

**VETERAN PARTICIPATION IN OPERATION SONG: EXPLORING**  
**SONGWRITING AS A THERAPEUTIC INTERVENTION**

by

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## **ABSTRACT**

This thesis uses a qualitative, phenomenological approach to answer the question, “What is the experience of Operation Song?” where Operation Song is a voluntary songwriting program for United States military veterans that anecdotally yields therapeutic benefits. Participants offer insight that describes the textural and structural description of the Operation Song experience, as well as the overall essence as being a catalyst to invoke personal change for participants. Through the influences of trusted social support, songwriting, uniquely skilled songwriters, a setting that prompted authenticity, and unexpected emotions, participants were able to describe the experience of Operation Song. By looking at existing veteran-based treatments for Posttraumatic Stress Disorder, this thesis offers songwriting as a proposed supplement to current biopsychosocial programs for the majority of veterans. Findings increase awareness of current treatment mechanisms for PTSD and support the suggestion that songwriting may be considered in standard treatment protocols for military veterans with PTSD and their families.

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## CHAPTER I:

### INTRODUCTION & PROBLEM STATEMENT

Experiences as rich and diverse as trauma, recovery, or even what it is to live every day, are difficult for many military veterans to define for the outside world. Each individual lives his or her own idea of happiness, sadness, success, or failure and we create self-narratives to describe meaning from our experiences. Trauma can create a split in this self-narrative and the ability to process daily life becomes fragmented (Baker, Rickard, Tamplin, & Roddy, 2015). For military veterans who have lived through combat or military sexual traumas, this process is further confounded by chronic physiological changes and cultural stigmas that may become barriers to recovery.

Current mental health treatments are often inadequate in addressing factors that take into account posttraumatic stress disorder (PTSD) symptoms that affect resiliency (Simmons & Yoder, 2013), treatment preferences (Sayer et al., 2010), social identity (Orazem, et al., 2016), and social support (Cai, Ding, Tang, Wu, & Yang, 2014). The stagnancy of inside the box thinking in terms of treatment protocols is creating reintegration difficulties for both the veteran and his or her family. This thesis seeks to provide a perspective on trauma and resiliency by presenting songwriting as a modality that meets many of the biological and psychological needs for PTSD recovery.

Statistics emphasized in the media and on the news often relay the tragic sides of war, such as *22 a day commit suicide*, or *1 in 3 combat veterans are diagnosed with PTSD*. These stories often focus on the well-known symptoms of PTSD such as

nightmares and flashbacks in sharing a fictional or non-fictional experience that invokes emotions from the audience. This is an effective method of increasing awareness of PTSD and suicide risks, but often perpetuates a stigma of what military mental health is. Internalized stigmas of being treated for mental illness have been described as a reason that inhibits veterans from seeking treatment (Hoge et al., 2006; Cai et al., 2014). While veteran suicide rates do remain higher for military veterans than their civilian counterparts, these rates have actually declined between 2001 and 2014 for veterans who have been diagnosed with a mental health condition or substance use disorder and were enrolled in Veterans Healthcare Administration systems (Office of Suicide Prevention, 2016). The most recent statistics released by the VA show that “in 2014, 20 veterans died by suicide each day” (Office of Suicide Prevention, 2016).

One challenge to the perception that military combat will likely result in PTSD exists in the concept of resiliency. Resiliency or “recovery” has been identified in one study as the more prevalent outcome of trauma in adults (Gerber et. al, 2014). Gerber et al (2014) further found trauma outcomes of “a more coherent sense of self, closer relationships, increased ability to self-protect and prevent abusive relationships, and a more integrated philosophy of life” (pg 113). This suggests the importance of resiliency factors being considered an influential aspect in recovery from traumatic experiences. Advances in combat tactics, medical technology, and training during the Iraq and Afghanistan conflicts (Musemeche, 2017) are increasing the opportunities for more military members to survive the traumas of war. Standard Army medevac guidelines now train with the intent that the average soldier will be evacuated and in a medical

environment within 60 minutes (Musemeche, 2017). These advances are positive because combatants who would likely have died in past wars are now in treatment environments.

The efficacy of these “classic” heroic treatment environments cannot be overstated. However, hospitals have yet to regularly offer holistic therapies that address the unique spectrum of mental health needs for these veterans. One study showed that Soldiers and Marines who returned from Iraq screened positive for PTSD, generalized anxiety disorder, or depression rates twice as high as than when they left (Hoge, Auchterlonie, & Milliken, 2006). With extreme physical impairments, military sexual traumas, and repeated exposure to death, an increase in military mental health issues are being diagnosed. This supports a growing need for evidence that supports more robust treatments for military veterans.

Pharmacology, cognitive behavioral therapy, and traditional talk therapy are common therapy options being used to treat veterans with PTSD. For some veterans, these standard treatments are meeting their needs and the ability to make positive meaning out of life exists again. For other veterans these strategies are not as efficacious. Stigmas may inhibit a preference for treatment settings, which has been found to impact treatment success (Sayer et al, 2010). Social settings offer an alternative environment to restructure fractured stories or self-narratives into a positive or more realistic outlook. In opposition to the negative stigmas associated with traditional, individual therapy settings trusted groups naturally and consequently create opportunities for individuals with shared interests to reestablish a sense of self-esteem and social identity (Caddick, Phoenix, & Smith, 2015; Haslam, Reicher, & Platow, 2011).

Despite an increase in acknowledgement of PTSD and mental health issues for veterans of all eras, veteran suicide rates are still sitting at 22% higher than the civilian population (Office of Suicide Prevention, 2016). For these veterans, standard treatments are failing to fully treat the chronic, subjective symptoms that are so important for reintegration into society and daily living. Recreation Therapy (RT) and Music Therapy (MT) are two forms of complementary and alternative therapies that may offer holistic options.

Recreation Therapy and Music Therapy are both rooted with deep connection to the military (Reschke-Hernandez, 2014; Austin, 2004). Each serve as holistic solutions to the culturally sensitive treatment options that are desperately needed to help these veterans (Lindsay, 2017). Through a variety of interventions, RT and MT use activity-based modalities to address issues directly impacted by PTSD, such as chronic vigilance, depression (Malley & Datillo, 2000), and a restoration of cultural identity (Longacre, Silver-Highfield, Lama, and Grodin, 2012). While some VA facilities offer these non-traditional interventions in many of their programs, RT and MT opportunities only reach .01% of the 8.5 million veterans enrolled in the VA Healthcare System who might benefit from these techniques (Rehabilitation and Prosthetic Services, 2017; Office of Suicide Prevention, 2016). Many individuals, including healthcare professionals and those they treat, are unfamiliar with the literature in these fields. Research measuring the benefits of these therapies with specific application to PTSD or suicide prevention within veteran populations is not well established but could indicate a potential for achieving significant health benefits in the treatment of veteran's mental health.



Several theories explain why these alternative interventions are helpful. Self-determination theory, self-categorization theory, and social identity theory may offer insights into how group programs, such as songwriting within a non-clinical setting, may affect quality of life and result in positive outcomes in treating suicidal ideation and posttraumatic stress disorder. Self-determination theory suggests that there is a direct relationship between an individual's perception of his or her competence and sense of control (Chang, 2016). When veterans with PTSD or a history of suicidal ideation continue to fail in traditional therapies, their sense of autonomy fails as well. This can be heightened through a conflicting categorization of "we" being "veterans" versus "them" being "civilians" or vice versa, which is consistent with self-categorization theory (Haslam et al., 2011). This categorization isolates a cultural gap between both worlds that is found to disappear during non-traditional group programs with other veterans (Caddick, Phoenix, & Smith, 2015). Social identity theory (Haslam et al., 2011) offers hope for reversing this separation of cultures in exemplifying the importance of internalizing group identity with a commonly shared purpose.

An example of a non-traditional therapy program that can effectively address issues with stigmas, preferred settings, and group environments exists in Operation Song. Operation Song is a Tennessee based non-profit organization that defines its mission as one "...to empower veterans and active duty military to tell their stories through the process of songwriting" (Operation Song, n.d., "Our Mission"). Through songwriting programs, a focus is placed on individual empowerment for those who are finding difficulty learning coping skills in standard treatment environments. The inevitable pressures and stigmas that come from formal therapy settings seem to disappear in the

Operation Song environment, where military veterans and family members are encouraged to tell their stories without limit or format. By creating a tangible outcome from of an intangible experience, memories embedded in humor, hope, love, pain, and struggle all become real to more than just the individual. Defining the power of change experienced when trauma and healing are transferred into words is difficult to describe and calls for further research. This might allow an evidence-based leisure activity not traditionally associated with healthcare to be established as a viable treatment option in mental health.

This thesis proposes that songwriting might be one of these viable options. Songwriting stimulates areas of the brain where emotions and memories are housed (Tamplin et al., 2016). These are the same areas that are affected by traumatic stress. Songwriting can “integrate residual components of the past self with that of the present injured self” (Tamplin et al, 2016, pp. 111). This is especially important for veterans who are experiencing a void in self-identity or a disassociation of reality stemming from depressive symptoms of PTSD or suicidal thoughts. Songwriting could be used to restructure thought processes by positively influencing self-esteem and social identification within the world as an effort to bring these veterans back to the present reality. When considering these cognitive and emotional effects it is possible that songwriting for veterans with PTSD could reduce active symptoms and decrease the perception of internalized stigmas associated with seeking mental health.

The purpose of this study will be to answer the following question: What is the experience of veterans participating in Operation Song programming? A naturalistic phenomenological approach is taken to identify common therapeutic or potentially

uncharted themes that may emerge among interviews with veterans engaged in Operation Song songwriting programs. The research conducted in this thesis seeks to expand the body of evidence-based knowledge that supports non-pharmaceutical and complimentary alternative therapies in the continual effort to reintegrate military veterans experiencing PTSD. Specifically, this research is an investigation of a singular phenomenon through interviews of Operation Song participants. This information would be a significant addition to the therapeutic literature in hopes of combining the concepts of resiliency, treatment preferences, and social identity into an exploration of one unique experience.

## **CHAPTER II:**

### **LITERATURE REVIEW**

Biological, psychological, and cultural connections exist throughout our world. Humans create purpose and meaning through these relationships which are dependent on internal and external communications both in our minds and within the lives we live. When these connections are fractured from exposure to traumatic experiences an individual's understanding of reality can crumble, and a result can be the psychological trauma that causes (posttraumatic stress disorder) PTSD as well as other chronic psychological pathologies. Music has an incredible power to meet the holistic needs of trauma recovery. Consequently, songwriting as a means of creating a sense of identity will be the focus in this literature review. Songwriting has the potential to redefine a broken sense of self and a failed mission of reintegration for veterans with PTSD who are not finding benefit through standard treatments. This literature review argues that the songwriting can reconnect the physiological and psychological components of the whole person, thereby overcoming the impacts of trauma and constituting a holistic approach to PTSD treatment.

#### **PATHOLOGIES**

Posttraumatic stress disorder has been linked to depression and suicide (Contractor et al., 2014; McKinney, Hirsch, & Britton, 2017). This literature review section will start with a focus on the connection between PTSD and related mental health

issues. With a definition of diagnostic factors, the physiological and psychological impacts that trauma has on the human brain will then be explored and previous literature will be presented to link these concepts.

**Posttraumatic Stress Disorder.** A person is diagnosed with PTSD when exposure to a traumatic event leads to symptoms of “...intrusion, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity” (Pai, Suris, & North, 2017, pp. 4). For a person to receive a diagnosis of PTSD, he or she must have been exposed to “actual or threatened death, serious injury, or sexual violence” (Pai et al., 2017 pp. 2). In the general population of the United States, 60% of men and 50% of women experience at least 1 trauma during their lives and 7-8% of individuals will be diagnosed with PTSD in their lifetime. These numbers are higher for military veterans. The most recent statistics from the Department of Veterans Affairs estimate that 15-30% of Vietnam War Veterans, 12% of Desert Storm Veterans, and 11-20% of Operation Iraqi Freedom/Operation Enduring Freedom Veterans have been diagnosed with PTSD. Military Sexual Trauma has been associated with PTSD at rates as high as 55% with women and 38% of men (Department of Veterans Affairs, 2016). The complexities surrounding how a diagnosis of PTSD is obtained are reflected in the diagnostic categories themselves.

The American Psychiatric Association (APA) changed the criteria for diagnosing PTSD in the most recent publication of the Diagnostic & Statistic Manual of Mental Disorders (DSM-5) from being considered a “Fear & Anxiety Disorder” to a “Trauma and Stressor Related Disorder” due to increased attention on research that supports the

myriad of emotions falling outside of the fear/anxiety spectrum (Pai et al., 2017).

Criteria A distinguishes the types of trauma to include direct exposure, witnessing of, learning of violent or accidental death of a closer relative or friend, or “repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties” (Friedman, n.d.). Criteria B focuses on intrusion in the form of recollection, nightmares, flashbacks, “marked physiological reactivity after exposure to trauma-related stimuli”, or distress following such (Friedman, n.d.).

Criteria C in the diagnostic criteria of posttraumatic stress disorder distinguishes a “persistent effortful avoidance of distressing trauma-related stimuli after the event in the form of thoughts and feelings or external reminders, such as “people, places, conversations, activities” (Friedman, n.d.). This is confirmed in a relationship between PTSD and depression. Both share screening symptoms of sleep difficulties, feeling of worthlessness, concentration difficulties, and loss of interest (Contractor et al., 2014). These are all suggestive of avoidance. Criteria D includes negative alterations in cognition and mood with symptoms of:

“inability to recall key features of the traumatic event...persistent (& often distorted) negative beliefs and expectations about oneself or the world...persistent distorted blame of self or others for causing the traumatic event or for resulting consequences...persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt, or shame)...markedly diminished interest in (pre-traumatic) significant activities...feeling alienated from others...constricted affect: persistent inability to experience positive emotions...” (Friedman, n.d.)

