

From this World to Beyond:

A student's reflections on the role of her

violin in music therapy

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By

Cheri Ang

Student ID: 300027800

Abstract

This practice-based research explores a student music therapist's experiences and self-reflections on the use of her violin in supporting the elderly at a residential hospital. The objective was to find out how the violin fits in music therapy practice, where practitioners typically use the piano and guitar. Self-reflexivity was employed to increase the student's understanding of music therapy. The two research questions were 'why was the violin used and why not', as well as 'how was the violin used'. To explore these two questions in depth, a qualitative research study was undertaken, with secondary analysis of data as its methodology. The data consisted of clinical notes and reflective journals from regular practice. Thematic analysis (Braun & Clarke, 2006) was employed to analyse the data, involving a rigorous process of coding, involving both inductive and deductive methods of analysis along with graphic representations. The student music therapist, acting as both the clinician and researcher, acknowledged the influences of her musical background and spiritual inclinations on the data collected and its interpretation. Findings consisted of clients' responses, advantages and disadvantages of the violin and the author's relationship with the violin. A simple 'How' framework involving what was played on the violin and how it was played was also included. The author's reflexivity guided a discussion that integrated the literature review, research findings and the author's clinical and personal experiences. Drawing upon music therapy definitions and concepts, as well as philosophical ideas and spiritual teachings, answers were found to explain the role of the violin and to provide the author with a new perspective on issues of loss and dying, an understanding of the value of aesthetics and insights into her relationship with the violin.

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Ethics Statement

The Victoria University of Wellington Human Ethics Committee has granted ethical approval for this research project under the generic template approved for NZSM526 Caswork and Research (Ethics Approval: 22131 – 15/07/15).

Throughout my clinical work and research project, I abided by the Code of Ethics for the Practice of Music Therapy in New Zealand (Music Therapy New Zealand, 2012) and the Ethical Guidelines for NZSM526 Research Projects (Victoria University of Wellington, 2015).

1. Introduction

This research explores my student music therapy practice at a hospital wing of a residential facility for elderly people in New Zealand in 2016. It demonstrates an analytical self reflective process of reviewing practice materials specifically relating to the role and use of the violin as a tool in music therapy. In this introduction, I shall present the clinical setting, my background and research questions.

1.1 The Clinical Setting

The institution where my clinical placement took place, consists of a hospital wing, a rest home wing and a dementia unit for the elderly. There are about 80 residents in the hospital wing which was the main focus of my work. These residents have been admitted into the hospital due to a severe decline in health leading to their reduced ability to manage on their own. Their ages range from 70 to 100 years old. At the time of my study, the majority of the residents were in wheelchairs, or on lazy boy chairs. Those who were able to walk usually required the support of a walker to move around. Many residents suffered from mild to moderate dementia.

There was a team of four recreational therapists who worked independently and were each responsible for their own section of the facility. The team gets together once a month for a formal meeting which I sometimes attended. The nurses hold a handover meeting twice each day between the change in their work shifts. I attended one of their meetings each week to keep myself informed of the medical conditions of new and existing residents, as well as understand the nurses' and caregivers' main concerns.

I worked approximately 25 hours during the three days each week spread over a period of eight months. My work was supported by a visiting music therapist whom I met on a fortnightly basis. During this time, I conducted two groups open to anyone who wished to attend and two smaller groups and some individual sessions for residents who had been referred by the hospital manager, nurses or recreational therapists.

1.2 Researcher's background

What brought me to pursue music therapy was my experience as a volunteer playing my violin to the elderly residing in rest homes, hospitals and dementia wards. As I played, some residents who were half-conscious sat up and their eyes lit up as message had been conveyed through the music. It often felt to me like they were referring to a hidden message inside the music or the sound of the violin.

This made me question what it was they responded to. Was it the music? Was it the qualities of the violin? Was it the listener's history and background? Was it my background, the type of music played or something else beyond my current awareness?

This motivated me to investigate the use of the violin in Music Therapy. It had been on my mind throughout my time on the music therapy course, where the guitar and piano were the main emphasis. So does the violin have a role in music therapy alongside the guitar and piano. And if so, what is the role?

The sound of the violin has captivated me since I was a child, but I never dared to ask my parents for one because it was considered expensive and only for the rich or the musically-talented. I was able to get close to my dream of playing the violin when I started with a Chinese two-stringed fiddle, known as erhu, on joining the Polytechnic's Chinese orchestra. But I felt dissatisfied with its sound, finding it limited in expression.

I finally started the violin at the age of 20, when my cousin lent me her violin. Like Helen Bonny who experienced a state of altered consciousness while playing her violin (Vaux, 2010), I encountered some 'out-of-body' experiences, which felt like an encounter with the power of the Universe, or I sometimes refer to as 'God' for short. This changed my atheist beliefs. Coming from a Buddhist family, this was a huge change. Since childhood, I had recurring dreams of myself dying, hence this contributed to my interest in the theme of death

Although I started the violin late, I completed all the graded exams for violin and started performing, mostly solo. I later took up the piano and guitar as required by

the music therapy course. Since returning to New Zealand from living in Singapore and Thailand, I have begun to involve myself in folk music, fiddling workshops and the Dances for Universal Peace, which introduced me to the philosophies of Sufism. Attending fiddling workshops specialising in Scottish, Cape Breton and Baroque styles of playing continue to help me in my overall development as a violinist, while I continue taking private lessons to work towards my dream of playing and sharing the beauty of Johann Sebastian Bach's solo violin piece Chaconne.

Whenever I do not spend enough time with my violin, I feel disconnected to my overall sense of purpose. Therefore this study has a deep personal meaning, as part of my learning as a music therapy student.

1.3 Research questions

Why and how I used the violin to support elderly people in a residential setting?

The purpose of this research is:

- 1) To better understand my decisions around using the violin in music therapy work and the ways it can be used.
- 2) To better understand the role my violin plays in my music therapy work, to enhance my learning
- 3) To consolidate and share my discoveries and what I had learned from my clinical and research work.

2. Literature Review

This literature review covers the common problems faced by the elderly and the current music therapy practices and literature related to this population. An investigation was also made into the history of the violin and its possible links to ancient instruments used in rites and rituals. Brief sections on the violin's place in New Zealand and other cultures, reflections by some well-known music therapists who were instrumentalists, and recent publications by music therapists are included in this review. Although each section might not look like they are linked at first, like a jigsaw puzzle, their significance will I hope, become more obvious as the research findings are discussed at the end of this exegesis.

2.1 Problems faced by the elderly

New Zealand music therapist, Webster (1994) highlighted 'loss and grief' as important issues to address for those going through the process of aging. Socrates described life as "a teacher in the art of relinquishing" (as cited in Webster, 1994, p. 7) and this art becomes more vital for the elderly, in the final stage of their life.

The problems for the aging population can include loss of financial income, job achievements and life routines, physical senses and abilities, independence and dignity, death of loved ones, separation from children, home and familiar surroundings (Bright, 1972). The possible loss of individuality and self-worth for those living in institutions, can lead some elderly to depression. As openly stated by Davis et al., institutions like these are viewed by many as 'a place to wait for death' (1999, pp. 135–136).

Although music can create a happy atmosphere through its powers of association, Bright (1972, p. 15) emphasized the need to also "promote the working out of grief – the tears, fears and guilt feeling". Hosking stated that the one "who successfully completes the grief work emerges stronger for it" (1985, as cited by Webster, 1994, p. 10)

To understand how music therapy helps elderly people through this process, I shall cover some music therapy goals and methods commonly employed with the elderly population.

2.2 How does music therapy support the elderly?

Music therapy goals

Bright (1972) identified the goals in geriatric care in terms of the following domains - emotional, social, spiritual, physical and cognitive needs. Webster (1994) who focused on the elderly's loss and grief, suggested goals related to relaxation and anxiety reduction, giving back of control, expression of feeling, maintaining and nurturing sense of identity, supporting life review, increasing social interaction, maintaining physical functioning, developing creativity and spiritual nurture.

Current research related to the elderly in home, palliative, hospital and dementia care continue to provide evidence of the ability of music therapy to promote relaxation (Short, 2007) and improve quality of life (Lem, 2015). Chu et. al. (2014) demonstrated the effectiveness of music therapy in reducing depression and delaying the deterioration of cognitive functioning in the elderly with mild to moderate dementia, hence supporting the emotional and cognitive needs mentioned earlier by Bright (1972).

Music therapy methods and practices

The most commonly used interventions cited for the elderly population have been singing to support reminiscence, listening to recorded music or live music by therapist and playing on instruments along with music (Ip-Winfield & Grocke, 2011). The use of improvisation was also found to help the elderly "experience a greater sense of control, resulting in feelings of ability, skill and success" (Magee, 2007, p. 20).

The above music therapy methods for the elderly population can be broadly categorised into receptive and active music therapy. Receptive music therapy

incorporates listening and use of imagery, and active music therapy consists of singing, playing, moving to music, playing of musical instruments and creative improvisations.

Another aspect of music therapy, such as cultural empathy through recognising and showing acceptance of the client's unique cultural identity was highlighted by Chan (2014) and Forrest (2014). Webster went further to mention the responsibilities of the music therapist to include the need for "self-knowledge and self-examination, concepts and tasks of therapy and music performance" (1994, p. 27). She explained that self-examination required the therapist to ask difficult questions of themselves to gain the necessary personal insights. Concepts and tasks of therapy required the therapist to balance intimacy with detachment, show respect for the client, provide a nurturing atmosphere and to provide empathy like a friend. Music performance required the skill of the therapist to convey the communicative power of music in a sensitive manner.

2.3 Use of musical instruments in ancient healing rites

Besides use of voice, the lyre, harp and flute are the most widely known instruments used in ancient times for healing (Andrews, 1992; Helene, 1965). This made me question the existence of bowed instruments involved in these myths and healing rituals. I found that the earliest instruments were mostly plucked, struck or blown. But as I questioned the way sound is produced by the bow rubbing against the violin strings, the category of 'friction instruments' came the closest to it. The humming sounds produced by the rubbing motion, can sound 'superhuman' and the primitive natives considered it as the 'voice of an ancestor'. As a result, these 'friction instruments' were considered 'secret instruments' that only initiates were allowed to play, and were used in rites and rituals related to death, initiation, magic power and arousal of love (Sachs, 1942, pp. 38-43).

2.4 Origins of the Violin

The historical origin of the violin is hard to trace, as bowed string instruments have been known to exist for centuries across various cultures, in different forms, played in different ways and known by different names (Stevens, 1976).

According to Sachs (1942), the first evidence of 'bowed instrument' was found in a ninth century Persian literary source and was known as 'Byzantine fiddle' in the Near East, or 'lira' in Greece, Bulgaria and Jugoslavia. A second evidence of 'bowed instrument' was found in Spanish manuscripts of the tenth century and it was a very tall instrument known as 'Caucasian fiddle'. Sachs believed that these instruments were exported to Europe as they were next mentioned in German manuscripts, but there was no mention of the use of a bow until the 12th century.

There were debates for and against the existence of the Guild of Funerary Violinists in the late sixteenth century, as described in a book by Kriwaczek (2006). Whether it is fact or fiction, Kriwaczek made a convincing argument that the violin's melodic and voice-like qualities made it as suitable as the flute, in expressing the outpouring of grief and mortality.

By the 1700s, the violin was perfected in the Italian town of Cremona, to the form now known to us, by some of the most outstanding violin-makers, such Antonio Stradivari, Carlo Bergonzi and Joseph Guarneri. Since then, only minor adjustments had been made to make it suitable for concert halls. To me, all the above information demonstrated that the violin has the potential to make spiritual and emotional connections, and it is also a work of art, perfection and beauty.

2.5 Styles and its place in New Zealand culture

Despite its possible origins in Spain, Persia or Italy, there currently exist many styles of playing with the modern European violin across many countries and cultures. The violin had somehow been integrated into many cultures. Papadakis testified to the violin being part of the history of music and dance on the Greek island, Crete (Magrini, 1997). Other examples of violin being incorporated into local cultures are the Polish, Gypsy, Celtic, Klezmer, Scandivanian, Nowegian, Cajun

and Indian to name a few (Cooke, 1992). The violin is also associated with jazz and bluegrass music (Harrison, 1992).

As the well-known violinist, Sir Yehudi Menuhin wrote, the “universality of the violin as an instrument of music is illustrated by the fact that... the violin perfected in Italy in the seventeenth century, has been altogether successfully adopted into cultures as alien as the Indian... Again, the violin is equally at home among the nomadic, intuitive gypsy peoples..., fulfilling yet another, altogether different expressive requirement - wild, natural and nostalgic” (1971, p. 13).

New Zealand has been described (by Bendrups and Johnson) as, “a nation founded on a series of migrations” and immigrants brought their musical styles with them. In the 2013 New Zealand Census survey, the most common birthplace regions of those over 65 years old, who were born overseas, were the United Kingdom (including Scotland and Ireland), followed by Asia, Europe and Pacific Islands.

In the hospital alone, I worked with residents born in Scotland, Ireland, England, Greece, Samoa, Russia, Poland, India and China. A majority of those born in New Zealand had parents who were born overseas, and only one or two residents were Māori. Hence the population I worked with was a reflection of the multicultural landscape in New Zealand and the violin was found to be an instrument familiar to many.

2.6 Experiences of Well-known Music Therapists

A few notable music therapy writers who have a musical background playing the violin or other orchestral instruments, as their first instruments, have written about their experiences with it.

Helen Bonny who founded the Guided Imagery and Music method (GIM) did not mention use of her violin in her practice, but she continued to play and perform classical chamber music outside her clinical work (Vaux, 2010).

Mary Priestley (1985) used her violin for clinical improvisations and described the reactions she received while playing her violin to her clients. She expressed little

tolerance of the violin played out of tune by clients, during therapy sessions. She advised those who were interested in learning such instruments, not to bring them into the therapy sessions because she felt that a violin played out of tune was not conducive to therapy. She also stated that tuning and replacing broken strings was a waste of therapy time. She often mentioned the vulnerabilities of violinists “with something in either hand and their expensive and fragile instrument only supported by their chin shoulder pressure”. Despite these challenges, she acknowledged that the therapist’s primary instrument is usually the one which allows the therapist more freedom in expression. Her preferred choice of instruments were piano, guitar, flute and percussion instruments for therapy work.

Juliette Alvin (1978) seemed comfortable introducing her cello to children with autism or physical disabilities, whom she worked with. She found that their motivation to play the cello helped in their growth and overall development. She mentioned her cello being included in clinical improvisations, but did not explain much about how it was used. Her main focus was on the entire therapeutic process and the children’s reactions.

