

# ‘Journey to musicking’: Resourcing people to music outside the therapy room

BY

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## ABSTRACT

This action research study investigates resourcing people to engage in musicking outside the therapy room. Both the practice and research took place within a residential hospital for people with neurological conditions, situated in Aotearoa New Zealand. Music-centred music therapy, community music therapy, resource-oriented music therapy and the ecological model of music influenced this research. Following three action cycles, the qualitative data collected throughout was thematically analysed. This analysis revealed a framework referred to as the 'journey to musicking', which identifies six resources people needed to engage in music: opportunity; motivation; confidence; skills; practical needs; and a problem-solving toolkit. The role of the music therapist in resourcing people in these areas is framed as the role of a tuakana, drawing on an indigenous Māori model predominantly used in education and mentoring programmes: 'tuakana-teina'. 'Tuakana-teina' in this study is defined as a music therapist-participant relationship that is empowering, collaborative and inclusive of the possibility of reciprocity. The personal resources (kete) needed by the tuakana music therapist are also explored, while empowerment and sustainability are highlighted as foundational principles to resourcing people. These principles, especially empowerment, are linked to the Māori concept of restoring rangatiratanga. This research provides a rich qualitative account of practicing music therapy in an empowering, ecological way in Aotearoa New Zealand.

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## GLOSSARY

*Te reo Māori (Māori language) terms defined by Te Aka Online Māori Dictionary (Moorfield, 2016).*

**Ako** - (*verb*) to learn, study, instruct, teach, advise

**Kete** - (*noun*) basket, kit

**Makey Makey** - (*noun*) an easy-to-use invention kit, invented by Jay Silver and Eric Rosenbaum in 2012. Can be used in the creation of musical instruments by adapting everyday objects. See: <http://makeymakey.com/>

**Musicking** - (*verb*) a term inclusive of listening, dancing, rehearsing, performing, writing, or otherwise engaging with music. Coined by Christopher Small (1998). Also, **music** (*verb*) as used in this research question.

**Rangatiratanga** - (*noun*) chieftainship, right to exercise authority, chiefly autonomy, chiefly authority, ownership, leadership of a social group, domain of the *rangatira*, noble birth, attributes of a chief.

**Tino rangatiratanga** - (*noun*) self-determination, sovereignty, autonomy, self-government, domination, rule, control, power.

**Taonga pūoro** - (*noun*) traditional Māori instruments

**Teina** - (*noun*) younger brother, younger sister, cousin of a junior line, junior relative.

**Tēina** - (*plural noun*) younger brothers, younger sisters, cousins of a junior line, junior relatives.

**Tuakana** - (*noun*) elder brother, elder sister, cousin, prefect.

**Tuākana** - (*plural noun*) elder brothers, elder sisters, cousins.

**Waiata** - (*noun*) song, chant, psalm.

**Whānau** - (*noun*) extended family. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.

## INTRODUCTION

### Personal Interest and Origin of Research Question

I firmly believe in the power of music to bring people together. It is important to me as a tool for engaging with my communities, both personal and professional. I have experienced the rewarding effects of making music with other people in a variety of contexts and in a variety of roles, including as a music student, listener, producer, performer, composer, teacher, and now as a music therapy student. My life has also held a strong theme of social justice, particularly related to education and sustainable development. My advocacy work in New Zealand and abroad has influenced both my research and thinking about my practice, especially as it interacted with promoting inclusion.

During 2016, I was a music therapy student at Victoria University of Wellington, and completed a 750-hour music therapy placement as part of my thesis requirements for the Master of Music Therapy Degree. While previously on a 150-hour placement in a children's hospital ward, I became interested in the effects of music on the ward as an ecology. I noticed that not only patients, but staff, family and visitors were affected by the music that occurred in shared spaces. This sparked my intrigue in the ecological and community models of music therapy.

By the time I entered my placement at the beginning of 2016, I was already engaging with a concept of music therapy that extended beyond the therapy session. In my second week at the facility (a residential home for people with neurological conditions), I attended a facility planning meeting with residents, family, and staff. Some of the goals that emerged from the brainstorming sessions were promoting independence, and community engagement. I saw music therapy as an opportunity to resource people to participate in their communities, and empower people by making them less dependent on staff. That same week, I was given training in how to drive the facility's mobility van. I was initially unsure how driving a van might be part of my role; it seemed incongruous with what I understood music therapy to be. The van training was the catalyst for discussions with my supervisors about the actions that may not appear to be 'music therapy' but which do contribute to helping people engage with

music. I eventually realised that van driving was critical to music therapy because it met physical needs, thereby allowing people to music. My experiences on the children's ward and my initial exposure to my placement facility both contributed to the development of my research question.

## Setting

### Description and Goals of Facility

I conducted my research in a residential hospital for people with neurological conditions. There are approximately 35 residents in the hospital, most of whom are long-term. The residents are living with various neurological conditions such as stroke, multiple sclerosis, cerebral palsy and traumatic brain injury. They are all adults under the age of 65, and the facility is their home.

I attended facility planning meetings for the year 2016, in which staff, residents, and family members discussed the facility's current culture and future vision. Several of the themes from these vision discussions were relevant to both my music therapy practice and my research. The most relevant of these themes was that key players in the facility (staff, residents and family) wished to be more involved and integrated in their local community.

Music is woven throughout this community of people. Nearly all the residents expressed a desire to engage in musical activities and some were already involved in musical communities of practice such as church choirs. Others wanted to become more involved in the community and attend more community events.

### Team

Throughout the year, I worked in close collaboration with a small rehabilitation and therapy (R and T) team. This team consisted of five other staff members: a manager/occupational therapist, a pastoral care coordinator, two activities assistants, and a transport and activities coordinator. This team was highly supportive of music therapy, as was the rest of the staff throughout the facility. There was a high level of awareness of music therapy and the goals it can help people to reach, largely due to the hospital having hosted music therapy student placements before. There was also a music therapist who worked individually with two of the

residents on a fortnightly basis. From the commencement of my research and practice, I hoped to encourage and resource staff to do more musicking.

## Research Question

*How can I resource people to music outside the therapy room?*

## Aims and Parameters of Research Question

This research aimed to investigate the ways that I, as a music therapy student, could resource people to engage in musicking outside of the therapy room. The research method used in this study was action research, and will be explained in detail in the methodology section. Meanwhile, the key terms contained in the research question will be explained in this present section.

The phrase '*how can I*' centres this research firmly in practitioner research. The focus of this research is improving my own practice, as a music therapy student. This phrase also elicits an exploratory style of research.

The term '*resource*' refers to the equipping of people. The word '*resource*' does not just refer to physical or cognitive resources, but encompasses the social, physical, emotional, spiritual, environmental, and intellectual attributes that enable people to participate in musicking. The term then, is used throughout this thesis both as a verb – resourcing – and as a noun, which refers to attributes in any of the above domains.

Although this research was conducted in a residential facility, I intentionally used the term '*people*', instead of '*people with neurological conditions*'. There are two main reasons for this. Firstly, using the more specific phrase would have isolated residents from their community. This study was done from an ecological viewpoint, which acknowledges the communities and ecologies that people exist in. My views in this area were partially inspired by an understanding of the social model of disability, which holds that disability only exists because of our social conditions and constructs. The second reason is that if this research is framed as focussing on resourcing people, rather than residents, the research is then able to investigate

resourcing staff and perhaps even the wider community, such as whānau<sup>1</sup>. Resourcing this wider community may result in a wider support network for the residents. Nevertheless, it is important to note that my placement role at the facility was to benefit the residents. Therefore, that must remain the end goal of my actions.

The term '*to music*' in this question refers to engaging in musicking (Small, 1998). This term will be defined while exploring the ecological model of music therapy in the literature review. In this research, musicking could refer to listening, dancing, performing, planning, writing, or engaging with music in any other way. In the specific context of my placement, it might mean a resident attending a concert in the city, a staff member singing with a resident in the hallway, a spontaneous dance party in the dining room, or a group of people discussing and writing a song together.

The phrase '*outside the therapy room*' means music that occurs outside of structured music therapy sessions. Of course, it does not exclude structured music therapy sessions from being the method and/or location of resourcing. For example, resourcing someone to attend a community choir may involve rehearsing repertoire within an individual music therapy session. This example still fits within the scope of this study, because the work done *within* the parameters of the session resources that person to music *outside* the session. Therefore, this study includes data from music therapy sessions, as long as that work helps someone engage with music either on their own, or in the community.

## Significance of Research

This research focuses on ways for me to improve my own practice. However, it might be significant for music therapists who are interested in a broader model of music therapy practice. It could also be of interest to people working in an area where they are aiming to help others engage with musicking. This study aims to contribute to the body of music therapy

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<sup>1</sup> Here and elsewhere this exegesis uses words in Te Reo Māori, one of the three national languages of New Zealand. The context here in Aotearoa New Zealand is important in this regard. The Treaty of Waitangi is foundational in understanding Māori concepts, which are important in health and education. 'Whānau' for example is a widely-used concept in Aotearoa, and means extended family. I have included a glossary to define the words in an ongoing way.

knowledge and understanding. Specifically, it aims to provide a rich investigation of a community music therapy approach to help people engage with music.