Criteria E is the last focus in diagnosing PTSD. This category includes alterations in arousal and reactivity that began or worsened after the traumatic event and include symptoms of: “irritable or aggressive behavior...self-destructive or reckless behavior...hypervigilance...exaggerated startle response...problems in

concentration...sleep disturbance...” (Friedman, n.d.) DSM criteria specify that symptoms must last for longer than a month, functional impairment must be related to these symptoms, and “medication, substance or illness” cannot account for the effects (Friedman, n.d.). Songwriting within a non-profit setting is being presented in this thesis as a potential opportunity to address areas in all categories of PTSD.

**Depression & Suicide.** In PTSD, negative changes in thoughts, emotions, memories, an inability to cope, and social isolation may create an opportunity for anger and depression to grow. 48%-55% of individuals diagnosed with PTSD have also been diagnosed with depression (Contractor et al., 2014). Along with anger, PTSD and depression have been associated with an increased risk of suicide in military veterans (McKinney et al., 2017; Contractor et al., 2014). McKinney et al. (2017) conducted an online survey of veterans from multiple military service eras and found that PTSD symptoms, depressive symptoms, anger, and internal hostility were positively related to suicide risk. In finding this linkage, McKinney et al. (2017) highlight the components of this thesis that call for further research on the unique aspects of PTSD that are often forgotten in current treatment procedures because they are not as easily solved through pharmacology or individual talk therapies.

According to data released by the Department of Veterans Affairs Office of Suicide Prevention (2016), military veterans are at 22% higher risk for suicide than civilians when adjusting for age and sex. Mental health issues are rising as a whole within the United States, and veterans have historically not sought help. Consequently, statistics might not include veterans who are not actively seeking treatment through the

Veterans Health Administration. Regardless, overall suicide rates among US civilian adults has increased 24% between 1999-2014 when adjusting for age. A positive connection between being diagnosed with a treatable condition and the decreased risk of suicide is suggested in a decrease in the number of veterans who have a diagnosed mental health condition or substance abuse disorder who are succeeding with suicide attempts (Office of Suicide Prevention, 2016) which suggests a positive connection between being diagnosed with a treatable condition and decreased risk of suicide. The combination of increased suicides and comorbidities between PTSD, depression, and anger supports suggestion that there are components in the treatment of PTSD that are not adequately being addressed in standard therapeutic treatments.

**Trauma and the Brain.** Depression, anxiety (Bensimon, Amir, & Wolf., 2012; Baker et al., 2015), memory (Tamplin et al., 2016; Bremner, 2006), emotions (Tamplin et al, 2016; Bensimon et al., 2012), and stress (Bensimon et al., 2012) are housed together in a network of intertwined connections between cognition and emotional expression within the human brain. In PTSD, traumatic stress becomes a catalyst that can actually change an individual's biochemical makeup to affect these connections. Stress itself affects these neurochemical systems that communicate within the brain (Bremner, 2006). This can significantly impact the ability to structure memories and draw upon learned coping mechanisms from these memories for an individual who has lived through trauma. Bremner (2006) hypothesized that memory dysregulation and fragmentation may be a result of PTSD symptoms.



An inability to cope with traumatic memories changes the way the brain functions. Bremner (2006) found that memory is altered and deficits in learning are impacted by traumatic stress. The ability to recall facts and events, known as verbal declarative memory function, has been shown to be lacking in individuals with combat related PTSD and childhood abuse. Dissociative amnesia or “gaps in memory for everyday events”, autobiographical recall, and “an attentional bias for trauma related material” (Bremner, 2006) exist as cognitive barriers that inhibit resolution of traumatic memories for individuals with PTSD. When memories are fragmented, an individual cannot structure the events of their past, present, or future. This disrupts the connection between emotional and sensory areas. Emotions become difficult to manage, cognitive problems may develop, perceptual distortions of mistrust are proliferated, and an inability to express the experience (Green, 2011) all become psychological barriers to developing the appropriate coping skills necessary to move forward in life. This corruption of the memory processes that make every day living comfortably consistent has also been shown to negatively affect resiliency (Simmons & Yoder, 2013) and a positive sense of self following disability (Tamplin et al, 2016).

These cognitive and emotional aspects of PTSD have also been found to affect social integration and interaction (Sayer et al., 2010). Sayer et al. (2010) found that dangerous driving, divorce, substance abuse, and increased anger following deployment were identified by one third of participants in their study of reintegration and treatment preferences for Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans receiving care at VA medical facilities. This study also found that between 25%-56% of combat veterans using VA services identified difficulty in social

functioning, productivity, community involvement, and self-care. These symptoms of PTSD are often overlooked by psychologists, psychiatrists, and medical providers, perhaps because not enough research exists to support such methods. Veterans are calling for action on this systematic oversight by these professionals. According to research done by Sayer et al. (2010), 96% of respondents “expressed interest in services to help readjust to civilian life” (pp 589). This readjustment to a change in normal life is complex but is imperative to survival and resiliency.

Bremner (2006) found that “changes in the environment, eg. social enrichment or learning” can slow the natural decline of cognitive changes that comes with age. The combination of social environment, communication exchanges, cognitive and emotional regulations are all incredibly complex. When trauma disrupts the regularity of what an individual knows and understands, these physiological processes are further confounded. The reasoning behind this observation is that posttraumatic stress disorder is not a singular issue, so singular treatments will not work. Alternative therapies, such as therapeutic music and group narrations, may need to be the focus of future research in attempting to match the complexities of PTSD with the complexities of these treatments.

## **TREATMENT & THEORIES**

This section will briefly examine current treatments for PTSD and will introduce alternative therapies in suggesting that these alternatives should be a focus of future research. Theories that support self-determination and resiliency, self-categorization and group treatment settings, and social-identity and autonomy will be introduced in support of combining concepts from the pathological background already introduced.

**Pharmacology.** Antidepressants are often a first line treatment option for symptoms of PTSD, but dependence on these strategies is creating more issues for some individuals than solutions (Bremner, 2006). For antidepressants to work on behavioral outcomes, “neurogenesis” must take place to cause a positive effect. This is the ability of the neural communication connections within our minds to restructure and reform new pathways when needed. Antidepressants function with a dependence on a connection of travel, where pathway A leads to pathway B, which then leads to pathway C. These pathways must stay in line for antidepressants to help our thoughts and responses to travel correctly. If PTSD restructures communication within the brain so that new connections are difficult to make, then the driver is now “stuck” between A and C in a state of limbo. Learned resiliency factors are forgotten and the ability of these individuals to make any connection is inhibited. This example suggests how antidepressants may not work effectively for some individuals experiencing chronic posttraumatic stress disorder, despite their wide use in practice. Alternative therapeutic interventions, such as songwriting, introduce non-pharmaceutical strategies to both manage these symptoms and reconnect neural communication pathways.

**Talk Therapy & Cognitive Behavior Therapy.** Typical treatment for PTSD also includes talk therapy or cognitive behavioral therapy. Traditional psychotherapy or talk-therapy often takes place in individual settings, between a therapist and a veteran. Goals are focused on processing trauma through therapeutic modalities of conversation that seek to provide support and resolution of residual stress. These can often be seen as

“distressing and intrusive” (Carr et al, 2012, pp 189). A stigma can arise in these settings where the defined roles of patient and therapist create behavioral expectations that further define responses and actions. Caddick et al., (2015) found that a group of combat veterans from the United Kingdom experienced a feeling of not being “examined” or stigmatized through the social experience of being with other veterans. For these veterans, a group setting allowed the unique opportunity for a collective identity to form that CBT or talk therapy would not naturally promote.

The group setting enabled a social support found in the experiences of peers that may allow individuals with a broken self-concept to restructure and reorganize their insight to form a more positive sense of self. Veterans participating in non-clinical groups may experience an increased sense of allegiance to the overall wellbeing of their group and to their own individual wellbeing through this collective sharing. This sense of shared identity and collaborative processing is difficult to achieve in a one-on-one setting, which suggests that an increased base of evidence in support of group therapy will be beneficial for veterans with PTSD. This may help bridge the gap between veteran and civilian identity associations.

**Self-Determination and Self-Categorization Theories.** Self-determination theory and self-categorization theory both support the unique importance of group settings in treating PTSD with military veterans. *Self-determination theory* states that competence, an ability to relate to others, and a positive sense of independence are essential to social development, well-being, and personal growth (Ryan & Deci, 2000). When a person’s competence in action increases, their self-determination increases

(Chang, 2016). Datillo & Williams (2000) state that “people who are self-determined perceive themselves as free and make decisions as they negotiate their lives” (pg. 169). This exists in a sense of responsibility for actions and behaviors and can be affected by external environmental factors. Ability creates confidence. Confidence furthers motivation. Motivation determines action. For a person to feel independent and purposeful within the world, confidence lives in the ability to feel competent in daily actions. Disability often attacks this sense of independence by creating an internalized challenge to previously held notions of purpose and meaning (Tamplin et al., 2016).

When a person loses a part of themselves through a physical loss, or through emotional and cognitive changes, resiliency is required to appropriately adapt and reintegrate back into a sense of normalcy. This ability to draw on previously learned coping mechanisms and personal strengths takes shape in self-evaluation. Self-evaluation often takes place when an individual experiences trauma, and self-concept may be challenged. Self-determination theory promotes the importance of developing a positive sense of “competence, relatedness, and autonomy” (Ryan & Deci, 2002, pg. 6) in achieving a healthy sense of self. When a positive concept of self is maintained or created, this results in to an increased quality of life and the likelihood of depression or suicidal thoughts decreases. When a negative self-concept forms, depression and anxiety may increase so that these individuals find further difficulty with integrating into a new reality.

This sense of competency or self-concept is a cognitive process within identity formation (Haslam et al., 2011). In *self-categorization theory*, social identity is considered to be a decision-making effort. Individuals choose to categorize themselves

and their behaviors within the behaviors associated with their defined group. When a veteran makes the independent decision to redefine themselves no longer as an individual, but as a member of the veteran group, their self-esteem and self-efficacy now become solely dependent upon their role within that group. Haslam et al. (2011) labels the effect of how an individual views and responds to the world as “depersonalization”. Veterans with PTSD who are isolating themselves may be categorizing themselves among two groups – healthy military member and veteran with PTSD – that can lead to undesirable thoughts or behaviors. This further separates their identity from civilians (non-veterans) and other veterans who do not have PTSD. By depersonalizing themselves as being an individual within a collection of groups, their identified groups become “the measure of all things” (Haslam et al., 2011). This can lead to isolation, stigmatization, and a self-limiting ability to seek help. Research is needed to measure self-determination aspects of resiliency in therapies that train these veterans to adequately adapt to a shared identity as an individual and as a veteran. Veteran oriented social groups such as Operation Song offer an opportunity for veterans to find self-determination and positive self-categorization.

**Identity & Social Identity Theory.** There is an important psychological component in how individuals define themselves through the stories they choose to process (Caddick et al., 2015, pp. 288). Veterans who experience trauma have identified a split in their perception of how life existed within the world before and after living through a traumatic event (Bensimon et al, 2012) that halts their ability to positively process the experience. By seeing life before the trauma as the ideal life, life in the

present or future will never live up to this unrealistic perception of reality and emotional regulation may be difficult. Daniels & Boehlein (2015) examined how traumatic memories affect an individual's ability to conceptualize their own life story and how this affects their aging process. They randomly assigned 12 Vietnam veterans to two different groups. One group started in a standard psychotherapy group and the second started with "facilitated reminiscence" or life review. After 6 months, the groups switched interventions. The purpose was to determine whether a life review intervention could help restructure reflection of past memories and reduce PTSD symptoms. This study found improvements with PTSD symptoms during the life review intervention for both groups. Significant improvements were identified with PTSD symptoms for the group that started the life review interventions prior to psychotherapy. This suggests that the telling of one's story, idealized or not, has merit in increasing the success of standard PTSD group therapy for older male veterans.

*Social identity theory* offers insight on how these findings can be applied outside of just older male veterans and explains why people find meaning in being a part of a group. For military veterans and active duty service members, the story of camaraderie within their own group has been identified as "deeper" than with civilians (Caddick et al., 2015, pp. 292). This shared cultural identity is engrained from the beginnings of basic training and exists throughout life. *Social identity theory* explains this camaraderie through group associations. When an individual becomes a part of a group, they choose to internalize their standing as a part of their "in group" and everybody else becomes part of "out group" (Haslam et al., 2011). Their competency in life becomes measured by

their standing within the group and their in-group is often seen as more important than the out-group outsiders.

Caddick et al. (2015), interviewed 15 male combat veterans and one civilian emergency service personnel from the United Kingdom who all associated with having symptoms of posttraumatic stress disorder (PTSD). They all were part of a surfing charity (non-profit) program for veterans with PTSD. Veterans identified a sense of camaraderie, stimulation of deeper connections, and a countereffect to the negative effects of PTSD as outcomes of the collective story told between peer relationships within the group. The simple act of group conversation normalized the experience of PTSD for these veterans and created a sense of “legitimized suffering” that could only take place among an in-group with this shared cultural identity. Cultural and social interactions are inherent to happiness for humans (Kringelbach & Berridge, 2010), so an assumption could be made that interventions emphasizing culture and social relationships could combat a lack thereof.