Amelia Oldfield (2006) who plays the clarinet mentioned the importance of her main instrument both for herself and for her clinical work. She wrote about the many advantages of using her clarinet, such as mobility because using the clarinet allowed her to move around while playing her instrument. What she found useful was the ability to make direct eye contact with the client while using the clarinet. The physical characteristics of her instrument was discussed and she noticed the definite musician identity the clarinet gave her.

Oldfield, Tomlinson and Loombe (2015a) recently published a book which consolidated various music therapists’ experiences of their first instrument and how they used it. To me, this book provided an evidence of the growing interest by music therapy students, practitioners and other musicians in how their first instruments were used in therapy work. It provided me with a reassurance that the violin is accepted in music therapy and can be used in the therapy process. Many of the therapists shared their musical background and experiences which is unique

to each therapist and impacts on their relationship with their instrument and how they used it in their work. For the elderly population, it was mentioned that the violin can provide meaningful associations for the client that contribute to the therapeutic process (ref this chapter?). This book inspired me to share my own background and journey through reflecting on how the violin was used in my clinical work.

2.7 Articles directly related to use of instruments

Numerous books and articles have been published on the use of piano (Lee, 2011; Massicot, 2012) and the guitar (Krout, 2007; Oden, 2014; Soshensky, 2005) for music therapy. According to Oden (2014), the guitar was one of the most frequently used instruments in music therapy and hence the importance for music therapists to be trained in its use. No books or articles were found on uses of the violin in music therapy. Majority of the violin-related books and articles (Galamian, 1999; Menuhin, 1971; Milsom, 2012; Mozart, 1948) were on techniques of playing and teaching, which probably lay a testament to it, being one of the most difficult instruments to master.

A search of online databases for articles related to single-line instruments used in music therapy, revealed several unpublished thesis by music therapy students and an article by Chan (2015), a music student asking for more research into how the violin can be used therapeutically. Only one published music therapy article was found that directly related to orchestral instruments used in therapy. It was a paper-based thesis by Berends (2014), a professional oboe and English Horn orchestral player who was completing a Master of Music Therapy programme. In exploring the use of his oboe and English horn, Berends approached it from the perspective of a professional musician and his study focused mainly on improvisations, using his single-line instruments as a narrative voice. He found a 2009 survey of 249 music therapists in the United States, which showed that as much as 57% of string instrumentalists did not use their main instrument in their clinical practice. My research would hopefully, shed some light on some possible reasons behind this phenomena.

There is clearly a gap in literature in this area and recent articles and the recent publication (Oldfield et al., 2015a) point to an emerging trend for music therapists to consider using their main instrument in their practice.

3. Research Methodology and Methods

3.1 Methodology and Theoretical Grounding

In exploring why and how a music therapy student used her violin in music therapy sessions with the elderly in a residential setting, a qualitative research study was undertaken. Qualitative research was defined as:

“an interdisciplinary, transdisciplinary, and sometimes physical sciences... It is multiparadigmatic in focus. Its practitioners are sensitive to the value of the multimethod approach. They are committed to the naturalistic perspective and to the interpretive understanding of human experiences.”

(Denzin and Lincoln, 2000 as cited by Wheeler, 2005, p. 63)

Bruscia described a qualitative approach as one that took “full advantage of being human” (1995b, as cited in Wheeler, 2005, p. 63) and Ruud emphasized the importance of “immediate observations and spontaneous interpretations” (1998, as cited in Wheeler, 2005, p. 63).

Taking on both the role of a researcher and a clinician, I have to be aware that I am using myself as a barometer to reflect upon the experiences of using the violin in my clinical work with the elderly. Although I did not make any changes to the setting or manipulate the natural setting during the clinical work, the violin being my main instrument, meant that I am naturally drawn to consider its use in my practice. I am also highly aware that my interpretations and opinions are largely influenced by my past and present circumstances.

Secondary analysis of data was employed because the data consisted of all the information I have gathered as part of my normal clinical work to inform my day-to-day practice.

3.2 Data Collection

Data sources included clinical notes, reflective journals, notes taken during meetings, clinical reports, email exchanges with my supervisors and presentation notes.

As I am particularly interested in why I had chosen to use the violin and how I had used it in my clinical work, some of my reflections would be around this. Understanding the impact this might have on my work and to reduce my possible bias towards the violin, I included in my clinical notes for group sessions, a column to state all of the instruments I used and a question prompting me to reflect upon them, at the end of each music therapy session. An example of my clinical notes can be found in Appendix A.

Although the clinical practice began on 1st of February and continued until 28th of September 2016, only data collected between 1st of February to 20th of July 2016 was used for this research.

3.3 Data Analysis

Thematic analysis was used to analyse my data because it was “particularly suitable for research topics that are largely unexplored, or where the focus is primarily “on the data and its nature” rather than “elaborate concepts or theories about the data” (Manning & Kunkel, 2014, as cited in Hoskyns, 2016) and “can generate unanticipated insights” (Braun & Clarke, 2006). This fits well with the exploratory nature of this research and is a useful method to allow for inductive analysis and creative synthesis to take place, that will reveal meaningful moments that help to answer the research questions.

Based on Braun and Clarke’s (2006) guidelines on the six phases of data analysis, and applying my understanding of broad analytical processes by Richards (2009) the following steps were taken:

1) Familiarising with data

All the data gathered was read through many times to understand it from different perspectives and to get a sense of the whole picture. During the

process, I decided to exclude clinical notes and reflections for my small group sessions because the relevant information was repeated in the open groups and more information was contained in my open group notes. Hence, information was taken only from my individual work and open groups.

2) Generating initial codes

Next I extracted sections of data which might be of relevance, and inserted them into an Excel spreadsheet, for coding. I re-read the extracted paragraphs, breaking them down into smaller phrases to generate my initial codes.

Reflecting upon my research questions of why, why not and how the violin was used, I decided to include other instruments because they appeared to explain why I did not use the violin. Through an inductive process, I constantly reviewed my codes, changing, refining and even discarding some. As my codes grew, I decided to add topic, category and instrument codes to help me organise them. Any analytical thoughts and ideas were added onto the spreadsheet, as memos. An example of this process is shown in Appendix B.

3) Searching for themes

To help me look for patterns and relationship between the codes, I used the method of graphic representation, defined as “a drawing that visually displays the relationships between parts of a case or among variables” (Wheeler, 2005, p. 185).

Repeating the research questions in my mind, I made a chart of all my coded data and searched for some possible emerging themes from the data (refer to Appendix C for the first cycle of charts). Identifying about five themes and a few subthemes for the ‘Why’, ‘Why not’ and ‘How’, I then regrouped my codes according to these themes and drew up my second cycle of charts (refer to Appendix D, E and F).

4) Reviewing themes

Using both inductive and deductive analysis, I continued to look for patterns and relationships between the various themes in the ‘Why’ and ‘Why not’ charts and the ‘How’ chart. This involved looking back at my data to understand its context and re-coding some data again. From the 12 major

themes for the 'why' and 'why not', I reduced it down to four connecting themes. The themes for 'How' was reduced from six to three major components. My third cycle charts are illustrated in 3 and 4 on pages 22 and 36 respectively.

5) Defining and naming themes

As I described my main themes, I went through a repeated cycle of naming and re-naming. The codes were also reviewed repeatedly, resulting in re-grouping and codes being added, changed or deleted.

6) Producing the scholarly report

As I wrote the report, I re-examined the logic of my coding process and also asked questions about my findings. As theories emerge, I searched for data that can validate it. Where none is found, the theory was discarded and new theories tested.

3.4 Ethical issues

This research project was considered to be of relatively low-risk, due to the secondary analysis of data undertaken, which comes under the category of observational study, covered by the Ethics Approval Memorandum 22131, dated 15th July 2015.

There were no direct research participants involved, and no manipulations or changes made to the clinical setting, as my clinical work was intended to occur in a naturalistic way. Regardless of the research topic, my highest priority during the clinical placement was to act in the best interest of my clients' well-being and to improve my learning as a student practitioner, in order to enhance the quality of therapy that I could provide.

Informed consent was obtained from the facility manager for the clinical notes and reflective notes generated, during the course of my placement, to be used as part of my research data analysis (refer to Appendix A).

Due to a case vignette included in this exegesis, to illustrate the use of my violin and interactions that took place during our music therapy sessions, one resident was specifically mentioned and her informed consent was required. Because she

was cognitively able to understand the implications of the research and to make her own decisions, an information sheet was prepared to be read to her and also a consent form for her to sign on (refer to Appendix I and J). To protect the resident from any unwanted pressure to give consent and to prevent my research topic from having any impact on her during our therapy sessions, my clinical liaison read the information to the resident and sought her consent during one of the days, when I was not around at the facility. My clinical liaison was also provided with an information sheet (refer to Appendix H) about my research and I sought consent from the resident's family/guardian/friend (refer to Appendix K) to ensure that they knew about the research and its implications, and had the right to revoke the consent given.

To protect the privacy and confidentiality of all the residents, pseudonyms were given. Any key information that might identify the residents mentioned and the facility, was omitted, unless relevant to the study and research topic.

4. Findings

4.1 Introduction

My report of the findings were based upon my coded data of the clinical notes and reflective journal. All the examples given, were strictly taken from the data collected between 1st of February to 17th of July, 2016. To uphold the integrity of the data collected, any new ideas that emerged during the process and additional experiences gained after the cut-off date, were only mentioned later in my 'Discussion' section.

I would like to present a case vignette that would help contribute towards understanding why and how I used the violin in supporting the therapeutic process. I have chosen to write about "Iona" because she was a resident who responded the most to my violin and readily gave her consent to be mentioned in this research.

4.2 Case Vignette

Our first meeting

When I was first introduced to Iona, a 92 year old, New Zealand-born woman, I was struck by her warm friendliness and polite manners. She had a keen eye for details of beauty, and readily offered her compliments to visitors. Since her transfer to the hospital, Iona stayed in bed all the time. She was very considerate of others and did not want to be a trouble to anyone. Her room had cat sculptures, photos of her cats and a few friends.

Our initial session

On my second day, I visited Iona for our first session, bringing with me the violin because the recreational therapist had introduced me as a music therapist who plays the violin. Iona expressed her surprise, gratitude and good humour, to get a 'violin visit' besides a 'dog visit'. I played for her a Celtic piece, 'Pastorale' and an Irish air. She smiled, as she watched me play the violin. When I sang to her a

spiritual song, 'Calling All Angels' she interrupted me, asking if I'd like to have her cake. Being aware of her politeness, I needed to be very sensitive to her unspoken needs. Just as I was about to leave, she asked with an almost pleading look in her eyes, "Will I see you again?". This was how our weekly sessions began and we saw each other for the next eight months until Iona passed away, a week before the end of my placement.

How our sessions progressed

Our sessions were initially very short. As we began to know each other better and I learned to leave quiet spaces for Iona to respond and direct, our sessions grew longer to an hour. Iona always looked so happy to see me and at the end of the sessions, she never failed to ask me, if I would visit her again and sometimes held my hand, thanking me with eyes that beamed with gratitude.

Interaction with Violin

Iona asked for the violin whenever I visited her. She told me she liked 'Pastorale' that I had played, and also the other Secret Garden music I played. Iona enjoyed exploring my violin and she named the 'bridge' to me. She noticed and was most intrigued by the golden E string on my violin. I invited her to pluck it and she was thrilled to do that. Soon she requested and derived pleasure from plucking and hearing it ring louder and clearer, as she got better. Once she told me in a convincing manner, "I believe it's made of gold" and gave a look of amazement.

Iona enjoyed watching closely my bow and fingers move across the strings, as I played. Sometimes looking out for when the golden E string was played. Once I played a suspenseful and comical French tune and this seemed to draw her in. She wanted to get closer to the violin, so I sat her up and positioned myself, so she could have a full view of the violin. I brought my violin up close to her, so she could feel its vibrations, as if she was the player. The delighted look on Iona's face indicated that she enjoyed this shared experience.

Noticing how Iona appeared to enjoy exploring and learning new things, I slowly introduced her to a variety of instruments and music, over the weeks. I also

brought poems and YouTube videos of cats and famous artists during her time, such as Shirley Temple, Audrey Hepburn and Fred Dagg.

How she transformed

Iona did not like talking much about herself, but during the conversations that naturally flowed from the music and activities we shared, I gradually got to know more about her background, personality and preferences. Coincidentally, there was an overlap of my Scottish music involvement with her background.

After playing 'The Keel Row', she told me she used to dance to it and was involved in Scottish Country Dancing and in a choir. When I played 'Charlie is my Darling', she started to sing and to share with me her knowledge of Scottish history. She often spoke about her parents from Scotland, especially about her dad.

As our sessions progressed and she sang more, her confidence grew. Iona took pride in doing things well and showed her assertiveness during our interactions. When I forgot the beginning a new Scottish song, she told me off saying that I should know my songs well before bringing them! I was slightly embarrassed at first, but upon reflection, it warmed my heart to notice how our relationship had progressed. Iona could now freely express herself, without fear of upsetting me.

From one who is timid, overly polite and obliging, she became one who dared to speak her mind, ask for attention and requests for things from hospital staff. From offering her a choice of instruments, I began to ask her what she would like next for our sessions. Iona exclaimed without hesitation, "Scottish!". Since then, she insisted on Scottish songs and music being included in every session.

Her confidence in engagement

One day, Iona broke into a song she remembered from childhood. It was 'Ye Banks and Braes' and I managed to find it on YouTube. It was a song she repeatedly requested. Sometimes we sang it together, sometimes with me accompanying her on the violin and other times, together with the YouTube video, containing images of Scotland, which Iona admired and enjoyed.

Iona told me that her favourite Scottish dance was the Strathspey. I encouraged her to drum it just like she would dance it, and demonstrated to her the steps, left-left-right-right. Initially she needed me to shout them out, as I played, but soon she was able to coordinate her hands and could drum to the end, without my guidance. She was proud of her achievement and showed her friend, who visited, what she could do.

Final sessions

Iona never spoke much about her mother, but finally shared that 'Ye Banks and Braes' was a song her mother used to sing, while doing the house chores. Iona appeared quite weak and she only sang a little that day. Sensing her low moods and preference to listen, I supported her by continuing to play the Scottish songs in a soothing manner. Iona might have felt a strong musical connection, because she was very reluctant for me to leave and continued asking for more songs, even after her dinner had arrived.