### Reporting Structure for Research

This exegesis will include the following: a review of relevant literature; a description of the research methodology; and a summary of the action cycles and foci. This exegesis will then: present the research findings, including the 'journey to musicking', tuakana-teina model, and the themes of sustainability and empowerment; discuss the findings of this study; and discuss the limitations and implications of this research. Throughout this exegesis (excluding the literature review), the subjective first person voice will be used, as is consistent with qualitative research involving the improvement of practice.

## LITERATURE REVIEW

Before discussing this research in depth, this exegesis will provide a review of the relevant literature. This research was conducted by a student music therapist in a residential facility for people with neurological conditions: it is therefore helpful to provide an overview and working definition of music therapy and investigate the literature related to neurological conditions and music therapy. As they are closely related to this research, a music-centred approach to music therapy, the ecological view of music, and the community and resource-oriented music therapy models will be explored.

### Introduction to Music Therapy

While there is not yet a consensus on a complete definition of music therapy, the American Music Therapy Association defines it as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program” (AMTA). This definition provides a helpful view of clinical music therapy. However, music therapists typically operate from a holistic view of health, and therefore use music to promote emotional, cognitive, physical, spiritual and social wellness (this holistic view is perhaps not communicated in the AMTA definition). The World Federation of Music Therapy provides another definition, which captures more of the holistic and cultural nature of music therapy practice:

*“Music therapy is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts.”*

*(WFMT, 2011)*

Music therapy is a dynamic and growing profession which often functions within a multidisciplinary team, and shares many aspects of practice and theory with other arts therapies. Music therapists work in many different settings and locations around the world, and use a variety of models to inform their work. Some of the most influential international models of music therapy include Guided Imagery and Music, Analytical Music Therapy, Creative Music Therapy, Behavioural Music Therapy, Neurologic Music Therapy, Resource-oriented Music Therapy, and Community Music Therapy (Aigen, 2014b; Wigram, 2002). The models most relevant to this research – community music therapy and resource-oriented music therapy – will be discussed in more detail after a brief investigation into the literature on music therapy and neurology.

### Neurology and Music Therapy

Although my research did not focus on the specific area of neurology, both my practice and research were conducted in a residential hospital for people with neurological conditions. Hence, a brief discussion of the value of music therapy for this population is relevant. There is a substantial body of recent research exploring the benefits of music therapy for people with neurological conditions (Baker, Wigram, & Gold, 2005; Bower & Shoemark, 2009; Clements-Cortès, 2012; Daveson, 2008; Jochims, 2004; Kim & Jo, 2013; McNab, 2010; Norton, Zipse, Marchina, & Schlaug, 2009; Racette, Bard, & Peretz, 2006; Tamplin, 2008; Thaut, 2010; Turner & Tyas, 2012). People living with conditions such as stroke or multiple sclerosis (MS) often experience physiological challenges such as loss of movement, speech disorders like aphasia and dysarthria, and physical pain ("Neurological disorders," 2008). These challenges – particularly the loss of communicative abilities and opportunities for socialisation – can often lead to psychosocial challenges such as depression and anxiety (Thaut & Hoemberg, 2014).

Music therapy has been found to be useful in a number of ways for people with neurodisability. One well-researched and indeed well-practiced area of music therapy is using music to improve speech ability. Many of these studies focus on the benefits of singing, and particularly on singing in groups (Baker et al., 2005; Haneishi, 2006; Racette et al., 2006). From a macro perspective, singing is widely accepted as having numerous health benefits, and is



encouraged as a way to improve not just speech, but general well-being (Gick, 2011). It seems logical then to suggest that singing is a beneficial form of musicking for this population. In a psychosocial framework, music therapy has also been used to promote socialisation for people experiencing isolation (Bensimon, Amir, & Wolf, 2008), provide opportunities for expression for people that may struggle to communicate expressively (Ahonen & Mongillo Desideri, 2014; Harris, 2009; Malloch & Trevarthen, 2009; K. McFerran & Lee, 2012), and help alleviate anxiety and depression (Eells, 2014; Seighalani, Ghahari, & Zarbakhsh, 2014).

Neurologic music therapy is a medical-based, scientific method of cognitive rehabilitation through music (Thaut & Hoemberg, 2014). It uses “standardised clinical techniques” (Darrow, 2008, p. 153) that target precise neurological goals, and is employed by music therapists who have been trained in the neurological model (Clements-Cortès, 2012; Darrow, 2008; Thaut, 2010). As I am not trained as a neurologic music therapist, my practice is not considered neurologic music therapy. Neurologic music therapy also tends to be used in acute rehabilitation settings, while the placement for this research is a long-term residential facility. Furthermore, this research takes a community music therapy approach, and does not relate so much to the cognitive rehabilitation focus of neurologic music therapy. Therefore, neurologic music therapy, while important, does not significantly affect this practice or research.

While applications of music therapy have been shown to be of value for people with neurodisability, music therapy as an international discipline is broad, and there are multiple models or approaches that relate to this study. These approaches include: a music-centred perspective; the ecological model of music therapy; community music therapy; and resource-oriented music therapy. Current literature and its relationship to the scope of this practice-based study will be discussed in the following sections. One paradigm that especially resonates with this area of research and practice is music-centred music therapy.

### Music-Centred Music Therapy

A music-centred perspective places music at the heart of practice, and has been foundational in the development of modern music therapy. Music therapy pioneers Paul Nordoff and Clive Robbins first used the phrase ‘music as therapy’ in 1958 (Aigen, 2005,

2014a). In combining this concept of 'music as therapy' with a psychodynamic approach, they instigated a driving force in modern music therapy: Nordoff-Robbins Music Therapy. Since then, others have explored a music-centred perspective, including the founder of the Guided Imagery in Music (GIM) method, Helen Bonny (Aigen, 2005; Bonny, 2001). Bonny attributed great significance to the music used in her method, saying, "We call music our co-therapist, but in fact it is the core" (2001). Perhaps most notably, music therapist Kenneth Aigen explored a music-centred perspective in his text *Music-Centered Music Therapy* (2005). In commenting on Bruscia's (1987) discussion of the two phrases 'music in therapy' and 'music as therapy', Aigen stated that "the more music-centered one's practice is, the more likely one is to use music as therapy rather than in therapy" (2005, p. 61). He outlines music as being a medium for experience, and emphasises the centrality of the term 'musicing' as a foundational concept (Aigen, 2014a). It is important to note that this present research was in many ways founded on a music-centred perspective, as my training was largely music-centred. However, other models are more explicitly referenced in this research, including the ecological model of music.

## Ecological Model

*"Making music is making social life"*

(Ansdell, 2014, p. 27).

Known as the ecological model of music therapy, Gary Ansdell's perspective is one that is shared by other music therapists and musicians who are interested in the influence of context on music and music therapy (Ansdell, 2014; Crooke, 2015; O'Grady, 2011). While many New Zealanders view music as something to be performed by an elite and practised group of musicians, thinking instead of 'musical ecologies' allows one to value numerous, complex and varied experiences of music. This view is rooted in Bronfenbrenner's (1977) ecological theory of human development, which acknowledges and studies the complexities of interaction and development; viewing the person not just as an individual, but in the context of varying levels of social structures. Bronfenbrenner's theory links with the ecological view of what it means 'to music'. Coined in 1998, the term 'musicking' was defined by Christopher Small as "...to

take part, in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing” (Small, 1998, p. 9). Small argued that music could not exist in isolation, but exists instead in ‘performance’, which is constituted by engagement with music.

Musicking as a term has been helpful in expressing the ecological idea of music (Ansdell, 2014). As is depicted in the proposed research question, this term ‘to music’ and the ecological perspective are both salient in my research context. On a practical level, there is much scope in and around the placement facility for encouraging musicking. There is also particular contextual (ecological) relevance to New Zealanders using Christopher Small’s term musicking as Aotearoa New Zealand was the place of his birth. This paradigm encapsulates some of my thinking about my practice, and provides a theoretical and practical backbone for this study. There are, however, other models that also informed my practice and therefore this research.

### Community Music Therapy

Other pertinent models of music therapy include community music therapy, and resource-oriented music therapy. Community music therapy is related to the ecological model of music, in that it involves using music in context of the local communities of participants and therapists (Stige, 2002b; Stige & Aarø, 2011). As this research aims to discover practice improvements that resource people to music outside the therapy room, it will include the exploration of how to best connect people with their local communities, musical and otherwise. Therefore, community music therapy literature proved influential in this research.