Social identity theory also helps to explain negative stigmas. Simmons & Yoder (2013) emphasize culture as an impacting factor in the success or failure of treatments for mental and physical issues among military veterans. “Mental stability...toughness...duty and honor...” (p. 18) are all core values that are driven into the cultural identity of our military service members. Caddick et al. (2015) found that veterans identified a cultural stigma found within their military experience that “emotional weakness” was negative. They saw their military in-group as healthy and good, while the emotional out-group was weak and bad. Because of this, participants specified a refusal to seek help. This is consistent with Hoge et al. (2004) who found that only 38%-45% of Army soldiers and



Marines returning from Iraq & Afghanistan in 2003 who met criteria for mental health disorders identified an interest in seeking help. An equally low 23%-40% within the same survey reported actually receiving help within the last year. When the core values associated with this group identity are challenged through a traumatic experience or traumatic memories, individuals may lose sight of who they are and how they are moving forward in the world.

**Music Therapy.** Because emotionally powerful events are deeply engrained into the memories of those who experience trauma, music can create meaningful alternatives through emotional examination. The close, biological relationship of where our brains house emotional and sensory experiences, including music and trauma, suggests that the processing of traumatic memories could be achieved through the experience of music (Bensimon, et al, 2012). Music is known to express more significant emotional potential to fulfil meaning in greater detail than in speaking alone because of an intricate relationship with memories (Tamplin et al, pp. 116). Listening to music activates neural communication mechanisms within the brain, which activates chemicals that can reorganize the way memories and emotions are structured within the brain (Tamplin et al, 2016). Because posttraumatic expression is linked to these sensory areas (Bensimon et al., 2012), music could be considered a therapeutic medium that may disrupt the pattern of negative brain communication networks (Tamplin et al, pp. 116) associated with poor self-image, intrusive memories, poor recall of traumatic events, negative beliefs, alienation, or self-blame that are associated with PTSD symptoms (Friedman, n.d.).

Music takes away the stress of this formality by creating a safe space where musical activity is the focused medium. Music based therapies differ from talk-based therapies where conversation is the emphasis. Social support has been found to improve a veteran's ability to handle stress and change (Simmons & Yoder, 2013). Through music, cultural stigmas and language barriers are defied (Orth, 2004; Bensimon, 2012). Bensimon, et al. (2012) studied a group of nine Israeli Army veterans who had been diagnosed with chronic PTSD to identify the impacts of group music therapy in comparison to individual psychotherapy in treating combat related PTSD. Songwriting was not the focus; however, through playing music and talking, drumming, and listening to relaxing music, participants experienced decreased feelings of shame, loneliness and depression, enhanced feelings of belonging, acceptance, "openness, togetherness, closeness, connectedness...intimacy...hope, and optimism" (pp 229). Through engagement in musical improvisation, conversation, listening to music, and physically drumming out the trauma, these veterans all reported an improvement with their sense of well-being.

Music became their safe place to cope where traumatic emotions and memories could be restructured into a more integrated concept of health and repressed negative feelings had an outlet to be processed. This could lead to less depression and an increased motivation for therapy through a healthier self-concept. This understanding is important in relating the potential impacts that songwriting, as a form of musical intervention, can have on a person's ability to process traumatic memories.

Carr et al (2012) facilitated an exploratory randomized controlled trial of music therapy sessions over a 10-week timeframe to measure changes in severity of PTSD and

depressive symptoms during music therapy sessions in London. Participation was not specific to combat veterans, but all participants had PTSD symptoms and none had experienced significant success with cognitive behavioral therapy (CBT) treatment in the past. Two groups were split into an intervention group receiving 10 weeks of music therapy and a control group who waited 10 weeks on a waitlist before starting music therapy. Through a combination of qualitative and quantitative measurements, the treatment group who received music therapy first showed a statistically significant reduction of hyperarousal, avoidance, and re-experiencing symptoms greater than the control group at 10 weeks. At completion of the second 10 weeks, statistically significant reduction of symptoms in all three domains were found among both groups.

This study found that a therapeutic music protocol does have a positive effect on PTSD treatment. Qualitative findings included increased engagement, an establishment of safety and trust, identification and expression of emotion, and an increased capacity to tolerate particular sound qualities (Carr et al, 2012). These all address diagnostic criteria for PTSD symptoms and the last finding offers a unique insight to the benefits of formulating a personal story into a song. If individuals who have experienced trauma could learn to tolerate the sound qualities that may hinder them from attending loud recreational or social events they previously might have enjoyed, then it is possible that music interventions could help them reintegrate back to engaging in these previously enjoyed activities.

Bensimon et al. (2012) found that participants in their study experienced physical improvements of hallucinations in the smell of blood, reduced consumption of antidepressants, smoking cessation, improved concentration, improved sense of

organization in life. These findings suggest that music can restructure cognitive processes that are related to the expression and processing of emotional memories. Cognitive organization takes place in group music activities because an individual is required to manage multiple stimuli simultaneously (Bensimon, 2012). For disjointed memories of trauma, this reorganization can restructure coping mechanisms that lead to resiliency. Group music therapy has been associated with traumatic processing that participants stated would not easily have been achieved by talking alone (Carr, et al, 2012). Music in a group format creates an opportunity for integrative problem solving where each individual is able to generalize the experiences of other group members to their own lives (Carr et al., 2012).

Neural connections exist that link music, memory, and emotion (Tamplin et al., 2016). More than language alone, music has the ability to activate these brain systems. Carr et al (2012) concludes that music therapy might be an effective therapeutic intervention in adapting and controlling emotionally driven behavioral responses. This supports an idea that songwriting should be further researched as an impact for physiological change in comparison to talk forms of psychotherapy within PTSD. Bensimon et al (2012) and Carr et al (2012) are the only two studies known to this investigator that specifically focus on music therapy with military PTSD.

## **RESILIENCY**

This section will combine the concepts of music therapy, social support, identity, and songwriting into a collaborative review of existing literature that supports resiliency as the main topic of inquiry in examining the experience of Operation Song. In

connecting the literature of both pathologies and treatments, this section summarizes why songwriting can be looked at as a potential therapeutic intervention in treating the cognitive, social, and emotional aspects of posttraumatic stress disorder for military veterans.

**Resiliency Defined.** Resiliency is a “will to live” (Simmons & Yoder, 2013, p 19). Resiliency enables the coping mechanisms that a person has learned throughout life to be used as an adaptation to creating a sense of safety and normalcy in reality following any change. A person who is resilient has adequate social supports, adaptive coping mechanisms, an appropriate sense of personal control, and hardiness that allow recovery from traumatic exposure (Simmons & Yoder, 2013). Resiliency as a “healthy, symptom-free functioning” that Bonanno et al. (2006) found to exist in the majority of New York residents following the 9/11 terrorist attacks on the World Trade Center. If resiliency is defined as the “ability to thrive, despite personal challenges” (Simmons & Yoder, 2013, pp. 17), it can stand to reason that a lack of cognizant ability to remember resiliency mechanisms could impact recovery from traumatic experiences.

**Social Support.** Kringlebach & Berridge (2010) correlates the emotional pleasure found in socialization and happiness with the same “neurobiological roots” as sensory pleasure. This means that emotions are not just experienced on an abstract psychological level but also on a very concrete sensory level that is exemplified in social interaction. When positive memories and associations overtake the same emotional mechanisms found in sensory receptors, self-esteem thrives and traumatic experiences

can be processed. When negative memories and associations overtake these mechanisms of coping, depression and anxiety halter the abilities for successful recovery. Our mind understands the experience of pleasure in the same mechanisms that it understands the lack thereof. This could suggest that therapeutic interventions applying to both cognitive and emotional structures in group structure would benefit the dynamic demands of PTSD by appealing to our happiness.

Social supports involve a sense of “we-ness” (Bensimon et al., 2012; Haslam et al., 2011) that is more than just a happy feeling. Veterans in non-traditional, non-talk therapy settings have associated a sense of social support coming from the experience of group conversation. The group environment is described as protective and different than the experience of just talking about the trauma (Bensimon et al, 2012). The patient/therapist identities that are formulated in individual treatment settings do not exist in an integrative group treatment environment. In these groups, individuals open up and engage more readily with others because they are all part of a trusted group. The act of processing trauma together promotes an opportunity for individuals to relive their experiences through group conversation.

By adapting individual behavior to fit the collective group behavior, social identity theory can again be applied to understand how individuals with a broken sense of self can create meaning through a therapeutic group that incorporates collective story telling. By focusing on more than just their own sense of self, this method of making a collective story is what helps people within similar groups overcome isolation. Veterans can find purpose again through the resiliency that is created in social supports.

**Storytelling.** There have been studies indicating that a veteran's ability to choose and make sense of their internalized story has an effect on psychological health. For combat veterans engaged in a collective storytelling experience during a recreational activity, the identities formed within the group increased the desire to seek support for those who had previously been hesitant (Caddick et al, 2015). Feelings of acceptance and belonging increased, camaraderie increased, and normalizing and legitimizing suffering resulted. This collective group identity normalized their traumatic experiences through the sharing of similar stories within their trusted group of shared cultural values and norms. They were able to turn their suffering into something that was accepted and made them feel a sense of normalcy again. This also directly related to their sense of acceptance with seeking support without feeling a loss of self-concept or masculinity. Researchers in this area indicate that more evidence is needed to promote the effectiveness of storytelling in the treatment of PTSD. Storytelling might be proposed as a component in improving the processing of fragmented self-narratives and decreasing self-limiting identity categorizations.

**Songwriting.** Songwriting is a form of musical expression that allows an ability for individuals to structure traumatic memories (Orth, 2004). When writing a song about one's life or experiences, different areas of the brain are simultaneously stimulated through creative memory recall and an awareness of residual identity (Tamplin et al., 2016). By telling stories, individuals create meaning through a real or perceived audience (Caddick et al., 2015). By integrating self-narratives through the creation of lyrics, individuals are able to "reconstruct a previous specific life event, express their

feelings about a current situation, or construct a story about a possible future” (Tamplin, et al., 2016, pp. 115). This can improve self-concept and gives meaning to the trauma. Baker et al., (2015) suggests that in creating meaning, songwriting can increase a person’s ability to accept their emotions.

Acceptance is the first step in making sense of trauma. Songwriting allows a narrative approach, where the past, present, and future, are ordered with the potential for constructing a positive self-concept, which is directly related to self-identity (Tamplin et al., 2016). These lead to feelings of competence and autonomy reflected within the self-determination theory.

There is little known of exactly how narrative processes work in organizing meaning (Polkinghorne, 1988). It is argued that narratives organize human experience, and that this organizational scheme exists in a form that almost defies explanation. As Polkinghorne notes,

The narrative organizational scheme is of particular importance for understanding human activity. It is the scheme that displays purpose and direction in human affairs and makes individual human lives comprehensible as wholes. We conceive our own and others’ behavior within the narrative framework, and through it recognize the effects our planned actions can have on desired goals. We can also use the narrative scheme to connect imaginary people (Snow White, for example) to events (the actions in novels) in cohesive stories. Although narrative intelligibility is grounded in the ordinary, everyday actions of human beings, it can be projected by analogy on the behavior of animals (the three bears in Goldilocks, for example) and superhuman characters (such as the Greek



god Zeus or the computer Hal in the motion picture *2001*). (Polkinghorne, 1988, p. 17-18)

Songwriting activates the areas of the brain where autobiographical recall and residual identity exist (Tamplin et al., 2016). When trauma creates a disruption in a person's narrative life story, songwriting creates an opportunity to connect the past, present, and future to reconnect the break (Baker et al., 2015). This challenge of identity can lead to a change in group association, as found in social identity theory and self-determination theory. Existence frequently becomes a challenge that is measured between the perceived world and reality instead of being intertwined together. That stigma and group isolation can alter an individual's ability to maintain resiliency outside of their safe environment. Research shows that "musical identities remain intact despite other fractured identities (Tamplin et al., 2016, pp. 125). Songwriting connects these identities through a structured and positive outlet.

Several researchers have found that songwriting can strengthen positive aspects of self-identity during rehabilitation. During a 12-session songwriting program for 16 individuals with Spinal Cord Injuries or Acquired Brain Injuries, Baker et al., (2015) found that self-concept improved and both depression and anxiety levels decreased from baseline measurements. Tamplin et al. (2016) further sought to determine if songwriting affected the ability to reconstruct personal identity during rehabilitation by improving self-concept, well-being, mood, and anxiety. Through a case review of a previous study done by Baker in 2014, songwriting was found to "deepening of the writer's exploration of self" (Tamplin, et al, 2016, pp. 124).

Songwriting combines music with the telling of a story in a logical sequence that often induces emotional responses from listeners when completed as a song. A song typically includes a sequence of events or ideas that collectively tell a story. This sequential memory recollection is important for restructuring the details of trauma. Once music is matched to this story and a picture is painted for listeners to understand, an abstract memory or emotion is conveyed by the writer in a tangible experience for the listener – a song. When a song is able to tell a story in such a colorful manner, the pleasure areas of the listener’s brain simulate the emotions expressed within the story. This allows the listener to feel what the songwriter is trying to share. This is significant for veterans with PTSD who may have self-perpetuated barriers to expressing their emotions of the traumatic experience.

