“Nobody Sees Me Lying There With Depression”:
An Arts-Based Research Project on a Music Therapy Intern’s
Experience of Major Depressive Disorder

by

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"NOBODY SEES ME LYING THERE WITH DEPRESSION":
AN ARTS-BASED RESEARCH PROJECT ON A MUSIC THERAPY INTERN’S
EXPERIENCE OF MAJOR DEPRESSIVE DISORDER

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# NOBODY SEES ME

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Abstract

Through arts-based research, I studied my experience as a music therapy intern with major depressive disorder. I explored how a depressive episode impacted my work as an intern and how the episode affected my transition from intern to therapist. During the internship, I recorded improvisations to process the depressive episode. Two years after I completed the internship, I revisited these improvisations with prose poem responses. After finding themes and significant phrases, I composed a song entitled “Nobody Sees Me”. This arts-based project focuses on my unique experience, but the project has professional and academic implications. The project demonstrates a need for mental health services for graduate students, and my personal journey may provide support for music therapy interns and students with disorders of mental health.

Keywords: mental health, depression, arts-based research, songwriting, improvisation
“Nobody Sees Me Lying There With Depression”:

An Arts-Based Research Project on a Music Therapy Intern’s Experience of Major Depressive Disorder

“The Weigh Down”
February 7th, 2017

Feet too heavy to get out of bed
Lids too weak to fight the weight of my head
I thought I would be of sound mind
But I left it behind

I have been living with major depressive disorder for half my life. During intense episodes, there is a weight so difficult to lift. It affects every aspect of life, personal and professional. Even at my worst, I could still function as a music therapy student. The energy exerted in an hour-long clinical session was a burdensome weight, but I survived. I showed up. I played guitar. I sang. I paid attention as best I could. I left deflated, but I survived. I survived the classes, the papers, and the clinical placements. I am resilient. My resilience did not allow this weight, this intense depression, to win.

The ability to persist despite depressive episodes is a strength, but being vulnerable is a challenge. It is difficult for me to ask for help or acknowledge that I need help. Sometimes, asking is more demanding than carrying the weight of the depression. Being vulnerable is a challenge, and the content of this thesis is extremely vulnerable. I share my experience as a music therapy intern coping with a depressive episode. I open myself in hopes that readers connect with my story and feel less alone in their struggles.
Context

Personal Context

Through my first two years of graduate school studying music therapy, I struggled with major depressive disorder (MDD). However, I was resilient and did not allow depressive episodes to affect my grades. In the most trying times, I managed to complete my assignments on time and perform well at my clinical placements. The episodes caused exhaustion, lack of focus, and feelings of shame because I could not fully attend to the individuals I was serving. However, I persisted. My own experiences led me to choose an internship site that served individuals with disorders of mental health. I felt I would be a good therapist, because I could impart my coping skills.

Professional Context

From the fall of 2017 through the summer of 2018, I was placed at a community mental health center (CMHC). During the fall and spring semesters, I worked 40 hours a week as an intern. I co-led a songwriting group, a music relaxation group, a music therapy performance group, and individual sessions. In the summer of 2018, I worked six hours per week at the CMHC. I was responsible for leading the songwriting group. The group focused on advocacy, social justice, community building, and telling the stories of individuals with disorders of mental health.

CMHCs serve individuals diagnosed with disorders of mental health in an outpatient setting. Nearly one in five adults in the United States live with a mental illness (National Institute of Mental Health, 2020). CMHCs offer services such as counseling, psychiatry, family therapy, psychoeducation, and social support (Kring et al., 2012, National Alliance on Mental Illness [NAMI], 2020).
Mental health providers at CMHCs use holistic approaches to provide individuals with purpose and aim to “increase the person’s ability to function in the community and gain valued roles” (Moran & Nemec, 2013, p.202). Silverman (2006) stated, “The present direction of community mental health points toward the fullest restoration of the mentally ill into the fabric of society” (p. 5). Therefore, CMHCs provide community outreach and create advocacy programs to educate the public and provide opportunities for individuals with mental illness (Kring et al., 2012).

Literature Review

Mental Health Diagnoses in CMHCs

Individuals attending CMHCs come from different backgrounds influencing their diagnoses, abilities, supports, and needs. The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association [APA], 2013) is used by medical professionals for diagnosis of mental health issues. The text defines symptoms of mental health disorders. The most common diagnoses of individuals accessing CMHC services are major depressive disorder and generalized anxiety disorder.

Depressive Disorders

Individuals with depression display an intense sadness and/or a loss of pleasure (APA, 2013, p. 155). Major depressive disorder (MDD) is an episodic disorder, meaning depressive episodes present and then clear after a period of time (Kring et al., 2012). Individuals with MDD have more than one episode during their lifetime (APA, 2013). A person must experience profound sadness for at least two weeks to be diagnosed with MDD, but these episodes typically last much longer (APA, 2013).
Depressive episodes manifest differently for each person; they may sleep too much or too little, have an increase or decrease in appetite, or experience psychomotor agitation or retardation. (APA, 2013, pp. 160-161). Other depressive symptoms include lethargy, feelings of worthlessness, excessive thoughts of death, and suicidal ideation (APA, 2013). People with MDD tend to feel guilt, ruminate, and withdraw from friends and family preferring to be alone (Kring et al., 2012).

MDD can be comorbid with a diagnosis of persistent depressive disorder (APA, 2013, pp. 168-169). Individuals with persistent depressive disorder experience depressed mood for more days than not for at least two years, with symptoms similar to those of MDD (APA, 2013). In addition, individuals with MDD could be diagnosed with persistent depressive disorder after experiencing depressive episodes for two years or more (APA, 2013). Other individuals with persistent depressive disorder can meet the criteria for persistent depressive disorder without having intermittent episodes if they have lived in a depressed mood for the majority of two years (APA, 2013).

