea of a normal, healthy, and regulatory oscillation that happens when one is coping with bereavement, between being *loss-oriented* and *restoration-oriented* (Stroebe & Schut, 2010). Considering this dual dimension within the context of perinatal bereavement, the specific needs for support that bereaved mothers experience falls into two categories: those related to the need to *hold on* and those related to the need to *let go*, or as bereaved mother Nora McInerney (2018) puts it in a beautifully inspiring TED Talk about grief, the need to *move forward* with the grief.

Holding on to the Grief. Among the various needs that bereaved mothers experience after a pregnancy loss, some are directly related to the loss itself and subsequent emotional impact. There may be needs for remembrance and making memories (Alvarenga et al., 2021; Broad, 2014; Capitulo, 2005; Mondanaro, 2021), for satisfying medical care and for available social support (Rowlands & Lee, 2010). Bereaved mothers may need to integrate the reality of their loss, to feel allowed to grieve and be supported in their expression of loss-related emotions (Alvarenga et al., 2021; Broad, 2014). Because these feelings can be intense and overwhelming, these women may also experience a need for coping strategies and resources that adequately address and acknowledge the severity of their loss (Broad, 2014). They may also have a need for

the significance of the loss to be acknowledged by others at large, especially considering the high level of disenfranchisement they experience (Rowlands & Lee, 2010).

Moving Forward in a New Reality. Traumatic experiences often challenge our core beliefs, so it is not surprising that experiences of pregnancy loss affect how individuals view themselves and the world they live in (Krosch & Shakespeare-Finch, 2017). In reconstructing themselves after their loss, bereaved mothers may need to formulate new beliefs and understand their new place in the world (Cann et al., 2010; Capitulo, 2005; Gillies & Neimeyer, 2006; Krosch & Shakespeare-Finch, 2017), which may result in new priorities and approaches to life (Alvarenga et al., 2021). During this time, bereaved mothers might also need strategies for holding on to a sense of self (Broad, 2014), as the extent to which a loss affects one's identity or self-concept can complicate grief recovery (Bellet et al., 2020).

Since pregnancy loss may negatively affect at least some of bereaved mothers' close relationships (either because of a lack of acknowledgement, or comments that might be perceived as insensitive, etc.), a need for social inclusion and for connection with others who have had a similar experience may be present (Broad, 2014). Bereaved mothers might feel a need to develop positive interpersonal relationships which can help them to move forward and find hope after a loss (Alvarenga et al., 2021).

Between Holding on and Moving Forward: The Need for Meaning. Many researchers have emphasized the need for bereaved mothers to create meaning and to make sense of the loss they have experienced (Alvarenga et al., 2021; Cann et al., 2010; Capitulo, 2005; Gillies & Neimeyer, 2006; Krosch & Shakespeare-Finch, 2017). Some mothers focus on searching for a medical explanation of their baby's death, while others search for a new meaning for life, or work to create meaning from their loss by sharing their stories, with the hope of helping others (Alvarenga et al., 2021). Regardless of how it manifests, the quest for meaning is related to the need to hold on to the grief and to integrate the reality of the loss. For some women, integrating the reality of the loss leads to finding new meaning in life; for others, finding or creating meaning from their loss experience helps them integrate the reality of it. The quest for meaning is also related to the need to move forward in a new reality, as it is deeply connected to the restoration of hope after loss (Alvarenga et al., 2021). Of course, finding or creating meaning is a process that takes time and that is likely to be revisited, to change and evolve in the oscillating motion between holding on and moving forward. Some researchers point out that because of this

dual dimension of perinatal bereavement, previously assigned or chosen meanings may change or be discarded in future stages of coping with the grief (Cacciatore et al., 2017). Bereaved mothers can engage in this process through meaningful discussions and interactions with close friends, loved ones, and/or trusted health professionals (Alvarenga et al., 2021).

Personal Song Excerpt #4: Toi non plus (Neither Do You). The very first song that I wrote after my first miscarriage is titled *Toi non plus (Neither Do You)* (Maillard, 2007). In the lyrics, I talk to my baby using the second person singular, attempting to create a song that acknowledges both the realities of my pregnancy and of my loss. I explore my loss-related emotions by explaining to him/her what happened, trying to make sense of it while still emphasizing the absurdity of this experience as well as the disbelief it made me feel. My need to create meaning is encapsulated in the illustration of a baby who has mastered the skill of letting go, and whose purpose might have been to teach me that skill. (Listen to [Audio Excerpt #4](#))

Tu as lâché prise, tu as perdu pied

Échappé, échappé, échappé ma main, et glissé de l'autre côté

T'as quitté la rive avant d'arriver

Rebroussé, rebroussé, rebroussé ton chemin,

Le premier, le premier

Et millimètre par millimètre, t'es par-dessus bord

Petit morceau de mes peut-être, tous mes espoirs au-dehors

Déjà bien loin de ma fenêtre, je ne vois déjà plus

Tout ce que tu ne saurais être toi non plus, toi non plus

Tu as lâché prise bien avant ton temps

Avec un peu de chance, si je gagne la mise, tu m'auras appris à en faire autant

T'as baissé la garde, suivi le courant

Sans rien savoir, toi tu connais déjà au fond

Tout ce qui nous attend

*You let go, you lost your footing,
You dropped, dropped, dropped my hand, and slipped on the other side*

*You quit the shore before arriving
You turned, turned, turned you way back
On your first path, your first path*

*And millimeter by millimeter, you are overboard
Little piece of my maybes, all my hopes thrown out
You are already far from my window, I can't see anymore
Everything you could not be, you neither*

*You let go way before your time
Hopefully, if I win the bet, you will have taught me to do the same
You let your guard down, went with the flow
Without knowing anything, you already know everything that awaits us*

The gentle and tender major 7th chords, the enveloping electric piano sound, along with the vocal recording that sounds very close and intimate, constitute a musical universe within which I felt as though my baby still existed, somewhere. This song illustrates how, through songwriting, I tried to fulfill my own need to hold on to my grief. To some extent, it still meets my need for remembrance. To this day, it is still the song I listen to when I experience the need to feel connected to the reality of my pregnancies.