Through songwriting, the physiological benefits of music and the psychological benefits of storytelling combine into a product that has been found to increase motivation while decreasing depression and anxiety (Tamplin et al., 2016). This produces not only a tangible representation of a story that may not easily be spoken, but also creates a therapeutic process that rewires neural pathways. Songwriting combines music and storytelling as an exercise that allows individuals to tell individual stories, as well as the collective story of their group, in an effort to recreate or replace a meaningful narrative to represent the original trauma. This narrative reconstruction is achievable despite any form of cultural or language barrier that may be created or enhanced by traumatization. Orth (2004) found that music making breaks these barriers. This could suggest that a songwriting intervention could help bridge the gap between civilians and veterans in decreasing stigmas and increasing understanding of the language of PTSD.

## SUMMARY

Two studies (Carr, et al., 2011; Bensimon et al., 2012) incorporate songwriting as a form of treatment for posttraumatic stress disorder; however, a robust music therapy program was the measurement in both. Other studies (Baker et al., 2015; Tamplin et al., 2016) have looked at songwriting as a therapeutic intervention for inpatients with spinal cord injury and acquired neurological injuries; however, neither specifically focused on military related PTSD. The closest study measuring non-traditional interventions for PTSD in a non-clinical, recreation setting looked at peer-relationships and collective story formation for veterans, but did not include songwriting (Caddick et al., 2015). One study measured the impacts of a non-profit organization who facilitates music classes for children who survived wars in Kosovo, Northern Uganda, and Northern Ireland (Gerber, et al., 2014). This is the closest study to this thesis in measuring the outcomes of war in relation to “cognitive, affective, and behavioral health” (pp. 116); however, children are the identified population.

## **CHAPTER III: METHODOLOGY**

A symbolic relationship exists between individuals and the stories they live. Past experiences, cultural associations, and social interactions embed the meaning making process to allow individuals to find a role in reality (Creswell & Poth, 2018). Qualitative research methods seek to explain this process through data collection in a setting natural to the research question and participants. This is achieved through inductive and deductive analysis that formulates conclusions from shared experienced identified as themes (Creswell & Poth, 2018). This thesis uses a phenomenological approach to combine the experiences of trauma and a non-profit songwriting program in application to the importance of understanding a specific experience. Interviews are used as the method of identifying symbolic relationships in the personalized meanings of the Operation Song experience for each participant. By breaking boundaries limited by past experience, prejudice, or cultural influence and simply looking at what the phenomena is (Creswell & Poth, 2018), this thesis seeks to understand what the experience of Operation Song truly is, as told by the participants themselves.

### **QUALITATIVE RESEARCH**

Qualitative research is the study of social phenomena (Marshall & Rossman, 1999). Qualitative research seeks to measure how people make meaning in life and how they find context in how they live. Meaning is found through a “natural flow” that allows

a reality that only exists between the object and the subject. That reality may be different between each subject interacting with the same object (Crotty, 1998). Qualitative inquiry starts by acknowledging that these individual realities paint a greater picture than the one we paint from our own individual lives. This picture is developed through our assumptions of the world around us. By looking at the connections which form these pictures, qualitative inquiry seeks to interpret this process of meaning making (Creswell & Poth, 2018). This perfectly guides the justifications found within this thesis in seeking to understand the experience of Operation Song songwriting programs for military veterans with posttraumatic stress disorder.

## **PHENOMENOLOGICAL METHODOLOGY**

Phenomenology is employed as the theoretical backbone for the methodology of this thesis in answering the question, “What is the experience of veterans participating in Operation Song?” Phenomenology offers insight on how to understand how an individual’s ability to find meaning from an experience that can be applied to their lives as a whole. (Creswell & Poth, 2018). Phenomenology offers a break to boundaries that limit a true search for meaning by stepping outside of previous cultural assumptions or awareness and into the reality of the experience itself. In finding a constructive meaning of the experience alone, both the object (songwriting programs within Operation Song) and the subject (Operation Song participants) are considered independent entities within the data. This allows for a direct and unbiased look at what this experience truly is.

Husserl, Merleau-Ponty (Dowling, 2007) and Moustakas (Creswell & Poth, 2018) all proposed an empirical form of phenomenology that sought to understand the

description of an experience as the most important aspect in phenomenological research. For these researchers, *bracketing* was needed to separate an investigator's prior knowledge from the experience itself. In bracketing, a researcher acknowledges and then sets aside a personal understanding of the experience of the phenomena being studied (Creswell & Poth, 2018). This allows for a pursuit of meaning free from any prejudiced viewpoints that may be affected by culture or previous assumptions (Crotty, 1998; Creswell & Poth, 2018). This promotes a research environment that seeks to find truth in the freest form. For this researcher, brackets can be made that include professional certification and practice as a Recreation Therapist, almost eight years of employment with the Department of Veterans Affairs, and several years serving as a board member for Operation Song.

Heidegger (Dowling, 2007) and van Manen (Creswell & Poth, 2018) challenged this perspective of bracketing and phenomenology as a whole with an interpretive approach. For these theorists, the interpretation of the experience is the most important analysis. An investigator's previously understood assumptions and knowledge of a phenomena is impossible to remove because all interpretation exists as an assumption (Dowling, 2007). This hermeneutic approach to phenomenology is the guiding methodology for this thesis that allows this investigator's previous understandings with therapeutic benefits of music and songwriting, military culture, and organizational understanding of Operation Song to benefit the overall interpretation of the actual participant experience.

In this form of interpretive phenomenology, categories exist within the descriptive data that explain the phenomenon of the lived experiences. Martin Heidegger presents a

concept of “Dasein” in order to provide a strategy for methodology within phenomenological research. Dasein is an individual’s “enquiry into being and in particular their ability to question and focus on personal existence” (Horrigan-Kelly, Millar, & Dowling, 2016, pp. 2). This emphasizes human existence as an interactive relationship between self and the world. Individuals are not separated from their experiences of daily life but are instead intertwined with others whom they interact. An individual makes meaning of their reality of existence through both an understanding of these social interactions with others of shared similarities and an understanding of one’s own sense of self. Through Heidegger’s phenomenology, an individual’s “future directionality” is partnered with their social and individual identities to form an independent understanding of the world that is a collective part of life (Horrigan-Kelly et al., 2016). This best supports the implementation of phenomenological theoretical perspective and methodological outline in seeking to understand the experience of Operation Song through the veterans and family members who have lived it.

## **INTERVIEW METHODS**

In order to identify individual understandings, the methods design of this thesis follows both nomothetic and idiopathic forms of qualitative research. Nomothetic forms of qualitative research seek to identify patterns across a variety of sources. Idiopathic forms seek to identify the particulars of singular experiences (Crotty, 1998). The literature review found in Chapter 2 focused on a nomothetic analysis of previous research to connect the ideas found in this thesis as a structure for creating the interview questionnaire. The actual interview process and research method of implementation

focuses on idiopathic inquiry that seeks to understand the singular experience of each participant interviewed.

Semi-structured, casual interviews were chosen as a narrative form of inquiry which acknowledges that individuals live life in narrative stories (Clandinin, 2013). Understanding an experience through narration creates a tangible storyline in consciously connecting the past with the present and the future. The phenomenological guidance of methodologies provided the backbone for creating the interview questions.

**Participants.** A purposeful sampling technique (CITE) was chosen in collaboration with the director of Operation Song in order to create variety in potential outcomes based on demographic diversity. The director of Operation Song was briefed on the purpose of this thesis in an effort to identify potential participants who both completed an Operation Song program and were able to easily be contacted. Phenomenology focuses on the understanding of the lived experience of individuals which does not require large numbers to understand a singular experience. Heterogenous groups “may vary in size from 3-4 individuals to 10-15” (Creswell & Poth, 2018, pp76). Six participants completed interviews (N=6). Participants served during the Vietnam War, Operation Desert Storm, Operation Iraqi Freedom and Operation Enduring Freedom eras. Five participants were male and one was female. Ages ranged from 35 years old to 69 years old and all participants lived in Tennessee or Kentucky. Five participants were veterans who completed Operation Song retreats or 10-week programs and one participant was a spouse who participated with her husband.



**Procedures.** Internal Review Board approval was secured with expedited review in February 2018 and is attached in Appendix A. Following this approval, participants were contacted via email, phone call, or text message, depending on the contact information provided through Operation Song or through previous relationship with the investigator. Eight veterans were contacted and five completed interviews. One spouse participated for an alternative perspective of a military spouse who participated in Operation Song programs with her husband. In-person interviews took place at a public area chosen by the participant. One participant chose their home, one chose a restaurant, one chose a coffee house, and two chose an Operation Song venue. One interview was not able to be completed in person due to time constraints and previous commitments, so this was completed on the telephone. All interviews were recorded and participants agreed to informed consent verification. Informed consent was completed by all individuals at the time of their interview and the interview taken over the phone was completed verbally and a copy was emailed to this participant. No contact information other than age is located on these forms, so confidentiality was maintained throughout this process.

Interviews lasted between 20-111 minutes and were completed between February 22 and March 2, 2018. Interview questions were formulated by piloting initial questions with several graduates of Operation Song programs who did not all participate in the interviews. As the interviews progressed, the questions changed to focus more specifically on the actual experience of Operation Song compared to additional historical information. Transcription was independently completed and analyzed by this investigator.

## DATA ANALYSIS

Data analysis consisted of a detailed review of transcribed interviews in order to identify significant statements which could be further clustered into meaningful themes (Creswell & Poth, 2018) which are presented in Chapter IV. This process of *horizontalization* is a step in the phenomenological data analysis procedures which generates “an understanding of how the participants experienced the phenomenon” (Creswell & Poth, 2018, pp 79). Initial codes were derived from these significant statements and were further clustered into themes. Following initial theme generation, this investigator contacted each participant via telephone to verify these initial codes. The two participants who were able to be reached at this attempt confirmed findings and one requested to add more information. Documentation was noted and these themes were further clustered into textural, structural, and composite descriptions that describe the “context or setting that influenced how the participants experienced the phenomenon” (Creswell & Poth, 2018, pp 80). The textural description describes “what the participants experienced” (pp 79). The structural description describes the influence by laying out significant statements that define the context of influence. The essential invariant structure is the description of “the common experiences of participants” (pp 80).

*An interpretive phenomenological analysis* approach was taken during data analysis within this study. This framework guides analysis through “double hermeneutics” (Creswell & Poth, 2018, pp 82). This allows previously held knowledge or understanding of an experience to be acknowledged in phenomenological research. Description of the participants experience is combined with the investigator’s

interpretation of the participants' meaning making processes (Horrigan-Kelly, et al., 2016).

## LIMITATIONS

Limitations to this study exist in the concept of phenomenological research itself. To describe an experience from an individual standpoint is to describe an abstract concept. Each individual experiences the world through vastly different perspectives, despite any form of similarity. Understanding the essence of an individual experience requires a basic knowledge of the phenomenon being studied (Creswell & Poth, 2018). For some researchers, a lack of previous knowledge could be a limitation in understanding the experience of their topic. For this investigator, prior professional experiences supported this understanding of the potential Operation Song phenomenon.

The *purposive sampling technique* in sample selection may exist as a limitation for some investigators engaged in phenomenological research. This technique enables participants to be selected based on an ability to help meet the objectives of the research (Palys, 2008). Participants were chosen for this study based on completion of an Operation Song program. This exclusion of participants who did not complete the programs enabled this investigator the ability to receive input from participants who fully experienced Operation Song from start to finish.

Interpretive data analysis within phenomenological research may become a limitation in itself. This process combines each participants' understanding and interpretation of their experience with the researcher's interpretation of these descriptions. (Creswell & Poth, 2018). To limit the effect of this influence on identifying

the true essence of the Operation Song experience, each participant was called to verify initial findings, as well as clustered themes. Three participants were able to be reached and confirmed this researcher's interpretation. This helped to reduce any negative impact of misinterpretation from this researcher's perspective.

A final limitation may exist within this type of phenomenological research based on the relationships between the researcher and the participants. Creswell & Poth (2018) describe several notions held by various researchers on the power dynamics between interviewer and interviewee with no distinct preference for any type of relationship. For this investigator, five of the six participants were known prior to discussion of participation in this thesis due to previous involvement with Operation Song. In this study, a semi-structured, informal interview format was chosen to acknowledge previous relationships with respect to the need for directed questioning. In seeking to understand an experience focused on trauma, previous relationships may benefit the ease of conversation and trust during interviews.

## **CHAPTER IV:**

### **FINDINGS**

This thesis seeks to understand the experience of Operation Song, as told by the participants. This chapter presents the findings from the unique perspectives of each of the six participants' responses to identify the essence of the Operation Song experience. Significant statements will be organized in this chapter through three main sections. The textural description will be presented initially to describe the participants' individual reasons for participating in the Operation Song programs. Background information introducing the Operation Song organization will also be provided in this textural description. The essential invariant structure will be described through the overall identified essence of the experience. The structural themes that describe the influence of the Operation Song experience will provide detailed insight into the collective core answer to the question: What is the experience of Operation Song?

#### **THE TEXTURAL DESCRIPTION**

The textural description of an experience specifies "what the participants experienced" (Creswell & Poth, 2018) through the significant statements that describe what happened during their experience of Operation Song. This section will provide the quoted significant statements of participants in describing the experience of Operation Song. Each participant's initials have been randomly changed and any names listed within the quotations that refer to Operation Song personnel have also been randomly

given a letter representation to protect the privacy of those participating and of those discussed.