**Generalized Anxiety Disorder**

Individuals with generalized anxiety disorder (GAD) experience excessive anxiety and worry that is out of proportion to the actual likelihood or impact of the anticipated event (APA, 2013, p. 222). This heightened anxiety causes difficulty in work, maintaining relationships, making decisions, and keeping commitments (APA, 2013). In addition, GAD is often associated with physical symptoms such as accelerated heart rate, trembling, dizziness, breathlessness, nausea, and more (APA, 2013).
Therapeutic Interventions for Mental Health

Mental health providers at CMHCs offer a variety of treatment options such as group therapy and psychiatry. Psychiatrists prescribe medication such as antidepressants, benzodiazepines, and selective serotonin reuptake inhibitors which may help individuals to cope with depression and anxiety (Kring et al., 2012). Psychiatrists regularly meet with consumers to discuss the effectiveness of medication and monitor side effects (Kring et al., 2012).

Common psychosocial group interventions used in mental health settings include cognitive behavioral therapy (CBT), family therapy, and community support groups (Kring et al., 2012). In CBT groups, therapists challenge individuals’ assumptions about the world by analyzing individuals’ thoughts, behaviors, and emotions (Dozois & Beiling, 2010). Therapists encourage individuals to change maladaptive behaviors and cognitive distortions outside sessions using homework (Dozois & Beiling, 2010).

CMHCs also provide opportunities for individuals to communicate with family and find community (Kring et al., 2012). In family therapy, therapists provide psychoeducation to help families communicate, problem-solve, understand mental illness, learn about medication, and create plans when an episode emerges or hospitalization is needed (NAMI, 2020). In addition, CMHCs provide community outreach and advocacy programs to educate the public and provide opportunities for individuals to find jobs and housing. (Kring et al., 2012). Through multiple treatment options, CMHCs provide opportunities for individuals with disorders of mental health to grow and advocate for themselves.
Music Therapy

The definition of music therapy is conceptualized differently depending on the approach to or focus of the process. Bruscia (2014) created a working definition to describe the profession:

Music therapy is a reflexive process wherein the therapist helps the client to optimize the client’s health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research. (p. 36)

Bruscia (2014) emphasized the importance of the therapeutic relationship in the recovery process. The music and therapeutic relationship are used to accomplish goals and objectives. A professional therapist must be familiar with music therapy methods to create change. Bruscia (2014) lists four main methods of music therapy: (a) receptive methods, (b) re-creative methods, (c) improvisational methods; and (d) compositional methods.

Music Therapy Methods

Receptive techniques include music relaxation and song discussion (Bruscia, 2014). Live or recorded music can be used to incite relaxation, reduce anxiety, and attend to individuals’ current emotional needs (Bruscia, 2014). On the other hand, song discussion is an active receptive technique. Therapists and individuals listen and process songs to explore emotions, communicate, and problem-solve (Jackson, 2013).

Music therapists lead re-creative music therapy groups such as a chorus or band (Jackson, 2013; Jempel, 2006). These ensembles perform precomposed songs or new
compositions to improve self-esteem, memory, attention span, and more (Bruscia, 2014). In addition, music therapy groups create community through performances in group and public (Jempel, 2006). Socializing with others in the community creates opportunities for individuals with disorders of mental health to find support and communicate (Jackson, 2013).

In improvisational music therapy, an individual creates music in the moment using instruments, voice, body, or in some combination (Bruscia, 2014). In-depth experiences allow individuals to explore repressed emotions, and feelings that have not been expressed may arise (Jackson, 2013). Afterwards, discussion helps individuals reflect on the music and name emotions, but discussion is not necessary (Jackson, 2013).

On the other hand, compositional and songwriting methods require discussion and structure (Bruscia, 2014). Designs include fill-in-the-blank, song parody, and free composition (Silverman, 2015). Therapists and individuals work together to create lyrics and melodies to process difficult emotions, promote well-being, teach coping skills, and more (Baker et al., 2008).

**Therapeutic Songwriting and Mental Health**

Group songwriting is used in mental health settings to improve quality of life, self-esteem, self-expression, socialization, communication, and physical health (Baker et al. 2008; Grocke et al., 2014). Songwriting tells clients’ stories, teaches coping mechanisms, and expresses emotional and psychological issues (Silverman, 2011). In addition, songs created in music therapy sessions can be recorded for the client to revisit or to share with the public (Jempel, 2006; Rolvsjord, 2005).
An important component of the music therapy process is the relationships that develop both within the music and between the clients and therapist (Bruscia, 2014). In songwriting, the music therapist may take a variety of roles within the process, from directive to supportive. Some music therapists view themselves as a collaborator and co-songwriter in the therapeutic process (Wigram, 2005). Using their clinical knowledge, therapists are able to write songs with individuals to address goals (Wigram & Baker, 2005).

The therapeutic effect is brought about by the client’s creation, performance and/or recording of his or her own song. The therapist’s role within the music therapeutic relationship is to facilitate this process ensuring that the client creates a composition that can be felt as owned by the client and expressive of her personal needs, feelings and thoughts. (Wigram & Baker, 2005, p. 14)

A strong therapeutic relationship built on trust is the catalyst for a successful song that accomplishes the individuals’ goals.

Consumers of mental health services require different levels of structure depending on the severity of their disorders. Music therapists must be well-organized to achieve therapeutic goals whether songs are written in one session or multiple sessions. Uncompleted projects could lower the self-esteem of depressed individuals that already have low self-esteem (Day, 2005). Too much compositional freedom could lead to increased anxiety in individuals with GAD (Grocke et al., 2014). For these reasons, Grocke et al. (2014) suggest a professional, such as a case manager, assist in sessions to attend to individuals’ concerns and symptoms that arise while the music therapist is leading the group. To provide support and safety, it is imperative that a
therapist knows the specific population’s goals and abilities when structuring songwriting sessions.

**Songwriting Interventions.** Silverman (2015) describes three structured group songwriting interventions: (a) fill-in-the-blank; (b) lyric replacement; and (c) free composition (p. 176). Fill-in-the-blank is the most structured intervention, and is commonly used in groups of individuals with severe disorders of mental health. Individuals replace words in a known song to create a new song that addresses the group’s clinical needs (Silverman, 2015). The strict structure is beneficial to individuals who are withdrawn and have difficulty with cognition (Jackson, 2013).