Community music therapy as a concept was first named in Gary Ansdell’s (2002) article in the open-access music therapy journal, *Voices*. Ansdell’s discussion paper built on Brynjulf Stige’s (2002a) seminal text *Culture-Centred Music Therapy*. Ansdell called for a shift from what he described as the ‘consensus model’ of music therapy, and encouraged the music therapy community to contribute to a better understanding of the broader model he called community music therapy (Ansdell, 2002). With discussion centred around the convergence of the previously distinct practices of community music and music therapy, Ansdell stated that, “Rather than focus directly on clients' problems, a Community Music Therapist aims to

enlist musicking's [sic] ability to generate well-being and potential in individuals, relationships, milieus and communities" (2002). This article acted as a catalyst for much discussion in articles and moderated online forums related to music therapy (Maratos, 2002; Pavlicevic, 2005; Ruud, 2004; Stige, 2002b). Since then, the community music therapy approach has become well established internationally.

A recent article by Steele (2016) outlines the history of community music therapy. Steele writes that "...community music therapy has largely been accepted as the fifth wave of music therapy and provides important understandings about the uses of music to enhance connectedness and support communities, through both individual and group work." Steele's article also reviewed the PREPARE acronym first pioneered by Stige and Aarø in their text *Invitation to Community Music Therapy* (2011). PREPARE provides an overview of the key qualities of community music therapy: participatory, resource-oriented, ecological, performative, activist, reflective, and ethics driven. Each of these principles underpin both this research and the practice it was conducted in, and will therefore be briefly described in reference to Stige and Aarø (2011).

#### PREPARE

First, *participatory* refers to a type of practice that is empowering; one that gives participants the opportunity to engage in musicking, and to make decisions about the direction and content of their music (Bolger, 2015; Steele, 2016). There are a number of relevant studies that incorporate this approach not just in practice, but in conducting the research itself, often through a participatory action research methodology (Bolger, 2015; K. McFerran & Hunt, 2008; Rickson et al., 2014; Warner, 2005).

*Resource-oriented* refers to music therapy practice that seeks to value the resources that people have, whether they be tangible, material resources, or personal qualities such as resilience and creativity (Stige & Aarø, 2011). This view rejects the deficit-focussed consensus model of music therapy, as described by Ansdell in his landmark article (2002). The essence of a resource-oriented approach is discussed in a following section.

*Ecological* relates to the previously discussed concept of people existing within communities. As Steele (2016) writes, "Having an understanding of the reciprocal nature of the relationships between socio-cultural environments and people is important for facilitators

when engaging in community music therapy.” Other proponents of this aspect of a community music therapy approach include Australasian researchers Rickson and McFerran (2014). Their book *Creating Music Cultures in the Schools* lays out strategies for establishing and enhancing a culture of music through resourcing key players (learners, staff, family etc.). Recognising the ‘ripple effects’ of actions in an ecology is central to understanding this approach (M. Pavlicevic & Ansdell, 2004).

*Performative* as an approach has been influenced by the previously mentioned Christopher Small (1998) and his coining of the word ‘musicking’. *Performative* similarly asserts that music is made in performance and exists in time and space. It also encompasses the possibility for people experiencing ill health to ‘perform’ a healthy identity (Aldridge, 2005; Ansdell, 2005). Inspired by this perspective, many community music therapists support participants in contexts which might include performing, in the traditional sense of the word. However, some caution that a focus on community performance may make it difficult for music therapists to respond to participants’ individual needs, and suggest a careful, sensitive approach to weighing the risks and benefits of said performance (O’Grady & McFerran, 2007).

*Activist* acknowledges that society has an unequal division of resources, and considers redistribution of resources in order to enable people to participate (Vaillancourt, 2012). In a recent article, Stige (2014) gave three pictures of significant moments in the evolution of his thinking about community music therapy. Writing about his early music therapy career, Stige described working with a man who saw a poster for a community music group, and asked Stige if he was allowed to join. In reaction to this request, Stige reflected that “it became more and more clear to me that it was both a question linked to musical preference and to liberation; it was a question about the right to belong to the local community” (Stige, 2014, p. 49). This ‘right to belong’ heavily influenced the activist aspect of this present study.

*Reflective* refers to the need for music therapists to engage in on-going, collaborative reflection about their practice. Among the myriad literature calling for reflective practice are two prominent community music therapy texts, Stige, Ansdell, Elefant, and Pavlicevic (2010) and Stige and Aarø (2011). Both texts urge practitioners to be vigilant about power dynamics, privilege and the assumptions that influence music therapy work. They encourage therapists to continue to question, test, and be reflexive about motivations and attitudes throughout the process.

Finally, *ethics-driven* asserts that community music therapy practice should be informed by an understanding of human rights. Careful consideration of the differing roles of participants (whether staff or music therapy participants) is recommended by O'Grady and McFerran (2007) in order to resolve any ethics quandaries around role boundaries etc. O'Grady and McFerran also note that community musicians have long engaged in reflexive thought processes in order to determine a personal code of ethics, and suggest that current therapists do the same.

### Community Music Therapy in Practice

PREPARE represents seven core values of a community music therapy approach, and provides a foundation of principles. The practice of community music therapy is broad, and builds on that foundation. There are many examples of community music therapy practice in the literature, however, only a few can be outlined in this literature review. One example of community music therapy at work is Bolger's contribution to an international development project in Bangladesh (Bolger & McFerran, 2013). The project was focussed on resourcing and developing a sustainable music project, and included involving the local community in planning and holding a creative arts carnival. Similarly, Ansdell wrote of a scrap metal orchestra formed of people with neurological problems, performing for their friends and family (Ansdell, 2014, p. 231). A recent article by Clarkson and Killick (2016) explored the instigators, challenges and successes of their ecological approach to working with people with learning disabilities. They detailed the process of reframing their work, from something that happened in a closed room to something open and collaborative. During this shift, they turned their attention to specific areas, including "supporting staff and transferring of skills" and "developing individual resident's motivation to interact" (Clarkson & Killick, 2016). This type of inclusive practice is supported by Stige and Aarø:

*"Community music therapy encourages musical participation and social inclusion, equitable access to resources, and collaborative efforts for health and well-being in contemporary societies. It could be characterized as solidarity in practice. In this way community music therapy can be quite different from individual treatment, sometimes closer to practices such as community music, social work, and community work."*

*(Stige & Aarø, 2011, p. 5).*

As outlined earlier, the acronym PREPARE describes the values that inform community music therapy and have grounded this research. In the above quote, Stige & Aarø highlight the focus of community music therapy on 'equitable access to resources' and the collaborative, inclusive type of practice that this research investigates.

In summary, community music therapy has been perhaps the most influential music therapy model to evolve in the 21st century so far. It takes a broad seat at the international table of music therapy models, with its emphasis on ecological, rights-driven, participatory approaches.

### Resource-Oriented Music Therapy

Resource-oriented music therapy is another model that directly relates to the research question. Propelled largely by Randi Rolvsjord (2010), this model centres on recognising the strengths (resources) of people who receive therapy, rather than viewing people with disability as having a deficit (Schwabe, 2005). This viewpoint emphasises the need for a person-centred, empowering approach. It both fits with and enhances the community music therapy model.

This resource-oriented approach applies to practice and research. In their recent article discussing the way music therapists represent people in their research, Fairchild and Bibb (2016) advocate for language that emphasises the whole person, rather than focussing on a person's condition. Fairchild and Bibb opine that "facilitating empowerment through music therapy practice suggests acknowledging people's resources in our representations of them outside of therapy, as well as during the music therapy process itself". They then call for music therapy researchers to use person-first language, rather than deficit-first language.

### Summary of Literature

This literature review has shown that several music therapy models and theories have had an impact on this research. Together, community music therapy and resource-oriented music

therapy offer a rich approach that sympathetically supports the research setting for this study. At the heart of this research topic lies the ecological model of music. I aimed to weave my research into this tapestry of knowledge by focussing on discovering ways to improve my practice, through the action research method. Specifically, this research centred on exploring the ways I could resource people to music by themselves and in their communities, while on placement in a residential facility for people with neurological conditions.



## METHODOLOGY

This is a qualitative study, and used an action research method.

### Theoretical Frameworks

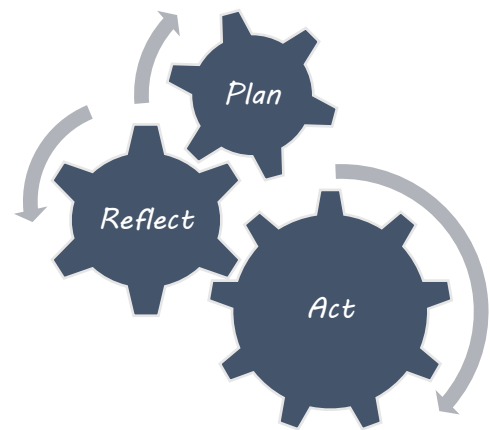
Critical and postmodernism theories are among several that underlie action research. Developed by Karl Marx and the Frankfurt School, critical theory grew out of an urge to examine societal norms and implement positive change (Campbell, 2015). It acknowledges both the historical view of the subject matter and personal experience (Campbell, 2015). Since the Marxist days of critical theory evolution, critical theory has been utilised by many different movements, including feminism, gender studies, and post-colonialism. Critical theory is linked to the late 20<sup>th</sup> century philosophy of postmodernism, which emphasises the subjective experience of reality (Hart, 2004; Hunt, 2005).