Supporting Bereaved Individuals

Creative Arts Therapies to Address Bereaved Mothers' Needs

While the present study is focused on making a case for why therapeutic songwriting is a valuable mode of support for bereaved mothers following unplanned pregnancy loss, there is a limited amount of music therapy literature on this topic. Therefore, it is pertinent to look at literature from other creative arts therapies disciplines (e.g., art therapy, dance movement therapy, drama therapy, etc.) that speaks to the relevance of artistic expression as a means of support in relation to bereavement and perinatal grief.

Art (as well as creative writing, poetry, or other art forms) seem to appear spontaneously in the attempt to express the deep suffering one experiences when confronted with a significant loss. Kübler-Ross (1969; 1981), who brought discussion of the process of

bereavement into the mainstream, devoted a chapter of one of her books on death and dying to the use of drawings made at a significant time. (Malchiodi, 1992, p.114)

Creative arts therapies disciplines (e.g., art therapy, music therapy, dance movement therapy, drama therapy) all rely on embodied practices (Malchiodi, 2023). Embodiment allows for expression of bodily sensations and emotions that might be difficult to express in verbal therapy (Malchiodi, 2023; McKernan, 2020; Rotheus, 2020; Seftel, 2006). This aspect is especially relevant to bereaved mothers, as trauma is known to imprint itself in the body (Van der Kolk, 2014). Therefore, embodied practices can help process the traumatic aspect of pregnancy loss as a sensory experience (McKernan, 2020; Rotheus, 2020). In a thesis relating various therapeutic modalities with the healing process of miscarriage trauma, McKernan (2020) summarized research demonstrating that creative arts therapies may have positive outcomes on perinatal grief related depression, anxiety, and lower perceived self-worth.

Laura Seftel (2001, 2006) is an art therapist whose expertise focuses on infertility, miscarriage, and perinatal bereavement. She points out that both the creative process and the resulting artistic expression hold potential benefits that are valuable for bereaved mothers. The creative process empowers the artist to tell their own story in their own personal way, giving them power to cover or reveal parts of their experience. The resulting artistic artefact allows for expression of emotions that can be “as messy, contrary, and unpredictable as they need to be in order to capture authentic reactions to these emotionally complex losses” (Seftel, 2006, p.30). Additionally, artistic artefacts can help in providing bereaved mothers with a sense of acknowledgement, making their unseen loss be seen and witnessed (Rotheus, 2020; Seftel, 2006). Public presentations of the created artworks have been found to help bereaved mothers feel further validated, construct meaning, reintegrate a coherent narrative and reduce stigma (Andrus, 2019).

Personal Song Excerpt #5: J’attends (I Wait). In a song titled *J’attends (I Wait)*, the power to cover or reveal as described by Seftel (2006) was a part of the creative process that reflected my grieving journey (Maillard, 2017). The first version of this song mentioned an empty stroller, revealed towards the end of the song. I remember finding comfort in singing those raw lyrics for several years, while keeping the song to myself. As my grief progressed, my need for the raw emotional reveal at the end of the song faded. I removed this image from the

lyrics, as I felt that only I needed to know that I was addressing my baby when singing: (Listen to [Audio Excerpt #5](#))

Autour y'a plein de changements dans l'air

Mais le bonheur des autres me rend impatiente

Quand j'en ai encore le cœur, j'espère

Et j'attends, j'attends

Tellement que j'sais même plus qu'est-ce que j'attends au juste

Sans doute comme un morceau de moi

Si tu peux, reprends le premier autobus de là-bas, là-bas

Around me, there are lots of changes in the air

But others' happiness makes me impatient

When I still have the heart, I hope

And I wait, I wait

So much so that I don't remember what I am waiting for

Probably a piece of myself

If you can, please take the first bus back from up there

This song was professionally recorded on an album and performed in front of several audiences. What was for me the musical equivalent of an art exhibition did help reduce the stigma I felt, and I experienced increased feelings of validation (Andrus, 2019). Receiving people's comments about how they had been genuinely moved by the lyrics felt very validating. Suddenly, my disenfranchised grief had a way to exist in a public space, which helped me feel connected with others over universal feelings of longing. This helped me feel less alone, reducing my impression of being stigmatized by my losses.

Personal Song Excerpt #6: Still Standing. On another occasion, I wrote two songs that were commissioned by a videogame production. This allowed me to explore my experience through artistic expression in a different way. The game was set in a scary post-apocalyptic world. Throughout my writing process, images and feelings were very consciously fueled by my own memories of feeling numb and in shock. In *Still Standing*, one of the songs that resulted from the exploration phase of this project, several lines (*How strong am I?* and *I'm still standing*) were written with a deliberate ambiguous intention (Maillard, 2020): (Listen to [Audio Excerpt #6](#))

*I've been all around like this
Silent screaming, no one listens
My open wounded heart resists
God knows how I walked that distance
How strong am I?*

*I used to see where the light was
All clear, wide open
I used to see, then the fog came
I'm still standing
You never know: when the bomb hits
You could be one in a million
I used to run on my own feet
I'm still standing, I'm still standing*

Those lines with ambiguous meaning could be seen as conveying the messy and contrary aspect of the experience as referred to by Seftel (2006). *I'm still standing* might appear at first like an affirmation of strength; paired with a sad melody and a minor chord, it also becomes filled with *I'm still standing so everyone thinks I'm ok, but I don't feel ok*, or *I don't know how long I can still stand up*. The line *How strong am I?* also conveys some sort of astonishment from realizing that I am still standing after all those losses, and it is combined with doubts about my own strength and how long I can sustain it. In this example, it is the artistic combination of metaphoric lyrics with music that allows the depth necessary to express these complex and messy feelings.