**What is Operation Song.** Operation Song’s mission statement is provided from their website (Operation Song, n.d.) to provide background context on what the organization is:

“Operation Song™ is a 501(c)(3) non-profit based in Nashville Tennessee founded in 2012. We pair professional songwriters with veterans, active military and their families to help them tell their stories through song. We hold weekly workshops in Middle Tennessee and sponsor events and group retreats throughout the U.S. Those we serve need no musical background, only the desire to tell their story. In a typical session, the songwriter listens and encourages the participant to lay out the “puzzle pieces” of his or her experience. Together, they arrange those pieces into verses and choruses. The result is a complete song that they can call their own.”

Operation Song is its own organization that works with local and national veteran organizations. Programs take place as single-day retreat formats in collaboration with local universities or through 10-week, 1-2 hour sessions in collaboration with local VA Medical Centers, Vet Centers, or military installations. In all Operation Song programs, the objective of creating a song for every participant is the same. Each program has songwriters who guide the process and work with veterans or family participants to create a song from the story that the participant chooses to tell. Participants described their experience of the process as follows:

IJ: So, we sit down with *X* and he said ok, so you wanna do a song about your friend *Z* and I went into a little bit. And he goes well tell me about *Z* and I go, well he’s just a red headed kid from South Carolina. And he goes, that’s the first line....

GH: The whole thing, I mean you know from the time you meet the writers that we, you know, that you're workin with to the time you end with a cd in your hand that has songs and stuff on it. That whole experience will never go away. It's, it's almost like that little boost to uh once you're out, or once the program is over or whatever, you know, it leaves you feel so good, you know, in a calm that for me you know...it's fun, its enjoyable.

Upon completion of either the retreats or the 10-week programs, participants receive a cd with their song and the songs of the other participants in their group. A graduation ceremony takes place to honor their completion. Two participants described this as follows:

KL: After I met *X* and I got to see, I got to witness the graduation thing one day of you know some of these guys that had just finished and they had their songs they did...and they were just awesome and I could see the impact.

**Why Participate.** Each participant provided a different reason for why they joined Operation Song, but one collective reason was a search to fill a void they were experiencing as described below:

AB: It was a service out there that I hadn't tried yet. And I thought that it might help. I thought it sounded kind of fun.

CD: I got the information through the yellow ribbon fund and I had read it, but I wasn't sure if he wanted to do anything like that and then two weeks later they said they had two slots and they needed to fill them...he said sure why not.

IJ: I was listenin' to the radio and I heard *X* on there...and some of the guys that wrote (*song name changed for privacy*)...so they played it live on the air and all that, so I was like huh...that's kind of a neat program, I'm going to look into that....And then around August, the later part of August I saw that they were doin' in Murfreesboro, in a brewery, they were doin' like a little show, like a little showcase...I kinda just snuck in and kinda sat in the back and I just watched...I kinda just watched these folks sing their songs, these veterans, and I was like man it was good. There was some times I had to like, go outside, but it was really good.

And so I said ‘hey I’d be interested in lookin into this’. And he (X) goes, ‘Hey I got a retreat next week, should, do you wanna come? I need one more?’ I was like ok.

KL: I was contacted initially just, just to come perform songs that had been written and that’s been my primary role in Operation Song...I’ve done a session at (*location*) as-as a veteran, not as a songwriter, but as a veteran. And I wrote a song with Z that I called, (*song name changed for privacy*).

EF: It came about because they said Operation Song was going to be coming to the Vet Center and the first thing I thought was Oh God, not another do-gooder....one of my friends...he talked me into going...and I didn’t say anything but listen...and he’s (X) like ‘Oh tell me a story’. And I was like ‘eh, really I don’t have anything to say.’ Maybe later...so we got to talking and I listened to him and I saw something in him.

GH: I’d never really started getting help until I finally realized, you know what, it takes a lot more to that. A lot more effort...I think with Operation Song, if you put yourself in that environment, you are there because you want it.

KL: I feel like my experience with Operation Song is a little different, more unique than a lot of the others... And mainly because I haven’t participated in a lot of the writing settings, which is where Operation Song does its most magic...the reason for that is because I-I am a songwriter in my own regards.

## **THE ESSENTIAL, INVARIANT STRUCTURE**

The difficulty that lies in describing the indescribable has already been presented in this thesis as reason to conduct this study through a phenomenological lens. The overall soul of the Operation Song experience, the core truth that lies in the significant statements of all participants, can be described as a *catalyst to invoke personal change*. Each participant reflected on the experience of Operation Song as one that led them to create positive changes in their lives. Finding closure, ‘connecting the dots’, and the



overall processing experience can be summarized into this essential construct of the

Operation Song experience being credited as life changing:

EF: I have not met a veteran yet, not one who's gone through the program that hasn't said this is the best thing that has ever happened to me at the VA, vet center, or any other psych doctor.

IJ: ...but something that day after I left, I felt different. I felt good...After that I just felt this new life. Especially after I met his family and I got, I guess I got a bit of closure from all that. And I was like man, I'm ready, let's do something!

GH: Operation Song is that warmup. You know, that warmup to create you. To create that comfort zone to get you started. You know it-talking about what's wrong, it gives you a way to talk about it...sometimes you know that's the biggest issue...It's almost like a-I hate to say use the word precursor - but I mean it is a precursor. But it's so much more than that you know? I mean, it. I could walk into my therapist now and talk to her a whole lot, uh, more effectively because of Operation Song.

EF: The power of Operation Song is really simple. You take a veteran who has multiple flashbacks and all types of little stories he (X) pulls em' out and he's able to take that mess that is in their head and combine it into a 3-4 minute song that hits every veteran right between the eyes because it's exactly what they are thinking.

The underlying structure of this essence can best be presented through the description of five major themes of influence identified by clustering the significant statements of study participants:

- Setting Promoted Authenticity
- Songwriting
- Uniquely Skilled Songwriters
- Unexpected Emotions
- Trusted Social Support

**Setting Promoted Authenticity.** A common theme found within the significant statements revolved around the setting of Operation Song being an enhanced opportunity for participants to be their genuine selves. It is natural to compare new experiences to past experiences in processing whether value was beneficial or detrimental. There is not always an equal comparison or a positive solution, but participants clearly compared the experience of Operation Song with clinical settings, as well as other non-profit experiences. The experience of the Operation Song setting was compared to clinical settings by several participants who described the specific differences that affect authenticity in each:

GH: It made me comfortable in my own skin, you know I didn't, I wasn't worried about tryin' to impress. Or I wasn't worried about, you know, it was a fun environment that was comfortable enough that I could, you know, share.

GH: I think sometimes we get wrapped up in the clinical experience to where we are, how do I want myself portrayed to a doctor. Do I want him to think I'm crazy? Do I want him to think, 'oh he's not as bad off as', you know what I mean? So, who are you really in a clinical environment? In a clinical environment are you really being raw? Are you really being genuine

GH: You are there amongst friends, you're not inside a wall, you're not sittin' across from a desk from somebody who, forgive me, but who might not be of the same culture that you are, that you have absolutely nothing in common with. You know, for me, I mean, don't get me wrong, X and I have very little in common... but there are certain things that we have in common, but it creates a comfortable atmosphere where I can just be myself. And when you can be yourself is when you can be genuine.

*(When asked if this setting was different from 1:1 talking to clinician?)*

AB: Well, definitely, because you can-you can say something wrong or use a play on words or you can-you can say something that's kinda funny but that's kinda not funny and not get labeled nuts...it's not held against you or anything...

EF: The other thing that most VA people don't understand, cognitive researcher, whoever, is after you go through that experience of any of this therapy, you need a place to come down. They don't offer that...there's no place that they can get back to their squad to their safe place.

Operation Song was also compared to other non-profit organizations referring to the unique experience of Operation Song in maintaining contact between facilitators and participants after completion of programs. This is described as follows:

GH: Well, I think you've got some of these, some of these groups ...I've reached out even ya know, just, not wanting anything or needing anything other than to maintain some form of, you know, contact, relationship - Hey how are things going - and I never hear anything back. The only thing I get from them is survey. We need this from you now, tell us how it's working, tell us. Well you know what man, it might have been alright if there was any kind of follow through with it, but there's no follow through.

IJ: It all started there and I know this because I know me, and I know that had that not happened first, and then I like that those guys have stayed in touch with me and they follow up say how you doin'?

GH: For me the writers are just a phone call away. I've called X and we still talk all the time.

IJ: ...it's kinda neat, and I developed friendships with these guys. We stay in touch and everything and so, but something that day after I left, I felt different. I felt good.

**Unexpected Emotions.** In addition to a setting that promoted a sense of authenticity, participants described an influence of experiencing unexpected emotional expression during the Operation Song experience. This is important for individuals with PTSD who are experiencing a complexity of cognitive and emotional disruptions. Because of a variety of reasons, emotional regulatory centers for these participants typically might not be expected as a highlighted focus in data analysis. However,

emotional responses were identified as a unique influence in the Operation Song experience by several participants in their own unique statements:

IJ: I remember I was amazed. This is what struck me. I was amazed how much you could say in 3 minutes. I was like gosh, it was amazing.

AB: It was a lot different than I thought it would be. Yeah, I don't, uh, I don't get every emotional anymore for a various number of reasons but uh, I uh got a little more emotional than I thought I would so it was very good.

GH: It's one thing to sit around and think it in your head, you know, a certain scenario or certain situation. Whatever, but it's another to hear it. And you know anytime music's involved there's feeling also, I mean, you hear it you feel it. Um, and I-I think the whole process of Operation Song is tangible.

IJ: *X* was like no each one of you is gonna write a song and you're guaranteed to leave that day with one. So, I was like ok cool I did know what to expect-like, I kinda knew what to expect but I didn't know how it was-I didn't know how it was gonna help me. Let's put it that way, but it did. It did in a big way and I guess it's opened me up I guess is what I'm sayin'. It's...I don't know, I feel like a new person....

AB: I mean it was something that was fun and, and helped. And then you know it one you want to do things that are fun that you enjoy doin', you want to do that again and if it helps more you know that's an even plus...

The amount of detail that could be placed into a completed song and the musical influence on emotional responses were further described in the actual act of listening to the songs of participants and their peers:

CD: We said it was very it was very cathartic listening to everyone else's story, because even though the main may be, maybe part of the story's different, but it's still all the same. They're all the same story and it sometimes, some of them you're like oh! It really hit right there you know, um, but in a good way. All of a sudden, you're like 'Oh Man'. But it's like he said it's kinda nice to hear that you're not the only one.

AB: You know, that's amazing because it's like...That's everybody's song.

Participants described the influence of unexpected emotions as experienced by non-participants listening to the Operation Song songs without necessarily participating in the development of the songs. One participant specifies in the last line that they would not have understood the influence of their Operation Song performance on impact the audience's feelings had it not been for their participation in the songwriting program:

KL: It's just you know, it really reaches people... and I had to realize that's why everybody cheers at the end is not because they're up there cheering for, for me, but they're cheering because they got brought to the point of nearly crying. When the lights are down and I can't see that, there are tears in their eyes. They're all feeling it and when the song is over and they start cheering, it's because we've moved them to that place. And we've caused them to remember and I didn't realize that before I wrote that song with X.

AB: There's not much chance of there being a negative result.

**Trusted Social Support.** Trusted social support was found as an influencer on the essence of the Operation Song experience in significant statements of interview participants. Military culture can be socially inclusive, due to the intimate nature of experiences and responsibilities for active duty professionals and their families. Participants described the influence of a shared military experience as influential to the essence of Operation Song. Significant statements which support this theme are as follows:

CD: Well, the thing is too the bar is really so much higher when you're dealing with veterans, it really is... They're gonna put a little more weight into what the other guy is saying as opposed to so and so with the license on the wall.

EF: You develop something that when you're in combat that I cannot describe to people how it works and that's why veterans actually talk to

each other too. There is something about sharing that type of experience whether you drove a truck or you sat poppin' grenades, the fact that you shared that experience is a brotherhood. A sisterhood too. And that's why it's nice having a brother come into our groups, which is *X*.

GH: ...I don't think anybody will every just walk into a situation that really has a real problem, will ever walk into a situation like that and will immediately be spillin' guts. I think there's a there's a buildup process you know, I mean getting to know you know who else is in the room and I think that becomes our hybrid nature. We essentially now are hybrid, you know, we're civilian and military, and we're tryin' to-tryin' to get through life being some of what is understood and a whole shitload of what's not understood.

IJ: ...it kept me kinda straight, cause' it was hard not to fall apart writing the song, but with him there, bein' a colonel, it was like "I gotta, I gotta get through this" you know...He's retired, but still. It was that, it was another veteran in the room...Him there kept me from breaking down, I think. It just, it kept me focused I guess because it's like "oh military" and I know how Marines are. It kept me focused. It kept me not driftin' off and tellin' too many stories about him (*Z*) because I wanted to focus on the song.

This sense of trusted social support was further described as a unique source of increased awareness of positive coping strategies through the group discussions and shared experiences.

CD: you can talk to a clinician until you're blue in the face about even that particular subject but it's not until he gets into the circle with all the rest of the vets so and then everyone's like oh yeah... so somebody will say something and he will go oh-oh yeah I forgot about that, so it it's almost like this is almost like a group therapy. It's a group therapy session without being told a group therapy and you have to participate and you have to do this then that stresses everybody out and they don't want to talk, but as soon as someone plays guitar and they all start laughing it becomes group therapy.