During our last session, Iona told me about a Scottish island named Iona, which no one at the hospital, knew about. Locating and showing her the island of Iona using my laptop, she declared with pride, "Look, I'm famous!". As we were singing together, Iona told me, "my mum will have tears in her eyes to hear us both singing 'Scotland the Brave'". Not only was she now certain of her Scottish identity, she was proud of it and ready to proclaim it to others. She told me, "Let us sing it loudly, so everyone can hear it coming from this room!"

Iona passed away on the morning, just two hours before our session. I went to her bedside and played, one last time for her. I could still sense the sweetness of her smiles and beautiful laughter in the room. Having created a poster of the Scottish island of Iona, I gave it her guardian instead, and pasted one outside her door.

Concluding comments

This case vignette demonstrated why and how I had introduced the violin into my music therapy sessions with an individual client. The interactions and mutual interest shared between Iona and myself during the process, resulted in a transformation for both the client and therapist. The violin connected strongly

with her Scottish heritage and reminded her of her past involvement in Scottish country dancing. The violin was a constant in our relationship. It was there from our very first session and subsequently, it became a part of all our sessions. I could play to remember Iona and honour her on a spiritual level.

4.3 Why did I use the violin and why not?

To explain the influences that impacted on my decisions to use or not to use my violin, I was able to frame my interpretation of the coded data into four major themes.

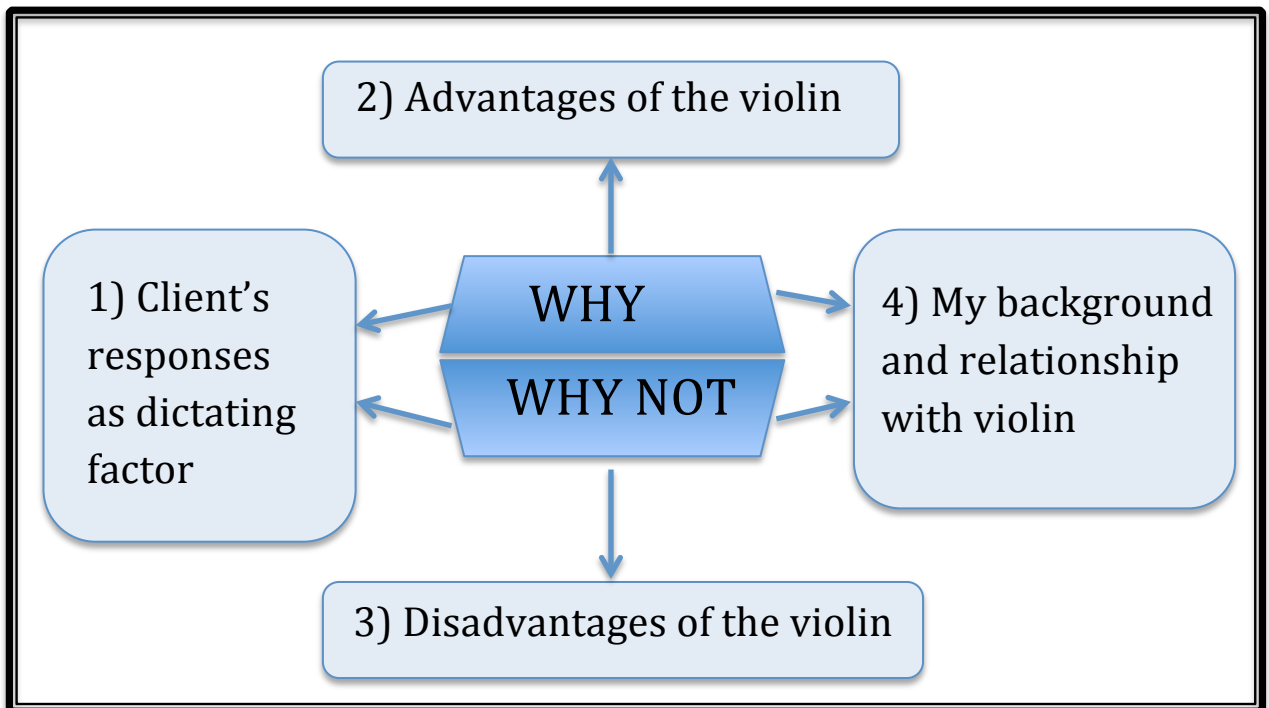


Figure 1. Why did I use the violin and why not?

As I explain my findings within each theme and sub-themes, I will be adding direct quotes taken from my clinical notes and reflective journal. These quotes can be identified by the date that precedes them.

4.3.1 Client's responses as a dictating factor

In this first theme, I described the types of responses from residents, which encouraged me to use the violin at my clinical placement. Being client-centered, I often followed the resident's preferences. There were times, though rare that the client responded in a negative way. In such instances, I would review the context of the response, to try understanding the possible triggers. As with all other aspects of music therapy, I need to be sensitive to the client's preferences and needs and aware of my own actions, reactions and words.

Reactions from residents and staff

On my first day at the facility, faced with a group of residents who do not know me, I would normally play my violin for them as a self-introduction. Perhaps having a solo violin is less common than a solo guitar or piano. In my case vignette, Iona used the words “violin visit”, showed curiosity in the instrument and watched the mechanics of playing. This probably showed the uniqueness of the violin. Positive responses that encouraged me to use the violin included:

2/2/2016 – “Max was excited and asked the caregivers to be quiet, Shuxing was smiling”

2/2/2016 - “My violin drew attention from the staff, including the visiting doctors. Residents appeared to be appreciative of the music from the violin and liked what I had to offer.”

21/3/2016 – “Tears welled up in his eyes and he kissed my hand and asked if he can kiss me. I gave him a hug. He told me it’s his birthday tomorrow.”

It appeared that positive reactions also came from those outside my sessions:

4/4/2016 – “When I was bringing my violin to Iona’s room, I met Corine and she smiled at me and told me I look good with my violin.”

4/4/2016 – “those sitting around the dining table outside smiled at me and they told me they heard my violin coming from the room. It seemed to cheer them up.”

Engaging clients

Although the guitar was often used to engage clients, I found that the violin was equally effective in engaging residents in playing along spontaneously, on their percussion instruments.

2/2/2016 – “Helene played the tambourine and Max played the shaker while I was playing the Irish gigs”

15/6/2016 – “Raymond played with the bells and will often blow kisses to me when I played the violin.”

My coded data also repeatedly showed that the violin’s ability to motivate residents to sing along and even dance.

29/2/2016 – “As I played the tune on the violin she immediately started singing along.”

17/2/2016 – “... One resident from the rest home got up to dance as I played...”

23/2/2016 – “She raised her hand up high and she started to sing which is my first time hearing her sing...”

A resident’s curiosity about the violin led to his attempts to play it. Not being as precious with my violin as Mary Priestley helped, as I was able to share my violin with him and this probably made him feel special and trusted.

21/3/2016 – “I went to grab my Baroque bow and when I returned he attempted to play on my violin. He was happy for me to place it on his shoulder and to have me guide his bow over the strings... He looked pleased with himself”

Specific requests

In my case vignette, Iona asked for my violin perhaps because she found it novel to be visited by a violin player. It could also be that she associated me with the violin, or she simply enjoyed the Celtic music I played. She might also have associated the violin to her Scottish Country Dancing or Scottish culture. Others who requested for my violin were from New Zealand, Greece and China. One resident specifically asked for Classical Baroque while the rest were happy to hear anything I could play on the violin.

23/2/2016 – “Helene asked for me to play the violin yesterday and today.”

24/2/2016 – “Shona wanted to listen to me play the violin”

21/3/2016 – “Max saw me with my violin and asked for music, making the gesture of playing the violin.”

For non-verbal residents and those suffering from moderate to advanced dementia, I had to read their medical files for hobbies related to music or the violin. I also referred to the year they were born to find music they might relate with. Although I sent out a questionnaire (Refer to Appendix L) to families, only a few were returned and they did not contain much information. As a result, I had to keep experimenting, then rely on my observation and judgements to decide.

29/2/2016 – “I grabbed my violin bec I recalled she liked the violin and rejected the guitar.”

Stimulated conversation

The violin seemed to stimulate conversation and sharing of knowledge. For some residents, the violin brought back memories of childhood or loved ones, for others, it appeared to make them feel understood and encouraged sharing of feelings:

2/2/2106 – “Lily commented that she wished she had a chance to play the violin... She said she was asked to sing instead, and I noticed she has a beautiful singing voice.”

1/3/2016 – “(After I played the violin for her) She looked out of the window and I sat with her for a while in silence... (She was a quiet person who hardly speaks but) she suddenly said, “I am....”. I held my breathe. She repeated..., “I am sad”.”

16/3/2016 – “She spoke in Russian (and showed excitement as she shared a story that appeared to amaze her), after I improvised a tune for her. (It felt like the music made her feel understood and she thought that I can understand Russian).”

Client's rejection

When I was giving the group a chance to have a closer look at the differences between the Baroque and modern bows for cognitive stimulation, to engage their

attention, and increase their appreciation of music, a resident suddenly reacted fearfully.

2/2/2016 – “Lily immediately said she can’t play and sounded afraid that she’ll be asked to play the violin.”

It turned out that the violin was an instrument she wanted to play during her childhood days and she was happy to share about this and her musical family background. There were times when a lack of response from the client influenced my decision not to use the violin.

28/3/2016 – “I then stopped because it looked like she will prefer to handle one activity at a time...”

8/6/2016 – “I noticed how Peter seemed to ignore the guitar and violin which I often brought along to his individual sessions... (often choosing the space drum or tuning fork CD instead, maybe because they were unique instruments I did not use in the open group sessions which he regularly attended)...”

4.3.2 Advantages of Violin

The coded data revealed several advantages, which encouraged my use of the violin. Although many of these advantages are similar to other single-line instruments, these findings helped to validate the use of my violin in music therapy. Examples of similar advantages are mobility, singing range, music without words and expression. Salkeld, a music therapist who plays the clarinet described that the clarinet “was an extension of myself, a means of personal expression, a way of conveying meaning beyond words... (and it) seem to allow me the freedom to respond empathically ...to the client” (Oldfield, Tomlinson, & Loombe, 2015b, p. 27). However, with the violin, one can sometimes play more than the melodic line simultaneously and this will be covered in chapter 4.4.4. about how I used the violin.

Familiar Music for Violin

An advantage of using the violin, was the reasonably large repertoire of violin music and classical pieces for violin by famous composers such as Vivaldi, Kreisler and Bach, which are familiar to people from different countries.

The violin being a melodic instrument meant that it could also play all the melodies of popular and traditional songs.

29/2/2016 – “I started with Scarborough Fair, which they sang along without my prompting. Then Irish Eyes are Smiling...”

Associations

For the elderly population, the violin was often associated with Celtic dances. The association of the violin with Scottish country dancing was mentioned in my case vignette and another music therapist, Warnes who plays the violin also shared a similar experience (Oldfield, Tomlinson, & Loombe, 2015c, pp. 149–151). Some popular melodies such as ‘You Raised Me Up’ were associated with the violin at the beginning, so this was a good reason for using the violin.

13/4/2016 – “I included the violin because some songs do start with a violin introduction in the original version.”

The fact that the violin had been integrated into a wide range of cultures such as Indian, Polish, Russian and Chinese, meant that even the non-English speaking residents could identify with it. Listening to the familiar sound of a violin together in a group or even during individual sessions can support the residents’ reminiscence, or provide a sense of connection socially, mentally or spiritually.

The data showed that my own associations had been with concerts and hence, my assumption of a solo violin being a unique feature of what I could offer.

13/4/2016 – “I believe it is special for them because not often you get to hear violin on it’s own. It’s often heard in a chamber or orchestral setting.”

Extrinsic Beauty

To me, the shape and look of the violin is a work of beauty, so it could offer a visual aesthetic experience for the residents.

4/4/2016 – “I felt proud of my violin, which I think is a beautiful instrument and it deserved that praise... It felt like a privilege indeed to be in possession of such a beautiful item...”

29/3/2016 – “It is beautiful even for the eyes to behold...”

Mobility

As often cited by players of portable instruments, an important advantage is the mobility and potential for the therapist to make eye contact with the clients.

6/4/2016 – “I stood up as I played the violin, so it allowed the sound to be carried to the back row better... sometimes I will walk to the back rows to reach those behind.”

Being able to engage visually with the residents enhances the expression of my playing which adds to the effectiveness of the session. My personal belief was that sometimes, through eye contact alone, unspoken but strong connection and exchange was happening, beneath what can be seen and heard.

Singing range

The violin’s strength in providing the melodic line and it’s ability to play within the singing range was useful in therapy work.

7/6/2016 – “Siew Ling had asked to learn to sing Alishan De Guniang, so I decided to use my violin to play the melody at a lower pitch which the xylophone can’t play.”

13/6/2016 – “I played her favourite Alishan de Guniang on the violin and she sang along. It seemed like the violin helped to make the melody line clearer (to her and this boosted her confidence in singing).”

Music without words

As a therapist preparing a selection of unfamiliar music that might relate to a client from a different cultural background, I found it often useful to start by playing the melody on the violin. This meant that I could quickly learn and introduce new songs and gauge the client's interest and preferences before spending time learning the foreign words to the songs.

4/7/2016 – "I took out my violin and played her favourite tune and also a famous Chinese movie tune came to mind and I played it. She told me she recognized that tune..."

The data revealed my personal views that music alone, can convey more depth.

10/2/2016 – "... The words could limit the music's ability to embrace each person's unique background and needs."

22/3/2016 – "I found that the violin also seemed rather useful in conveying and expressing the emotions in the music. Although the lyrics were very moving, the meaning of the music seemed to take on a greater depth when played on the violin. It seemed to take one into the unspoken emotions beneath the lyrics"

29/6/2016 – "Somehow it felt like a voice that speaks without speaking. It reaches the heart or soul and helps people to connect on a deeper level – a feeling level rather than on a mental (or cognitive) level."

I found that providing music for listening meant that residents could relax and listen, without feeling any pressure to participate. This is important for the elderly population, especially for those who are too frail and unwell to respond actively.

Expression

The expressive tone of the violin was most useful in my therapy, to provide emotional and spiritual support to the residents and family, through their pain and suffering. My data showed that I chose to use the violin because it is an instrument I felt I could express myself best on

and I could express human emotions of grief, loss, longing and nostalgia better through the violin than on any other instruments.

24/5/2016 - "I used it to mention and dedicate a song to Corrine who died last week... it felt correct to acknowledge her." 17/5/2016 - "She held on to her mum's hand and looked at her mum lovingly, as I played. The music seemed to provide a container to hold the feelings of love between daughter and mother. I felt a beautiful gentle energy in the room. Her daughter smiled at me gratefully..."