Lyric replacement and song parody interventions provide more freedom to express thoughts and emotions (Jackson, 2013). The original melody and harmony of a known song remain, but new lyrics are created with input from the individuals (Baker, 2005). Common chord progressions, 12-bar blues, and other familiar styles provide grounding and opportunity for individuals to address goals (Jackson, 2013; Silverman, 2015).

Free composition is recommended for individuals and groups that are high functioning, because there is limited structure and greater expressive freedom (Silverman, 2015). In a survey of music therapists in the field of psychiatry, Baker et al. (2009) found that “the use of unstructured approaches to lyric construction was the most frequently employed techniques – brainstorming ideas and answering open-ended questions” (p. 50). With this level of freedom, individuals have more responsibility in the lyric formation.
In most group songwriting, lyric writing typically happens before music decisions (Baker et al., 2009; Day, 2005). In a group of women that have experienced childhood abuse, Day (2005) used the first four sessions of a 13-session program to generate themes such as self-esteem, suicide, and social isolation. After discussion and conversation of participants’ experiences and emotions, the therapist decided it was time to begin the lyric creation. Starting with discussion and lyric writing allowed Day (2005) to build a sense of support and trust of others before creating the melody and harmony.

**Recording Songs.** After a song is written, a performance can be captured for personal and professional use (Day, 2005). Songwriting sessions can be captured by sheet music, studio recordings, and public performances (Grocke et al., 2014; Jempel, 2006; Rolvsjord, 2005). Participants have a physical form of their songs as a reminder of their accomplishments and the bonds formed in a group. Furthermore, Baker et al. (2009) found that recorded material can relay the experience of individuals with disorders of mental health:

> Within the psychiatric setting, completed songs are often distributed or performed to a wider audience, and clients will also keep recordings of the song for themselves. This suggests the process is important in the development of their self-esteem and self-confidence. (p. 50)

In addition to accomplishing goals, participants find the music therapy experience enjoyable and recommend songwriting and recording experiences to others with disorders of mental health (Grocke et al., 2014).
Although the sharing of songs is beneficial and provides opportunities for growth and self-expression, participants express anxiety in recording and performing original material (Grocke et al., 2014; Jempel, 2006). Individuals with disorders of mental health reported anxiety regarding musicality and recording in a professional studio (Grocke et al., 2014). Music therapists incorporate rehearsal into sessions to prepare individuals for the studio or performance (Day, 2005; Grocke et al., 2014). Furthermore, Day (2005) stated, “The excitement and strong sense of doing something important for themselves and others may also contribute to overcoming the emotional content of their songs” (p. 90).

**Mental Health Issues in Graduate Students**

Engaging in graduate studies is often experienced as stressful to most students, and there are a variety of sources of this stress. Graduate students in helping professions experience distress due to classwork and clinical placements (Simpson, 2014). The stress often leads to depression and anxiety (Simpson, 2014). In a survey of 4,477 graduate students from multiple fields of study, 14% of the students screened positive for a depressive disorder (Barton, 2011, p. 126). Graduate students reported that mental and emotional distress impacted their academic and clinical performance (Isenberg et al., 2007; Peluso et al., 2011). Stressors impacting mental health include taking exams, providing treatment at clinical placements, and the fear of judgment from professors (Simpson, 2014).

In the face of these stressors, finding coping mechanisms and outlets may be helpful for graduate students. Brown and Sheerin (2018) found that student mentoring could alleviate the stress and anxiety. Personal therapy could be another mechanism
for support, though it may be difficult to access for students. Simpson (2014) noted that psychology students provide therapy, yet psychology programs do not require students to participate in their own individual therapy. When examining reasons that graduate psychology students did not participate in personal therapy, Simpson (2014) found that a lack of finances and/or an overwhelming schedule were common reasons. Simpson (2014) suggested universities provide private therapy for psychology students with disorders of mental health in order to diminish possible detriments to their future clinical practice:

As many psychology students learn, the best predictor of future behavior is past behavior, so perhaps it is the field of psychology’s responsibility to look more closely at how students are taught to cope with stress, depression, and anxiety in their personal and professional lives. (p. 32)

Despite the need to explore the topic of mental health and graduate students, there is minimal research on the topic (Barton, 2011; Peluso et al., 2011). There is more literature dedicated to the mental health of undergraduate students, so universities focus on providing mental health services to these students (Barton, 2011).

There is a need for professors and universities to understand the impact of poor mental health on graduate students. Peluso, Carelton, and Asmundson (2011) recommend adding a psychoeducation component to curriculums to bring awareness to the high level of depression in graduate students. Openly addressing graduate student mental health issues may be “decidedly important with clinical and counseling students, since these individuals may be reticent to seek help in the community where they may also be placed for clinical training” (Peluso et al., 2011, p. 125).
Purpose

The purpose of this thesis is to share my experience as a music therapy intern with major depressive disorder (MDD). As the researcher, I explored my past to discover new aspects of my health and my work. Specifically, I asked myself how these experiences contributed to my growth as I transitioned from intern to professional.

Although this experience is unique to me, my story may be relevant to others. In general, there is a need for more research on the mental health of graduate students. My personal story supports the necessity for mental health services for graduate students by their universities. In addition, there are other music therapy students with depression and anxiety, and this paper may provide support as they navigate their own experiences.

Research Question and Subquestions

My desire to understand more fully my own process in dealing with my mental health issues while studying graduate music therapy led me to the following research questions and subquestions:

What is the experience of a music therapy intern with major depressive disorder?

- Did MDD affect my work in a community mental health center?
- How did these experiences impact me as I transitioned from music therapy intern to professional?

Method

I explored these questions using arts-based research (ABR). I experienced a number of depressive episodes throughout graduate school. This thesis focuses on one depressive episode that occurred at the end of my internship in the summer of 2018.
recorded six improvisations to reflect on the depression I experienced in the summer of 2018.

While engaged in the research for this thesis, I created six prose poems in the fall of 2019. Each prose poem served as a response to one of the six improvisations recorded in 2018. Finally, a song emerged from the themes discovered in the improvisations and the prose poem responses in the spring of 2020.