Postmodernism also “questions many of the basic assumptions on which modern life is based” which is echoed in action research’s focus on re-evaluating assumed patterns of behaviour and thought (Mills, 2011). Critical theory also informs action research through its emphasis on affecting change, and critiquing the social model. Postmodernism and critical theory have therefore been influential in the development of the action research method.

### Action Research

Action research is often used to improve the professional practice of music therapy. Kemmis and McTaggart (1988, p. 317) define action research as “trying out ideas in practice as a means of improvement and as a means of increasing knowledge”. Coined by Lewin in 1934, the term ‘action research’ refers to a research methodology that is focussed on helping people improve their own situations through research. One of the central components of Lewin’s output was the concept of action research cycles (Mills, 2011). His model proposed

that research follow a repeated cycle of planning, acting, and reflecting. Since Lewin, action research proponents including Stephen Kemmis, Emily Calhoun, Gordon Wells, Ernest Stringer and others have developed this cyclical model further (Mills, 2011). Throughout these adaptations of Lewin's model, however, the essential steps resonate clearly: identifying a problem, forming a plan to create change, implementing the change, and reflecting (Mills, 2011). In considering the action research cyclical model as it pertains to my practice, I have transposed it into a set of gears that are interlocked and constantly impacting on each other (see Figure 1). This image seems to fit with the actual process of improving practice.



*Figure 1: Action gears*

#### Suitability

Action research is becoming an increasingly valued methodology in music therapy research (Hunt, 2005; K. McFerran & Hunt, 2008; K. S. McFerran, Thompson, & Bolger, 2015; Molyneux et al., 2012; Rickson et al., 2014), and for good reason: the reflective nature of music therapy practice resonates with action research. This includes the ongoing nature of the research process that parallels the continuous reflection and improvement music therapists undergo. This synchrony between action research and thoughtful music therapy practice places indirect participants (i.e. residents) at a point of very low risk. Mills (2011) suggests another benefit: that action research is highly relevant to both the facility it is conducted in and the practitioner conducting the research, as opposed to much research which he argues is often left orphaned rather than adopted into practice.

Additionally, this research was designed to answer a 'how' question. Action research in this scenario allowed the knowledge and insight gained during the research to be applied throughout the subsequent cycles (Mills, 2011). This is especially important in a practice setting, where the goal should always be to provide the best possible therapy experience for the music therapy participants. In this way, action research seemed highly ethical.

## Method

In accordance with action research models, I planned to undertake a three-cycle action project. As shown in Figure 2, the cycles were preceded by a brainstorming period, during which I consulted with my research and placement supervisors about possible areas for action. Each cycle was comprised of a four-week action period followed by a three-week reflection period, as shown by the timeline in Figure 2.

The foci of each cycle were derived from the previous cycle(s) and my continuing practice at the facility. As it eventuated, each cycle had three areas of action. In action research, each cycle should refine and develop the research focus.

Throughout this research process, I continued to practice as a music therapy student approximately three days per week at the facility, in total working approximately 750 hours.

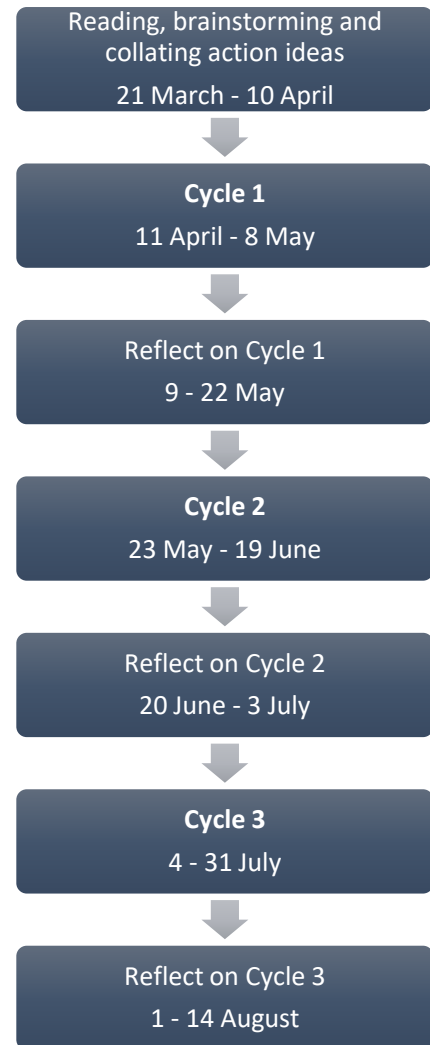


Figure 2: Actual timeline for data collection

## Data Collection

As this is a qualitative study, I collected data throughout the cycles in the form of:

- My usual clinical notes
- Notes from formal and informal discussions and meetings with staff members
- Notes from my clinical supervision
- Notes from my research supervision
- My reflective practice journal
- My action research journal
- Three reflective summaries written during the reflection period after each cycle

## Analysis Method

One of the most commonly used methods of analysis in qualitative research is thematic analysis (Braun & Clarke, 2006). Braun and Clarke recommend it as a “useful qualitative approach for those doing more *applied* research” (2014, p. 2). The thematic analysis process is rigorous, and involves coding the data at a micro level, sorting those codes into categories, then grouping those categories into broader themes. This can be described as inductive reasoning; wherein specific observations are slowly refined and developed into broader themes. However, Braun and Clarke note that “researchers cannot free themselves of their theoretical and epistemological commitments, and data are not coded in an epistemological vacuum” (Braun & Clarke, 2006, p. 84).

Due to the time constraints of my 750-hour placement, and the strict timeframe for my research, I did not complete a thematic analysis at the close of each action research cycle. Because of this underestimation of the time required by a thematic analysis, I instead reviewed and made informal notes about the data. I then engaged in structured reflection by writing a reflective summary of each cycle. These reflective summaries were later included as additional data in the full thematic analysis, allowing me to gain a view of the action project as a whole.

I did consult with my supervisor and other prominent music therapy researchers about whether I might alter my design to better accommodate this challenge, including the consideration of positioning this research as a case study in action learning. However, these researchers advised that action research rarely goes to plan, and the most important thing to do is acknowledge what occurred. On reflection, I decided to continue, and to acknowledge the alteration in planning. I hope this was appropriate decision-making in the circumstances. One positive consequence of this departure from traditional action research was that performing a full thematic analysis at the close of the data collection allowed me to review my learning from a bird’s eye perspective. This perspective greatly contributed to the emergence of the tuakana-teina model and ‘journey to musicking’.

### Reflective Summaries

A significant portion of reflection was done in the context and timeframe of the cycles, especially within the reflection period after each cycle. During this period, I reviewed my

notes and journals, and wrote reflective summaries that were based around the questions that arose in each cycle. I centred these summaries on the three foci of each cycle, describing my actions in detail, noting any stories or quotes that illustrated or informed the learning process, and reflecting on how my own practice had improved or needed to improve.

I found writing these summaries to be helpful as a reflective process, as I could see clearly what I had done within each cycle, and draw out the learning from each one. At the conclusion of each summary I identified the goals/questions that arose. These directly informed the foci for the subsequent cycle.

### [NVivo Coding](#)

Once the action research cycles were completed, the thematic analysis process began in earnest. After I had experimented with coding in software such as Excel, my research supervisor suggested the qualitative thematic analysis software called NVivo. I found this software suited the needs of my research, and went on to complete my entire thematic analysis using its features<sup>2</sup>. The project mapping function was particularly useful, as it allowed me to see the themes that emerged in a holistic, connected way<sup>3</sup>. Writing this exegesis was a continuation of the analysis process, as the findings and themes were refined.

## Ethical Considerations

In this project, I performed a dual role, as both researcher and practitioner. This was in accordance with the research design: action research. I am currently a music therapy student, and am completing my Master of Music Therapy degree through the New Zealand School of Music (NZSM), Victoria University of Wellington. I therefore abided by the Music Therapy New Zealand Code of Ethics (2012) and Victoria University of Wellington's Human Ethics Policy. My informed consent forms were developed from the ethics templates approved for the NZSM Casework and Research paper.

Prior to the commencement of the research, the music therapy programme leaders at the New Zealand School of Music gained ethical approval from the ethics committee for action

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<sup>2</sup> See Appendix 12 for a coding example – 'resourcing staff'.