12/4/2016 - "The violin playing of 'Ashokan Farewell' tune was well-received. The melody was very touching and a few residents were moved to tears."

After playing, I asked the residents if anyone knew this music and that it was composed for a film about the American Civil War. The residents who appeared most moved by the music wasn't aware of this. To me, this showed the ability of the violin to express emotions and feelings without need for words or prior knowledge of the music.

Pragmatic Considerations

There were times when I lost my voice, such as being overwhelmed by my emotions, making it hard for me to sing or find the words to speak. Being able to have the violin as my second voice was very helpful.

17/5/2016 - "But somehow I couldn't get myself to sing at that moment and ended up only playing the melody. Maybe I wasn't prepared to find Sharon so ill and she didn't look at all like her normal self."

22/3/2016 - "gave a strong melodic line and also offered a break to them, and for me, from singing."

I also found that the violin's sound being heard distinctively above the sound of voices was a feature that can help at the beginning of an open group session to reach out to those who were quietly listening and help bring everyone together.

29/6/2016 – “Whenever the room got noisy with the sounds of people talking, the sound of the violin was able to cut through the noise and still be heard distinctly, as it's a unique sound without words, a contrast from all the voices around.”

Often I found myself using the violin because it is my main instrument and I am more fluent on it than other instruments such as the guitar.

19/7/2016 – “Sometimes, I used my violin for songs with chords that are too difficult on the guitar for me. “

4.3.3 Disadvantages of using Violin

I found that I may not always mention the disadvantages of using the violin explicitly because I had instead chosen to describe the strengths I found in the other instruments. But to examine the other instruments closely would be beyond the scope of this research, hence only brief mention was made when necessary.

Difficulties of singing with violin

The violin was found to be harder to sing and play with, compared to the guitar.

21/6/2016 – “The guitar was easier to sing with. It takes a lot more effort to sing and play the violin”

14/6/2016 – “It's hard but can be done with some slow deliberate practice. The starting is usually the hardest but it begins to feel natural after that...”

From my perspective, it is a very sensitive instrument and can easily expose one's nervousness, any uncertainties or even lack of practice. Every slightest difference in violin and bow hold and also the contact between the player's fingers, hands and even bodily gestures with the violin strings, body and bow creates a different

impact on its tone and musical expression. This can enhance expression or become a challenge. When working in small hospital rooms, I found it necessary to adapt to the different playing conditions. For example, I often have to change my playing posture, the angle of my violin hold and use a different part of my bow from what I am normally used to.

Taking focus away from the clients

Focusing on the playing accurately and cleanly on the violin can take my focus and energy away from the client, which might not be helpful in therapy work.

24/5/2016 – “I started with the Scottish tunes before the actual start, but found that it certainly took some energy I needed for the big group work away. So it’s probably not a good idea to do that in future.”

29/3/2016 - “...when I focus on my violin tone and tried to make it as expressive as possible and play it well, I shut everyone the audience out sometimes shutting my eyes too...”

In the early stages of my clinical work, I encountered difficulties in moving away from the performance strategies I had acquired over the years in overcoming my stage fright. I found myself having to break away from creating a bubble of safety around me when I played. The violin became my tool for communication and expression in music therapy. Eye contact with my clients and expressive gestures and movements became more important than focusing on minute technical details of playing. Warnes described that performances tended to be a “one-way process”, while in music therapy, the communication is “always at least two-way” (Oldfield et al., 2015c, p. 151).

Intimidating the client

Although the violin gave me credibility as a musician, and no one questioned my identity as a musician, I had to consider if it was intimidating to my clients. A few clients had expressed their lack of confidence or a sense of inferiority when I invited their participation.

16/3/2016 – “She plucked the Gold string and said again that she can’t do it as well as me.”

21/6/2016 - “He asked me to play (the space drum) first and commented that he can’t play as well as me.”

Sometimes I found it useful to leave my violin with the resident, or switch to percussion instruments, to balance the power I felt my violin gave me.

Mechanics of playing

With the violin, I also needed to make sure there was space for the bow to move without causing injury to anyone.

20/6/2016 – “I need space for the bow to move while the guitar with its strumming hand does not need to move through as much a distance...”

Both hands need to be occupied with playing the violin, and this limited my ability to assist frail residents in playing along on percussion instruments. The sensitivity of the violin tone to the touch of the player makes it difficult for anyone to produce a beautiful tone on their first attempts. Without frets on the violin neck, one had to rely on keen and active listening skills to guide the placement of fingers on the violin fingerboard. There is also the need to be sensitivity to the bow’s touch, pressure and speed on the strings amongst many other considerations, which makes it a difficult instrument to master.

Pragmatic considerations

Although being able to play the violin offered me an additional choice of instrument, this also meant additional practice time and energy required to incorporate it into my music therapy sessions.

20/7/2016 – “I used mostly guitar today bec(ause) of the choice of songs. I could have used violin but I didn’t have enough preparation time to do that. “

Pragmatically, I found that the more I am able to do with just one tuned instrument, the easier it is for me, in terms of logistics, maintenance, effective use of therapy time, as well as effective use of my limited practice time. The situations I encountered were as follows:

13/4/2016 – “Often times I almost forgot to play violin... It is so easy to just jump into the song with singing and guitar.”

25/5/2016 – “The violin was used once only. Somehow it’s easier to stick with just the guitar and I find myself getting a bit lazy to change instruments.”

7/6/2016 – “There wasn’t enough time to get my violin out, before dinner came along. We finished with a familiar song she knows, “Irish Eyes are Smiling” using guitar too, out of convenience.”

My experiences above showed the relevance of Mary Priestley’s (1985) comment that valuable therapy time can be wasted on tuning instruments and the usefulness of percussion instruments. Percussion instruments, such as the drums and rattles invited active, joint participation from residents because were less intimidating than tuned instruments. They also provided residents with opportunities for self-expression and free improvisation, without a need for any prior musical training required by instruments like the violin.

When analysing and reflecting on my data, I noticed that I had used the guitar more than the violin because it was an easier instrument to use for providing chordal accompaniment to singing.

During my clinical practice, I have also found YouTube videos useful in providing immediate access to unfamiliar songs named by residents. In addition, the visuals provided by videos, such as the old black and white films of former famous singers and artists, effectively brought back memories for the residents’ and enhanced the sharing and reminiscence of their younger days.

The above examples highlighted instances when I chose other musical instruments and electronic equipment over my violin in conducting my therapy session. The

ease of other instruments made it clearer that the violin is a demanding instrument that required a certain level of commitment and skill.

4.3.4 My background and relationship with my violin

There were strong influences from my background and my uncertain relationship with my violin which impacted on my use of the violin.

Background:

It was evident from my coded data that the sharing of beauty motivated me to perform and the violin was treated as my companion. I was clear about what I found most beautiful and that was the solo voice of a violin.

31/3/2016 – “I want to share the beauty I see and hear from the violin”

29/3/2016 – “For me, its greatest beauty is in its ability to stand on its own – a solo violin against a silent background. This has always been my love - the sound of a violin, singing on its own. Breaking the silence and then returning back to the silence.”

There was also mention of a natural ability to improvise melodies and I was clear in distinguishing the role I played in its creation. The violin was an ideal instrument for me to express my musical ideas.

10/2/2016 – “Mindy was singing some notes and using her notes and getting inspiration from her, I improvised a tune and then a second tune for her on the violin... she suddenly calmed down...”

But there were a lot of uncertainties around the role of the violin in music therapy in my first few months and whether or not I was using it therapeutically.

29/3/2016 – “Last week, people clapped when I played my violin to end the song. I got worried that its turned into a performance... ..perhaps it's my over anxiety of the violin showing off, as the violin, to me, has a certain pride.”

Conflicting Emotions

There were lots of conflicting emotions surrounding the relationship with my violin. This included a sense of insecurity due to my starting the violin as an adult and also feelings of rejection from family at the beginning when I was learning the violin. As an adult beginner, there was also a constant guilt for spending time on my violin.

4/4/2016 – “My family’s always frowned at my violin and my love for it that I find myself often feeling apologetic for it and felt guilty for practicing. If it wasn’t in the early hours of the morning or late at night – times when I’m not needed for other chores...”

It was mostly a lonely, uphill journey, and it did not leave me unscarred. More often than not, my past memories of struggle, loss, rejection, failure, and disappointments evoked strong emotions of worthlessness, anger, fear, sadness and loneliness which came up at different times, usually when my energy was low. Whenever thoughts of myself as a failure came up, I could not get myself to play.

10/2/2016 – “...Mindy started to get agitated and restless. Karen was concerned and pushed her indoors... Maybe she wanted more of that beautiful experience both of us had shared ...But I felt insecure in myself and found myself saying to myself that my violin playing is crap and that’s why I failed the exams.”

Or whenever I felt threatened or judged, my reaction was one of anger, by refusing to play the violin and expressing my preference to use it, as a private pursuit.

31/3/2016 – “I have nothing to give. I ...wondered why anyone wanted to listen to me ...I’m not that good. I started my violin late ...I just want the violin for myself, not for anyone else.”

Limitations in my knowledge and skills:

My coded data showed my feelings of inadequacy around my limited range of musical styles. There was frequent complaint of the lack of practice time to acquire

new skills. Being a violinist who mostly played solo works, I found myself lacking the experience in playing accompaniments.

20/7/2-16 – “I could attempt to play accompaniment with violin, but... ..I don’t have the confidence to do it.”

I had to struggle against my inner resistance of practising in a different way from what I was trained and accustomed to. As a solo violinist, it took me a lot of effort to practise creating and playing accompaniment with my violin, instead of playing the main melody.

Conflicting Relationship with violin

My attitude towards my violin appeared to be a mixture of conflicting emotions. There were feelings of privilege, personal achievement and pride because it took a long time before I had the chance to play it.

2/2/2016 – “I am indeed lucky to have started at all and a blessing to now be able to play my favourite solo Bach partitas.”

Yet it also aroused jealousy and bitterness because I had to fight against all odds, as a working adult, to support my endeavour.

5/4/2016 – “... mentioned being at the Menuhin School and how much interaction she had with great musicians... Felt angry ...”

Further data showed that music helped to reduce my sense of isolation as a teenager and later the violin took over its place. The violin seemed to help me focus my thoughts and it served as a mental discipline which pulled me through my sad times.

31/3/2016 – “My relationship with music is one of isolation... ..I don’t know how I could have been alone without the radio playing music. My relationship with my violin is also one of isolation. Hours of practice alone and often missing my teacher or my friends...”

31/3/2016 – “The violin’s ...helped me through many sad times, given me strength to continue and courage to face the unknown world. Many times going through setbacks and focusing on my violin helped me feel better. It gave me a purpose to this meaningless life.”

Priestley (1985, p. 31) quoted Nieman’s mention of music as a bridge to reach the inner world from the outer world. Perhaps too the violin is a way for me to connect with my inner world, in order to cope with my own challenges in the outer world. Thus I was using my own experiences as a way to assist clients.

4.4 How did I use the violin

To avoid repetition of points already mentioned under 'Why and why did I not use the violin' section, I will not be explaining the therapeutic reasons or values here, but describing in a factual way, what and how I played the violin during therapy.

To present my data findings, I created a diagram below, that was partly inspired by Darnley-Smith and Patey's (2003) diagram on the continuum of musical structures.

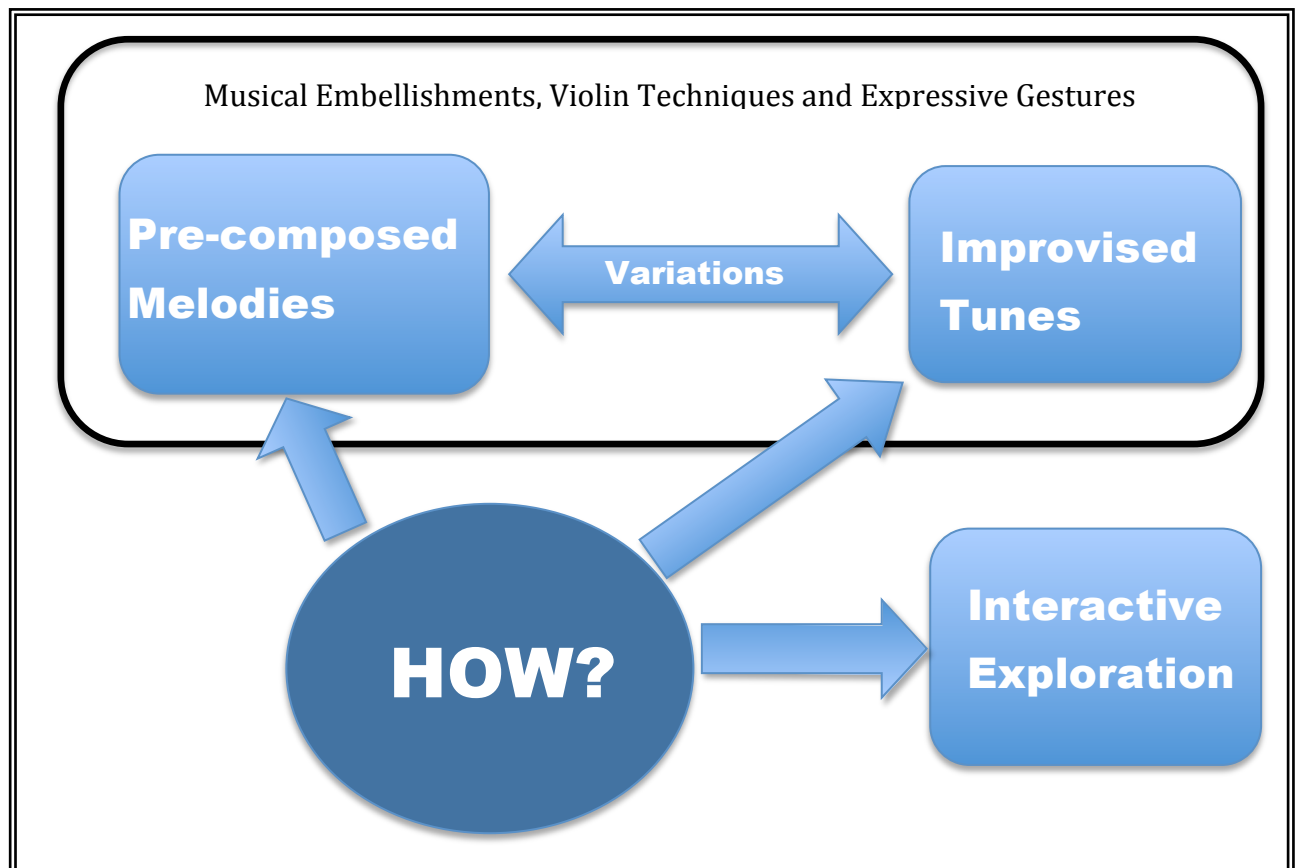


Figure 2. How the violin was used

The ways I used the violin can be categorised into the playing of pre-composed melodies, improvised tunes and interactive exploration of the violin with the client. Inspired by Darnley-Smith and Patey's (2003) concept of music-making as a continuum from tightly-structured pre-composed melodies to unstructured free improvisation. I considered everything I played as a music therapist to be an act of improvisation along this spectrum. I often did not follow original music scores, but picked up known melodies by ear or from memory. Often times, I added variations to the original song version and sometimes freely improvised tunes, not based on any known melodies.