**Arts-Based Research**

Arts-based research (ABR) is an emerging epistemology with creative, unique, malleable, and changing designs (Viega & Forinash, 2016). McNiff (2013) defines ABR as “the use of personal expression in various art forms as a primary mode of inquiry” (p. 5). ABR can utilize multiple creative approaches, methodologies, and designs to provide nuance and multifaceted knowledge to research questions (McNiff, 2013; van der Vaart et al., 2018). For example, researchers can use art and dance therapies to find additional insight while using music therapy as the main source for the research (Viega & Forinash, 2016). On the other hand, researchers can be more pragmatic in their studies by utilizing approaches from outside the creative arts. Van der Vaart, van Hoven, and Huigen (2018) combined qualitative interviews and focus groups with ABR to produce their findings.

ABR is frequently used to understand and give voice to people from marginalized communities (Finley, 2007). However, some individuals choose ABR to better understand themself (Viega & Forinash, 2016, p. 990). Reflecting on a 2009 self-study, Schenstead (2012) used ABR for reflexivity. The researcher was originally exploring therapeutic uses of the flute, but the ABR project changed focus on the researcher.
Schenstead found themes from the raw data, which was flute improvisations. In response, they used journaling, art, and reflexivity to find “meaningful chunks”. These explorations prompted the researcher to ask more questions and learn more about themself. Afterwards, the results were performed to describe the researcher's personal story through music and art (Schenstead, 2012).

Performing, presenting, and discussing results are critical components to ABR (Finley, 2007; McNiff, 2013). ABR requires discussion to promote social change or better understand a phenomena (Finley, 2007, van der Vaart et al., 2018). Results can be performed in many formats: concerts, mp3s, DVDs, paintings, poetry, and other mediums (Viega & Forinash, 2016). Viega and Forinash (2016) find some scholars and academics are reluctant to accept ABR as research. Therefore, many art-based researchers include poetry, drawings, and journals into the written portion of their research.

**Data**

The initial data were the six brief improvisations I recorded in the summer of 2018 while I was interning at the CMHC. There are four improvisations in June, and two improvisations in July. I played piano and sang using an iPhone to record. The recordings reflect upon my depression and my final weeks at the CMHC. In that summer, I led a songwriting group. The improvisations also served as responses to the songwriting sessions that I was facilitating in my clinical work.

**Data Generation**

In 2020, I revisited the improvisations. I listened and analyzed the improvisations. I found recurring themes and salient phrases, which led to the creation of six prose
poems. The Poetry Foundation (2020) defines the writing as “a prose composition that, while not broken into verse lines, demonstrates other traits such as symbols, metaphors, and other figures of speech common to poetry” (para. 1). The final step was the composing of a song. Significant themes emerged from the original improvisations and the prose poetry. I composed a song reflecting my experience as a music therapy intern with MDD. The song included important phrases, melodic motifs, and descriptions of my experience.

**Reflexivity**

Reflexivity is a vital component of therapy. The therapist is repeatedly acknowledging all aspects of therapy including the therapeutic relationship, the music, and the clients’ goals (Bruscia, 2014, p. 54). Reflexivity occurs before, during, and after therapy sessions (Bruscia, 2014). Likewise, research utilizes reflexivity to study former therapy sessions and recordings (Bruscia, 2014).

**Reflexivity**

Reflexivity was part of the data generation for this project. Memory inevitably becomes part of research that pertains to one’s personal history. The analysis of the improvisations incited memories of the summer of 2018. However, the relistenings and analysis occurred almost two years after the recordings of the original improvisations. The span of time between the initial data and the data generation distanced me from the particular depressive episode explored in the thesis. This distance allowed me to approach the research questions with a more analytic and less emotional viewpoint.

**Results**

During the Fall 2017 and Spring 2018 academic semesters, I interned at a CMHC. I worked 40 hours every week at the internship site. I provided individual
therapy and co-led three music therapy groups: a music and relaxation group, a songwriting group, and a music therapy performance group. I was part of a supportive treatment team. My supervisor was attentive, extremely helpful, and encouraging. The staff at the CMHC embraced music therapy and readily referred individuals to receive music therapy services. Furthermore, my professors held me in high esteem. The internship was demanding, but I enjoyed it. I was satisfied with my performance, as were my overseers.

I was lucky to be with the population that I wanted to serve after graduation. I was diagnosed with MDD in my twenties. In 2018, I was in my thirties and coping with the disorder. I felt I would be a good therapist. I knew what it was like to live with a disorder of mental health. I would be empathetic, a strong advocate, and teach coping mechanisms that I know are effective from personal experience. I learned appropriate music therapy methods during internship, and I felt ready for a career.

In June and July of 2018, I continued to intern at the CMHC on a part-time basis. Each week, I interned one day for six hours. This was much different than working 40 hours at the internship site. I had fewer responsibilities, but I continued to facilitate the songwriting group. In this group, individuals with disorders of mental health contributed thoughts and lyrics about their lived experiences. Group participants wrote songs about social justice, coping mechanisms, and community. At the end of an hour-long session, the song was written and/or audio recording.

In that summer of 2018, I used songwriting to process my own depression. When I was only working six hours for the week, I had time to realize I was using avoidance mechanisms to escape my depression. I decided that it would be beneficial for me to
find a way to explore these feelings. My songwriting process began with improvisation, because improvisation is my favorite method. I sat at the piano and used my iPhone to record six improvisations. These recordings are honest and raw. They captured my emotions and mood without premeditation upon rhyme or melody. In addition, the improvisations included reflections on the songs written by the songwriting group. I recollected styles, lyrics, and chord progressions to inform the improvisations. In 2020, I relistened to these improvisations and created prose poem responses. In these responses, I included lyrics from the improvisations. The lyrics are italicized in the text below. Ultimately, important phrases and themes from improvisations and prose poetry combined to form a song that reflected my experience as a music therapy intern with MDD.

**June 7th Improvisation**

*Audio*

https://soundcloud.com/user-563120509/june-6-improv/s-CY2ma

*Lyrics*

They say happiness is the only way
that’s the way to be and see me
But do you see me when I’m in my room?
Because nobody sees me
Nobody sees me lying there With depression and anxiety

Where’s that TV and the records that are recording of you
I'm gonna be someone with all y'all
and your testaments to the things I never knew

Prose Poem Response

Internship. I worked 40 hours per week. I listened, I helped. I came home and collapsed on the bed. My exhaustion was easily explained by long, intense days. Days of accomplishments and days of emotion. I was good. According to the supervisor, the professors, and the people. I was good, and I did good. I witnessed growth and fostered songs to express the experience of mental illness. I helped. Days of accomplishments and days of emotions. I was good but exhausted.