<sup>3</sup> See Appendices 10 and 11 for coding map examples.

research conducted by Master of Music Therapy students. As this research complied with the ethical guidelines for Master of Music Therapy Casework and Research students, this action research project was covered by the ethical approval already gained.

Although this research project was focussed on improving my practice as a music therapist, the residents and staff at the facility were also implicated as secondary or indirect participants. There are short case vignettes included in my final exegesis, which describe my work with individual residents or groups. Because the nature of my practice and research was ecological, I gained informed consent from each of the residents I worked with, and whose related clinical notes I analysed for my research. Informed consent was also obtained from staff members and supervisors to use data that involved interactions with them in analysis<sup>4</sup>. When informed consent was not given, the related data was omitted from the analysis. The data was kept in a secure, password-protected system throughout the research process.

I received regular supervision from supervisors at the NZSM campus and met regularly with a visiting registered music therapist to discuss any issues or challenges that arose in the duration of my placement.

Although my research was not specifically focussed on working with Māori, there were Māori residents involved in my practice/research. I consulted with a Māori clinical manager at the facility in order to establish best practice when working with Māori. The manager recommended I also consult with a Māori cultural advisor who represented a perspective from Victoria University of Wellington, so I spent some time discussing my practice with a Māori learning advisor. Later, this advisor also provided valuable input related to the tuakana-teina model, and assisted in the analysis and writing process of this research.

The real names of indirect participants, i.e. residents who have participated in music therapy, are not used in this exegesis in order to maintain their anonymity. The name of the facility is also omitted to further protect the indirect participants from possible identification. However, there is still a risk that the indirect participants and/or facility may be identified, and the residents and staff were fully informed of this risk.

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<sup>4</sup> See Appendices 1-5.

## FINDINGS

### Introduction to Findings

This section will present the findings from this research. First, a summary of the three action cycles will elucidate the action research process and provide a foundation for the key findings. The key findings centre on a 'journey to musicking' that provides a framework for the resourcing of people to music. A tuakana-teina resourcing model then will be explained and explored in relation to my findings, followed by a breakdown of the six areas of resourcing: opportunity; motivation; confidence; skills; practical needs; and a problem-solving toolkit. The findings will then explain some of the challenges faced in this research and practice – especially as they are relevant to the 'journey to musicking' – and the kete of personal resources that I needed in order to work through these challenges. The findings will conclude by mentioning the central principles that undergirded my research and practice, and emerged as consistent themes – sustainability and empowerment. A short vignette is included in each main section to illustrate the findings, and the action cycles will be referred to throughout.

### Action Cycles

This section will provide a brief overview of each cycle, and the corresponding foci within each cycle. Each focus section will include the guiding question, observations that inspired the questions, my actions, the outcomes of my actions, and any challenges that arose.

#### Cycle 1

In my first action research cycle, I focussed on three specific areas for action which were derived from my early observations of practice at the facility. They were:

1. Pastoral services
2. Concerts within the facility
3. Technology to access music

Tables of the actions, outcomes and challenges from this cycle can be found in Appendix 7.

### *C1.1 Pastoral services*

*Question: How can I resource residents to choose music for pastoral services, and help residents make steps to lead live music?*

Prior to my placement, the pastoral coordinator used YouTube videos for the facility's regular pastoral services. He was eager for my support in including more live music. My role, developed in consultation with the chaplain and a resident 'Laura', was supporting her in planning music for the services and leading these songs alongside Laura in the services. The focus was on supporting and empowering her, rather than taking ownership of the process as an 'expert'.

### *C1.2 Concerts within the facility*

*Question: How can I resource residents to attend concerts within the facility?*

One goal that many residents self-identified in their lifestyle plans was to attend more activities and events within the facility. At one facility event, I noticed there were several absent residents whom I suspected would have enjoyed the concert. Reasons for these absences included: lack of awareness about the event; care staff being unaware that residents wanted to attend; anxiety; and lack of interest. As the facility prepared to receive a guest who was to play *taonga pūoro*<sup>5</sup>, I attempted to mitigate these barriers by liaising with staff, acquainting residents with similar music, and engaging residents in performing a welcoming *waiata*<sup>6</sup>. As a result, I realised having something to contribute was a motivator to attend events.

### *C1.3 Technology to access music*

*Question: How can I resource residents to use technology to access music?*

This focus area developed from a concern that many residents were dependent on me or other staff to access music. While there was a radio present in the dining room, the music did not often reflect residents' personal choices. I used Spotify technology to enable residents to independently access their personal choice of music and used the Makey Makey invention

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<sup>5</sup> *Taonga pūoro*: traditional Māori instruments (Moorfield, 2016).

<sup>6</sup> *Waiata*: song, chant, psalm (Moorfield, 2016).



kit<sup>7</sup> to create music, especially in shared spaces. Themes that arose in this area included the promotion of a music culture through creative musicking in shared spaces, and an emphasis on independence and empowerment.

## Cycle 2

This cycle was broader in action and theory than the previous cycle, which created different challenges. I grew to realise the importance of my thought processes and how these deeply affected my practice. Rather than choosing specific physical actions to take, much of my effort was focussed on changing my own perspective of myself and my work. This was particularly evident in my thoughts about the value of different aspects of my time (such as engaging with staff, spontaneous musical encounters, and prioritising my ecological work).

The three foci that emerged from the previous cycle, my placement, and my reflections by myself and with supervisors were:

1. Personal sustainability
2. Staff relationships
3. Being in the moment

Tables of the actions, outcomes and challenges from this cycle can be found in Appendix 8.

### *C2.1 Personal sustainability*

*Question: How can I maintain personal sustainability in my practice?*

This question evolved out of consultation with my research supervisor and my own reflections on the previous cycle. I recognised that at times I became overwhelmed by the scope of the potential practice, and realised that it was important to be sustainable in the work I was trying to do. I reflected on the comparable need I had for developing sustainability in both my music therapy practice and my past and current involvement in education and development work in Cambodia. Questions are often asked by (and of) these Cambodian organisations about the level of sustainability in their work. These questions resemble:

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<sup>7</sup> See glossary for more information about the Makey Makey invention kit.

- “Is the work we are doing focussed on equipping people/communities to eventually service their needs themselves?”
- “How can we make ourselves redundant?”
- “How can we ensure that we don’t burn out, so we can keep doing this work as long as necessary?”

All these questions could be applied to my area of practice. Since my research was focussed on resourcing people, the first question was in many ways already being considered/addressed. However, the last question about personal sustainability was more challenging. I began reflecting on my practice values, prioritising more ecological work, and setting boundaries. This area remained challenging due to its personal, ongoing nature.

### *C2.2 Staff relationships*

*Question: How can I develop effective relationships with staff to support musicking?*

In the previous cycle, I had noticed that residents were dependent on services provided by staff in order to attend events. I wanted to explore the ways that growing strong relationships with staff would impact positively on the music culture of the facility. Intentional communication and welcoming staff into music therapy group sessions were both key factors in building relationships, and resulted in an increase in staff musicking.

### *C2.3 Being in the moment*

*Question: How can I respond in the moment to the needs of the culture?*

Because I had noted in the previous cycle that spontaneous musicking with the Makey Makey had given residents opportunities to be creative, I decided to focus on being in the moment. My actions in this area were difficult to delineate. Instead, I was intentional about being more aware of opportunities for musicking. The following vignette illustrates this and provides a rich understanding of what ‘responding to the needs of the moment’ means.

#### *Vignette 1: Resourcing residents to music in a memorial service*

I noticed in my first research cycle that being ready and able to respond musically to the needs of the culture in the facility was very important. This was highlighted early in the second cycle when a resident died suddenly and unexpectedly. Some of the residents first heard the news while they were in a music therapy group. After reflecting on his death together, the

residents said they would like to sing a song in the memorial service that was to be held at the facility. One resident linked this to one of the previous cycle's actions: singing waiata to welcome visitors. This indicated that the initial resourcing of both repertoire and confidence/experience meant they were more readily able to present music at an important moment in the culture of the setting.

I talked to the pastoral coordinator who was running the service about the residents singing a song and he agreed. I helped the residents who attended my music therapy group to select a song which we then rehearsed together. This selection and rehearsal process was important for the residents in processing the death of their fellow resident. The memorial service itself was a significant moment for the residents who were performing. Residents and staff became emotional in singing the song we had selected, and it enabled the residents to bring a tribute to their fellow resident.

### Reflections

Being able to lead live music in the memorial service on such short notice was aided by my experiences outside of practice, as I had led the same song the pastoral coordinator requested the previous weekend in my church. I reflected on *"how helpful my continual engagement in musicking outside my practice is to being able to facilitate and create musical moments 'outside the therapy room'"* (Reflective Summary – Cycle 2). I did note however that I sometimes put too much pressure on myself to maintain this constant input and musical experience outside my practice, and that this sometimes left me feeling exhausted. My previous efforts in leading music in pastoral services and my intentionality in building relationship with the pastoral coordinator enabled a smooth and natural transition to leading music in a memorial service.