The musical embellishments, violin techniques and expressive gestures mentioned in my coded data, were applicable to everything I played along this continuum. Finally, the data showed how clients were able to physically interact with and explore my violin.

4.4.1 Pre-composed melodies

Familiar Styles

My data revealed that playing music and musical styles that were familiar to the residents were some ways I used pre-composed melodies to engage clients. For residents from a different cultural background, I played music from their culture and also drew upon musical styles that are very similar and hence, sound familiar to them.

24/2/2106 – “play for her some Cape Breton traditional tunes that I felt sounded similar to China traditional tunes. She enjoyed it and agreed with me that they sounded familiar...”

1/3/2016 “Then went on to the Baroque pcs by Vivaldi because I know Russian music is rather classical in nature. She appeared to enjoy the Baroque because she looked comfortably at me as I played them.

I had chosen were short and simplified arrangements by Walter Reiter of Baroque music by famous composers such as Vivaldi, J S Bach and Purcell. I found short works useful because it leaves time for the clients to respond and I can give the client my full attention, without need to play from the music score.

Matching and influencing moods

The data revealed how I had used different pre-composed melodies to match the mood of the client.

18/5/2016 – “The session started with some slow Scottish airs on violin to match the mood of a rainy day, before the Hallo song.”

16/3/2016 – “I finished with ‘Celebration’ from Secret Garden, as it felt to me like her happiness was a triumph over her prolonged sadness”

21/3/2016 – “I played the lively variations that might depict that mood of a comedy and he tapped along and smiled at me.”

Sometimes it was used to influence the mood of the client.

23/3/2016 – “I played a French tune... which sounded kind of humorous to get her into a playful mood.”

I also found ways to creatively vary my singing and playing and speaking voice, within the same song. In allowing myself to be creative with my music, I was giving them permission to exercise their own creativity which served to distract their attention away from their pain.

30/3/2016 - “Then after they’ve sang, I played the violin alone and varied it with embellishments. They appeared to enjoy it. And for the second verse, I played and spoke the words sometimes, to give it a change for the listeners.”

Create an atmosphere

On many occasions, pre-composed melodies were played to create a celebratory or an aesthetic atmosphere in the room

22/3/2016 “It’s Edwards’s birthday today and I played for him Happy Birthday on violin and sung it with others in the lounge.”

18/5/2016 - “But I used the violin tunes first bec there were residents still settling into the room and I felt the violin music would give them time to tune... into this space from perhaps their morning rush to get here.”

28/6/2016 – “I played some violin tunes at the end of the session as people were waiting around for dinner and the space felt empty after my session had ended... when I returned to the lounge... it had a warm and cozy atmosphere. Residents seemed settled and restful.”

Matching rhythms

Engaging in joint music making was also a feature of the use of pre-composed melodies.

13/6/2016 – “She was able to hold quite a steady beat, so I picked up my violin and played as she drummed. She enjoyed it and looked pleased with her ability to drum steadily as I played...”

Singing along

I also used my voice to sing as I played. This was useful to engage the residents in singing, whenever they felt unsure.

20/4/2016 – “I’m able to sing and play at the same time, for some of the songs. It takes some practice and some time, but not impossible.”

15/6/2016 – “When I played the violin and didn’t sing, everyone seemed to prefer to watch and listen”

Musical Games and Entertainment

My violin came in useful for “Name that Song” musical quizzes to engage the residents’ cognitive abilities.

6/7/2016 - “Also not having words, and only melody added more suspense to the game of guessing the song name. Because if the answer is too obvious, it seemed like a stupid question to ask what name is in the song!”

Sometimes, the violin was used just to provide pure entertainment, as part of a team effort with the other recreational therapists.

30/3/2016 – “Joined in Eve’s session for the last half of session to add some Irish/Scottish violin tunes.”

24/2/2016 – “They seemed to have enjoyed the Danish 5/4 dance song. And I also played the Happy Reel.”

Initially I struggled with my habit of focusing mainly on my violin instead of the residents while playing.

15/6/2016 - “I often find myself preferring to go into the music and forget the audience, so that only the music stands. They ...applauded at the end and looked like they had really enjoyed it. So I didn’t think it was a bad idea...”

A deeper reflection upon my data and experiences helped me to understand that it was a necessary skill to be able to alternate between the two points of focus. I had to learn to find a suitable balance between providing beauty in perfect execution and engagement with the residents through my eye contact, facial expression and gestures as I played.

4.4.2 Improvised tunes

The violin’s ability to sustain the length of a note, and to express emotions well, meant that it could match the client’s moods, movements and breathing patterns.

10/2/2016 – “Mindy was singing some notes and using her notes and getting inspiration from her, I improvised a tune and then a second tune for her on the violin. During the second tune, I was able to watch her breathing and feel her being, to get cues that directed the shape of the melody. I made sure I returned to the same theme so there was a structure/form to it, but the variations I played came from her. As I played, she suddenly calmed down, became very quiet but listening intensely. I felt a beautiful connection”

4.4.3 Interactive exploration

I had found ways for clients to engage with my violin in a direct way, such as Iona in my case vignette, who enjoyed plucking the golden E string, closely examining it and naming its parts. The different types of violin bows, even my violin case and what it contained, became objects of curiosity.

One client picked up my violin and attempted to play on it. As I am not overly precious with my violin and the elderly population were generally very respectful and careful with my instruments, I felt safe for them to handle it.

21/3/2016 – “He was happy for me to place it on his shoulder and to have me guide his bow over the strings. When his movement got steady, I positioned the violin at an steeper angle to enable him to play the G and D strings comfortably. Then I sang ‘Lord of the Dance’ chorus as he played. ...he was able to play to the end of the chorus without panting. He looked pleased with himself”

Other songs such as ‘Charlie is my Darling’ and ‘The Skye Boat song’ can also be accompanied by playing on the violin’s open G and D strings.

4.4.4 Musical embellishments, violin techniques and expressive gestures

Musical embellishments included playing introductions to songs, fill-ins between verses and endings, as well as varying the tempo, dynamics and pitch to match the client and situation.

6/4/2016 - “Charlie is my Darling had a violin solo part while in Danny Boy, the violin gave an introduction and then it was a sing along.”

The way the violin is built allows for two strings to be played at once, or all strings to be played in quick succession, enriching the sound. They are known as drones, double-stops, 3-note or 4-note chords. I found them useful in bringing out the

underlying harmonies and harmonic structures of a melody. It can also sound like more than one violinist was playing, therefore enriching the musical experience.

19/7/2016 – “I’m using double stops more as I get more familiar with the song and as my confidence with double stops grows. It made the tone much richer because it sounds like more than one violin playing.”

I often placed a mute on the bridge of the violin to make its tone warmer and this also lowered the volume to an acceptable level for hospital bedrooms and the resident.

Gestures to conduct a big group of residents in singing was also used, such as exaggerating the raising of my bow up in the air before playing, helped residents to anticipate the start of a song.

18/5/2016 - When I used the violin for “My Favourite Things” I could use more exaggerated bow arm gestures to conduct the singing.

5. Discussion

5.1 Client-centred approach

During my clinical work, I was influenced by writings of Carl Rogers, a prominent psychotherapist with a humanistic perspective, to take on a client-centered approach. He stated that:

“...it is the client who knows what hurts, what direction to go, what problems are crucial, what experiences have been deeply buried... ..Unless I had a need to demonstrate my own cleverness and learning, I would do better to rely upon the client for the direction of movement in the process”

(Rogers, 1961, pp. 11–12)

This approach was reflected in my case vignette, when Iona gained confidence and started to direct our sessions. It also tied in with the approach taken by many music therapists, such as Bruscia (1991) who recommended focusing on the client’s needs, musical capabilities and preferences. Webster (1994) viewed this act of following the client, as a way of giving back of control to the client, contributing to their self-esteem, and overall sense of well-being. Therefore, I often only used my violin when my clients requested it, or when the violin stimulated positive responses from them, especially from those who are non-verbal.

Connecting this to music therapy concepts, Bruscia(1987) and Ansdell(1995) spoke about the experience of ‘musical meeting’ describing it as something that comes and goes, never staying constant. Cole (2003) explained how making this ‘musical meeting’ a therapeutic goal, can lead to a positive impact on the client’s overall well-being. At the beginning of my clinical work, I had the misconception that professionalism meant excluding my personal preferences and views as much as possible, and only bringing them in, when I felt they had a purpose to serve in the therapy session or contribute to the resident’s well-being. Hence, my understanding of this ‘musical meeting’ comprised only of the music shared, the instruments used and the client-therapist interactions that took place during the

session. I had a vague notion of myself as an influencing factor. Over time, I learned that there is an interesting balance between client's choice and my areas of strength where I might be most confident and supportive in my music.

As I pondered upon the research question of why I used the violin and questioned that if the reason was because my clients had chosen it, why then did they choose it? Or could I have misunderstood their actual choice? I re-examined my clinical notes of two clients who repeatedly asked for the violin, I noticed that sometimes their music choices dictated the use of the violin. I re-examined my clinical notes for Iona, whom I had the most interactions on the violin with. As our sessions progressed, Iona went from asking for the violin, to asking for Scottish music. Eventually I noticed it was the human connection that appeared to matter the most to her.

On my last day at my clinical placement, a client asked me what my research topic was. He blurted out "I don't care which instrument you use!", pausing to take a deep breathe, he continued on, "It's you, your therapeutic presence, I valued the most". His strong reaction left a deep impact on me. I suddenly became aware of how I had been ignoring my own self, as an influencing factor. This made me aware of myself as a multi-faceted individual, with so many more aspects to my background and personality than I am aware of. In addition, what mattered most to my client might not always be the music or musical instrument. I have to be fully present, to use my sensitivity in observing and listening whenever the 'musical meeting' occurred, to try decipher what it is that mattered the most.

The 'therapeutic presence' mentioned by my client was an important factor emphasized by Carolyn Kenny who wrote that:

"the primary contribution the music therapist brings to the therapeutic encounter are her own qualities. The presence of the therapist communicates these qualities even before the music therapy begins. So you must know yourself. You must come to your

own worldview, your own values and human conditions, your moods, attributes, your states of mind, your own aesthetic preferences and what they mean in the context of your life.”

(Kenny & Aigen, 2006, p. 180)

When I bring my violin and play it for the client, I am bringing an important part of myself into the session. The violin helped me to create a therapeutic presence because it is the instrument I love most and I show my authenticity when I share my passion for it.

A well-known ancient Greek aphorism “Know thyself” came to my mind. But do I really know myself? Hodges (2016) advocated the importance of knowing our music philosophy. He argued that this would not only help us to understand the importance of what we do in music, but also to know that there is more to life than our music-making and our musical identity. He explained how knowing our music philosophy helps us understand what guides our choices, our actions and how we influence others. In clarifying what our music philosophy is, he posed many questions and one of these was, “what is beauty?”.

5.2 What is Beauty?

My findings of advantages of using the violin showed that beauty in its looks, tone and expression formed a major role. In addition I was quoted to have said:

31/3/2016 – “I want to share the beauty I see and hear from the violin”

I noticed how I often spoke of the violin’s beauty, but felt slightly ashamed for having this desire to share something so immaterial, subjective and abstract. As the famous saying goes, “Beauty is in the eyes of the beholder”. One of my residents commented that the violin was not as beautiful as another highly ornamented musical instrument, he had seen, back in his childhood days.

Rather than ‘beauty’, which is subjective, music therapists have discussed the role of ‘aesthetic experience’ in the therapeutic process. The Oxford dictionary defined

aesthetic as that “concerned with beauty and art and the understanding of beautiful things” (Hornby, 2005, p. 24). Music therapists who mentioned the aesthetic element of music as a therapeutic consideration were Bruscia (1991), and Sonntag (2016) who emphasized the importance of providing an ‘aesthetic atmosphere’ for dementia patients. According to Aigen (2008) who researched extensively on this subject, Carolyn Kenny was the first music therapist who fully embraced beauty as an essential part of the therapy. Aigen, in explaining how the “aesthetic experience” is useful in music therapy, summed up his findings to state that it ‘answers the quest for meaning, ...(by) provid(ing) a connection to a fundamental reality, ...involves and models processes of transformation,... (by conveying) a truthful representation of the human condition, (and) ...only possible because humans are aesthetic beings’ (2008, pp. 126–127).

Pondering upon these ideas of beauty and aesthetics, and to understand them on a deeper level, I questioned what my definition of beauty is. I recalled my Sufi teacher’s words about beauty. She once said that one’s ability to see beauty is a sign of one’s spiritual evolution. There is beauty in everyone and it is up to us to see it. In order to do so, we need to look through the eyes of love and compassion. Her words validated my desire to seek and share the beauty of the violin, but I still struggled to fully understand the role of beauty.

Throughout my clinical work, I also drew inspiration from the writings of Hazrat Inayat Khan. He stated that “Love produces harmony and harmony creates beauty” (Inayat Khan, 1996, p. 116). I interpreted ‘harmony’ as harmonious actions and thoughts. Due to my spiritual inclinations, I interpreted ‘love’ to mean both the right intentions and ‘God’, as the source. If ‘Beauty’ comes from ‘harmony’ that originates from ‘Love’, and ‘Love’ represents ‘God’, perhaps ‘Beauty’ meant ‘God’ to me. Perhaps my sharing the violin was my way of expressing my idea of ‘God’ or the shared sense of connection.

I also questioned myself about what I considered was beautiful to me, besides the violin. My immediate answer was ‘Nature’. I noticed my respect for nature and my reluctance to cut flowers because that was disturbing the beauty and bringing home something that did not last. Beauty was something sacred that should not be

disturbed. I noticed how over the year, my attitude to this had changed. I found myself picking flowers, before they wither away, for the residents. I felt that their beauty would be wasted if it was not shared. Somehow my definition of beauty had changed. Beauty is to be shared.