Music Therapy and Bereavement

Although music therapists have been providing bereavement support for decades (DiMaio, 2015), researchers have identified a noticeable gap in the literature regarding the relevance of music therapy for bereaved individuals at large (McCurry et al., 2019; Young & Pringle, 2018). Moreover, only a small portion of the music therapy literature on grief focuses on adults' experiences of bereavement (Young & Pringle, 2018). This section will present several studies that were considered pertinent because they explore the relevance of musical expression to support bereaved adults' healthy grieving processes.

Several studies highlight benefits that singing may hold for bereaved adults. In a controlled, randomized, mixed-methods pilot study which investigated the efficacy of vocal based music therapy with ten bereaved adults, results showed a greater decrease in grief symptoms for the five music therapy group participants as compared to the five control group participants, who only received standard care (Iliya, 2015). Furthermore, music therapy group participants identified singing as being more beneficial than talking about feelings (Iliya, 2015). In a non-randomized controlled study where bereaved adults participated in a choir for 12 weeks, results suggested that singing stopped the progression of depressive symptoms and decline in levels of well-being, as well as improved self-esteem and participants' sense of efficacy (Fancourt et al., 2022). In an interpretative phenomenological analysis that investigated participants' experiences of a music therapy bereavement singing group, participants indicated that singing in this context increased their motivation to move forward and make needed changes in their lives. They also felt empowered to explore new interests or revive previous ones (Young & Pringle, 2018). In a narrative study examining the lived experiences of three members of a grief choir, participants perceived group singing as a meaningful experience with benefits that could be long lasting. Those benefits included increased self-confidence, openness to others, and an improvement in the ability to express oneself through music (DiMaio, 2019).

Finally, in an article describing a method developed through decades of working with bereaved individuals, music therapy pioneer Ruth Bright (1999) describes how a bereaved mother used familiar music to uncover and process suppressed feelings.

The woman who was not allowed to cry because grief was 'bad for her' finds relief in hearing, perhaps singing, the songs she wished she could have sung to her lost child, and in being allowed to cry as she does so. (Bright, 1999, p.488).

According to Bright (1999), musical engagement can serve as a platform to reveal grief, which can be especially helpful for people who find it difficult to identify and express emotions through verbal means. Another music therapy pioneer, Chava Sekeles (2007), presented a music therapy case study about a bereaved mother who had lost her adult son. "Through this work, the relationship with the deceased became clearer, and Naama was able to open her heart to grief and bereavement without fearing the disintegration of her own personality" (Sekeles, 2007, p.58). In other words, music therapy helped this mother to acknowledge her grief while still maintaining

her sense of self, as the structure of music offered containment that allowed her to express deep sorrow in a nonverbal way (Sekeles, 2007).

I only found two articles related to music therapy and perinatal bereavement, both of which noted a gap in the literature on this topic (Broad, 2014; Mondanaro, 2021). Broad (2014) (mentioned previously) explored bereaved mothers' need for support and their receptivity to music therapy following pregnancy loss. She conducted interviews with four women who had experienced pregnancy loss who were also support workers for other bereaved mothers. Results indicated that bereaved mothers were receptive to music therapy overall and that there is potential to apply music therapy both with bereaved parents whose losses have been recent or long-term, and also with those going through a subsequent pregnancy. Participants saw music as "a key to unlocking suppressed grief, as a unique avenue for expression of feelings, and as a means of bringing hope for the future" (Broad, 2014, p. 35). Participants all mentioned the importance of choosing songs with deliberate care and intent for remembrance services and one highlighted the significance of having written a song when grieving. Due to lack of knowledge about music therapy, participants were unsure of how this service should be implemented. However, they all agreed that music therapy could be a valuable support intervention for bereaved parents (Broad, 2014).

Mondanaro's (2021) article focused on the relevance of popular music in perinatal loss remembrance events within a hospital system where he worked as a music therapist with bereaved parents at large (not only following unplanned pregnancy loss). He indicated that bereaved parents often identify popular songs as being particularly meaningful for their family, as this form of music is an accessible artistic form of expression. Popular songs can serve to acknowledge and express bereaved parents' feelings in various contexts including remembrance ceremonies, when interacting with others, and in music therapy. Transforming a popular song into a meaningful lullaby is one of several ways that popular music may be applied in music therapy for bereaved parents.

Songwriting and Bereavement

Songwriting can be a part of bereavement focused music therapy, providing participants with opportunities to express their grief and share with others (Young & Pringle, 2018). Human beings have long been drawn to songwriting as a medium to express feelings of loss (Anderson, 2012), as there seems to be a special link relating death to creativity in the human psyche (Heath

& Lings, 2012). A well-known example is Eric Clapton and Will Jennings's song *Tears in Heaven* (1992), which was written after the death of Eric Clapton's young son (Anderson, 2012). Another example is Jane Coutanche, who shares her experience in her book *Songs for Sharon* (Coutanche, 2010). After having lost her daughter, she went on to write more than 40 songs about her experience of loss, despite her initial hesitation to do so. About her songwriting process, she says: "When Sharon died, nothing made any sense anymore. There was no meaning in anything. The songs were the only thing that did make sense; I think they were my way of finding meaning in the world again" (Coutanche, 2010).

Several music therapist scholars have highlighted the specific relevance of therapeutic songwriting to support bereaved individuals. Although bereavement work with adolescents is not the focus of the present inquiry, it is interesting to note that songwriting is the most frequently documented intervention in this music therapy context (Myers-Coffman et al., 2019) and it has been linked with positive growth (Dalton & Krout, 2005). In an exploratory study of a resilience songwriting program for bereaved adolescents, researchers found that songwriting surpassed other music therapy interventions as a way to make meaning, cope, enhance self-esteem, and facilitate emotional expression (Myers-Coffman et al., 2019). It was also linked to decreasing levels of grief and it allowed participants to reassert control in times of loss that are often marked by feelings of uncertainty and lack of control (Myers-Coffman et al., 2019). In another study where brief songwriting-based music therapy was offered to bereaved adolescents, results indicated that participants perceived this experience as meaningful and validating. It also helped them to embrace their grief-related emotions (Krout, 2011).