### Cycle 3

Cycle three involved another three foci, inspired by the preceding cycles. I wondered (as a continuation of Cycle 1.2) how I could resource people to attend more events (inside and outside the facility), how I could empower residents, and how I could foster a sense of unity and belonging within the facility.

The three foci that emerged were:

1. An events/activities noticeboard
2. Planning a circus
3. Creating an anthem

Tables of the actions, outcomes and challenges from this cycle can be found in Appendix 9.

#### *C3.1 An events/activities noticeboard*

*Question: How can I give residents the opportunity to attend events in their city?*

While reflecting on the barriers that prevent residents from accessing outside events and community activities, I realised my own privilege, which in this case was in the form of information. Many residents did not have access to information through word of mouth, posters, and event newsletters. In order for residents to attend more events, they had to have the opportunity. I created a noticeboard to resource residents with information about events in their city, and throughout, considered key aspects such as sustainability (easy for staff to update) and accessibility (fonts, pictures, placement etc.).

#### *C3.2 Planning a circus*

*Question: How can I resource people to attend events within the facility, using higher levels of investment?*

During the first and second cycles, I noticed that residents appreciated being part of the efforts occurring at the facility. I also reflected on the first cycle's actions around resourcing people to attend concerts and events within the facility, and realised that people are more likely to attend when they are invested in some way, often through having something to contribute. I suspected that because the higher level of engagement in past events (especially the sharing of Māori instruments event) had been affected by the amount and types of

preparation that I had done with the residents and staff, this would also be the case in planning a brand new event. The outline of the planning process is located in Appendix 9.

The circus idea was conceived by a resident, with whom I then planned much of the event. We also collaborated with that resident's friend, other residents, and staff. These efforts to engage with people in planning this event influenced how many residents, family, and staff members attended the event. It was clear from this cycle that a sense of ownership contributed to motivation to attend (as noted in Cycle 1.2), and that intentional collaboration had an empowering effect.

### *C3.3 Creating an anthem*

*Question: How can I resource residents and staff to create a song of unity and identity for the community?*

I became intrigued by the possibility of writing a song together as a community after seeing a magazine article about a sister organisation which, aided by a music therapist, had written their own song for their hospital. They had done a beautiful job of producing it and filming a music video, involving staff and some visitors and patients. I showed the video to the residents in the music therapy group, who promptly asked if they could write a similar song. I felt that writing a song would be a great way of increasing the sense of belonging and unity. From there, this collaborative process of writing an anthem began, with a focus on empowerment for both staff and residents.

This process was empowering for the residents: they could have a say in how their home was defined. I noticed that many of the things I had previously explored, such as sustainability, working with staff, and being able to respond in the moment to the facility's needs, were foundational in creating this anthem. For example, the previous cycle's focus on developing staff relationships meant that staff were more likely to contribute. Brainstorming solutions to problems with residents was important in this cycle. I became intentional about facilitating this, rather than imposing my ideas or solutions on them, as I may have done previously in my practice.

The key findings will now be explored in reference to the above action cycles.

## ‘Journey to Musicking’

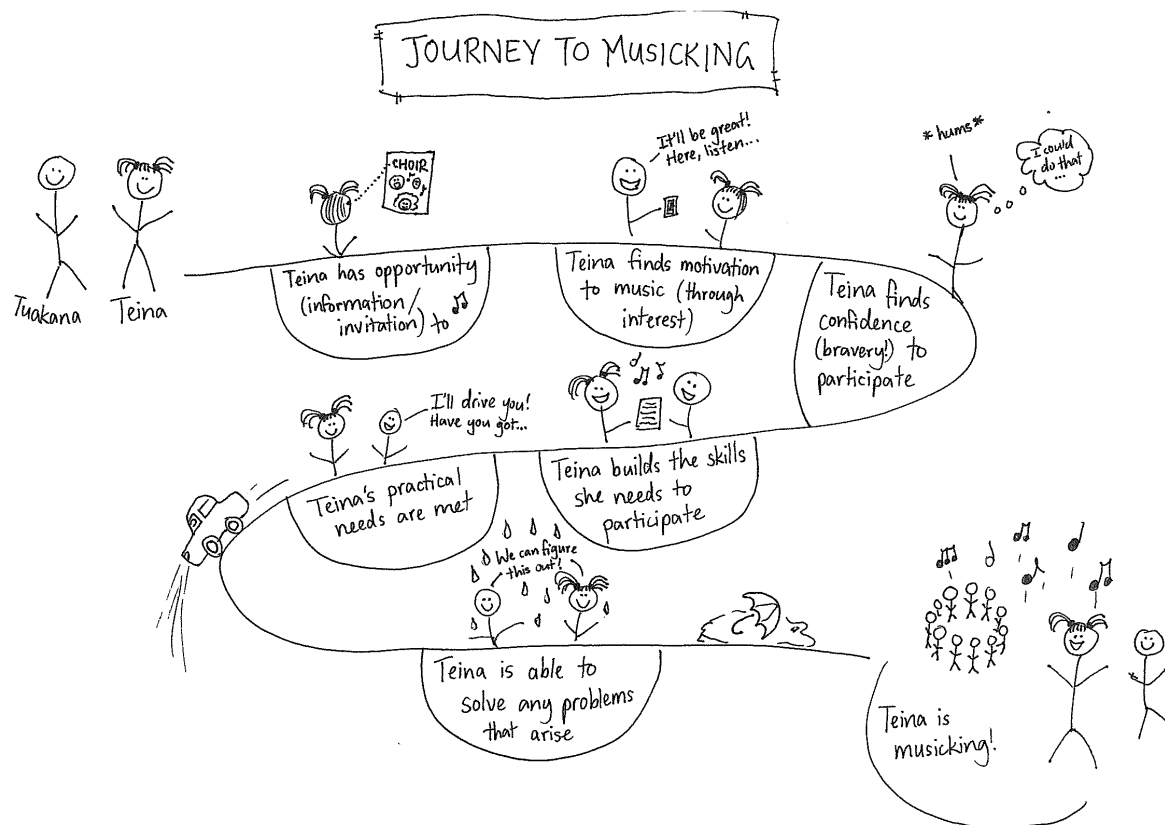
My research question specifically references resourcing people. In resourcing people to music outside the therapy room, it helps to know what resources are required to engage in a musicking experience. By the time my action research cycles had concluded, I had focussed on a variety of techniques (actions) to better resource people. However, it was during the subsequent thematic analysis process that I gained a more balanced and conceptual view of my data, and could identify the resources I was attempting to resource people with. It became clear that each person I was working alongside in my placement was at some point along a 'journey to musicking'. This journey was progressed by acquiring or developing new or existing resources.

The thematic analysis process that revealed this 'journey to musicking' was allied with discussion about these resources with study colleagues and other support people. My findings were explored first through mind maps, then refined through pictorial representations. The 'journey to musicking' is shown by the following pictorial representation of a teina, who is about to attend a choir for the first time<sup>8</sup>. There are six resources that I observed she needs to engage in a new musicking experience. These are not necessarily acquired or developed in chronological or consecutive order, but should be understood more as a toolkit, a kete<sup>9</sup> of resources that might even be developed all at once.

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<sup>8</sup> See Figure 2: Journey to Musicking. I considered using a circular diagram to show the identified resources, but decided to use a journey diagram instead. The journey helps contribute to a sense of having a destination (musicking), which is implied by my research question. If the question had been focussed on simply resourcing people (without musicking as an end goal), it would have been best illustrated by a circle, as the resources are not necessarily sequential.

<sup>9</sup> Kete: basket, kit (Moorfield, 2003a)



Katie Boom 2016

Figure 3: 'Journey to Musicking'

The tuakana-teina model will be explained below, followed by the six identified resources in the journey to musicking:

1. Opportunity
2. Motivation
3. Confidence
4. Skills
5. Practical needs
6. Problem-solving toolkit

#### Tuakana-teina model

*Tuakana refers to a person who acts as a guide, friend, mentor, and possibly also facilitator; before, during and after the musicking experience. They continue to provide support until the*

*teina is well established in the patterns of that musicking experience, and can continue alongside or even without the tuakana.*

As illustrated in the ‘journey to musicking’ picture, one of the central emergences from this research is the concept of the music therapist as a tuakana. The word tuakana is a Māori term, and is defined by the Te Aka Online Māori Dictionary as: “elder brother, elder sister, cousin, prefect”, while teina refers to “younger brother, younger sister, cousin of a junior line, junior relative” (Moorfield, 2003c). In the tuakana-teina educational pedagogy in Aotearoa New Zealand, tuākana refers to tutors and tēina to apprentices<sup>10</sup> (Winitana, 2012). ‘Tuakana’ is also commonly used to refer to a mentor within New Zealand school and university mentoring programmes (“Tēina tuākana mentoring,” 2016; “Tuakana/teina,” 2016), while the mentee is referred to as a teina.

