

Music-caring within the framework of early intervention

The lived experience of a group of mothers of young children with special
needs, participating in a music therapy group

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ENGLISH SUMMARY

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Introduction

In the narrowest sense, the term ‘early intervention’ (EI) refers to what is done early in the life of a child to influence its developmental course. EI applies to children from birth to the age of six and their families. The various definitions of EI collectively emphasize the importance of influencing the developmental course of at-risk and disabled children with systematic interventions as early as possible. Interventions include various educational, developmental and therapeutic activities as well as support networks of a public and personal nature (Innocenti 2001; Sigurdsson 2001; Shonkoff & Phillips 2001).

Despite developments in the field of EI, and an increase in the variety of available services, the needs of caretakers of children with disabilities have not received enough attention. The caretakers and the potential psychological distress they experience having a disabled child are more often than not the forgotten component in the existing support and treatment schemes. An acquaintance with my clients’ caretakers for over 20 years of clinical practice has revealed glimpses of feelings, needs, and struggles associated with having a child with a disability. Caretakers need to come to terms with the fact that their child differs from other children and to integrate both that child and his or her disability into their lives. For many this is a difficult task, and in the process, dysfunctional patterns of parenting may develop. The parents themselves draw attention to all the striving and their wishes, as well as the importance of meeting other parents who have similar experiences. They talk about their powerlessness, their non-finite loss, and a grief that never perishes. They say that as parents, they speak the same language, that they understand and receive the most important information from one another.

Research has shown that families with special-needs children have higher stress levels than other families and the mothers’ stress levels tend to be higher than the fathers’. Also, mothers and fathers are affected differently by parenting a child with a disability and use different defences against stress. Research indicates that mothers derive more benefit from

their social support networks than do fathers (Whittick, 1988, as cited in Webster, 1992, p. 3). Providing mothers with an opportunity to work through issues of loss and grief in a safe and creative environment with other mothers may significantly alter their ability to cope with life. This focused the author's attention on the idea that mothers of disabled children could benefit from music-caring. Music-caring was preliminarily defined as an empathetic and emotionally supportive relationship that an act of musicking would bring into existence.

The clinical method and focus

A hermeneutic phenomenological research was designed which focused on the lived experience of a group of mothers of young children with special needs participating in a music therapy group introduced as music-caring. Seven mothers participated in the research. The inclusion criteria for the mothers were that they were neither acquainted with one another nor the researcher and that they had children with special needs born between 2001 and 2006 (0-5 years old). Their children did not participate in the research.

The purpose of the research was to develop an understanding of the participants' lived experiences through the mothers' voices, their descriptions and interpretations; to develop an understanding of music-caring from the mothers' perspectives and to discover whether the music-caring experience would affect their lives and the way the mothers related to their children in some way. The researcher wanted to learn from these mothers about the music-caring processes at work, and through disseminating the findings inform others working within the framework of EI of the effects of music-caring. Furthermore, the researcher wanted to use this learning experience to develop her own clinical practice within the field of EI. Designed towards this end, this study sought to find answers to the following research questions:

1. What is the experience of mothers of special-needs children participating in a music therapy group introduced as music-caring?
2. How do the mothers' experiences define music-caring?

The central music-caring phase encompassed ten 90-minute to two-hour consecutive weekly sessions. Songwriting was used as a process and a central method of musicking in the group. In this context, songwriting was defined as "the process of creating, notating and/or recording lyrics and music by the client or clients and therapist within a therapeutic relationship to address

psychosocial, emotional, cognitive and communication needs of the client” (Baker & Wigram, 2005, p. 16). Songwriting has been described as “one of the most powerful methods in music therapy” (Ruud, as cited in Baker & Wigram, 2005, p. 9). According to Baker and Wigram, songs assist in developing group cohesiveness, encourage social interaction, provide group support, provide opportunities for one to experience joy, and facilitate the development of therapeutic relationships (ibid., p. 11).

A vertical session structure centred on songwriting as the primary therapeutic approach was planned around the following activities: A welcome activity which provided an opening to what was ahead. It acknowledged each mother and the group as a whole. A warm-up activity was designed to break the ice and to encourage the mothers’ ‘musical selves’ to appear. The warm-up activity was also used as a preparation for the songwriting activity used later in the same session or in the following sessions. A songwriting activity was another step in the progression of the songwriting process. The technique for lyric creation was allowed to develop in the group based on individual and collective needs and ability. The songwriting process advanced in stages, moving from themes, to words, to sentences, to phrases, to verses. Similarly, the technique of music creation in the songwriting process was allowed to develop in the group based on individual and collective needs and ability. A break for refreshments and an informal chat was provided after the songwriting activity when nearing the end of each session. The break offered an opportunity to share information and develop friendships. It also provided a needed distance from the sometimes intense emotional material brought up in the songwriting activities. A concluding activity was used to bring closure to the sessions. A horizontal structure of the songwriting process was as follows: Sessions one to three –warm-up and preparation. Sessions four to seven –lyric development and sharing. Sessions eight to ten –music creation and rehearsals for recording the songs.