The collaborative nature of songwriting can lead to deep and profound therapeutic relationships. Within the context of work with older adults, Heath and Lings (2012) describe songwriting as a powerful music therapy intervention that can help older bereaved clients clarify confusing and contradictory feelings. In a thesis study that examined eight family members' music therapy songwriting experiences with their loved ones in hospice, Anderson (2012) found that song compositions were perceived as meaningful, offering all those involved a sense of purpose. In an interpretative phenomenological analysis that examined the singing experiences of seven women participating in a bereavement music therapy support group, results were mixed. Songwriting was perceived by some as a helpful forum through which to express grief, whereas others found it overwhelming (Young and Pringle, 2018). It is important to note that this study

was set in a group context and the overwhelming feelings experienced by some might not manifest in the same way in an individual music therapy session context.

Overall, songwriting can help bereaved individuals to tell their story (Baker, 2015; Baker et al., 2005) which may be of the utmost importance for bereaved mothers experiencing disenfranchised grief. “Our stories are ways of putting in order a confusing series of events, finding underlying themes that tie them together and make them... comprehensible” (Neimeyer, 2000, p. 54). In songwriting, musical elements have the power to reveal complex emotional states that underlie the story being told. Music can be shaped to intensify the message conveyed in the lyrics, or to contradict it, expressing conflict, ambiguity, and/or complexity (Baker, 2015).

Personal Song Excerpt #7: En t’attendant (Waiting for You). In a moment when I was reflecting back on my grieving journey, I wrote this song, titled *En t’attendant (Waiting for you)* (Maillard, 2021): (Listen to [Audio Excerpt #7](#))

Tu n’aurais pas grandi dans le silence

Je t’aurais dit les mots rêvés de mon enfance

Ensemble on aurait pu faire autrement

Sans toi, je peux quand même, mais c’est un peu moins grand

Maintenant que j’ai cessé de t’attendre

C’est à moi que je vais apprendre à se défendre

À crier au lieu de se taire

À s’aimer sans toujours chercher à se défaire

You wouldn’t have grown up in silence

I would have told you the words I dreamt of in my own childhood

Together we could have done things differently

Without you, I still can, but it’s a little less grandiose

Now that I stopped waiting for you

It is to myself that I am going to teach self-defense

And to scream instead of keeping silent

To love oneself without always trying to change

The process of writing my story in this song helped me experience and describe a very important shift in my healing journey. For years, I had grieved these losses, and with them, what I perceived as the lost opportunity to repair my own childhood scars through what I had intended to do differently with my child. This idea is eloquently mentioned by writer and psychotherapist Jody Day in her book about involuntary childlessness, *Living the life unexpected* (2013). Exploring this idea through songwriting helped me solidify the feeling that I could still repair those childhood wounds, restore hope in my life, and create some sort of meaning from my losses by doing so. This song accompanied me through the beginning of my music therapy studies and fueled my inspiration to support other bereaved mothers with music therapy and songwriting.

An Experience-Oriented Approach to Therapeutic Songwriting

As this philosophical inquiry is advocating for an experience-oriented approach to therapeutic songwriting for bereaved mothers following pregnancy loss, it is important to explain in further detail (i.e., beyond the brief definition included in Chapter 1) the fundamental characteristics of this approach. These are based on relevant information that I have synthesized from various scholarly music therapy sources.

Experience-oriented songwriting is process-based, and this relies on two main premises. The first one is situated in a belief that engaging in music experiences is therapeutic in and of itself. Furthermore, this engagement holds potential to reveal each client's needs, strengths, issues, etc., and offers opportunities to work through and explore creative therapeutic alternatives through the music (Bruscia, 2014; Gibson, 2022). The second premise is closely related to the first one and postulates that the ways in which individuals engage in music experiences can serve as a reflection of their identity, of their outlook on life, and of their cognitive and emotional functioning. How they interact with music may also reveal coping mechanisms that individuals turn to when confronted with adversity or challenges (Bruscia, 2014). This "music as process" strategy is context bound and the focus of therapy is adapted as the client's needs are revealed and/or evolve (Bruscia, 2014, p. 181).

Another key characteristic of an experience-oriented approach involves the therapist's philosophical stance, with regard to the therapeutic relationship and the aims of therapy, which together draw upon elements from humanistic, psychodynamic and positive psychology approaches. Here, the therapist embodies an attitude that conveys empathic understanding and

unconditional positive regard, valuing the client's subjective perspective. The therapeutic relationship is collaborative in nature and relies on trust. The therapy aims to foster greater awareness of inner experiences in the here and now. It also aims to empower the client by valuing their strengths, creativity, individuality, and accomplishments, and by creating ideal conditions for them to experience a sense of mastery and self-actualization (Baker, 2015). Within a therapeutic songwriting context, these characteristics are realized by fostering a collaborative relationship within the creative process, exploring client preferred musical styles and songs that are particularly meaningful to them, and helping to ensure that the client feels a sense of ownership in relation to the song that has been composed (Baker, 2015). Various therapeutic songwriting models may be realized within an experience-oriented approach including the existential issue-based songwriting model², the narrative songwriting model³, and the insight-oriented songwriting model⁴, to only name a few (Baker, 2015).

Another key characteristic of an experience-oriented approach is that the therapeutic and creative processes emphasize exploration and expression in various areas: (a) oneself, (b) life experiences, (c) emotions, and (d) meaning (Baker, 2015; Heidersheit & Jackson, 2021). This, in turn, will influence the topics explored in the songwriting process, and/or the ways in which the chosen topics will be approached.

The final key characteristic of an experience-oriented approach involves the musical artefact that results from the creative process. Bruscia (2014) refers to this as the *music as representation* strategy. Here, the musical artefact has four main characteristics: (a) it reflects the client's processes (creative, musical, therapeutic), (b) it is experienced by the client as their own, (c) it has a role in making the client feel validated, and (d) it can contribute to further exploration (Baker, 2015; Bruscia, 2014; Heidersheit & Jackson, 2021).