One of the unique qualities of the tuakana-teina model as opposed to other therapist-client or teacher-learner models is that it recognises that for any given pair of people, the roles may be reversed, depending on the circumstances. The New Zealand Curriculum Guidelines for Teaching and Learning Te Reo Māori in English-medium Schools further illustrates this exchange:

*“In a learning environment that recognises the value of ako, the tuakana–teina roles may be reversed at any time. For example, the student who yesterday was the expert on te wā and explained the lunar calendar may need to learn from her classmate today about how manaakitanga (hospitality) is practised by the local hapū.”*

*(Crown, 2009)*

The roles and responsibilities of the tuakana in the ‘journey to musicking’ are manifold. Throughout the duration of the research, I noticed that even when all the other resources were present, it was still anxiety-provoking to attend a new musicking experience without someone familiar and supportive ‘being there’ with the participant. For example, while co-leading music with a resident in a pastoral service, I noticed that:

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<sup>10</sup> Tuākana = plural of tuakana. Similarly, tēina = plural of teina.



*"I also functioned as a support person for Laura when she was unsure of some aspect of the service. She occasionally turned to me to make a small comment or share a laugh, which seemed to calm her nerves and help her feel supported."*

*(Reflective Summary – Cycle 1)*

This social support aspect of the tuakana role is crucial in some contexts. However, the tuakana also acts as 'resourcer' in some or all of the resource areas. My role as a music therapist practicing within a broader model of music therapy can be described as a tuakana. Throughout the action research cycles, I (as a tuakana) resourced tēina, with a view to restore their rangatiratanga. This involved recognising the resources that each teina already had, helping remove barriers, and from an 'alongside' position (as much as possible), developing the teina's resources.

My experience of attending community dance classes with residents provides a helpful example of the importance and role of a tuakana.

[Vignette 2: A tuakana and tēina in dance classes](#)

When I first started my placement, a team member gave me a flyer for an integrated dance class in the city. One of the team members had attended this dance class two years ago with one of the residents. I was excited by the prospect of residents attending a community dance programme such as this one, having heard a positive report from the staff member who had previously attended. After consulting with staff members about which residents might be interested in attending, I shared the information with several residents. Three residents were interested, and eventually I began attending with them. While in the actual classes themselves, I was aware of staying as equal as possible with the residents in terms of engaging in the experience as a dancer myself, while also being aware of the extra resources I had (confidence, skills etc.), and how I was using them to support my tēina, the residents.

The resident who had attended previously seemed to need my support less than the others, despite being more physically dependent. I realised later that this was because he had already formed relationships with the rest of the dance class attendees. In contrast, the other residents experienced some anxiety before and during the dance classes. Part of my role as a

tuakana was allaying that anxiety<sup>11</sup>. The resident who was familiar with the classes needed a tuakana less because he had a support system in place, and had more resources than the residents who were new to the classes. Specifically, he was more confident in that setting, and his existing relationships motivated him to attend as well as providing practical, physical support (e.g. dancers would assist in moving his wheelchair as he directed). This sense of community, of shared resources, is an end goal from my perspective.

In this musicking experience, some of the resources identified as part of the 'journey to musicking' are evident. Some of the actions and corresponding resources involved in my tuakana role are outlined in the following table.

<i>Table 1: Resourcing for dance classes as a tuakana</i>	
<i>Resource</i>	<i>Actions</i>
<i>Opportunity</i>	Liaising with the dance class coordinator and delivering that information to residents
<i>Motivation</i>	Engaging tēina in ongoing conversations about dance classes
<i>Confidence</i>	Describing what the dance classes would be like, to decrease anxiety  Social support for tēina who needed it
<i>Skills</i>	N/A (dance classes were inclusive of all skill levels)
<i>Practical needs</i>	Arranging/checking the transport arrangements with the facility staff and taxis  Physical assistance in bringing wheelchairs in to classroom  Arranging: accessible drinking water, toileting assistance etc.
<i>Problem-solving toolkit</i>	N/A (for the duration of the vignette)

Each of these resources will be explored in the following seven sections, with supporting data from my research and seven short vignettes illustrating examples of how I resourced

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<sup>11</sup> Similar to example noted in Cycle 1.1 – Pastoral services.

people in these areas. These vignettes add to the richness of understanding around each point.

### 1. Opportunity

*Opportunity is having the necessary information and/or invitation to participate in a musicking experience.*

Quite early in my research, I realised that in order to have the opportunity to participate in any scheduled musicking experiences, people needed information. Like many of the other resources, I personally took my privilege in this area for granted until I was conducting this research. As I pondered how to resource people with information, I realised my own privilege in that I constantly received information about events around the city. Advertisements such as posters and billboards, social media, websites, event newsletters via email and post, and word of mouth all provide people with a wealth of information about what is occurring in their city, and what opportunities they have to participate. Without that information, the residents did not have a choice about whether to attend or not. Information, then, is empowering; it gives the power of choice. This information aspect of opportunity is strongly represented in Cycle 3.1 – an activities/events noticeboard.

Opportunity to music did occur without information sharing when people physically happened upon an experience by chance or by someone else's design, and were invited to participate in some way. This was often demonstrated in my observations of people joining spontaneous music (sometimes through use of the Makey Makey in shared spaces – Cycle 1.3) or existing group/individual music therapy sessions. Invitation to participate was conveyed through deliberate eye contact and an inviting smile, a sung phrase, or an explicit verbal invitation (all commonly used music therapy techniques for inviting people to music within sessions). Other times, the invitation was extended by another participant in the music experience – an example of empowerment in the form of someone else functioning as the tuakana. Alternatively, music was the invitation, as shown by my reflection that: *“my humming or singing in the hallways sparks a song with a staff member or resident, and we might sing together.”* (Action Research Journal, 13 June 2016). For this spontaneous musicking to occur, I had to be in the moment (Cycle 2.3 – Being in the moment).

## 2. Motivation

*Motivation refers to having enough interest to participate in a musicking experience, and is greatly aided by having a sense of ownership or investment in the event, having a pre-existing personal connection to the experience, or by having something to contribute (that the participant feels has value).*

The second resource identified in the 'journey to musicking' is motivation. Someone may have all the information about the events in their city, but if they don't have interest to motivate them, they wouldn't attend any. There were several ways I resourced people in this area, one of which was communication specifically geared to promote interest. I found that having intentional conversations with residents developed their interest in events, and sometimes led to more spontaneous music.

Another technique I used was exposing people to similar styles of music, in individual sessions, casual conversations, and in a more planned way in group music therapy sessions (Cycle 1.2 – Concerts within the facility). People are not usually interested in music they have never heard. I found that having some familiarity with the genre or style of music before attending an event also had the secondary effect of building confidence. It helped to have technology available to be able to access the appropriate music quickly and easily if it arose in a conversation (I used a tablet and Bluetooth speaker).

Although I did not predict their usefulness, physical resources also assisted in building interest. For example, books about traditional instruments acted as a 'bridge' to musicking when I shared them with residents who would have otherwise had little interest in attending a traditional music concert. The residents were intrigued by the pictures of the instruments, and later, during the concert, were delighted to be able to identify the instruments they had seen in the books (Cycle 1.2).

Another salient technique that imbued residents with a strong motivation for attending internal events (and encouraging others to attend) was involving residents in the planning of said events. This was most evident in Cycle 3.2, wherein residents, family and staff were motivated to attend a circus. Collaboration, then, was perhaps the most effective way of ensuring that those residents would attend an event, as it built a strong sense of ownership.

### 3. Confidence

*Confidence refers to the bravery required to participate in a musicking experience which is new to the participant, and is necessary in order to counter the anxiety a participant might have about the new experience.*

Confidence is also needed in some measure to attend an event. Particularly for people with anxiety, taking part in a new musicking experience can be highly intimidating, and the anxiety caused by this might easily prevent the person from musicking (as per observations before Cycle 1.2 – Concerts within the facility).

There are many music therapy techniques that assist in building participants' confidence in a more general sense. However, I found there were a few specific methods that helped to reduce anxiety and build enough confidence to take part in musicking. One of these was having something to contribute at a shared music event, and this was supported through rehearsal. Whether this took the form of rehearsing performance repertoire for an internal concert, or music that someone was going to sing as part of a choir, rehearsal helped to build the confidence necessary to attend. In my clinical notes on the final music therapy group session before the circus event (Cycle 3.2), I wrote:

*“Rehearsed through items for the circus tomorrow... brainstormed with residents how to get audience involved in music-making... spent time discussing the circus and plans for decoration, schedule etc. The residents wanted to know who was performing and when. There was definitely an atmosphere of excitement, and general anticipation and also pride in what we have accomplished in preparing for this circus.”*

*(Clinical notes: Music therapy group session, 5 September 2016)*

Clearly, rehearsal was important in this example, as I noted that the residents had reached a stage of feeling not just confidence, but *pride* in what they had to contribute. The residents also asked for a full outline of what would be occurring in the circus. Once they had been given a full explanation what was going to occur, they were excited and anticipated the circus.