Summer came. I worked Thursdays. One group, six hours. I should not feel exhausted with all the free time, but I did. My self-esteem lessened. I accomplished nothing. Too depressed to play piano and too anxious to seek employment. I watched TV in a bedroom of gloom. I rarely left the apartment. Walking around the block was a workout.

Shoes of cement - Trudging
Cement filled shoes hardened with each step
Beads of sweat and beams of sun - Trudging and struggling

Nobody sees me lying there with depression and anxiety. But I did not see myself. Listening to this improvisation, I realized I had been depressed for a long time. I used exhaustion as an excuse. Forty hours a week is demanding, but not depressing. I
spent too many nights and weekends alone watching TV and playing games on the phone. I escaped the apartment only when necessary.

_They say happiness is the only way._ I wanted to be seen, but it was difficult to tell friends I have MDD. I have an invisible illness, but _happiness is the only way_. I am a very different person in the company of others. I am bubbly and effervescent, I love to laugh, and I have a goofy smile that I cannot will away. I shared my secret in hopes of being seen, but I was met with doubt and disbelief. Their eyes beamed befuddlement. They wondered: Is this a joke?

_Nobody sees me lying there with depression and anxiety._ Less hours at internship meant more time in my bedroom. For six hours a week, I set aside my struggles. I wore my therapist persona. I was a ready listener. I was good. Bear witnesses to my days of accomplishments. _I’m gonna be someone with y’all_. Give me praise. Give me self-esteem. Give me confidence. Give me testimony. I was good, but I was not well.

**June 15th Improvisation**

_Audio_


_Lyrics_

_I think you’re all so great but i have judgements_

_I think you’re the best and i want to connect our stories somehow_

_I want to be able to communicate and make your voices heard_
I need to be with myself and learn how to be
How to be with me

I don’t know if i can be with you or a group like you
If i don’t know how to be with myself

Prose Poem Response

My depression made me doubt my abilities as a therapist. I was in such a strong depression. I was not capable of helping others, especially individuals with similar needs. Depression and doubt traveled side by side. I had an urge to express my mood in the songwriting group. I was in a depressive episode, and we have all experienced that phenomena. I wanted to create a song that revolved around my depression and incorporated the individuals’ experiences of depression. I want to connect our stories somehow.

However, the group chose a different topic. I had a compulsion to commandeer the session, but I am the facilitator. My role was to create a space for participants to express themselves and assist in writing a song, a well-crafted song. Each individual should feel heard when the session ends.

I did not feel heard when I needed to be heard, when I needed to be seen. There was a dichotomy between the desire to share their stories and the desire to share my story. Their story was a punk song. “Don’t Censor Us” was the punk song. I was censored. Don’t censor me! I don’t know how to be...
I grew angry and agitated as I strummed placid power chords on feeble nylon strings. I silently placed judgment on their lyrics for not rhyming. Usually this does not bother me, but I was in a different state of mind. I was in a selfish state. Even so, I kept my cool. I was present and led a successful group despite my mood.

For the improvisation, I remained punk to reflect on my anger. I need to be with myself and learn how to be. I was holding anger, melancholy, and anxiety that needed to be processed. I was holding so much. I was annoyed during the session, but I was able to maintain focus on the individuals in the group. I was the group leader. I was expected to lead. I was not there to steal time. The weekly songs were their stories. My anger was saved for someplace safe - the piano.

June 19th Improvisation

Audio

https://soundcloud.com/user-563120509/june-19th-improv/s-woa71

Lyrics

Make It Better

I Don’t know but maybe I’ll try

Maybe I’ll get out of bed

I’ll raise my head and i’m out of bed

I’ll take them standin’ on

Find a reason Worth Living
to get out of bed

If I can do it, they can do it

We can help them somehow

With music, with music, with music

Prose Poem Response

I had hope. I was still under the covers. I was still struggling. Still trudging. I was spending all my time in bed but wishing for strength. The strength to be outside. However, the desire to walk ten blocks or eat dinner with a friend was powerless against my depression. But I had hope. Maybe I’ll get out of bed. I will be able to leave the apartment on my own accord. The reason to get out of bed was in reach. Not only is it reachable, it is imperative. I must have a reason to get out of bed. If I do not have a reason, how can I help others? Once I find the reason, I can relay my knowledge.

If I can do it, they can do it. In the songwriting group, participants found coping mechanisms to combat depressive episodes. They listed reasons to leave their homes, and they successfully implemented these solutions. They named favorite parks, formed friendships, and discussed favorite groups.

If I can do it, they can do it. The sentiment was untrue. They found reasons to get out of bed, while I was struggling. I was excited the group members learned coping mechanisms but saddened that these methods did not work for me. I was still helpless, still trudging...but I was hopeful that I could find my reason. My reason to get out of bed. How do I help myself? With music?
Music was giving me hope. I had plans to travel and hear a performance of my choral work. I would receive compliments from the audience. Give me praise. Give me self-esteem. Music would lift me out of this depression. *Find a reason to get out of bed.*

**June 26th Improvisation**

**Audio**

https://soundcloud.com/user-563120509/june-26th-improv/s-R5Ikh

**Lyrics**

Too many people on that bus

And I don’t know, I don’t know

If I can take all those crazy people

I hear all those crazy people singing about travels

They don’t know what crazy is

Well, I just want them to experience what crazy is

And death is and not

Silly Songs with silly rhymes

Silly Poems

They can do that on their own time

I got an hour with you

And an hour with these news
Prose Poem Response

There was so much hope. The chorus performance would surely raise my spirits and improve my self-esteem, but my anxiety was on overdrive. I worried for so many reasons. I don’t know if I can take all those crazy people. The right hand arpeggiated diminished chords for my anxiety. Those crazy people were my friends on the upcoming trip.