The following chapter will explicate how the above key characteristics of an experience-oriented approach may be realized within an individual music therapy context that employs

² In existential issue-based songwriting, the main aim and focus is the search for / creation of meaning through songwriting. The process of transforming the client's experiences, thoughts and feelings into lyrics allows for organization and integration of those experiences, thoughts, and feelings (Baker, 2015).

³ In narrative songwriting, the music therapist facilitates the telling of the client's story by asking questions, transcribing the client's answers, and helping the client to create lyrics from their own wording (Baker, 2015).

⁴ In insight-oriented songwriting, the aim is to foster client's insight about their feelings, behaviors, and situation, and promote new understandings of their true self. The creative process usually relies on rethinking (or re-experiencing) what they are going through (Baker, 2015).

therapeutic songwriting to address bereaved mothers' needs. This will be followed by a set of flexible guidelines meant to support music therapists who are interested in doing this work.

Chapter 4. Addressing Bereaved Mothers' Needs Within an Experience-Oriented Approach to Therapeutic Songwriting in Individual Music Therapy

An Experience-Oriented Songwriting Approach to Address Bereaved Mothers' Needs

As presented in chapter 3, the literature indicates that bereaved mothers experience several specific needs following a pregnancy loss. Excerpts from my own song compositions complemented what I found in the literature, indicating that I too experienced many of these needs following my own experiences of pregnancy loss. The following section will describe how the key characteristics of an experience-oriented approach to songwriting may address many of these identified needs.

A Process-Based Approach

The Need for the Grief to be Acknowledged. As a process-based approach, an experience-oriented perspective explores issues as they emerge, in the here and now of the therapeutic relationship (Baker, 2015). This determines the focus of the therapy, which can also change over time as needed (Bruscia, 2014; Gibson, 2022). It provides clients with a flexible framework, one wherein the therapeutic, creative, and musical processes can be adapted to closely follow and support the unique ways in which the waves of grief unfold for each individual. A music therapist facilitating a songwriting experience from an experience-oriented perspective will make sure to provide a space where emerging issues can be addressed (they might influence/be integrated in the songwriting process or be addressed in a different way). This serves to acknowledge and support the uniqueness of each bereaved mother's grieving process.

Humanistic, Psychodynamic, and Positive Psychology Influences

Further Acknowledging the Grief. An experience-oriented approach draws from concepts that are central in humanistic psychology, such as a focus on creativity, individuality, and lived experiences. It is also influenced by various positive psychology theories; among them, the strengths-based theory, which suggests that relying on clients' strengths, resources and capacity to face challenges promotes growth and wellbeing (Baker, 2015). When such an approach is applied to therapeutic songwriting, the humanistic posture of the therapist, the collaborative nature of the creative relationship, and the importance of valuing the client's strengths, creativity, individuality, and perspective all cumulatively contribute to creating a deeply validating experience. Writing a meaningful song with the help of a music therapist can

be a way for bereaved mothers to see their grief acknowledged and recognized.

When a therapist is sitting next to the songwriter and acting as a scribe, the songwriter has the freedom, support, and safety to create lyrics and/or music. The songwriter experiences this therapist attention as a form of unconditional positive regard, of being heard, acknowledged, and validated. (Baker, 2015, p.218)

The Need for Developing Positive Interpersonal Relationships. The experience-oriented approach is also characterized by psychodynamic ideology which can manifest in various ways. One is an emphasis on the use of metaphors and symbols as a therapeutic tool. Exploration of potentially meaningful metaphors and symbols implies relying on the client's creativity, but also on their ability to feel safe enough in the therapeutic relationship to freely explore conscious and unconscious material (Baker 2015). In an experience-oriented approach to songwriting, where metaphors can be particularly useful and meaningful in song lyrics, it is the music therapist's responsibility to create a space where the client feels safe enough to explore and create. Collaborating on a deeply personal songwriting project with a music therapist in such a safe and validating context can be a meaningful way for a client to experience a positive interpersonal relationship, one that makes them feel safe, demonstrates unconditional positive regard, and values their strengths, perspectives, and experiences. This therapeutic relationship can serve as a model for what a positive or supportive relationship can look and feel like in times of grief. This can be especially important for bereaved mothers who might be experiencing changes and/or challenges in relationships with family members and friends following their loss.

Supporting Exploration and Expression of Self, Life Experiences, Emotions and Meaning

The Need to Build New Beliefs and to Hold on to a Sense of Self. In order to build new beliefs after a significant loss, one needs the necessary space and time to explore the old beliefs, reflect on the experience that shattered them, and explore alternative ways of seeing life. An experience-oriented approach to songwriting can offer this space, as it aims to support self-exploration as well as exploration of clients' life experiences (Heiderscheit & Jackson, 2021). Through this exploration, therapeutic songwriting could serve as a self-integration process allowing clients to discover and/or reconstruct their own identity (Baker, 2015). Additionally, exploring one's identity and life experiences can address bereaved mothers' need to tell their story and to create meaning. Experience-oriented songwriting is inspired in part by narrative

approaches where people explore meaning in their past and present through storytelling, and move forward by choosing a future direction (Baker, 2015).

The Need for Emotional Expression. Songs usually have a familiar structure (e.g., verses and a repeated chorus). It is through the predictability of this structure that therapeutic songwriting can offer containment, safety, and stability, and serve as a supportive space for clients to feel allowed to explore and express loss-related emotions (Baker, 2015). Within the context of a song, it is considered socially acceptable to repeat certain sentences, words, expressions, musical elements, as a means to express the intensity of what is being felt (Austin, 2008). This allows for the feelings to be “fully felt, processed, and released” (Baker, 2015, p. 190). The musical elements of the song are especially important in supporting emotional expression, and can allow for complex, ambivalent, contradictory emotional states to be expressed (Baker, 2015). This is particularly relevant for bereaved mothers, considering the messy, unpredictable, and complex reactions they often experience following pregnancy loss (Seftel, 2006). The combination of these elements which characterize songs explains why therapeutic songwriting from an experience-oriented perspective can provide bereaved mothers with opportunities for emotional expression that may potentially serve as a strategy for coping with the intensity of their grief.