5.3 What were the challenges?

Darnley-Smith and Patey (2003) stated the qualities of a music therapy student was a willingness to learn about oneself and 'confronting one's own defences and vulnerabilities' (p. 58). One of my challenges was in defining what music meant to me and whether my values fit in with music therapy.

5.3.1 Defining music and music therapy

In understanding one's music philosophy, another question Hodges (2016) asked was 'What is music?'. This was a question I grappled with throughout my music therapy course. Whenever asked by my music therapy colleagues what kind of music I enjoyed the most, I admitted with awkwardness that the sounds of nature and its movements are my music.

7/7/2016 – "I enjoyed the different sounds of the waves at different parts of the beach. It's such a symphony out in nature... .. how ancient the sounds of Nature is... ..much older than the human songs we know... I'm reminded of the song lyrics, "All the sounds of the earth are like music""

If nature is my form of music, how does this fit in with music therapy? Would this disqualify me from becoming a music therapist?

Kenny's statement that 'music reflects nature... (and the) forms and structure of music provide a symbolic order... (and is therefore) healing' (1982, p. 5) resonated with me, as I recalled works such as Mendelsohn's First Symphony, Beethoven's Pastoral Symphony and Vivaldi's Four Seasons which reflect the sounds of nature.

I continued to grapple with the questions of what is music therapy and what is the role of my violin. Do my values fit in with music therapy? I found Kenny's definition of music therapy very helpful:

"Music Therapy is a process and a form which combines the healing aspects of music with the issues of human need... The Music Therapist serves as a resource person and guide, providing musical experiences which direct clients towards health and well-being."

(Kenny, 1982, p. 8)

I reflected on my use of nature sounds from YouTube in my therapy sessions to fill the silences and gaps, and also of the use of flowers and leaves from the garden for visual and tactile purposes. I began to accept that nature is my spiritual nourishment, my form of music and source of inspiration. I began to see my role to transform my experiences into the musical forms that people can relate to and the violin is the instrument I am most comfortable to use. My data findings confirmed to me that the violin can be as effective as the guitar in engaging the residents' participation. Through this form of self-reflection, I began to view the violin more objectively, as one of my resources, as a music therapist.

5.3.2 Insecurities about my musical ability

In my research findings about the disadvantages and the conflicting emotions in my relationship with the violin, there was strong evidence of my fear about not being good enough. My late start on my violin and all the limitations I found in my musical and instrumental skills and range of musical styles left me with lots of doubts about my musical ability.

Despite reading the experiences of other music therapists who used their violin in the recently published book by Loombe, Tomlinson and Oldfield (2015), my research into the history of bowed instruments and tracing its possible links to rite and rituals dealing with grief, mortality and life transitions, I still felt insecure about using the violin in music therapy because it was not part of our training.

I started to look for the evidence against the use of the violin. Benenzon (1997) listed musical instruments that music therapists should have, and his advice that the instrument should be easy to handle and should not tend towards introversion, stood out as reasons not to use the violin. I also found various researches (Kelly, 2015; Langendörfer, 2008; Torrance & Bugos, 2016) that showed evidence of perfectionism and introversion in orchestra players, which are unsuitable traits. Mary Priestley's comments added to my list. But as I reflected on all my findings and my readings, I realized that all these negative self-talk had served no purpose but to leave me feeling inadequate and musically impotent.

I recalled a flash of insight that my academic supervisor had given me when after my presentation about the internationally wide ranging styles of fiddle and violin playing, she exclaimed in a playful manner, "And Cheri's going to learn all of these! Hurray!". Her humour made me ask myself "When is good enough?", "Can I learn all the styles that exist in the world?". If I am never going to reach that stage of feeling good enough, what can I do about it now? Her comments introduced me to the Zen Buddhist concept of 'Wabi Sabi', the "Japanese art of finding beauty in imperfection and profundity in nature"(Lawrence, 2004, p. 17). I was reminded of Dr. Franco Zanini's discovery that the imperfections of the Stradivarius violin were factors that contributed to its perfect sound (Gray, 2012). Equipped with this new understanding, I began to look for the positive side of the things I found negative. My limitations in skills and knowledge of the different styles of fiddling meant the joy of making new discoveries and learning. Instead of viewing my late start in violin as a disadvantage, I could see it the way a resident did.

2/2/2016 – "Lily... ..wished she had a chance to play the violin and considered me lucky to be able to."

5.3.3 Coping with death of loved ones

One of the greatest challenge I had was facing the death of the residents I worked with. I became aware of my childhood fear of losing loved ones through sudden death. But death and dying was the usual final outcome of the elderly residents, I

worked with in the hospital. I was burdened with sadness and often searched for solutions by immersing myself in the sounds of nature.

15/5/2016 – “went to listen to the waves ...and was surprised how joyful Nature sounds, despite signs of death and dying (Dead and dying seaweed and leaves etc) lying around. I’m reminded of Beethoven’s Ode to Joy, ‘Joyful Joyful we adore Thee...’”.

To me, this was a reflection of the co-existence of happiness and sadness in life. I also reflected upon an unexpected recovery of a dying patient, who went through some suffering, before he eventually died. It showed me that death was sometimes a liberation from bodily pain. Through these forms of reflection, the dualities of life became more apparent to me. I saw that the violin’s ability to respond to the slightest change in touch from its player can make it both a difficult instrument to handle and an ideal instrument for expressing a wide range of emotions. This makes it a valuable tool for me in music therapy. My past spiritual encounters, once an obstacle to my sharing the violin, became a source of strength in supporting those going through loss, grief and death. Iona, whom I mentioned in my case vignette showed me the beauty of our interactions and also that death can be sweet and beautiful. It is not always sad. I no longer perceived death as an inevitable sad ending and a loss of one’s relations, but instead view it as an important life transition and sometimes, a liberation from chronic suffering or even a reuniting with deceased loved ones.

I found it appropriate and felt comfortable about playing the violin to support my clients spiritually, especially during in the important final stages of their life because the violin is sacred, special and important to me. Using the violin gave me the courage to support my clients spiritually because I feel most confident in using the violin to create a therapeutic space.

5.4 The role of the violin in music therapy

One of my later clients shared his love for the gradual fading away of my violin’s tone at the end of the music. “From a full-bodied richness of sound, into the far off

distance of nothingness”, were his last words, I remembered from our final sessions together.

The process of my self-reflections on the role of aesthetics by Aigen (1995, 2008), my spiritual understanding of beauty linked with ‘God’, Kenny’s (1982) definition of music as a reflection of nature, my academic supervisor’s reminder of the concept of ‘wabi sabi’, my realisation of duality through contact with nature, the wisdom I gained from the elderly residents I played for, all contributed to my understanding of myself and the role of the violin in music therapy.

I can now clearly see my violin’s role is in supporting my clients emotionally and spiritually, helping them and myself to come to an acceptance of life’s human condition, by providing insights gained from the aesthetic experiences of the music played. I know I have the choice not to use my violin, just as Helen Bonny had chosen not to. I can also accept that my violin may not always be the instrument I use in therapy sessions, but it still plays a major role in influencing my work and life. When I use the violin, it is because I can express my sense of spirituality best on it, and the music provides a bridge between the inner world and outer world, helping me to provide a safe and supportive therapeutic space for my client to work through their loss and grief.

A resident once told me “When I was young, I thought music is rubbish. Now I think it is very important”. Now, I feel confident to declare, like she did and see my role in music therapy. This research process of examining my data in a self-reflective way has brought me to a fuller understanding of the music therapy concepts of “musical meeting”, “aesthetic experiences”, qualities of “self-reflection” and “intention” (Kenny & Aigen, 2006) which enable me to provide the “therapeutic presence” that mattered the most. I learned the importance of using my violin which forms a part of me.

My relationship with the violin, which started as a lonely struggle in my search for spiritual reconnection became a means to reach out to and connect with others. Through my work with the elderly, as a student music therapist, I am now able to regain that sense of connection with the spirituality that I discovered is within me

all this time. In addition, I am able to understand that I have other equally valuable personal qualities that extend beyond my passion for the violin.

5.5 Limitations of Research and Recommendations

Because this study is a secondary analysis of my clinical work, there was actually relatively little information related to how I used the violin specifically. As a student practitioner trained to use the piano and guitar, I found myself using the guitar mostly during my work. I also recognised that - given the state of my development as a musician, I did not always feel skilful enough on the violin, to create accompaniments to singing in a spontaneous and flexible way. Reflections of percussion and other instruments I used therefore constituted a majority of my overall reflections.

Due to the early data collection cut-off date, clients who were referred to me in the later part of my clinical work, due to their associations with the violin, had been excluded. Other information which were not documented were the violin techniques and gestures which I employed unconsciously, and discoveries I had made about the violin, such as ways to transpose into different keys quickly. Little was documented about how I improvised on the violin, when I did. The clinical notes and reflections did not capture how I programmed my open groups to include some violin to provide for a change in musical experience.

This research was about my reflections and my choices based on my background and approach, hence it may not be applicable to others whose background and approach might be entirely different. However, the process of data coding and analysis, and the process of self-questioning might be meaningful and shared by others.

The reflective nature of this research changed my understanding and how I viewed my relationship with the violin. This process continue to change my understanding over time, such that future research might help to build upon this.

As this study was limited to the time frame and the scope of my current musical proficiency, knowledge and styles, I would recommend for future research to draw upon other music therapist's experience of their string instruments. Further research into ways the violin can be used therapeutically, by violinists at different levels of proficiency might become a useful resource for other string players. I would recommend for future research to investigate the details of musical and instrumental techniques that were found useful for the violin. This might also include a deeper investigation into the value of a single-line melody as an improvising strategy or intervention.

6. Conclusion

The purpose of this research was to understand the role of my violin in music therapy for the elderly population I worked with, and how I used the violin, when I did. A literature review was conducted to inform the researcher of the recommended music therapy goals and methods used for the elderly population. Piano and guitar were found to be the two most commonly used instruments by music therapists because of their strengths as accompaniment instruments. Several instructional books and articles about their therapeutic uses had been published but none for the violin. Well-known music therapists who were instrumentalists showed differences in choice about the use of their main instrument for their clinical work. Many focused their writings on the therapeutic process, mentioning little about their own instruments. Although the violin was not commonly used in music therapy, recent literature provided evidence of a growing interest by music therapy and music students who play the violin, in how the violin can be used therapeutically.

A short investigation into the ancient instruments used for healing, brought me to ponder upon the similarities between the violin, a bowed instrument and ancient friction instruments which was associated with death and initiation rites. A brief study of the history of the violin revealed arguments over the early existence of funerary violinists. Finally, the integration of the violin into different cultures, showed it to be an appropriate instrument for connecting with the culturally diverse elderly population in New Zealand.

This study involved a secondary analysis of data based on information gathered from clinical notes and reflective journals. Through a rigorous process of thematic analysis involving three cycles of graphic representation, using inductive and deductive methods to interpret the data, findings revealed that each instrument had their strengths and the violin being my passion was the one that granted me the most freedom in expression.

Due to my client-centred approach, it was found that my clients' choice influenced the use of my violin and I had to learn to balance it with my abilities to confidently create a therapeutic space. Most of my findings relating to the advantages of the

violin were also shared by other music therapists in a recently published book by Oldfield, Tomlinson and Loombe (2015). The violin's perceived extrinsic beauty and its intrinsic tonal beauty was also mentioned as an advantage. The disadvantages were mostly related to the difficulties of playing and learning new styles, and hence, the frequent complaint about the lack of practice time. The pragmatic reasons against use of the violin was the inconvenience of handling an extra tuned instrument, besides the guitar. The findings on 'How' I used the violin were presented in terms of what was played along the spectrum of pre-composed to improvised melodies, and some technicalities of playing. Findings were limited by the nature of research using secondary analysis of data.

The case vignette demonstrated the violin's possible association with Scottish music and the client's Scottish identity, which ignited the client's need to reclaim her Scottish identity through our interactions. Sharing my love for the violin which is important to me, the client shared the importance of her Scottish heritage. The violin became a constant in our sessions. The interactions with this client opened my eyes to beauty in various forms. Upon her death, I discovered how I was transformed through the relationship to become more confident in using my violin and in so doing, I regained a sense of re-connection with my spirituality.

The discussion was a rigorous process of honest self-reflection triggered by my client's responses. My understanding of the music therapy concepts of 'musical meeting' was deepened through reflections of my client's responses, shaped by readings about music therapy and music philosophy. Using self-reflections that drew upon my background, personality, interactions with people, work encounters, experiences of Sufism and philosophical teachings, I became more aware of how the violin helps me to contribute create a therapeutic presence and to better appreciate the role of aesthetics and beauty in my work and life. Reflections on the concepts of 'wabi sabi' and duality of nature helped me to cope with my perceptions of limitations and with the issues of death and dying. Through this work, the role of the violin in my music therapy work became clearer to me. It enabled me to view the violin as a tool to support the elderly emotionally and spiritually, my ability to express empathy and the aesthetic experience. My

relationship with the violin had gradually transformed from a beauty that is precious and personal, to become a beauty that is to be shared.

This research clearly demonstrated how I used self-reflections as a tool to integrate research findings and music therapy concepts with my personal experiences and meaningful spiritual teachings and philosophy, in order to deepen the understanding of myself and the role of my violin in music therapy. The clinical work and research process had brought about my confidence to proclaim that the violin is my love and passion and it forms part of my identity and values. I use the violin because I can best communicate and express myself, when playing it.

“Mum, if I play my violin, God will give me back my life!” were the words I repeatedly shouted, as I awoke from a dream of my pending death. Without knowing what this all means and where it will lead me onto next, I continue on my journey with my violin, working towards playing Bach’s Chaconne for solo violin (BWV1004) and flowing with the rhythm of life.