My friends - quirky and charismatic
One kind of crazy (the acceptable kind)
The kind without the stigma
...but I am ill (and notably so)
shaking from worry
downcast and dejected

They don’t know what crazy is. I just want them to experience what crazy is. How did I experience crazy? I would be an outsider. My friends would be enjoying the vacation, and I would be noticeably symptomatic. I feared I would be ostracized for acting strangely. I just want them to experience what crazy is. I still had the desire to be seen, but I was also afraid of standing outside social conventions.

In addition to anxiety, I was concerned about the participants in the songwriting group. Individuals were upset that the group would be terminated at the end of July. I worried that my departure would have an adverse effect on their self-esteem. Participants would lose an outlet to express themselves. I worried for their well-being. I lessened the anxiety by dismissing the group’s songs as frivolous. Silly songs with silly
rhymes. Silly poems. They can do that on their own time. I had too much anxiety about my upcoming vacation, so I dismissed my concerns about the music therapy groups.


July 13th Improvisation

Audio


Lyrics

One of a kind

I’m startin’ to see the light and feelin’ Less depressed

I’m startin’ to see the light

no one is catchin’ up to my bridges and my choruses

It’s creative

That makes me one of a kind

I can’t cope and be with these

Prose Poem Response

One of a kind. I used this phrase to describe myself and the songwriting group members. This improvisation was jaunty, jangly, and jazzy, mimicking the
songwriting's favorite genres. The blues, classic rock, and standards. The piano played frivolously yet bumbly. The fingers played the cracks. I did not quite fit into the rhythm. Regardless of rhythmic awkwardness, I am enjoying myself.

I am departing this depression. *I'm starting to see the light.* I am clamoring for clear. *I'm starting to see the light.* With this renewed vision, I realized the talents of the participants. They are expressive, respectful, vulnerable, and supportive. They brought their strengths, beliefs, and experiences. They wrote and recorded songs of social justice and stigma. These songwriters are truly one of a kind.

*No one is catchin’ up to my bridges and my choruses.* As the improvisation continued, I delve deeper. I explored my harmonic language that makes me one of a kind. The quirky accompaniment disappeared. Suddenly, my voice alternated between loud and soft over changing meter. Though more complex, the music was more natural. There was something below the surface of the light-hearted opening. The previous awkwardness demonstrated that I was not in a playful mood. I was embracing the darker shades I had to offer.

I could always see light through the blinds

Dim light through each slant

...I can’t

*I cannot cope with these.* I was still coping with something. What was it? The piano intruded before the phrase finished. The improvisation returned to the original jaunty style and ended with a quick button. There was a thought lurking under this *one of a kind* sentiment. I was ignoring my lingering depression. The sadness was still
present, and I wanted to escape it. Ignoring my depression was an effective coping mechanism in the past, and I was using it again.

**July 21st Improvisation**

*Audio*

[https://soundcloud.com/user-563120509/july-21st-improv/s-zF7N](https://soundcloud.com/user-563120509/july-21st-improv/s-zF7N)

*Lyrics*

*I might have to leave this place*

*But keep doin’, Not doin’*

*Keep on, Keep on helping*

*Make God the inspiration*

*Songs that keep on doin’*

*Songs I hope I can help them*

*Love them*

*To do the best, Do the best we can*

**Prose Poem Response**

*I might have to leave this place.* I finished my internship, and I was leaving the CMHC. That was for certain. I might have to leave for my own sake. My psychology and personal life were causal factors of the depressive episode. Perhaps, the location also contributed to my sadness.
However, I was more concerned about the future of the group than my mental health. The songwriters did not want the group to end. *Keep doin’*. I wished the songwriting group could continue, so the individuals would have a shared space to express themselves and support their peers. Alas, the group ended. *Not doin’*.

*Keep on helping.* I am transitioning from music therapy student to professional. I will be helping others in different populations. *Songs I hope I can help them.* I will continue to write songs with others, and I will continue to process my emotions through music. *Songs that keep doin’.*

The depressive episodes will return, and they will end. When intense sadness arises, I must remember my experience. I will remain focused on the population despite the melancholy. I am there to provide support, to listen, to process. It was difficult to help at times. It was difficult most of the time. Lethargy, irritability, and low self-esteem kept me from doing the best I could. But I persevered because of my desire to help.

*Keep on helping. To do the best.* The best I can.

*“Nobody Sees Me”*

*Songwriting Process*

Composing the final song, “Nobody Sees Me,” was an evolving process. The format and structure constantly shifted when I revisited the improvisations and prose poetry. I found four main themes: depression, anger, anxiety, and hope. Using these themes, I began writing a four-movement song cycle. After working on this idea, I felt this process did not capture my experience. A depressive episode is not compartmentalized, so “Nobody Sees Me” evolved into an aria moving linearly through
time. The lyrics conveyed my story from June to July. The composition process felt
honest and conveyed my emotional truth.

I decided to incorporate the four themes of depression, anger, anxiety, and hope
into the aria. Using the improvisations, I found melodic motifs and chord progressions to
represent those emotions. The depressive theme is drawn directly from the first lines of
the June 7th improvisation:

_They say happiness is the only way_
_
that’s the way to be and see me_
_
But do you see me when I’m in my room?
_
Because nobody sees me_
_
Nobody sees me lying there With depression and anxiety._

As I relistened to these important lines, a chord progression naturally arose. This
progression depicted my experience of depression and became the basis for “Nobody
Sees Me”.

_Anger was expressed through a rock and roll style as reflected in the June 15th
improvisation. I used power chords and louder dynamics to demonstrate the anger and
frustration I felt on June 15th. Anxiety is represented by a diminished chord rather than
a specific musical style. This chord appeared in multiple improvisations when themes of
anxiety arose. The final section of the aria represents the hope depicted in the July
improvisations. In these improvisations, I found that creativity is a strength I have as a
therapist and musician. I discovered that creativity and composing bring me joy. The
combination of themes, musical motifs, and poetry informed “Nobody Sees Me.”_
Audience

The audience for “Nobody Sees Me” is the songwriting group composed of individuals with disorders of mental health. “You” or “you all” is used when I address the songwriting group. “We” is used when I include myself with the individuals in the songwriting group. “They” refers to groups of people such as friends or strangers that are not diagnosed with a disorder of mental health.