AB: I wanna use the coping skills I've got and if I pick up more that's great...if I can see how something might not be working for somebody else I can find out if its working better for me than it is working for them or am I doin that, you know, maybe just not realizing that you can see it on other people. And you can kinda see yourself through them sometimes.

CD: I've heard you, you share. You're like 'hey man have you-have you tried, you know.' And because this other vet might have been, it might have been offered to him but just because so many of them are so closed off...if they hear the exact same thing from another vet in a relaxed situation they'll be like hey you know. All of a sudden, it makes sense, as opposed to a clinician behind a desk telling you.

AB: And there may be there may be some people that don't open up for it I mean it may not work for everybody as well as its worked for me but you know, I see it working with other people as well...

AB: When you come here and listen to the songs...either workin' through them or when you're done, it's kinda nice, because you get to see people that you're like 'hey that could have been my song' or you can relate to most of the songs...I could relate to almost every song.

Not only was the Operation Song experience described in the social support constructs of peer relationships and the shared history of military involvement, but also in reference to the Operation Song personnel themselves. This is unique because participants did not specifically describe this experience as military dependent. The majority of songwriters for Operation Song did not serve military occupations; however, participants still described the relationships with the songwriters as being considered part of their trusted group.

EF: What's nice about it is a lot of the guys Army, Marines, they're in a squad and they have that mentality of that group. And that's why the vet center does as well as it does because they're classes become the squad. And everybody protects each other and they can talk to each other no matter how bad or whatever happened. And *X* fits into that squad...He (*X*) becomes part of the squad because he listens...he doesn't interject.

**Uniquely Skilled Songwriters.** A unique theme found in the influencers to the essence of the Operation Song experience was the exceptional talents of the songwriters. This influence was described by all of the participants. These songwriters drive the

programs and influence the experience through talent, excellence, and empathetic listening that is specifically identified in the significant statements:

KL: I think that the way Operation Song goes about approaching it with true-I mean these guys are freakin' tremendous songwriters. They are the best in the country...I really feel like that that has an even greater ability to reach people simply because you know these guys are great songwriters. And not only great songwriters, but they are there for the right reasons.

KL: And Operation Song compared to...there's quite a few different songwriting kinds of therapy music therapy programs out there obviously. I don't know of any that have you know hit songwriters as the as the actual people that you work...

IJ: ... he (X) knows how to place people with the right songwriters. Because he was listening, you know, he listened to your little story and put you with the right person. So, I think I got paired up perfectly.

Participants further described the impact of these professional songwriters as an important aspect in the experience of the Operation Song process by their ability to help the participants tell a story.

AB: With a professional you know it just, they're not telling the story, they're helping you tell the story.

CD: They're the professionals so they're the ones that know how to put the music. All they're doing is helping you tell your story.

IJ: The songwriters version is totally different from the artists version...But these guys, it's their version and I'm like, it's amazing how they just like strumming it out.

The influence of Operation Song songwriters/facilitators' ability to truly listen to the veterans and transform their stories into a coherent song is unique and can only be achieved by defying conventional relationship barriers. One participant acknowledged the importance of therapist/veteran boundaries in standard treatment settings, but



describes Operation Song songwriters as unique exceptions to this rule based on their ability to listen:

EF: ...it's hard to keep that wall up between you as a therapist and the person that you're talking to, because you don't want to get emotionally involved. You have to otherwise you'd be with us. So how do you do that? X does it.

EF: They (*songwriters*) listen. And they listen. And they take it in.... They answer. They don't make judgements. They don't tell em' what's wrong, what's right. And that is probably as important as anything else - listening. And meaning it. I mean, I can look at a therapist and they're getting ready to 'well let's see my shopping center, do I gotta stop for bread no, cheese eggs, oh yeah I've gotta get the kids'...you know they're not listening. And then they make I don't know textbook answers....

More than just award-winning talent, participants described the songwriters as empathetic listeners. This sense of being heard and being able to see the value the Operation Song songwriters and board members place in the work they do influenced the essence of the experience.

EF: He (*X*) cared for what he is doing. That's so unlike the VA. The Vet Center's a lot better, but he actually cared about those people he was talking about. And he was-and he could pull the stories out of everybody and I've never seen anybody that could do that...*X* actually thinks this is the most powerful most important thing he's ever done in his life.

KL: I think that the person who's helped that kind of gets a little bit of bliss you know. A little bit of good vibes...so for me, with what's happened you know for *X*, I see it. With *X* and *Y* I see them. I see it propelling them forward to keep hammering down with all this...

EF: They (*songwriters*) all have that empathy to be able to talk to them (*veterans*), pull out their stories, and hit them exactly where they are trying to go to. It's absolutely perfect.

**Songwriting.** The act of songwriting itself is described by participants as an influential impact within the Operation Song experience. Participants described the productive experience of Operation Song – the transformation from a memory into a song – as a method of sharing something that is not easily understood by those who have not had the same experience. Several participants described the importance of being able to give something tangible to their family or to the families of those who inspired the songs:

GH: How do I, you know, if I wanna tell you about this. If I wanna tell my mom, my daughter, or somebody like that about it, how do I even start this conversation? ...and I was able to hand my mom that cd and she listened to, and you know, her listen to the cd. She had a nice little start, you know, I mean it meant a lot to her. She got a look into what I couldn't really say. But it is, it's nice.

*Interviewer: So you think the songs and DVDS create a tangible (story) piece to the story that you can't tell?*

EF: That's right.

*Interviewer: And Operation Song helps with that?*

EF: Absolutely does. They can take it to their kids.

IJ: And um, I don't know, there was something about getting it out and the way we did it with the song. And I'm like that's something that's gonna-it's something that I could take to the family.

AB: I think it's-it's a good thing because it-it makes you know it might make your story make a little bit better sense or you might make your song make a little better sense, more clear...the story's a short-condensed version...it's got all the high points or the key points in it, you just don't have to go over every little thing all the time, so. Um, you know, I, that's the good thing about it. It's got mostly positive things in it so.

KL: I've gotten to be the voice on their song and yeah I like that, I like that you know it just does-songwriting for me, has been something that helped dig me out of a really, really deep spot of depression and specifically songwriting about fallen, about my military experience

Songwriting combines the act of storytelling with musical expression. This is important for military veterans and family members who may be experiencing difficulties with communication due to posttraumatic stress symptoms or complications. The influence of music in the experience of the Operation Song essence is exemplified by significant statements of two participants who described the influence of music in increasing communication in different situations:

KL: Music is the language of the Gods... and when you're playing with music you're playing with magic.

CD: Music touches everybody.

KL: So, for some people, for a-for a good percentage of veterans uh and people in general music is their greatest thing for-I mean, you don't have to be a musician to just love music. If music wasn't such a great thing, it wouldn't be everywhere and everything a different flavor, you know. I mean, everyone loves music...there is going to be a percentage of those people that don't love music and whatever you know, that's their personality and whatever that is. But guaranteed there is something that they love. So, the problem with whatever it is that they love is that it may not be as universal as music. Music being the universal language. It may not be as universal as music therefor it's harder for us to reach those people and thank God we have music that we can use as a tool to bridge the gap for-for these things which pills, which pills and psychotherapy uh aren't going to work out. They're just not. Not for everybody anyways.

GH: And what is the one thing that everybody does? Listen to music. Music is in everybody's life. Everybody relates to music. Whether they're goin' to the gym, whether they're wantin' to you know, wanting to slow down. Drivin' a car, uh, dancing, you know, clubbing. Music is-I don't know-it's one of the two strongest things, in my opinion, one of the two strongest things in the world.

KL: Ultimately yes, music is what pulled me out in the first place. Music is what helped make it through the first with the with the you know pain killers and stuff you know.

The process of songwriting is a creative outlet that connects fragments and combines them into a structured outlet. Songwriting is described by participants as an influence on the essence of Operation Song in creating positive change in “posttraumatic growth”.

KL: I think the thing about songwriting is, I think that song-not just songwriting, but really any art has the capacity to-to impact the artist whether the artist realizes whether or not in a different way and you know whoever’s creating this it has the ability to impact each individual in a different way.

IJ: I told X, I think I told him, you know it feels good to create something because I’ve spent a lifetime of destroying things. It feels good to create something...That’s why I think the arts is a good thing for-you’re creating something, you know?

KL: It’s a little bit personal and I don’t like to put myself that far out there and I don’t think that many of the other veterans necessarily do either. I think, I think that what we get from writing songs like this is it helps us connect dots in our lives and whether you know other people aren’t necessarily gonna see it, but it causes...one’s concentration you know to go to a place that they’re not used to normally putting it I guess, when it comes to writing music. And uh I think that that helps, that helps influence posttraumatic growth.

GH: It’s a great, great little tool. I think, if a person-if a person applies them self to Operation Song, they come out of Operation Song on the other end, having accomplished something, having something to show for it and having a new outlook on the values of therapy.

## **UNIQUE EXPERIENCES**

The impact of the essence of the Operation Song experience involving positive change goes beyond just the participants’ lives. When an individual finds closure, the fragmented memories of a traumatic experience can come together and a new perspective can develop. All of the participants in this study discussed the influence of the Operation Song experience as a catalyst in finding closure or acceptance. Each of the following

participants identified unique experiences that created the essence of Operation Song as a catalyst of invoking personal change, but were best described in their own categories.

For one participant, the Operation Song experience was not just an experience that provided closure in his own life. The experience enabled this participant the confidence to share the song he wrote telling the story of a fallen friend with that soldier's family that he associates with potentially not happening without Operation Song taking place first:

IJ: So this is September, and now November comes. And I said, you know it's the 5<sup>th</sup> anniversary of him passing away, so I said I think it's time to go out there and I don't know what I'm gonna do or who, what, but at least I'm gonna go out there and visit his resting place. It's been long enough. I hadn't done it. It'd been 5 years. So, November comes and I drive out there...It has an impact. I said its more than me, it went around I said, now the whole family. His whole family has the song and all, and that was after I told him (*songwriter*) about the whole day. ...it felt good. I was telling his story, but in a different way than I ever have to a total stranger, which I would never ever, ever, ever do. I always would tell his story to other veterans I served with as I moved on through my career, different units, or veterans at the vet center, or another veteran, but never anybody outside of that. Or my story, at all. So, um, I was able to get a lot out that I thought I probably needed to. After 5 years, even though I went through rough patches and stuff you know, I mean I had my, even before (*Z*) you know, the PTSD and this and that and all kinds of crap that I went through.

Another participant identified multiple experiences with Operation Song programs including a unique perspective as a performer. This participant identified the experience of participating in one of the songwriting retreats as being a catalyst in realizing a new sense of purpose and a decreased sense of guilt:

KL: ...when we did the (*concert venue*) the first time...at the end of it, they gave us a standing ovation. And when I went home I felt guilt. Just, I felt so guilty, you know. *X* had said, you know, 'what are you doin? This is for you, you need to embrace the audience'. And I ... didn't' want

it to be for me. It was supposed to be a song about the fallen. It's a Memorial Day song. It's not about cheering for *K* on the stage, that's not what I-that's not why I'm there.... And that hit me hard and that's when I sat down and we wrote (*song name changed for privacy*) that's where the bridges-that's where the gap connected for me. Was that you know look, I -here I am walking out of Arlington Cemetery. And yeah it sucks. It's-my heart is broken because I realize that, I realize that that all the things that I thought were real maybe aren't. And that life is very fragile and that I've lost so much...so many paid the ultimate price and look at their families...I call them my brothers, but somebody else might just call them a coworker...you know the concept of that song is that I am I am they're in my heart and my heart might be broken, but I have a mission still. I have somethin that I still have to go do. And that's the next time I went to the Grand Ol Opry. I didn't feel guilty the next day.

KL: I wrote a song with *X* that I called (*song name changed for privacy*), which we performed and it went well and I liked it and I liked the concept. I just haven't ever really sang it again. It was kind of a, we got a lot of thoughts out. It helped me process something and helped me realize a little bit more what my mission with Operation Song actually is...when you have posttraumatic stress disorder the tendency is to block certain parts of your life from changing. And you stop evolving those areas and you have a blockage. You're not, you're not quite able to, you're not able to fire on all 7 cylinders you know? You're blocked in at least one area. And when this happens, um, it's incredibly hard to reach somebody. So, songwriting is really is really one of the best tools I believe there is for that.

Several participants identified the essence of Operation Song as a catalyst in invoking personal change through a reduction of medications and an increase in openness during talk therapy. These participants attributed the experience of songwriting and Operation Song not as a sole reason for stopping the medications, but as a driving force to making positive changes:

GH: I've taken those things like Op-you know what I was sayin-and I've been able to reduce my medications by more than half...I still do take Zoloft and my antidepressants...I no longer take the mood stabilizer, I no longer have to take sleep medications, uh, the nightmare me-I haven't been on nightmare meds in 6 months. You know, and it's all because of the organic stuff that I do.

KL: ...that was right at the time that I'd quit takin pills and I guess started finding a little bit of purpose. So, songwriting definitely-definitely you know whether its Operation Song or not, it has the potential to-to help people.

KL: ...for me what's happened is, I mean I quit drinking...I had actually decided that week because the monu-the gravity of what I was going to go do to perform, that I wasn't gon-I wasn't gonna go drink in Washington DC...since then you know, I quit drinking and...I know that I don't want to give 100% of-of the thanks to that, to just straight to Operation Song, but I will say-I will say that that was a major catalyst. Again, connecting dots and seeing what I need to do to put myself-so now here I am, 2 and ½- I'm going on 2 and a half years sober. I quit smoking a few months ago.