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Appendix A: Sample of Clinical notes for Group Sessions

Weekly log

Participants: Residents' names

Date: 06/4/2016

Music/Activities:	Instruments used:	Observations:
Hello Song	Guitar, voice	H.... appeared resentful and commented that she doesn't like the violin and guitar. M.... kept saying 'No' to everything. P.... appeared weak and had his eyes shut. I.... looked sad and was quiet. R... looked enthusiastic.
Choose a quiz to complete a crossword puzzle - The Great Snowman (introduction to nicknames), Hey Jude, Clementine, Lili Marlene, Molly Malone, Tell Laura I love her (skipped), Oh Susanna(Guitar, Voice), Daisy, (Triangle), Danny Boy (Violin, Voice).	Drums, shakers, Tambourines, Rattle, guitar, voice, violin, clapping.	Everyone listened attentively when I sang 'The Great Snowman' song they didn't know. P... was quiet, with his eyes shut most of the time but was eventually able to join in the singing. H... was excited when presented with instruments to choose from. She was thrilled with and enjoyed the rattle she got and called them 'nuts' and laughed about it. She was very engaged and was singing and playing along actively with a big smile on her face. Half way through, she even kindly offered others a chance to play with the 'nuts'. The caregivers were smiling and laughing. They seemed to enjoy the atmosphere and gave song suggestions.
Improvisation – Each person drum their name.	Irish Drum	H.... drummed so rhythmically, it made us all want to dance. She was thrilled that we showed our appreciation for her input. I.... who had been quiet drummed very strongly, clearly and rhythmically. It had such a strong character to it that heads turned as the residents wondered who was the drummer. P.... spelled it out as he drummed. H.... commented that M... can't do anything but M.... drummed to H.... surprise.
Last song requested - John Brown's Body	Guitar, Voice	Everyone knew the chorus and joined in. When they didn't know the verses, they still tried to sing along, as the verses repeated three times.
Goodbye Song	Guitar, Voice	P.... smiled and said 'Thank you, you did very well'. H.... commented, 'You're a great musician, I'll definitely come for your session'. J... thanked me and the caregivers seemed happy too.

Reflections on choice of music/activities:

A good number of songs were known to them and so they were able to sing along. Even if it wasn't, there were repetitive parts that they could catch on easily and join in. I spoke out the lyrics in John Brown's Body song before singing it, so they can sing along to the verses.

Reflections on choice of instrument and how it was used:

Two songs were with violin. Charlie is my Darling had a violin solo part while Danny Boy, the violin gave an introduction and then it was a sing along. I stood up as I played the violin, so it allowed the sound to be carried to the back row better. Also with the guitar, sometimes I will walk to the back rows to reach those behind.

The Irish Drum turned out to be very effective. I was afraid it is too huge and might frighten the residents as it felt bigger when brought close up. But instead they welcomed it. The size also woke up those who were drowsy. They seemed better able to express themselves.

Overall Reflections/Comments:

It was a success because I learned to not do/finish all the songs and was able to play them just long enough. Also the timing of moving between activities was well-paced.... When I went around asking names during the drumming, I added a joke to the rest who were losing attention that I might give them a quiz at the end on one another's names. I felt confident and also relaxed.

Things to improvement:

I've to be more careful about the close-knit relationship between XXXX and XXX. Perhaps XXX likes to be reliant on XXX this much and XXXX liked to be giving this amount of guidance. When I stopped XXXX from guiding XXXX, she seemed to cry out for him.

Appendix B: Analysis Process – Extraction and Coding on Excel spreadsheet

Example of extraction:

Reflections on choice of instrument and how it was used:

Two songs were with violin. Charlie is my Darling had a violin solo part while Danny Boy, the violin gave an introduction and then it was a sing along. I stood up as I played the violin, so it allowed the sound to be carried to the back row better. Also with the guitar, sometimes I will walk to the back rows to reach those behind.

The Irish Drum turned out to be very effective. I was afraid it is too huge and might frighten the residents as it felt bigger when brought close up. But instead they welcomed it. The size also woke up those who were drowsy. They seemed better able to express themselves.

Example of coding:

Source:	Ref No.:	Paragraph:	Dated:	Code 1:	Code 2:	Code 3:	Analytical Code	Memo
Reflections	O20	Charlie is my Darling had a violin solo part while Danny Boy, the violin gave an introduction and then it was a sing along. I stood up as I played the violin, so it allowed the sound to be carried to the back row better. Also with the guitar, sometimes I will walked to the back rows to reach those behind.	6/04/2016	Played for sing-along				Only two songs on violin
Reflections	O20.1	Charlie is my Darling had a violin solo part	6/04/2016	Played violin fill-ins between the verses				
Reflections	O20.2	while Danny Boy, the violin gave an introduction and then it was a sing along.	6/04/2016	Played introductions				
Reflections	O20.3	I stood up as I played the violin, so it allowed the sound to be carried to the back row better.	6/04/2016	Standing to project sound				How and Why
Reflections	O20.4	sometimes I will walked to the back rows to reach those behind.	6/04/2016	Walking to the back				How and Why
Reflections	O21	The Irish Drum turned out to be very effective. I was afraid it is too huge and might frighten the residents as it felt bigger when brought close...	6/04/2016	Fear of intimidating clients				
Reflections	O21.1	But instead they welcomed it. The size also woke up those who were drowsy.	6/04/2016	Size grabed attention	Bigger playing surface for exploration and expression	Louder sound		

Example of subsequent coding:

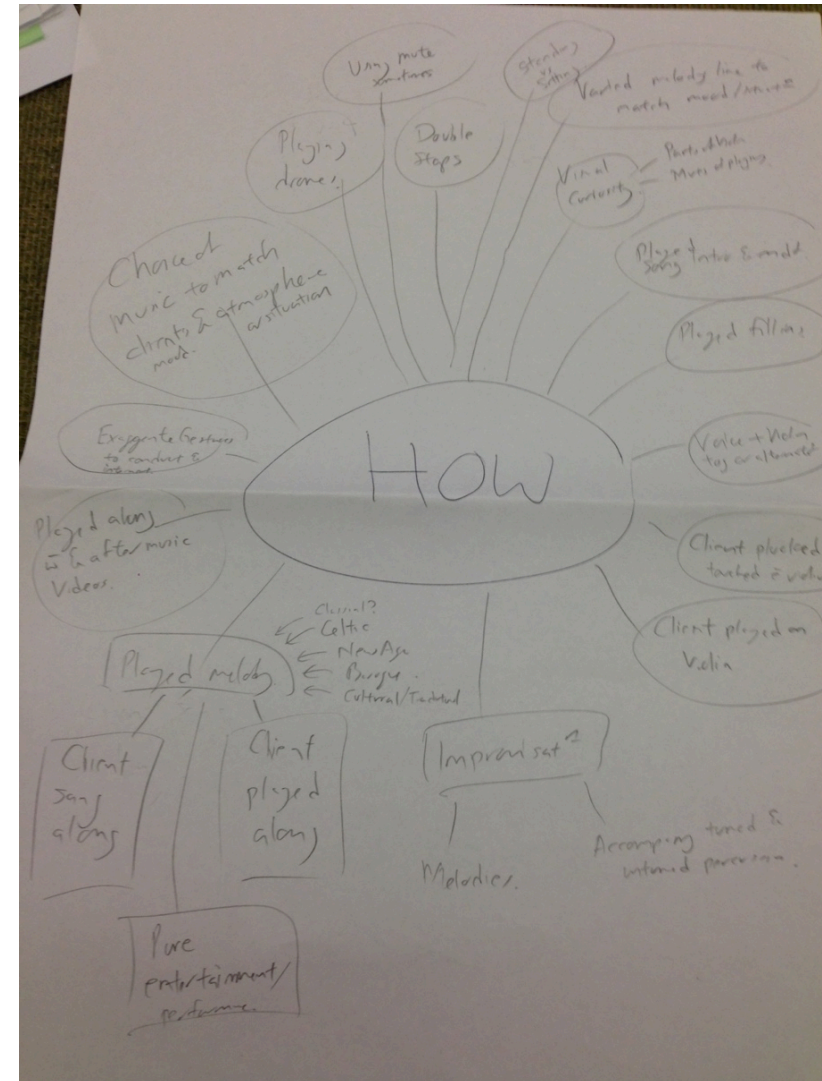
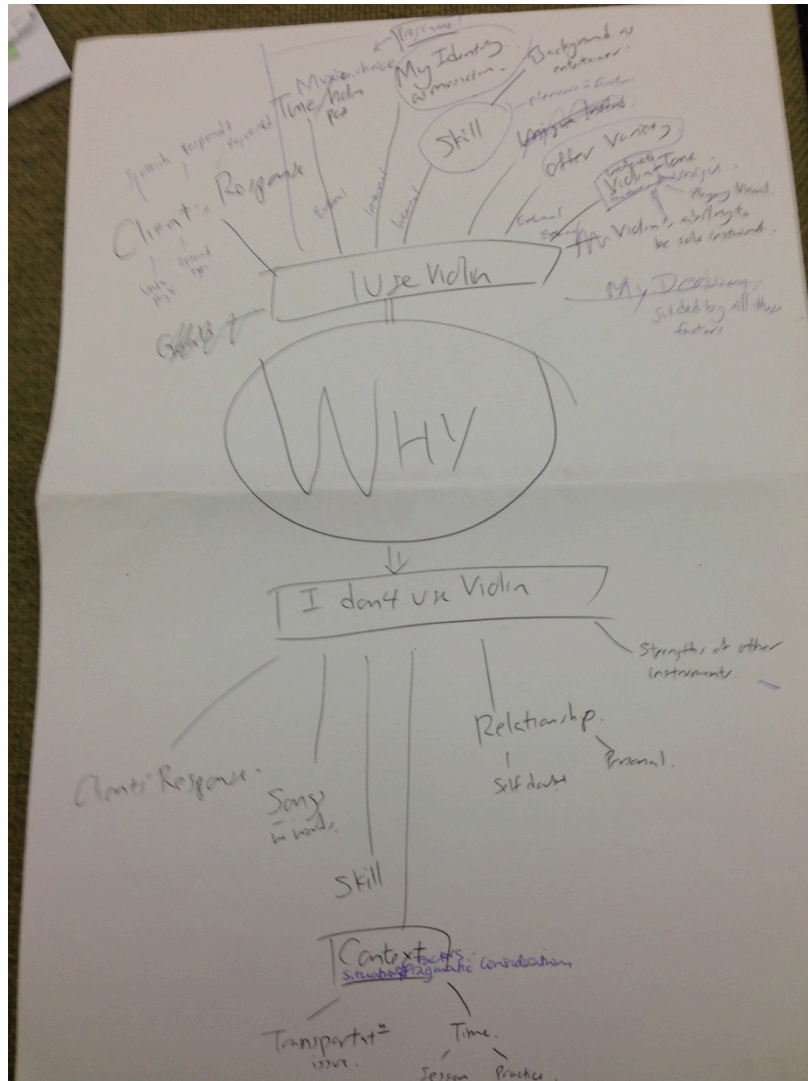
Where topic, category and Instrument codes were added.

Source:	Ref No.:	Paragraph:	Dated:	Topic Coding:	Category Code:	Instrument	Code 1:	Code 2:	Code 3:	Analytical Code	Memo
Reflections	O20	Charlie is my Darling had a violin solo part while Danny Boy, the violin gave an introduction and then it was a sing along. I stood up as I played the violin, so it allowed the sound to be carried to the back row better. Also with the guitar, sometimes I will walked to the back rows to reach those behind.	6/04/2016	Why	My response	Violin	Played for sing-along			Why-Violin Feature	Only two songs on violin
Reflections	O20.1	Charlie is my Darling had a violin solo part	6/04/2016	How	My response	Violin	Played violin fill-ins between the verses	Varying music		How-Technical	
Reflections	O20.2	while Danny Boy, the violin gave an introduction and then it was a sing along.	6/04/2016	How	My response	Violin	Played introductions	Varying music		How-Technical	
Reflections	O20.3	I stood up as I played the violin, so it allowed the sound to be carried to the back row better.	6/04/2016	Why	My response	Violin	Standing to project sound	Mobility		Why-Violin Feature	Also a 'How' action
Reflections	O20.4	sometimes I will walked to the back rows to reach those behind.	6/04/2016	Why	My response	Violin	Walking to the back	Mobility		Why-Violin Feature	Also a 'How' action
Reflections	O21	The Irish Drum turned out to be very effective. I was afraid it is too huge and might frighten the residents as it felt bigger when brought close...	6/04/2016	Why	My response	Irish Drum	Fear of intimidating clients				
Reflections	O21.1	But instead they welcomed it. The size also woke up those who were drowsy.	6/04/2016	Why	Clients' response	Irish Drum	Size grabed attention	Bigger playing surface for exploration and expression	Louder sound		

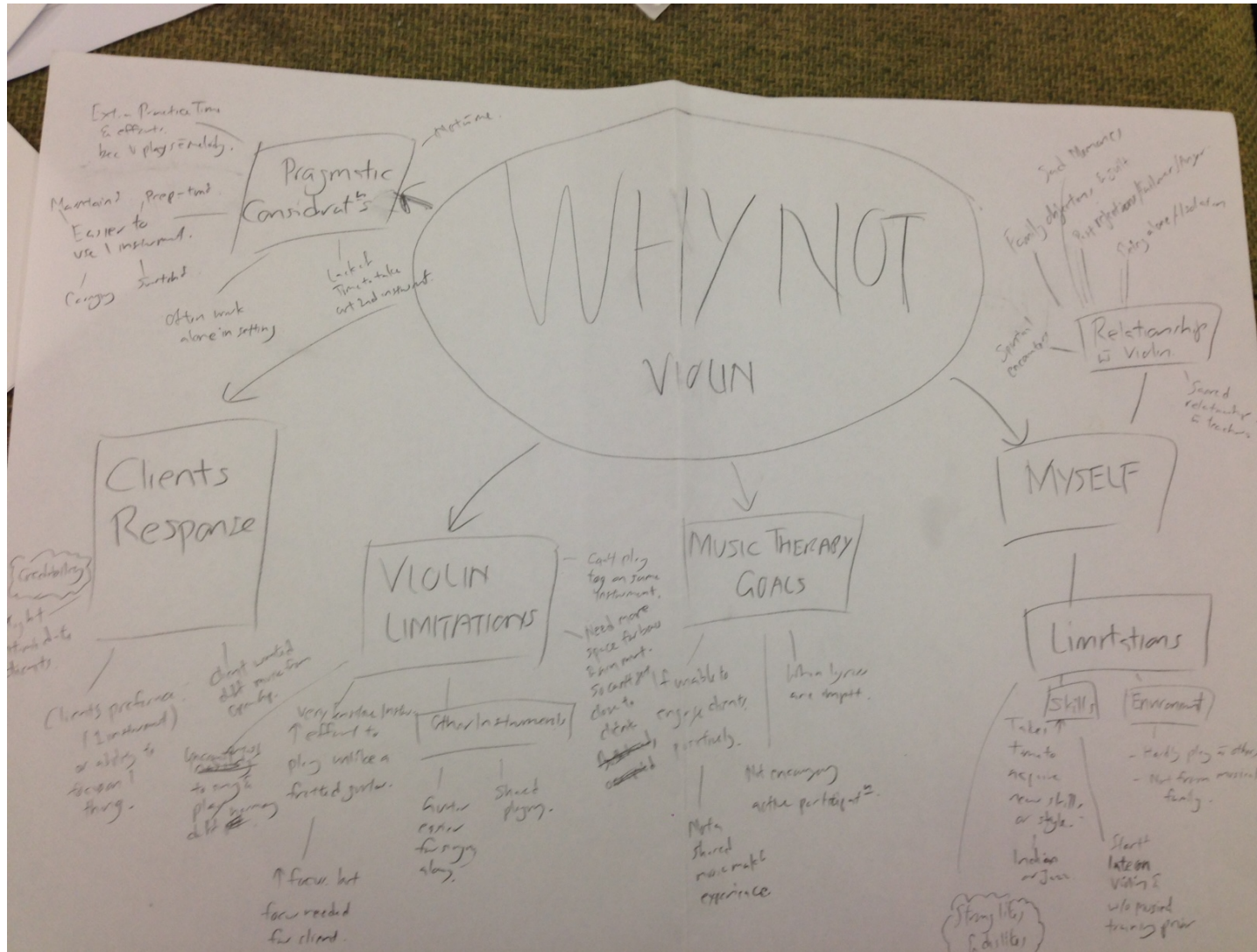
Explanation of coding:

- 'Topic coding' included the options of 'Why', 'Why not' and 'How'.
- 'Category coding' included the options of 'My response', 'Client's response' and 'Thought-process'.
- 'Instrument coding' included the violin, guitar, hand drum, space drum, Irish drum, glockenspiels, bells, singing bowl, wind chimes, sansula and egg shakers. Use of radio playing music CDs and YouTube videos played on my laptop and sometimes projected on the television screen, were coded as 'radio' or 'YouTube' respectively. Other light-weight percussion instruments used by residents during open group sessions, included small drums, tambourines, castanets, rattles, shakers, clappers, cabassa, claves and a variety of bells. These were grouped together as 'percussion instruments'. Individual 'percussion instruments' was only specified when residents engaged with it in a special way, that was worth noting.