The research methodology

An anchor for this research was found within the interpretive phenomenological framework. Being closely connected, both phenomenology and hermeneutics require a deep reflexivity on the part of the researcher. Both practices are process oriented and seek understanding circling back and forth, revisiting the subject of the study and re-analysing and re-interpreting data until essences (phenomenology) have been discovered or meaning assigned (hermeneutics) (Kenny, Jahn-Langenber, & Loewy, 2005). The mothers in this research were the ones to describe their experience, and their self-interpretation was fundamental to any understanding

gained. “These human experiences happen relationally, in a shared reality, a shared subjectivity” (Kenny, 1996, p. 64) experienced by both the mothers and the researcher. Prior to being studied, this experience already has a meaning for the participants and as such has already been interpreted. Furthermore, expression or presentation through writing is in itself an interpretation, or as van Manen (1997) puts it: “The aim of phenomenology is to transform lived experience into a textual expression of its essence – in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful: a notion by which a reader is powerfully animated in his or her own lived experience” (p. 36).

The empirical material and theoretical frameworks

The empirical material consisted of one semi-structured group interview, one individual semi-structured interview with each mother, and artefacts. The therapist/researcher was a participant observer. Being “fellow travellers” and of service to one another, as Yalom words it (2001/2008), both therapy and research is dynamic and ever-evolving with a continuous sequence of experiencing and then examining the process. As a participant observer, the therapist/researcher gained a lot of important information from the inside of the group. This information was necessary for analytical reflections about therapeutic processes and other aspects of the group’s functioning, as well as information about their understanding and experience of music-caring.

For validation purposes, the informants were asked to read a summary of the interpretive analysis. The instruction given to the mothers for validating the research findings was deliberately kept simple and non-directive. The mothers were given an opportunity to look at and comment on the collectivity of language used for exploring the “unique and private qualities of their inner experiences” (van Manen, 1997, p. xiii) and how language was used to create and describe the intersubjectivity of their music-caring experiences.

Throughout the different stages of this research, various theories, practices and research encouraged, supported and informed this study. In the empirical explorations, the different themes in the core categories were discussed from the following perspectives: Stern’s motherhood constellation (1995) group dynamics and processes, the concept of empathy, positive psychology, play, the helping relationship, developmentally-informed theories, musicking as defined by Small (1998), the concepts of affordance and appropriation as presented by DeNora (2000), theories on quality of life, reflection on music and emotion, emotional creativity, Yalom’s notion of a structured exercise (2005), Csikszentmihalyi’s

theory on flow (1996), some speculations on the personal and the social self and the formation of self-identity, empowerment, and a common factors approach. Theories on loss and grief, stress and coping, and care, as defined by health care practitioners and working models for parent-support groups, also lent their support to this study.

Research findings

Since the primary aim of this research was to develop an understanding of the mothers' experiences of the music-caring offered to them, it was vital for the researcher to maintain their integrity by allowing them to speak for themselves and not losing their voices in the process of reducing the complexity of the empirical material through meaning condensation via thematic analysis. Only in that way could the researcher attempt to explain the experiences without "harming the secret or the magic," as one of the mothers put it (Esja, SP II 002).

Based on clinical and theoretical understanding, music-caring explored in a new context developed an understanding of its core for these particular research participants. Through interpretive phenomenological analysis, the therapist/ researcher systematically explored their experiences and concluded that the music-caring experience for these mothers was about:

The group. Belonging to a joyful group honoured individuality and the freedom of expression. It was a group where an atmosphere of trust was conducive for diminishing defences, creating empathetic understanding and support. Encouraging the sharing of ideas, thoughts, and feelings, the group built awareness and strength, gave possibilities and perspectives. Belonging to the first music-caring group also created a feeling of anticipation and gratefulness.

Musicking. Musicking brought joy and beauty, change and possibilities, as well as the relaxing, welcoming and caring atmosphere. Musicking together brought closeness, supported empathetic listening, and an empowered awareness of emotions by facilitating and deepening emotional expression.

Songwriting. The challenging yet enjoyable experience of songwriting gave structure, shape and perspective, honoured individuality and strengthened self-identity.