Several participants identified an increased ability to express themselves socially among civilians and military peers because of the experience of Operation Song.

IJ: I feel like a new person since that day. So, I feel more outgoing. I feel I feel like I could talk about things easier.

IJ: I became very busy and I wasn't that way before. Before Operation Song I wasn't like that, it came and all of a sudden ... I don't think had it been for this, before that, I wouldn'ta done it. Because I wasn't ready to get out and about and do all this stuff. I was visiting buddies here and there. But I was only keepin' it with Army buddies.

KL: I think for a lot of veterans who don't ever get it out, they lock it up and they-we-they don't accept that you can't make sense of it, they just ignore it. They try to hide it. They try to hide from it and in doing so, in doing so they are never able to know themselves again...and this is where I believe Operation Song has had a lot of impact in my life-by helping me connect to see all of-so I can finally understand this because I mean there's, there's, there's just no way to rationalize some of these things. Some things you just have to accept, but you truly have to accept them. And if you don't confront them and if you don't find a way to expose them you're never going to find a way to accept them.

The essence of the Operation Song experience in influencing personal change can be understood through several participants' significant statements of tangible acts of change. Several participants specifically attributed Operation Song as being the initial

force that drove them to be more outgoing, try new skills, and be more social as referenced below:

GH: I always ruled out journaling as therapy. I don't want to write...I mean, let me talk into something and you know. But then Operation Song came along...I saw what it did for me once, you know, I finally cut loose and started to enjoy it and felt some freedom and some trust and all that...And now, there's three books on my coffee table that are full of daily journals.

GH: I really enjoy pickin' up my guitar and you know, some songs are really stupid, some songs you know...some of them aren't so bad. Some of them I wouldn't mind you know setting up an acoustic here in the corner and playing in front of people.

*Interviewer: Would you have done that before Operation Song?*

GH: Hell no.

IJ: I've been lookin' at different things since Operation Song. I'm retired. I've gotta find stuff to do or I'll get down, so um, so ever since Operation- I've been keepin' and I've got so many projects going on its --- ...It all started there. That's where it all started.

IJ: ...if it wasn't for Operation Song, I probably wouldn't have done the movie thing.

CD: I'll tell you what he, I see from the first Saturday...he has been writing nonstop. Nonstop.

AB: I used to write a lot, but.

CD: You hadn't written in a long time

AB: No

CD: And it triggered. And now he's just writing all the time...he carries his book everywhere and he's in his car...it's been real good for him.



The essence of Operation Song was described as an influential factor in several participants' increased action of community service:

EF: It's hard to explain what they do. So, I have made probably 5 videos the whole process, starting at the beginning.

KL: Having the strength to do things like this has caused others of my friends and peers and both military veterans and honkytonk brothers too you know, guys that are down playin'. They see me at the bars every day not drinkin'...and they knew me when all I did was drink. And they're like 'wow so this guy can go from all he does is drink, all day long'...He never quit, he never made an excuse, he just went up and fuckin played and turned down every shot that came his way. So things like that have been, you know, helping me inspire others.

IJ: ...I talked to my vet center people. I talked to the people that run it. I talked to the VA people and I told em' that. I gave them pamphlets and I showed them videos and I-sellin' it like, sellin' my ass off to it, you know. And they're like you know what, we're open to anything that's different that you want.

A final unique descriptor in describing the essence of the Operation Song experience as a catalyst to invoke personal change involves a new, positive outlook on life. Happiness has an incredible power to change the course of trauma recovery through the way individuals live their lives. For several participants, Operation Song was that missing piece of the puzzle that created happiness in their lives.

GH: ...because of things like Operation Song, journaling, uh, meditations... I think that's why I am so happy, you know, I just accept it, acceptance is key.

IJ: I was like my old self again I guess. I was like very goofy, I was playful, and I was you know.

## **CHAPTER V:**

### **DISCUSSION & FUTURE RECOMMENDATIONS**

The purpose of this thesis is to understand the lived experience of Operation Song. In understanding a singular experience from the perspective of those who lived it, insight can be gained that may help understand more global issues. Findings support previous literature that focuses on the influence of treatment preferences (Sayer et al., 2010) and social support (Cai, et al., 2014; Caddick et al., 2015) in positively affecting resiliency factors (Simmons & Yoder, 2013) that guide the success or failure of treatments for PTSD. Findings describing the essence of the Operation Song experience as being a catalyst to invoke personal change were presented through five key influencers:

- Setting Promoted Authenticity
- Songwriting
- Uniquely Skilled Songwriters
- Unexpected Emotions
- Trusted Social Support

By combining the physiological and psychosocial benefits of music, storytelling, and group environments, this thesis furthers the body of knowledge supporting songwriting as a positive therapeutic influence for military veterans with posttraumatic stress disorder (PTSD). Findings support previous literature that identified therapeutic music interventions as an enhancement in the processing of traumatic experiences

(Bensimon et al, 2012; Carr et al, 2012; Tamplin et al, 2016; Baker et al., 2015).

Findings also support previous literature emphasizing the positive effects of collective storytelling (Daniels & Boehlein, 2015; Caddick, et al, 2015).

The essence of the Operation Song experience was identified as being *a catalyst to invoke personal change*. Participants identified a sense of acceptance found from “connecting the dots”. This supports previous literature identifying a biological connection between music and the brain in the areas that control emotional behavior and sensory processing (Bensimon et al., 2012).

The experience of Operation Song created an opportunity to share traumatic stories in a unique format that *encouraged authenticity*. Evidence of this phenomenon was found by Caddick et al (2015) which identified a freedom found in non-clinical settings where discussion of problems is naturally occurring instead of structured and forced. An enhanced opportunity for participants to be their genuine selves was identified as more authentic in the Operation Song setting than in previous clinical experiences. The Operation Song environment led participants to feel a lack of pressure in trying to either meet or defy expectations placed by stigmas or roles existing in treatment environments. Participants felt Operation Song was “fun” and fears of being “labeled nuts” did not exist in this setting because of the shared stories and interactions within the group. This supports previous literature that suggests military veterans feel stigmatized by clinical environments (Hoge et al, 2004).

The ability to be free and authentic was influenced by sense of *trusted social support* or being in a “safe place” where participants identified an ease in relating to the stories of other participants by listening to their songs. Bensimon et al (2012) previously

identified similar findings where veterans identified a sense of protection which exists in a group where shared processing takes place. This sense of trusted social support was identified by participants as a key factor in the essence of the Operation Song experience where emotional expression was encouraged and could be self-allowed. This supports similar findings by Caddick et al (2015) where military veterans with PTSD could relate to each other's stories through a sense of normalization and validation of their experiences during a surfing charity (UK). By listening to each other's stories and feeling a relationship to these experiences, participants learned coping strategies from their peers. These findings support Simmons & Yoder (2013) in identifying the development of resiliency as an increased ability to adapt to change (Simmons & Yoder, 2013). This is imperative for military veterans who have experienced stigmas from trauma diagnoses and live with a fractured sense of where their trusted group lies.

The essence of Operation Song as being a catalyst to invoke personal change was also experienced through *unexpected emotions*. In listening to these songs, participants described an increased ability to relate to others. This enhanced resiliency factors of adaptive coping mechanisms for several participants who started taking on new tasks or activities that they all specified would not have been attempted before the experience of Operation Song. Participants identified journaling, songwriting, filmmaking, acting, performing music, writing music, and community service engagement as activities engaged because of their initial experience with Operation Song. Upon calling veterans to verify findings and themes, one veteran wanted to add the fact that he had recently stood on stage at a concert and sang his song. He had never done this before participating with Operation Song.

The experience of unexpected emotions also was identified as an initiating factor to being more open with therapists for one participant and in discussing military service with civilian for another participant. This supports a study done by Daniels & Boehlein (2015) that found the act of personal storytelling to be associated with increased success rate of additional therapies for military Veterans with PTSD. These findings also support a previous study by Bensimon et al (2012), where participants experienced an increased value in other therapies and found an ability to discuss the past after completing a music therapy trial.

The act of *songwriting* was credited in this study to “influence traumatic growth” through the experience of Operation Song. Participants described a cathartic feeling in being able to share stories and hear the stories of others within the Operation Song setting. This effect is supported by previous literature that relates the act of listening to music to the activation of neural communication mechanisms within the brain. This in turn activates chemicals that can reorganize the way memories and emotions are structured within the brain (Tamplin et al., 2016). Once these memories and emotions are reorganized and structured, processing takes place. Emotional dysregulation is specified in Criteria C and Criteria D of the diagnostic criteria for PTSD, so the importance of experiencing emotions again was described as “amazing” by one of the participants. This finding supports previous literature that has found songwriting to decrease depression and anxiety (Tamplin et al, 2016), to strengthen self-confidence and a positive self-identity (Baker et al., 2015; Tamplin et al, 2016), and to restructure traumatic memories (Orth, 2004). These findings and connections to previous literature

are important in suggesting that emotions and memory can be positively influenced by experiencing a program like Operation Song in the treatment of PTSD.

A unique theme influencing the essence of the Operation Song experience emphasized the talent and excellence of the *uniquely skilled songwriters* who facilitate the programs. This investigator is unaware of previous literature measuring the impact of professional songwriters in comparison to non-professional songwriters. Five out of the six participants specifically mentioned the essence of the Operation Song experience as being influenced by the ability of these songwriters to listen and turn the highly emotional, sometimes fragmented, stories into a short song. The ability of these specific songwriters to empathetically listen was identified by participants as an important influence in being able to tell their story. The ability to comfortably share a traumatic story in this type of format not only gave participants an outlet to share these stories with each other, but the experience also enabled participants to share their stories with those who could not understand their experience without being there too.

For participants in this study, the overall essence of the Operation Song experience as being a catalyst to invoke personal change was defined by influences from these five identified themes. Further insight was provided to explain the experience of Operation Song without specific categorization. Two participants identified a reduction in medications for nightmares and mood stabilizers that were not solely reduced from Operation Song, but the experience was identified as “a major catalyst” to be able to reduce these pharmaceutical strategies. One participant had not shared the trauma of losing a close friend in combat for five years. Several months after completing the Operation Song program, this participant went to the friend’s grave and through an

incredible fate of events, was able to give the song written about this friend to the surviving family. Another participant described a sense of shame from performing a song about memories of the fallen. Before Operation Song, this participant felt the applause was misguided and meant for the performance instead of being honored in the song. After writing in an Operation Song program, this participant stated the “gap connected”. The next time this participant performed the same song, the participant was able to realize that the applause was because the performed song made the audience feel something and remember those who paid the ultimate price. One participant added to original comments when his investigator called to verify data and stated, “Operation Song literally changed my life”.

In understanding the combined experiences of a few individuals, a greater picture can be painted through qualitative inquiry. The findings of this study are important in understanding the existing environment of our military/veteran mental health system with specific regards to PTSD and suicide awareness. Current treatment mechanisms are not working for everyone and this thesis seeks to bring light to the need for future research based on community programs which may be able to assist the Department of Veterans Affairs and the Department of Defense in supporting implementation of more holistic opportunities for active duty military and veterans with mental health needs. The findings in this study suggest that songwriting might be considered in standard treatment protocols for military veterans with PTSD and their families.

## **RECOMMENDATIONS FOR FUTURE STUDIES**

To promote the importance of this study's findings in the understanding of military/veteran mental health programs, the following questions are recommended as guidelines for future research to increase the body of knowledge surrounding alternative therapies and PTSD recovery:

To further expand on the findings of this research study specifically focused on non-pharmaceutical and complimentary therapies utilized in PTSD treatment, the following issues should be explored:

- The combination of resiliency, treatment preferences, and social identity should be explored as one unique experience in PTSD recovery.
- A comparison of standard therapies with music therapy and recreation therapy in treating PTSD for military veterans.
- The development of non-pharmaceutical therapies and programs focusing on all categories of PTSD.
- The influence of group therapies and programs compared to individual therapies.
- Storytelling as a method of restructuring fractured memories and ill formed identities following trauma.

To further expand on the findings of this research study focusing on songwriting for traumatic recovery, the following areas should be explored:

- The effect of songwriting on reestablishing a fractured sense of self or negatively perceived perceptions following trauma.



- The influence of songwriting programs in preventing chronic PTSD symptoms for transitioning active duty military.
- The influence of songwriting programs in decreasing the cultural gap between civilians and veterans for individuals who have PTSD.
- Brain imagery supporting the cognitive and emotional changes experienced during songwriting programs for individuals who have experienced trauma.
- Meaning making and purpose finding influences of songwriting experiences.