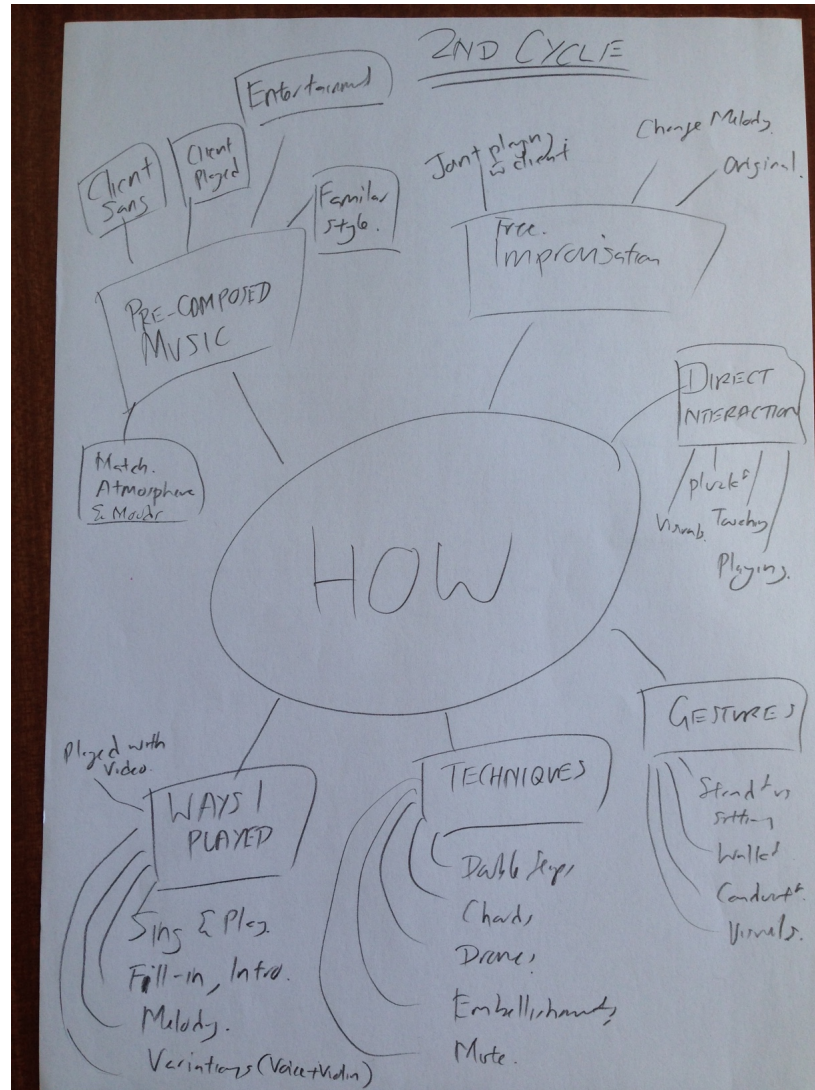
Appendix C: Graphic Representation – 1st Cycle charts



Appendix E: Graphic Representation - 2nd Cycle Charts - WHY NOT



Appendix F: Graphic Representation – 2nd Cycle Charts – HOW



Appendix G: Letter Requesting for Permission from Facility Manager



New Zealand School of Music, Victoria University of Wellington, P.O. Box 600, Wellington 6140
Music Therapy Dept., Tel: 04 463-5233 x 35807/35808

Research Title: Using the violin to support elderly people in a music therapy student's practice in a residential setting

Re: Permission to access clinical notes for research purpose

Dear [REDACTED],

I would like to ask you to give written permission for some materials recorded in my notes and reflections to be included in my research, which is a part of my music therapy training.

For my research topic, I have chosen to explore how the violin was used during music therapy with the residents at [REDACTED]. As part of the research process, I will be looking back at my clinical notes, practice notes and journal reflections to examine my own practice. There will be no change to usual music therapy with residents and they will not be research participants. I will seek informed consent from a resident and family members as an illustrative case vignette but all other review and analysis of notes will be about my work.

The proposal for this study has been reviewed and approved by the New Zealand School of Music Postgraduate Committee. Victoria University Human Ethics Committee has given generic approval for me to carry out this project and they have considered it to be low risk. The approved research proposal is attached for your information.

If you have any concerns or questions relating to this research and/or giving permission to use the music therapy materials for research, please feel free to discuss them with me or contact my research supervisor, Sarah Hoskyns (sarah.hoskyns@nzsm.ac.nz or tel: 04-463-5233 ext 35807). I would be most grateful if you could email a response by Friday 8th April.

Kind regards

Cheri Ang

Tel: [REDACTED]

Email: [REDACTED]

Appendix H: Information Sheet for Carers



Research Title: Using the violin to support elderly people in a music therapy student's practice in a residential setting

INFORMATION SHEET FOR CARERS

Researcher Introduction

My name is Cheri Ang and I'm a Music Therapy student at Victoria University. As part of the Master of Music Therapy programme, I'm undertaking an exploratory research project to understand better when, how and why my violin was used during my clinical placement.

Project Description and Invitation to Resident

The project is an exploratory study on when and how the violin was used during music therapy sessions. The data I collect will be in the form of clinical notes, reflective journals and supervision reports. The analysis will only happen at the end and should not interfere with the music therapy sessions. I am writing to you because I would like to use the data that was collected as part of my clinical practice, to write a case story/vignette about my work with [REDACTED]. This short case story will illustrate themes that have been derived from my research analysis and will help to illustrate answers to my research questions.

Privacy and Confidentiality

All information will be safely stored in the medical files or secure electronic drives at [REDACTED] or the university lecturer's office. All information will be destroyed in a secure manner, after 10 years. Cheri will provide you with a summary report of the project when it is completed. To preserve confidentiality of identity, all the names of people involved in music therapy at [REDACTED] will be changed and the name of the facility will be not be revealed. . The music therapy community in New Zealand is small, and despite these measures there is a slight risk that [REDACTED] might be identified.

Resident and Family' Rights

There is no obligation for the you to give permission for her data to be used for research purposes. If permission is given, [REDACTED] and you as a friend have the right to:

- ask any questions about the study at any time until it is completed;

- provide information on the understanding that his/her name will not be used unless given permission to;
- withdraw information from the research up till the end of the data analysis which is 31st August 2016)
- be given access to a summary of the project findings when it is concluded.

Project Contacts

If you or the resident have any questions about the project, you may contact me or my supervisor, Assoc Prof Sarah Hoskyns. Details are found at the end of this document.

Compulsory Statement

This project has been reviewed and approved by the New Zealand School of Music Postgraduate committee. The VUW Human Ethics Committee has given generic approval for music therapy students to conduct studies of this type. The music therapy projects have been judged to be low risk and, consequently, are not separately reviewed by any Human Ethics Committees. The supervisor named below is responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research, please contact the supervisor or, if you wish to raise an issue with someone other than the student or supervisor, please contact the Victoria University of Wellington Human Ethics Convenor AProf Susan Corbett, email susan.corbett@vuw.ac.nz, telephone +64-4-463 5480)

Contact details of supervisor

Name: Assoc Prof Sarah Hoskyns
Tel: 04 463 5233 ext 35807
Email: sarah.hoskyns@vuw.ac.nz

Contact details of student

Name: Cheri Ang

Tel: [REDACTED]

Email: [REDACTED]

Appendix I: Information Sheet for Third Party to Read to Residents

Information Sheet for Third Party to Read to Residents

(only in conjunction with an information sheet for carers)



New Zealand School of Music, Victoria University of Wellington, P.O. Box 600, Wellington 6140

Music Therapy Dept., Tel: 04 463-5233 x 35807/35808

Topic: Using the violin to support elderly people in a music therapy student's practice in a residential setting

Researcher: Cheri Ang

Supervisor: Assoc Prof Sarah Hoskyns

As you might know, Cheri is a university student learning to be a music therapist. She has been doing music therapy sessions with residents in our hospital this year as part of her training. Cheri has been writing notes about the music making with residents and what she observes in sessions, as well as her meetings with supervisors, staff, and relevant family members, because this is what good music therapists do.

Now Cheri would like to use some of this information in a book for the university library, to help people understand more about music therapy work. The book will be about how the violin was used during music therapy with the residents and how it might make their daily lives better. It is likely to be of interest to other therapists, doctors, caregivers and nurses. It will not have actual residents' names in it. Cheri will be presenting this book to her university lecturers to be marked, as part of her training.

Cheri would like to include information about the music therapy sessions she has had with you, in the book. You do not have to agree to this if you don't want to, and whether you agree or not, you can still continue to have music therapy sessions while it is available in the hospital, and while your medical team still agree it would be good for you. Take some time to think about whether you would like to help with this project, and Cheri will ask you whether you have an answer, in about two weeks' time. Please ask questions whenever you think of

them or talk to me or Cheri if you have any concerns. If you have tricky questions or are worried about anything, we can ask the appropriate person.

If you agree that information about you can be used in this book, Cheri might need to store some notes about you in another place. All information will be safely stored in a locked place at Cheri office, or the university lecturer's office. All information will be destroyed in a secure manner, after 5 years at the University and after 10 years at [REDACTED]. In the meantime, when the book is finished, Cheri will provide a summary of the story about music therapy to you and/or your family. When you have had time to think about whether your information can be included in this project, even if the answer is no, please sign the consent form attached.

Read and explained to: _____ (resident)

Signed by: _____ (staff /family member)

Appendix J: Consent Form for Resident



New Zealand School of Music, Victoria University of Wellington, P.O. Box 600, Wellington 6140

Music Therapy Dept., Tel: 04 463-5233 x 35807/35808

Title of Project: Using the violin to support elderly people in a music therapy student's practice in a residential setting

1. I understand that Cheri Ang is writing a book about music therapy at the [REDACTED] Hospital, I am staying at.
2. I understand that the book will be presented to Cheri's university lecturer as part of her training.
3. I know that the book will be available for other people to read.
4. I have had a chance to ask questions about this project and I am happy with the answers.
5. I know that real names will not be used in the book.
6. I have had enough time to think about whether information about my music therapy sessions can be included in the book.
7. I give consent for information about my music therapy sessions to be included in the book

YES / NO

I..... (name of resident), hereby give consent for information about my music therapy sessions to be used in this project.

Resident signature:

Date:

Project explained by:

Appendix K: Consent Form for Family/Friend/Guardian



New Zealand School of Music, Victoria University of Wellington, P.O. Box 600, Wellington 6140

Music Therapy Dept., Tel: 04 463-5233 x 35807/35808

Title of Project: Using the violin to support elderly people in a music therapy student's practice in a residential setting

1. I understand that Cheri Ang is writing a book about music therapy at the [REDACTED] Hospital, I am staying at.
2. I understand that the book will be presented to Cheri's university lecturer as part of her training.
3. I know that the book will be available for other people to read.
4. I have had a chance to ask questions about this project and I am happy with the answers.
5. I know that real names will not be used in the book.
6. I have had enough time to think about whether information about the music therapy sessions can be included in the book.
7. I give consent for information about the music therapy sessions to be included in the book

YES / NO

I..... (name of family/friend/guardian), hereby give consent for information about (resident's) music therapy sessions to be used in this project.

Family/Friend/Guardian's signature:

Date:

Appendix L: Example of Questionnaire for Family/Friend/Guardian



Dear Family Member/Guardian/Friend,

Re: Music Preference Questionnaire

My name is Cheri Ang and I am a music therapy student at New Zealand School of Music, Victoria Wellington. I am currently on placement at [REDACTED], and would like to work with If you are able to share with me any music preferences he/she might have, it would be most helpful to the work.

Attached is a questionnaire to trigger some memories that might help in your recollection. Please feel free to leave blanks, if you haven't got an answer for them. Any information you provide will be kept safely on the medical files at [REDACTED] for any future reference.

Thank you.

With regards,

Cheri Ang

Cell: [REDACTED]

Questionnaire on Music Preferences

1. What kinds of music did he/she used to like? (Eg. Classical, gospel, folk, country, Irish, Scottish, popular, etc.)

2. What kinds of musical activities was he/she involved in? (Eg. Dancing, singing, playing a musical instrument, concerts, etc)

3. Are there any songs that may be special to him/her? If so, why? (Eg. songs on engagement/wedding day, songs that give hope and comfort, etc)

4. What songs did he/she sing to you during your childhood days?

5. Do you know of any songs he/she dislikes? If so, why?