Audio

https://soundcloud.com/user-563120509/nobody-sees-me-1

Lyrics

They say happiness is the only way to be
But do they see me when I’m in my room?
‘Cause nobody sees me lying there with depression and anxiety
Nobody sees me

Nobody sees me in bed with the T. V.
I’m lying there with worn-out will and unwashed hair
Nobody sees me

I’m helpful, I listen, I talk
I say exercise, but I can’t even walk
I have shoes of cement
I trudge one block and I’m spent
Nobody sees me
I want to connect our stories
Let’s communicate and make our voices heard
I want to connect our stories
We are silenced, we are censored
I am silenced, I can’t cope!

I want to connect somehow
But I don’t know if I can be with you
If I don’t know how to be, be with myself

Maybe I’ll get out of bed
I’ll find a reason to lift up my head
Why can’t I find it?
If I can do it, we can do it
If I can’t find the reason, how can I help?
If I can’t find the reason, how can I help?

Surrounded by people wherever I go
Shaking with worry and noticeably so
I want them to understand the experience
It’s more than silly songs and silly rhymes
Anyone can do that on their own time
But you’re creative, you’re one of a kind
You’re more than silly songs and silly rhymes
We’re creative, we’ve got songs to share
And nothing is silly when is lay bare
I’m creative, I’m one of a kind
When I write, I feel joy, and sometimes I see a faint light
There’s hope, even when it’s difficult to cope

I have to leave this place
But keep helping, keep doing
Do the best I can

**Vocal Score**

See Appendix for piano-vocal score.
Nobody Sees Me

They say happiness is the only way to be, but do they see me when I'm in my room? Cause nobody sees me lying there with depression and anxiety. Nobody sees me.

Nobody sees me in bed with the TV. I'm lying there with worn-out will and unwashed hair. Nobody sees me. I'm helpful, I listen, I talk, I say...
 Nobody sees me, but I can’t even walk. I have shoes of cement, I trudge one block and I’m spent. Then I’m back in bed and nobody sees me.

(C) Rock and Roll
(power chords in left hand)

(held) I want to connect our stories. Let’s communicate and make our voices heard. I want to connect our stories. We are silenced. We are censored.

Let’s communicate and make our voices heard. I want to connect our stories. We are silenced. We are censored. Our stories. We are silenced. We are censored. Our stories. We are silenced. I am silenced. I can’t cope!

Free but frantic

I want to connect somehow, but I don’t know if I can be with you... if I
NOBODY SEES ME

D Slow Ballad

51 Bbm Abm G7 C F7 C F7

don't know how to be, be with my self.

54 C F7 C F7

Maybe I'll get out of bed. I'll find a reason to lift up my head.

Anxiously

56 C F7 Bbm Abm Gb Em7/F Em7 Bbm/F

Why can't I find it? If I can do it, we can do it.

61 Em7 Ebm/F Em7 Ebm/F Em7 Ebm/F

If I can't find the reason, How can I help? If I can't find the reason,

E Slow Ballad

67 G(Bsus4) Gm C F7 C F7 C F7

How can I help? Surrounded by people wherever I go.

69 C F7 C F7 C F7

Shaking with worry and no-tice-ably so.

Growing

75 C Dm Em F7 A'/C#

I want them to understand the experience. It's more than
Nobody Sees Me

Intense

78  Dm  Dm/C  Bm7  F/G  F  F/Eb  F/Db  Bb(add9)  Abmaj7

Silly songs and silly rhymes, anyone can do that on their own time.

81  F  Light Swing, ad-lib

But you're creative, you're one of a kind, you're more than

84  Cm7  Eb/F  Bb6  Gm7

Silly songs and silly rhymes. You're creative, we've got songs to share,

88  Cm7  Eb/F  Bb6  Gm7

And nothing is silly when all is lay bare. And I'm creative, I'm one of a kind, and when I write, I feel joy, and sometimes I see a faint light and there's

91  Gm7  Cm7  Eb/F

Hope, even when it's difficult to cope. I have to leave this place,

94  Bb6  Gm7

But keep helping, keep doing.

99  C(sus4)  C7(sus4)  C(sus4)  Piano cue

but keep helping, keep doing,

102  C(sus4)  Bbm  Abm  C

Do the best I can.
Discussion

After the summer of 2018, a psychiatrist diagnosed me with persistent depressive disorder. Depression accompanied me throughout the entirety of graduate school. I was profoundly sad for two or more years, always blue. The song lyrics in the introduction, “The Weigh Down,” was written in the spring of 2017, six months before my internship. At that period in my life, I was experiencing a depression lasting half a year. I attributed my constant lethargy and hopelessness to the demanding music therapy coursework. However, depression was the norm. After responding to the improvisations through prose poem and song, I reviewed the research questions to further process my own responses.

Research Question 1: Did MDD affect my work at a community mental health clinic?

I remained professional and attentive despite the depressive episodes during my internship. I received positive feedback from my supervisor and my professors. I witnessed growth in the individuals. Most importantly, I was proud of my work. Typically, I am self-critical and ashamed during depressive episodes. Feeling pride is a challenge for me, but I truly felt accomplished. I enjoyed the internship site, supervisor, team, and individuals whom I served. I was depressed when I was alone, but I was able to maintain a more positive mood at the CMHC.

In addition, I was able to put negative moods and emotions aside during sessions. I described feeling frustrated on June 15th, but I was aware of those emotions. This awareness allowed me to quickly acknowledge these emotions and
move on. I facilitated a successful session despite my personal frustration. This illustrates that I can be present and empathetic despite strong internal emotions.

In actuality, the therapeutic work affected my depression. Disguising my depression and maintaining momentum was challenging. I kept my therapist persona’s energy level high, while my true energy depleted. It was laborious. I had to work with that strange dichotomy. Masking my depression was exhausting and contributed to my disorder.