## REFERENCES

- Austin, D. R., (2004). Therapeutic Recreation: A long past, but a brief history. *Palaestra Urbana*, 20(1), 37-38, 40-42. ISSN 87565811. Retrieved from <https://search-proquest-com.ezproxy.mtsu.edu/docview/213174804/abstract/EC71D0784B0C4410PQ/1?accountid=4886>
- Baker, F. A., Rickard, N., Tamplin, J., & Roddy, C. (2015). Flow and meaningfulness as mechanisms of change in self-concept and well-being following a songwriting intervention for people in the early phase of neurorehabilitation. *Frontiers in Human Neuroscience*, 9, 1-10. doi 10.3389/fnhum.2015.00299
- Bensimon, M., Amir, D., & Wolf, Y. (2012). A pendulum between trauma and life: group music therapy with post-traumatized soldiers. *The Arts in Psychotherapy*, 39, 223-233. doi 10.1016/j.aip/2012.03.005
- Bremner, J. D. (2006). Traumatic stress: effects on the brain. *Dialogues in Clinical Neuroscience*, 8(4), 445–461. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181836/>
- Bonanno, G. A., Galea, S., Bucciarelli, A., & Vlahov, D. (2006). Psychological resilience after disaster New York City in the aftermath of the September 11<sup>th</sup> terrorist attack. *Psychological Science*, 17(3), 181-186. Retrieved from <http://journals.sagepub.com/doi/abs/10.1111/j.1467-9280.2006.01682.x?journalCode=psa>

- Caddick, N., Phoenix, C., & Smith, B. (2015). Collective stories and well-being: using a dialogical narrative approach to understand peer relationships among combat veterans experiencing post-traumatic stress disorder. *Journal of Health Psychology, 20*, 286-299. doi 10.1177/1359105314566612
- Cai, W., Ding, C., Tang, Y. L., Wu, S., & Yang, D. (2014). Effects of social supports on Posttraumatic Stress Disorder symptoms: Moderating role of perceived safety. *Psychological Trauma: Theory, Research, Practice, and Policy, 6*, 724-730. doi 10.1037/a0036342
- Carr, C., d'Ardenne, P., Sloboda, A., Scott, C., Wang, D., & Priebe, S. (2011). Group music therapy for patients with persistent post-traumatic stress disorder – an exploratory randomized controlled trial with mixed methods evaluation. *Psychology and Psychotherapy: Theory, Research and Practice (2012), 85*, 179-202. doi 10.1111/j.2044-8341.2011.02026.x
- Chang, L. C., (2016). Relationships of providing and receiving leisure social support to stress in older adults. *Leisure Studies, 36*, 519-529. doi 10.1080/02614367.2016.1195432
- Clandin, D. J. (2013). Introduction. In Morse, J. M. (Ed.), *Engaging in Narrative Inquiry* (pp 9-31). California: Left Coast Press, Inc.

- Contractor, A. A., Durham, T. A., Brennan, J. A., Armour, C., Wutrick, H. R., Frueh, B.C., & Elhai, J. D. (2013). DSM-5 PTSD's symptom dimensions and relations with major depression's symptom dimensions in a primary care sample. *Psychiatry Research*, 215(2014), 146-153. Retrieved from <http://dx.doi.org/10.1016/j.psychres.2013.10.015>
- Creswell, J.W. & Poth, C.N. (2018). Five qualitative approaches to inquiry. In Salmon, H, Scappini, J., Larson, L., & Markanich, M. (Eds.), *Qualitative inquiry & research design* (pp 75-82). California: SAGE Publications, Inc.
- Crotty, M. (1998). *The foundations of social research: meaning and perspective in the research* [Google Books Version]. Retrieved from [https://books.google.com/books?id=fEpOCgAAQBAJ&source=gbs\\_slider\\_cls\\_metadata\\_7\\_mylibrary](https://books.google.com/books?id=fEpOCgAAQBAJ&source=gbs_slider_cls_metadata_7_mylibrary)
- Daniels, L. R. & Boehnlein, J. K. (2015). Life-review and PTSD community counseling with two groups of Vietnam War veterans. *Traumatology*. 21(3), 161-171. Retrieved from <http://dx.doi.org/10.1037/trm0000045>
- Datillo, J. & Williams, R. (2000). Chapter 7: Leisure education. In R. Yochum, D. K. Bierly, D. McRann. and M. L. Barbin, (Eds.), *Facilitation techniques in therapeutic recreation* (pp. 165-190). State College, PA: Venture Publishing Inc.
- Department of Veterans Affairs. (2016). *How common is PTSD*. Retrieved from <https://www.ptsd.va.gov/public/ptsd-overview/basics/how-common-is-ptsd.asp>.

- Dowling, M. (2007). From Husserl to van Manen. A review of different phenomenological approaches. *International Journal of Nursing Studies (44)* 131-142. doi: 10.1016/j.ijnurstu.2005.11.026
- Friedman, M. J. (n.d.) *Trauma and stress-related disorders in the DSM-5*. Powerpoint presentation at Geisel School of Medicine at Dartmouth. Retrieved from [https://www.istss.org/ISTSS\\_Main/media/Webinar\\_Recordings/RECFREE01/slides.pdf](https://www.istss.org/ISTSS_Main/media/Webinar_Recordings/RECFREE01/slides.pdf)
- Gerber, M. M., Hogan, L. R., Maxwell, K., Callahan, J. L., Ruggero, C. J., Sundberg, T. (2014). Children after war: a novel approach to promoting resilience through music. *Traumatology: An International Journal, 20*, 112-118. doi 10.1037/h0099396
- Green, A. (2011). Art and music therapy for trauma survivors. *Canadian Art Therapy Association Journal, 24*, 14-19. doi 10.1080/08322473.2011.11415547
- Haslam, S. A., Reicher, S., & Platow, M. (2011). *The new psychology of leadership: Identity, influence, and power*. Hove, East Sussex, England. Psychology Press.
- Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R. L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine, 351*, 13-22. doi 10.1056/NEJMoa040603

Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Journal of American Medical Association*, 295, 1023-32. doi 10.1001jama.295.9.1023

Horrigan-Kelly, M., Millar, M., & Dowling, M. (2016). Understanding the key tenets of Heidegger's philosophy for interpretive phenomenological research. *International Journal of Qualitative Methods*, 2016, 1-8. doi 10.1177/1609406916680634

Kringelbach, M.L. & Barridge, K.C. (2010). The neuroscience of happiness and pleasure. *Soc Rec (New York)*, 77(2), 659-678. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3008658/>

Lindsay, M. (2017). ESSAY REVIEW M. Benedek & G.H. Wynn. (2016). Complementary and alternative medicine for PTSD. Oxford & New York: Oxford University Press. ISBN 978-01902-0595-9 *European Journal for Person Centered Healthcare*. Retrieved from [bjll.org/index.php/ejpch/article/download/1302/pdf](http://bjll.org/index.php/ejpch/article/download/1302/pdf)

Longacre, M., Silver-Highfield, E., Lama, P., & Grodin, M.A. (2012). Complementary and alternative medicine in the treatment of refugees and survivors of torture: a review and proposal for action. *Torture*, 22 (1), 38-57. Retrieved from <http://www.corteidh.or.cr/tablas/r29632.pdf>

- Malley, S. & Datillo, J. (2000). Chapter 9: stress management. In R. Yochum, D. K. Bierly, D. McRann. and M. L. Barbin (Eds.), *Facilitation Techniques in Therapeutic Recreation* (pp 215-244). State College, PA: Venture Publishing Inc
- Marshall, C. & Rossman, G.B. (1999). *Designing qualitative research 3<sup>rd</sup> edition*. Thousand Oaks, CA. Sage Publications, Inc.
- Mckinney, J.M., Hirsch, J.K., & Britton, P.C. (2017). PTSD symptoms and suicide risk in veterans: Serial indirect effects via depression and anger. *Journal of Affective Disorders*, 214, 100-107. doi 10.1016/j.jad.2017.03.008
- Musemeche, C. (2017). The medical lessons of war. *Emsworld.com*. Retrieved from <https://www.emsworld.com/article/217939/medical-lessons-war>
- Operation Song. (n.d.). *Bringing them back, one song at a time*. Retrieved from <http://www.operationssong.org/mission/>
- Orazem, R. J., Frazier, P. A., Schnurr, P. P., Oleson, H. E., Carlson, K. F., Litz, B. T., & Sayer, N. A. (2017). Identity adjustment among Afghanistan and Iraq War Veterans with reintegration difficulty. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9, 4-11. doi 10/1037/tra0000225
- Orth, J. (2005). Music therapy with traumatized refugees in a clinical setting. *Voices: A world forum for music therapy*, 5, 1-14. doi:10.15845/voices.v5i2.227

- Pai, A., Suris, A. M., North, C. S. (2017). Posttraumatic Stress Disorder in the DSM-5: Controversy, change, and conceptual considerations. *Behavioral Sciences*, 7, 1-7. doi: 10.3390/bs7010007
- Palys, T. (2008). Purposive sampling. *The Sage Encyclopedia of Qualitative Research Methods*. (2) 697-698. Retrieved from <https://www.sfu.ca/~palys/Purposive%20sampling.pdf>
- Polkinghorne, D. (1988). *Narrative knowing and the human sciences*. Albany, New York: State University of New York Press.
- Rehabilitation and Prosthetic Services. (2017, February). *Recreation Therapy Service Fact Sheet*. Retrieved from <https://www.prosthetics.va.gov/factsheet/RecTherapy-FactSheet.pdf>
- Reschke-Hernandez, A.E. (2014). "Song-Physician" for troops with shell shock during World War I. *Journal of Music Therapy*, 51, 276-291. doi: 10.1093/jmt/thu022
- Ryan, R.M. & Deci, E.L. (2000). Self-Determination Theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55, 68-78 doi: 10.1037/110003-066X.55.1.68
- Sayer, N. A., Noorbaloochi, S., Frazier, P., Carlson, K., Gravely, A., & Murdoch, M. (2010). Reintegration problems and treatment interests among Iraq and Afghanistan combat veterans receiving VA medical care. *Psychiatric Services*, 6, 589-97. doi: 10.1176/ps.2010.61.6.589



Simmons, A., & Yoder, L. (2013). Military resilience: A concept analysis. *Nursing Forum, 48*, 17-25. doi: 10.1111/nuf.12007

Tamplin J., Baker, F. A., Macdonald, R. A., Roddy, C., & Rickard, N. S. (2016). A theoretical framework and therapeutic songwriting protocol to promote integration of self-concept in people with acquired neurological injuries. *Nordic Journal of Music Therapy, 25*, 111-133. doi 10.1080/08098131.2015.1011208

U.S. Department of Veterans Affairs, Office of Suicide Prevention. (2016). *Suicide among veterans and other Americans*. Retrieved from <https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf>

**APPENDICES**

**APPENDIX A**

**IRB**  
**INSTITUTIONAL REVIEW BOARD**  
 Office of Research Compliance,  
 010A Sam Ingram Building,  
 2269 Middle Tennessee Blvd  
 Murfreesboro, TN 37129

**IRBN001 - EXPEDITED PROTOCOL APPROVAL NOTICE**

Wednesday, February 14, 2018

Principal Investigator	<b>Danielle Lauber</b> (Student)
Faculty Advisor	Steven Estes
Co-Investigators	NONE
Investigator Email(s)	<i>del3i@mtmail.mtsu.edu; steven.estes@mtsu.edu</i>
Department	Health and Human Performance
Protocol Title	<b><i>Veterans' Experience of Operation Song</i></b>
Protocol ID	<b>18-2144</b>

Dear Investigator(s),

The above identified research proposal has been reviewed by the MTSU Institutional Review Board (IRB) through the **EXPEDITED** mechanism under 45 CFR 46.110 and 21 CFR 56.110 within the category (7) *Research on individual or group characteristics or behavior*. A summary of the IRB action and other particulars in regard to this protocol application is tabulated below:

IRB Action	APPROVED for one year from the date of this notification
Date of expiration	<b>2/28/2019</b>
Participant Size	10 (TEN)
Participant Pool	<b>Adult veterans (18 years or older) who have participated in Operation Song programs within the past 3 years.</b>
Exceptions	1. Verbal consent is permitted. 2. Collection of identifiable information to communicate and schedule the interventions is permitted.
Restrictions	<b>1. Mandatory informed consent; The participants must be clearly notified that enrollment is voluntary with ability to withdraw at anytime without retribution and provide a signed copy of the informed consent to each participating subject</b> <b>2. Identifiable information must be destroyed after data processing.</b>
Comments	NONE

This protocol can be continued for up to THREE years (**2/28/2021**) by obtaining a continuation approval prior to **2/28/2019**. Refer to the following schedule to plan your annual project reports and be aware that you may not receive a separate reminder to complete your continuing reviews. Failure in obtaining an approval for continuation will automatically result in cancellation of this

protocol. Moreover, the completion of this study MUST be notified to the Office of Compliance by filing a final report in order to close-out the protocol.

Continuing Review Schedule:

Reporting Period	Requisition Deadline	IRB Comments
First year report	1/31/2019	NOT COMPLETED
Second year report	1/31/2020	NOT COMPLETED
Final report	1/31/2021	NOT COMPLETED

Post-approval Protocol Amendments:

Date	Amendment(s)	IRB Comments
NONE	NONE.	NONE

The investigator(s) indicated in this notification should read and abide by all of the post-approval conditions imposed with this approval. [Refer to the post-approval guidelines posted in the MTSU IRB's website](#). Any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918 within 48 hours of the incident. Amendments to this protocol must be approved by the IRB. Inclusion of new researchers must also be approved by the Office of Compliance before they begin to work on the project.

All of the research-related records, which include signed consent forms, investigator information and other documents related to the study, must be retained by the PI or the faculty advisor (if the PI is a student) at the secure location mentioned in the protocol application. The data storage must be maintained for at least three (3) years after study completion. Subsequently, the researcher may destroy the data in a manner that maintains confidentiality and anonymity. IRB reserves the right to modify, change or cancel the terms of this letter without prior notice. Be advised that IRB also reserves the right to inspect or audit your records if needed.

Sincerely,

Institutional Review Board  
Middle Tennessee State University

Quick Links:

[Click here](#) for a detailed list of the post-approval responsibilities.  
More information on expedited procedures can be found [here](#).