The CD. The CD was a memento of the course capable of preserving the emotional tone of the music-caring group and validating the mothers' emotional journeys.

The therapist, whose character of intuitive sensitivity and deliberate, reflective calmness was conducive to the mothers' feelings of safety and being taken care of.

Me and my time. Realizing the importance of having quality time for oneself a quality time through which one could strengthen one's self-identity and well-being for the benefit of the whole family.

A process and change. The music-caring experience was a process and a personal change towards greater awareness about needs, thoughts and feelings.

The diary, which served both as a container and a mediator. It was a container for various thoughts and feelings that arose in and between sessions and which the mothers chose not to share with the group, either because they were thought to be too difficult or because they were thought of as trivial.

What follows is a summary of how the mothers experienced the music-caring process and how, based on their experience, they would define music-caring:

In the music-caring process everything has its place. One opens up to a new experience and new creative challenges and there is a development in every session. Little by little one relaxes into it and introduces more of oneself, strengthening everything. One dares to share and to sound, and feelings emerge. One speaks more openly, and gets to know each other better as the empathy grows. One brings up things that are bothersome, talks about them, writes about them, and sings about them. One gives tones, gives sounds to feelings, and listens to music. Through this process one puts things into shape and becomes better aware of who one is, and what it is that one needs and wants. One clarifies hopes and desires, cause and effect, behaviours and reactions, and what it is within that makes one feel bad. This is a journey within and around oneself, a journey through which one matures and learns to categorize one's emotions. It changes the way one feels and thinks about oneself. It touches on old habits of wanting not to be seen or heard and always wanting to do better. In small steps, one moves forward towards becoming more accepting of oneself, towards being able to acknowledge all kinds of feelings, define them, and to work through them. When one thinks positively about oneself then one automatically starts thinking about doing something good for oneself. Reconciled, one makes room for joy. A small step forward changes the whole thing. One learns to travel better, to take better care of oneself, how to support another being, and to reach some success of being. That includes being a mother of a disabled child. In this journey creativity, empathy, caring, new understanding, increased awareness of the power of music, and new and lasting friendships makes one feel stronger and richer. The secret journey does one good. (Einræn, SP I 002-004, SP I 006, SP I 006; Esja, SP I 004, SP II 004; Góa, SP I 008, SP I 010; Hanna, SP I 008, SP II 001; Klambra, SP I 002, SP I 006, SP II 007, SP II 008; Kristjana, SP I 008, SP II 005; Skonza, SP III 001, SP III 002).

For the mothers, music-caring was the whole of what was offered to them in the music-caring group, and that includes the process they underwent. They felt it was good to gather together, to talk to the group and to listen, and to try something new. Not surprisingly, the mothers emphasized that it would not have been music-caring if there had not been any music. They felt it was very helpful to loosen emotions by listening to music and to sound the

words while acknowledging that “that alone would never accomplish what it did unless everything else was there” (Klambra, SP II 02).

Kristjana thought of music-caring as something “terribly big and enormous”, something which she had been just a little bit into. Like the other mothers, she felt it was the music that accomplished this but did not know exactly how to explain it. Kristjana had the feeling that music-caring could have been developed much further because slowly she realized what it was: “One became more skilled at playing the emotions into the music, to use music to experience or awaken emotions and to get rid of them. Having realized the potential, it felt like being at the beginning of something and it felt strange being done” (SP II 002, SP II 004).

The therapist/researcher’s preliminary definition of music-caring was inspired by her past experience as a music therapist, assimilation of theories developed in helping professions such as nursing, Stern’s interaction theory and his model of psychopathology (1995), and Small’s definition of musicking (1998). The therapist/researcher hoped that empathetic and emotionally supportive relationships created through musicking together would positively influence difficult feelings brought on by the mothers’ experience of having a child with special needs, and thus the music-caring could possibly have direct or indirect effects on various aspects in their lives and relationships. As the interpretive analysis of the mothers lived experiences revealed, the therapist/researcher’s hopes were supported. Musicking in a caring context was a resource capable of addressing the mothers’ various needs.

Based on the above the therapist/researcher’s preliminary definition of music-caring holds in this context. Music-caring for these research participants turned out to be a particular kind of participatory helping experience and contributed to empowerment-type consequences. The music therapist, with her flexible leadership style and caring concern, as well as musicking as a tool with its variability, adaptability and multivarious power, was capable of acting in the mothers’ best interests. The quality of the therapist-client relationship (the common factors) and variables unique to musicking and the process of songwriting proved to be a highly effective approach in this clinical research situation. This supports Castonguay’s belief (2000), as well as that of this therapist/researcher that the proper use of common factors and variables unique to particular orientations will probably be the most effective approach for clients.