The Need to Create Meaning. A collaborative process wherein the aim is to create a meaningful song is likely to lead to a dialogue between the client and music therapist about the loss, its repercussions, and the quest to make sense of it. The search for meaning might be partly or fully expressed in the song or it could be the main topic of a whole song (or many songs). The chosen or created meaning could also be explored and expressed through the verbal processing that accompanies the creative endeavor. In experience-oriented models of songwriting described by Baker (2015), the question of meaning is central. In relation to this, Baker cites Cordobés (1997):

The search for meaning is the main aim of existential issue-based songwriting. Within this approach, there are three main principles that drive the songwriting process: (1) meaning can be created by creating a work or doing a deed, (2) meaning can be created through experiencing something or encountering someone, and (3) meaning is derived from self-transcendence. Within existential issue-based songwriting, people construct meaning through their creation of a song, their experiences of working with others on a

meaningful topic, and their transcendence from illness⁵ through the creation of a beautiful artefact. (p. 215)

The Artefact

The artefact that results from a therapeutic songwriting process may take various forms: written lyrics, a written music sheet of the composed song, an audio recording of the song, a video that juxtaposes evocative or significant images onto the song, etc.

The Need to Create Memories. Over the past decade or so, many Western hospitals have started offering bereaved parents the opportunity to have pictures taken of their baby when a perinatal death occurs. In a 2014 study about this emerging practice, the vast majority of bereaved parents were in favor of this option (Blood & Cacciatore, 2014). However, the baby cannot always be seen (e.g., in the case of early pregnancy loss) and this practice is not always available. Some parents might initially decline the offer of a photo and realize later that having some kind of tangible artefact would be helpful in processing their grief. For those parents especially, writing a song about their baby, or to their baby, can provide a helpful and tangible proof of the baby's existence. This artefact may not only help integrate the reality of the pregnancy and of the loss but can also be helpful in representing the client's grieving process. Furthermore, the song resulting from a therapeutic process can sometimes act as a transitional object (Baker, 2015). In other words, the song can provide bereaved mothers with a symbolic connection to the baby they are grieving.

The Role of the Artefact in Acknowledging the Grief. As mentioned previously, an artefact can play a role in making the client feel validated (Baker, 2015). In other words, the song resulting from a therapeutic songwriting process can serve to further acknowledge the grief experienced by bereaved mothers. It might do so simply by the mere existence of the artefact (i.e., the song) or by providing a tool which could help clients share their experience with close ones (and/or in remembrance services) through the sharing of the created song. Although the song could be recorded, it is important to note that it could also be played by the music therapist, or by the music therapist and client together. Those could all be seen as ways to further validate and acknowledge the client's grief and experience.

Identity, New Beliefs, Emotional Expression and Creating Meaning. The fact that the

⁵ In this quotation, the word *illness* is not referring to grief but rather was used by Cordobés (1997) in a paper about songwriting with HIV-seropositive patients.

artefact emerges from an experience-oriented songwriting process can facilitate further exploration (Baker, 2015). The song can serve as a helpful tool through which the client can further reflect upon and explore their identity, their life experiences and the new beliefs they might have built or discovered as a result of those life experiences, their grief-related emotions, and the meaning created throughout the creative and therapeutic processes. Therefore, the artefact (i.e., song) may help address the needs for holding on to a sense of self, for building new beliefs after the loss, for emotional expression, and for creating meaning.

Flexible Guidelines for Applying Therapeutic Songwriting with Bereaved Mothers

In this section, I present flexible guidelines for music therapists to refer to when applying therapeutic songwriting with bereaved mothers following pregnancy loss, within an experience-oriented individual music therapy context. These guidelines were inspired by the literature itself and also how aspects of it resonated with both my personal and professional experiences. They are intended to be adapted as needed in context, with music therapists using their professional knowledge and clinical judgement to assess what may or may not be helpful or applicable for specific clients.

Before Starting

Planning for Enough Sessions. Writing a song with dedicated care takes time for anyone, regardless of their musical background, and so does personal exploration in a therapy context. Although some therapeutic songwriting experiences might be completed in shorter periods of time, with bereaved mothers, it is important to plan for enough sessions. It is my experience that approximately ten sessions can be sufficient; however, this number might vary from one client to another. The music therapist needs to consider that time is needed to build enough of a trusting rapport with the client so that they feel safe and willing to engage with the therapist in a deep way and try something that may be new to them (Baker, 2015; Heiderscheit & Jackson, 2021). During a songwriting process, it is often the case that a client's most significant therapeutic work occurs "during the middle to later stages of a song creation (after a number of sessions) and/or after the song has been created and its meaning and significance are discussed" (Baker, 2015, p. 194). Time must also be allotted for the client to reflect on their own process after the song has been completed. In summary, planning should account for: building rapport and establishing a trusting therapeutic relationship, the duration needed to fully engage in a bereavement focused therapeutic songwriting process (including an exploration phase at the

beginning), time needed to musically engage with the song and record it (if the client chooses to do this), and time needed to listen back to the final version of the song and reflect on the process.

Beginning Stages

Exploring Preferred Styles and Meaningful Songs. An exploration of the client's preferred musical styles, instruments, and favorite and/or significant songs is typical of music therapy assessment at large (Bruscia, 2014). When engaging in a therapeutic songwriting experience with bereaved mothers, this exploration helps to identify musical elements that resonate with the client that may be incorporated into their song, which is likely to enhance its perceived meaningfulness (Baker, 2015).