Moreover, I needed a reason to get out of bed. I thought solving this problem was imperative to my work at the CMHC. I felt that I must help myself in order to help the clients. As a result, I became more hopeless and frustrated. It was my belief that I could help others with disorders of mental health only if I was healthy, but I was not coping with my depression. Due to my sadness, I was not reaching my full potential as a therapist. I felt I could perform better in my internship. My work was not affected by MDD, but working at the CMHC had a negative impact on my mental health.

**Research Question 2: How did these experiences impact me as I transitioned from music therapy intern to professional?**

After my internship at the CMHC, I realized that it would be better for me to begin my professional music therapy career with a different population. I enjoyed my placement, but I believe I am not ready to work in the mental health field. Over-identification with the individuals was detrimental to my depression. I had stated that I wanted to teach healthy mechanisms to others with depression, but I was not using healthy mechanisms. I did not exercise, meditate, or go to social events that may have been helpful for me.
Even worse, I was ignoring my depression. I was not processing my depression during the entirety of graduate school. I was facilitating songwriting techniques for mental health with clients at the CMHC without utilizing them for myself. After creating improvisations in the summer of 2018, I realized I had been in a depression for a long time.

When considering my future as a music therapist, I recalled my previous clinical placements. I worked with older adults and individuals with autism spectrum disorder. I enjoyed those placements, and I did not over-identify with those populations. This suggested that distancing myself from other individuals similar to myself would benefit my mental health. I would not be absorbing their depressions and anxieties.

I have come to a second conclusion. Music therapy may not be my true calling. Looking back, I was unhappy during my three years studying music therapy at graduate school. The first two years were primarily schoolwork. The reading and writing were a burden, and that hardship contributed to my depression. The difficulty to concentrate during episodes lengthened the time to complete coursework. For example, reading five pages would take me one hour or longer. I became angry and frustrated because I felt I was wasting my time. I could have been participating in activities that I enjoy.

However, being a music therapy intern is more similar to being a professional. I had more responsibilities at my clinical placement and much less written assignments. In addition, I was having a rewarding experience at the CMHC and receiving excellent support. However, I was still depressed despite this satisfying year. I was too busy to notice, since I was interning 40 hours a week. I have experienced depressive episodes
throughout my life, but there was too much melancholy and sadness throughout graduate school.

I remind myself of the times I was excited during the three years of graduate school. I was thrilled to accompany a musical and receive music composition lessons. I prioritized these activities above music therapy coursework, for these activities energized me. I spent a large amount of time practicing for the university’s musical. After diligently studying the score, I continued to practice for enjoyment. In addition, I played piano for voice classes, and I eagerly anticipated those days.

The other activity that sparked joy was composition lessons. I took composition lessons for a year. I had the strength to write vocal music even when I was most depressed. I entered practice rooms intending to learn songs for fieldwork. Instead, I meticulously worked on my compositions. This was work I was excited to do. I looked forward to composing, and I was ecstatic when I received a commission for a choral work. This was more exciting than anything that happened throughout graduate school. Composing and accompanying musicals are the activities that brought joy and energized me during graduate school.

I know the illness will linger throughout my life, but I want a life with less depressive episodes. It is impossible to know how to achieve that life. I feel stuck in this profound sadness, and change is the only way to improve my mood. Changing medication, changing therapists, or changing locations could be part of the solution. However, I believe finding a career that brings joy is the change I need. I have a strong desire to be a composer, and that is what I want my legacy to be.
Conclusion

The process of reviewing these experiences helped me to understand myself and what I need to maintain a healthier state of being. I hope music therapy students, professors, and supervisors are also able to learn from my struggles. Although I remained professional and was able to facilitate meaningful music therapy services while interning at the CMHC, I was depressed all the time. I was open and forthcoming about my depression with my professors and supervisor, and they were exceptionally helpful. However, mental health is an intensely personal subject, and many interns might be uncomfortable discussing their difficulties with faculty. They may fear repercussions and judgment. I encourage professors and supervisors to notice if an intern displays symptoms of depression and start the conversation. Providing support and finding resources make a huge difference. Furthermore, I hope more universities will offer mental health services to graduate students with disorders of mental health.

I realize this thesis may seem bleak for other students with depressive disorders. I stress that this is my experience, and it should not be generalized to imply that persons with MDD are not fit to become music therapists. This is my conclusion for my personal journey and what is best for my mental health and well-being. Everyone’s mental health symptoms, coping mechanisms, and histories are different. My intent is to share what I have learned about myself through the improvisations. Although my story is not your story, I hope you find parts of my exploration that connect and make you feel less alone.
References


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Appendix

Piano-Vocal Score for “Nobody Sees Me”

Nobody Sees Me

Thomas Peters

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No body sees me in bed with the T. V. I'm lying there with
worn-out will and un-washed hair. Nobody sees me.

I'm helpful, I listen, I talk, I say ex-er-cise, but I can't e-ven walk.

I have shoes of ce-ment, I trudge one block and I'm spent. Then I'm
back in bed and nobody sees me.

(heard) I want to connect our stories. Let's communicate and make our voices heard. I want to connect our stories. We are
NOBODY SEES ME

si-lenced. We are cen-sored. Let's com- mu-ni-cate... and make our voi-ces heard.

I want to con-nect our sto- ries. We are si-lenced. We are Cen-sored our sto-

ries. We are si-lenced. We are Cen-sored our sto- ries. I am si-lenced. I can't
Free but frantic
cope! I want to connect some-how, but I don't know if I can be with you... if I

Slow Ballad
don't know how to be, be with my self.

May-be I'll get out of bed. I'll find a rea-son to lift up my head.
Why can't I find it? If I can do it, we can do it.

If I can't find the reason,

How can I help? If I can't find the
How can I help?

Surrounded by people wherever I go.

Shaking with worry and noticeably so. I want them to
understand the experience. It's more than silly songs and silly rhymes.

anyone can do that on their own time. But you're creative,

active, you're one of a kind, you're more than silly songs and silly
rhymes.  You're cre-a-tive, we've got songs to share,

and no-thing is sill y when all is lay bare.  And I'm cre-a-tive, I'm one of a

kind, and when I write, I feel joy, and some-times I see a faint light and there's
hope, even when it's difficult to cope. I have to leave this place.

but keep helping, keep doing.

do the best I can.