Music-caring with a group of mothers of children with special needs must be implemented with sensitivity and take into account the variability of each group and its individual members. For the mothers in this research, musicking was adjusted to their needs at any given

moment. Music-caring provided an avenue for them to connect to their core, to their primary creativity or innate drive towards health. It gave shape to their feelings and reshaped their identities.

Some implications for education, clinical practice and further research

Education

The focus of this research casts some light on the importance of developing one's own theory of helpfulness, learning about and realizing the primacy of caring in clinical practice, learning about ethics as it relates to music therapy practice and research, learning skills in human relations that promote understanding of self and others, learning about emotional creativity as a potential mechanism of change, and familiarizing oneself with the empirical literature about the process and outcome of different orientations, different research methods and therapeutic methods and techniques. When working with people, continuous education and lifelong learning should be self-evident.

Clinical practice

As it turned out, the music-caring group was successful from the perspective of the informants as well as the therapist/researcher, encouraging the implementation of music-caring for this clientele within the framework of EI. The mothers wholeheartedly and proudly participated in the first group, hoping that in the future music-caring would benefit other mothers. The therapist/researcher is encouraged by this and believes that if conducted in the same or a similar manner, a new music-caring group might prove beneficial in a comparable manner to new participants. Increased awareness about the possibilities of music-caring could also lead to its meaningful and constructive implementation within various settings.

The research results validate the use of songwriting as a clinical method for this population. As an efficiency-oriented accelerating device, the songwriting process carries with it an important order of time and a clear purpose that is ideal for a small group and a short-term therapy. The songwriting process, whether improvised or structured, carries with it techniques which facilitate emotional creativity. Adaptable to various individual and group needs, it helps people connect quickly with suppressed emotions or other unidentified parts of themselves, identify problems and needs, and creatively explore alternatives and solutions and shape them into significant and even beautiful outcomes. The songwriting method and its techniques need to be adjusted according to the specifics (needs, functional ability, and both

individual and group progression) of each group. Some groups might need different structure, more guidance, or different warm-up exercises, for example. So long as needs have been recognized and goals and objectives clearly defined, a therapist has an extremely effective method at his/her disposal when coupled with intuition, empathy and a caring stance.

Further research

Qualitative research methods that consider the clients' voices within the context of their experiences is important for the advancement of services. The interpretive phenomenological method chosen for this research was such a method and warrants further use in this context. The use of action research or evaluation research could also work well in this context to find out, for example, if the clients' needs are met in a music-caring program, to improve a music-caring program, to find out how a music-caring program is operating, and to understand why a music-caring program works or doesn't work. The mothers in this research might be invited to participate again in a music-caring group, which incorporates more relaxation, vocalizing as a warm-up technique, more vigorous singing, more joy, the creation of individual poem(s)/lyrics as well as one made in collaboration based on a central theme, and more time for the creation of the music. Through their participation in an action research they could promote change(s) based on their previous experiences.

The use of mixed methods design would also work in this context using pre- and post-tests to evaluate outcome measures in a music-caring group. A quality of life scale, for example, or a stress index might be used for that purpose. A research study focusing on measures of emotional creativity and their correlation to positive therapeutic outcomes in a music-caring group could make an interesting study. Through a form of microanalysis, the musical parameters of musicking (for example, the sound qualities in musical interaction) in a music-caring group could be studied. Microanalysis focuses on "minimal changes in relationships or interactions between people or minimal changes in the music and in dynamic forces" (Wosch & Wigram, 2007, p. 14). The connection or relationship between musical parameters and the perception/notion of, for example, care and joy could also be studied. A study that focuses on how a music-caring group work empowers participants in their everyday lives or influences their use of music is also a possibility.

Another research idea that is based on the mothers' suggestions would be to study music-caring for mothers with younger children (0 to one year old), based on a more receptive form of musicking. Music-caring could also be studied with a group of mothers who were also

receiving individual music therapy. Still another idea would be to use music-caring for a group of mothers who were also attending a music-caring group with their children. Researching music-caring for a group of fathers is an important undertaking as well, and would make possible a comparison between men and women based on gender issues. Furthermore, music-caring for grandparents and siblings of children with special needs holds potential which warrants research.

The above ideas, mentioned as possibilities for further empirical explorations, are mere speculations, which require thorough investigation before being evaluated as pragmatic possibilities. It is easy to get carried away with the rich material and broad perspectives to which research provided access.

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