Starting with a Light Topic. Many clients who engage in therapeutic songwriting do not have any prior songwriting experience. Engaging in an unfamiliar activity can generate uncomfortable feelings, such as vulnerability, inadequacy, or fear of failure (Heiderscheidt & Jackson, 2021). As a means of familiarizing clients with this new creative process, the music therapist might propose an introductory songwriting experience, where they collaborate with the client to compose a song about a lighter or less intimate topic (Baker, 2015). This can help to validate the relevance and/or accessibility of songwriting for a specific client, gauge or motivate the client's interest in wanting to write their own personal song(s), and to assess the client's preferred styles of creative collaboration. Additionally, it could also be seen as a way to start the therapeutic process from a restoration-oriented perspective (relating to Stroebe & Schut's (2010) dual processing model of coping with bereavement), allowing the client to take some time away from the stressors of grief, before engaging in loss-oriented tasks or exploration.

Facilitating the Songwriting Experience

Fostering a Trusting Collaborative Relationship. Trust is not only important in the beginning stages: fostering and maintaining a trusting relationship is important throughout the whole songwriting experience. In an experience-oriented approach, the quality of the therapeutic relationship is considered as an essential element of the songwriting process (Baker, 2015). Such a relationship can be developed and nurtured when the music therapist communicates unconditional positive regard, acceptance, and empathic understanding toward their clients' experiences and perspectives. This empathic attitude can help to facilitate the client songwriter's motivation toward exploration and self-discovery, as well as spark their desire to express themselves in meaningful ways through song (Baker, 2015). The collaborative relationship

between client and music therapist is also important as it helps foster trust. Although the music therapist is often the one bringing the musical expertise to this collaboration, it is also their responsibility to engage the skills, strengths, experience, and knowledge of the client (Heiderscheit & Jackson, 2021). Baker (2015) adds: “Acknowledging and validating these strengths is a demonstration of positive regard, which in turn supports the [client] songwriter to reflect deeply, create a song that has meaning, and journey toward healing” (Baker, 2015, p. 214).

How to Start. There is no hard rule when it comes to creating a unique song through an equally unique creative process. Some clients might feel intimidated by the idea of writing lyrics and would prefer to start with the musical decisions, while others might feel that writing lyrics is more accessible and a better place to begin. It is important that the order of how things unfold be a collaborative process wherein the music therapist provides an adequate amount of structure according to a particular client’s needs. Providing too little structure can result in the client feeling anxious or inadequate, while too much structure can inhibit the client’s authentic emotional expression (Baker, 2015).

Writing Lyrics. The process of writing the lyrics can take many different forms. Free association, brainstorming in search of keywords and themes, using written or verbal conversation can all serve as helpful starting points. For example, Baker (2015) presents a narrative songwriting model that was referred to earlier, in which the music therapist leads an interview as a means of prompting a client to talk about their experience, and then uses the client’s words to propose a structure for lyrics (p. 208). This approach may be useful for clients who are very intimidated by the writing component of the project, or for clients who might need or prefer a structure that feels organic and spontaneous. On the other hand, some clients may be used to writing or journaling and may choose to use their pre-existing writings as lyrical content. Regardless of the method, there may be one or more moments when a client, therapist, or both will start scratching their heads looking for the right wording. In these moments I have had some helpful tools at the ready including: rhyme dictionaries (although rhyming is optional) and dictionaries of synonyms, antonyms, lexical fields, expressions and idioms. Many simple writing games (e.g., writing to describe an image, or the emotions conveyed by an instrumental piece of music, replacing words in existing lyrics, etc.) can also help generate original images and find the missing word (Léger, 2001). When words seem like they are not right, or not enough (from

the client's perspective), it may also be helpful to shift the focus onto the musical components of the songwriting process.

Composing the Music. Choosing all of the musical elements for the song is also a creative and collaborative process that can take many forms. Musical elements include melody, chord progression, musical style, tempo, rhythmic elements of the accompaniment and instrumentation. Some clients may be comfortable singing an idea for a melody, while others may prefer being presented with various musical ideas and structures to choose from. It is important for music therapists to keep in mind that “the musical components do allow for multiple feelings to be expressed simultaneously, such as tension, stability, ambivalence, and the like” (Baker, 2015, p. 223). In other words, music and lyrics do not live separately: changing a chord or a note may sometimes be the solution to not having found the *right* word. The creation of music and lyrics is an interactive process, and going back and forth between music and lyrics is often helpful and necessary.

Unless the client plays an instrument and wants to perform the musical accompaniment for the song, the music therapist is likely to assume this musical role. When composing, arranging, and playing the accompaniment, it is important that this musical component aims to support what the client plays or sings. The accompaniment should not overpower the client's musical contribution and should be consistent with the client's creative choices (Heiderscheit & Jackson, 2021).

Supporting the Client Songwriter to Feel Ownership of the Song. Throughout the creation of lyrics and music, it is important that the client songwriter feels supported to participate in all creative decisions. Keeping the level of structure aligned with the client's abilities and preferred style of collaboration, and ensuring they feel comfortable making decisions about lyrics and music can help them experience the song as their own work of art, even though the process is collaborative (Baker, 2015). Supporting the client to sing and/or play their song can deepen their relationship with that song and further enhance their abilities to express themselves (Heiderscheit & Jackson, 2021). Finally, allowing clients to choose what they want to express (through the lyrics and through the music) can be empowering as it gives voice to their experience, but choosing what not to say also can serve as a means of empowerment (Baker, 2015). Decisions about what to reveal or not reveal might change and evolve throughout the process. It is important that the music therapist provides the client with

regular opportunities to validate their choices, or to express their desire to change something in the song. Changes in the song may reflect a client's growing ability to express what they need to express. It may also represent the client's progress in terms of coping with their bereavement, and shifting their perspective in ways that are helpful for them. In my experience, I have found that providing regular opportunities to make changes is important not only so clients can feel ownership of their song, but also because it can serve as a representation of their grieving journey.

The Artefact

Potential Benefits. A therapeutic songwriting process typically leads to an existing musical artefact. As previously mentioned, this artefact can take on many different forms: a recording, printed lyrics, a printed music sheet, etc. (Heiderscheidt & Jackson, 2021). It could also be combined with other forms of art (e.g., a drawing, a video of chosen images featuring a recording of the song, etc.). Whether or not it is recorded, printed, or shared with others, the song now exists, and the client and therapist will come to a point when it is time to reflect on the final product and the process that led to its creation. The artefact can serve various purposes. It can make the client feel that their experience is heard, validated, and valued. Listening to the song (recorded or sung by the therapist) can facilitate further exploration of their feelings and reactions. The song can be seen as a representation of the client's achievements, both musically and in terms of their therapeutic process, and reflecting on this process can foster a sense of accomplishment (Baker, 2015).

Potential Risks. There are also some risks inherent in what happens with a therapeutic song after its completion. Listening back to the song can trigger painful or uncomfortable emotions, and over-listening can hinder some clients' progress in moving forward. Dissatisfaction with the final result can lead to feelings of disappointment or worthlessness (Baker, 2015). These potential risks reinforce the necessity to maintain an open and trusting relationship throughout the whole process. Some of those uncomfortable feelings and reactions to the artefact may happen during the course of therapy and be addressed as they emerge. In those moments, it might be useful for therapists to remind clients that the song represents only a chosen moment or piece of their experience, and does not represent the whole process (Baker, 2015). The uncomfortable feelings and reactions might also emerge after or outside of the therapy context. For example, if the song is recorded, sharing the song with others should be

done very carefully, even if the client wishes to do so. Sharing their song could put them in a more vulnerable position than what they had expected. Depending on how the song is shared (e.g., sung live, or shared through social medias), it could be misused if it ended up in the wrong people's hands (Baker, 2015). Those potential risks and possible repercussions should be discussed openly with the client, to ensure they are aware of these possibilities. This will help them to make more informed decisions about how they want to use their songs. To help ensure constructive closure, music therapists should set aside sufficient time for these types of open conversations to happen, in ways that allow for exploration, comprehensive understanding, and authentic dialogue.

Chapter 5. Discussion

Chapters 3 and 4 cumulatively serve to answer the primary research question of the present study: Why is therapeutic songwriting realized within an experience-oriented individual music therapy context a valuable mode of support for bereaved mothers following unplanned pregnancy loss? The present chapter will offer some final reflections on the research topic and outcomes, outline limitations of the study, and present implications for future research as well as for practice.

Limitations

Throughout the course of this thesis, I held some assumptions which could also be considered as limitations as they may have inadvertently influenced how I collected and analyzed the data. I assumed (and still believe) that music therapy can be particularly helpful in supporting bereaved mothers. I also believe that songwriting is a form of artistic expression that can express and convey emotions that are otherwise difficult to express only through verbal means. This belief comes from my own experience as a songwriter, and from my reflections on songwriting processes.

As a novice researcher and new music therapist, it is important to acknowledge that additional professional experience might have led to different insights as to how the information could be synthesized, organized, interpreted, and presented. I stopped looking for sources on February 1st, 2024; therefore, any relevant sources published since then have not been included in the present inquiry. As limited literature and research exists on therapeutic songwriting and music therapy at large with bereaved mothers, the benefits noted in this paper are largely theoretical, and further research is needed.

Implications for Research

The experience-oriented approach to therapeutic songwriting described in this inquiry has not been examined as a means of support for bereaved mothers. Future research could compare and contrast various models of therapeutic songwriting as realized within this approach, within both group and individual music therapy contexts. Research that incorporates these women's perspectives could greatly enhance our understanding and perhaps identify key characteristics that make therapeutic songwriting particularly valuable for them. It would also be helpful to investigate at what point(s) in these individuals' grieving processes therapeutic songwriting might be indicated or contraindicated. Future inquiries could go beyond bereaved mothers and

also consider the impacts of pregnancy loss on other family members (e.g., spouse, siblings, grandparents) and the ways in which therapeutic songwriting and other music therapy experiences might be helpful for them.

Implications for Practice

The present inquiry serves as an initial step in addressing the gap that exists in the scholarly literature regarding the relevance of therapeutic songwriting for bereaved mothers after pregnancy loss. It is my hope that this research will raise awareness among music therapists who may not have an understanding of the large population affected by this issue, its impacts on women's mental health, and the specific needs that these women experience. The flexible guidelines presented in Chapter 4 can serve as a resource for music therapists who may now feel inspired to do this work and perhaps even specialize in bereavement focused music therapy services for women who have experienced pregnancy loss, within public or private practice healthcare contexts. Increased availability of these services could motivate more bereaved mothers to reach out for professional support following pregnancy loss. Furthermore, increased visibility of available services could also raise public awareness and serve as a form of much needed acknowledgement for these bereaved mothers. Increased availability and visibility of music therapy services could also raise awareness among other relevant healthcare practitioners (e.g., nurses, midwives, gynecologists, doctors, etc.) about the potential benefits of music therapy for these women which in turn could lead to constructive interprofessional collaborations. Finally, in provincial Canadian healthcare systems that focus on time and cost efficiencies as well as concrete outcomes, it is my hope that this research can in some meaningful ways contribute to changing this mindset, and make a case for common utilization of experience-oriented strategies that consider each individual's unique strengths and needs.

Closing Remarks

Exploring both the scholarly literature and my own songs about my experiences of pregnancy loss within the context of this philosophical inquiry has been a deeply validating and rich experience. It has reaffirmed my belief in songwriting as a form of personal expression that allows for communication of complex feelings that can be difficult to express using only words. We live in a culture where songs are often viewed as mere entertainment and perhaps could be seen as disposable and replaceable. However, it is my fervent belief that "the art of songwriting to communicate important messages and to share important insights and feelings is

not dead. Placed within a meaningful context, songwriting [will] continue ... to flourish as a powerful form of storytelling and self-expression” (Heath & Lings, 2012, p. 116).

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