#### 4. Skills

*Skills refers to the trained abilities, musical or non-musical, that a participant might need in order to partake in musicking.*

In the process of equipping people to be able to access their own musicking experiences, whether in isolation or in community, I often found myself resourcing people with specific skills they needed in order to music. These were both musical and non-musical skills, and my role in resourcing encompassed technology training (Cycle 1.3), instruction in how to read chord charts, and rehearsing performance repertoire with people who wanted to either perform or lead musicking experiences themselves. For example, I rehearsed choir music with a resident who wanted support to continue attending a community choir:

*“We spent 15 minutes rehearsing parts of [REDACTED]. She was very directive in leading the interaction – suggesting which parts to run through etc. Required a lot of support in melodic understanding and execution. Engaged in some discussion of voice type (soprano) and confidence in singing high notes. She seemed reluctant to leave... we finished the session with a promise that we would continue next week.”*

*(Clinical notes, 11 May 2016)*

*“Relocated to the piano, rehearsed three pieces in her folder for [REDACTED] concert. She stood while singing, and we worked at phrasing, melody recognition and learning.”*

*(Clinical notes, 24 August 2016)*

In this example, as in most of my practice, there were multiple levels of resourcing. While I was helping that teina develop singing skills, our rehearsal sessions were also contributing to her confidence levels. Unsurprisingly, these and other resources were often intertwined. In a broader sense, many traditional music therapy goals (e.g. developing physical skills like motor control and speech ability) align with this ‘skills’ resource. However, once again, this research did not focus on these goals except as they directly related to people musicking outside the therapy room.

## 5. [Practical needs](#)

*Practical needs include the physical spaces, transport, scheduling, and access to physical resources and physical care that might be needed for someone to engage in musicking.*

As was mentioned in the introduction of this exegesis, I was trained by the facility's transport coordinator in how to drive the wheelchair van at the outset of my placement. Even then, I was intrigued by the idea of a music therapist needing to drive a van. It became one of the catalysts for this research question about a broader model of what it is to be a music therapist. As I later discovered, practicalities such as transportation to and from a concert, physical spaces, or physical resources such as instruments were essential to every form of musicking. I realised that musicking does not exist in some suspended world; it exists in a physical world with limited spaces and distances between people and events.

'Practical needs' really acts as a bucket for many different types of practicalities. Actions related to these included: liaising with staff to arrange residents' schedules (Cycle 1.2 and 2.2); setting up spaces for people to engage with music; researching accessible software options (Cycle 1.3); creating lyric sheets and posters (Cycle 3.1 and 3.2); and meeting residents' care needs at events (demonstrated by the dance class vignette in the tuakana-teina section). I found that physical resources were useful in encouraging people to music in different ways (Cycle 1.2, 1.3, 3.1). I spent time finding, creating and/or intentionally positioning physical resources such as musical instruments, pens and paper for song writing (Cycle 3.3), and signs addressed to staff to remind them to offer recorded music to residents (Cycle 2.2).

## 6. [Problem-solving toolkit](#)

*Problem-solving toolkit refers to the creativity, practicality and flexibility needed to repair any issues that arise along the 'journey to musicking'.*

The problem-solving toolkit could be compared to a Swiss Army knife, with the many functions and flexibility inherent in a pocketknife that also contains scissors, a toothpick, a bottle opener, and pliers. I discovered in my practice that problems can develop at any stage of the 'journey to musicking'. An event may be delayed, there may be prohibitive weather for loading wheelchairs into a vehicle, or some personal or social issue may arise. These situations

usually needed calm, creative thinking and practical interventions. There were also many small dilemmas which also needed creative solutions.

The following vignette illustrates residents showing initiative in problem-solving.

### Vignette 3: Creating an anthem (Cycle 3.3)

During the third cycle of my research, the residents I was working with in a group session became excited about writing an anthem for the facility, as a collaborative project. Since they understood that the more input the staff had in the writing of the song, the greater their sense of ownership would be, they were eager to involve the staff in the song writing process. However, it would have been too complex and time-consuming for staff to participate in song writing workshops. During a group music therapy session, I took a facilitator role as the residents brainstormed how they were going to get the staff to contribute. I offered some ideas (inspired by my own discussion about this process with my supervisor), and the group eventually agreed that they were going to avoid placing an extra time or energy burden on the care staff by making it as easy and fun to contribute as possible. The method we decided on involved placing large sheets of paper in the staff lunchroom, with pens. The residents dictated to me what the short message should say on the paper<sup>12</sup>.

On reflection, this process had a number of influences. My supervisor had initially inspired the large sheet of paper idea and the residents had brainstormed together. The process was successful, and resulted in many staff members contributing. A positive consequence of this collaborative process was raising the awareness of the staff about the anthem, while also acting as a bridge for the staff to join in other aspects of the song writing process. Perhaps more importantly, the residents were empowered by being able to exercise their creativity in finding solutions: in this case, finding a solution for encouraging busy staff to engage in song-writing with them.

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<sup>12</sup> See Figure 3: Collaboration with staff in creating an anthem.





Figure 4: Collaboration with staff in creating an anthem (Cycle 3.3)

Having discussed the ‘journey to musicking’ resources for tēina, this exegesis will now explore some of the challenges that arose during this action research, and the resources I needed to deal with those challenges as a tuakana.

## Challenges

The challenges I faced in the duration of this research fell into three main categories: challenges directly linked to the facility I was practicing in; the challenges brought on by the type of practice I was engaging in; and finally, the challenges I faced as a ‘real human’ in the context of the facility and my practice.



Figure 5: Challenges

### Facility

The challenges in the facility included significant ‘real life’ events, such as residents dying. Other areas I found challenging included the high level of need within the facility due to the medical conditions of the residents, and the complexity of managing practice in a context where people (staff and residents alike) had such a wide diversity of skills and resources.

### Practice

I also met challenges related to my model of practice. Because I was attempting to maintain usual music therapy work (e.g. providing many individual music therapy sessions and running two music therapy groups per week), while also attempting to find time for more ecological actions (e.g. creating an events information board), it became difficult to maintain everything without some compromise of time. The scope for practice was enormous.

*“The type of facility that this is means there is so much scope for types of work, and as I am a person who loves dreaming up ideas, **this combination could lead to a desperate kind of all-embracing, all-encompassing scramble of a practice.**”*

*(Reflective Summary - Cycle 2)*

As illustrated in this quote from the reflective summary from Cycle 2, I had an abundance of ideas related to curating the musical culture of the facility. I also had the occasional quandary around what my role was, and, due to the diversity of my practice, where the boundaries of the ‘music therapy room’ (as identified in my research question) were.

### 'Real human'

Lastly, the most significant challenges faced in this research are attributable to being a 'real human'. In trying to do so much ecological work, I sometimes stretched myself too far, and expected too much from myself, as illustrated by this quote from my reflective journal.

*"(I'm) feeling like there are so many things I should be doing – working with people, trying harder with those reluctant residents, running a choir group, taking people to more events, writing better notes, writing in my journal, reading new materials for personal development, prepping goals and assessments for individuals and groups."*

*(Reflective Practice Journal, 13 June 2016)*

Instead, I found that I was not impervious to real life. I had to manage grief, cope with the unpredictability of life, and most importantly, I had to recognise that I, as a 'real human', had a finite amount of time and energy. When I did not acknowledge that I was a 'real human', I became unkind to myself, and experienced emotional/psychological challenges including perfectionism, guilt, self-doubt, and being overly tenacious (not being willing to stop any efforts before the project was completed to my satisfaction). Many of these realisations were made while keeping my reflective journals, which comprised one of the personal resources in my kete.

### Kete - Personal Resources

The kete refers to my basket of personal resources that were salient in being able to practice in an ecological, empowering way. Before resourcing anyone as a tuakana, I found that I had to be resourced myself. The Māori term kete is defined as "basket, kit" (Moorfield, 2003a), and is often used to refer to as a collection of tools, or information. It is appropriate, therefore, that it be used in this context to refer to a collection of resources. In many ways, the resources I needed as a tuakana mirror those that I was helping to resource tēina with (e.g. skills, problem-solving, confidence).

To manage the challenges that arose, and to practice as a tuakana music therapist, I needed my kete of resources. These resources sustained me through the difficult situations, and helped me find solutions for the dilemmas I faced. The categories of resources included: input,

experience/skills, personal sustainability, social skills, reflection, specific practices such as flexibility, and self-awareness - knowing myself and my values<sup>13</sup>. Each resource will now be briefly explained.

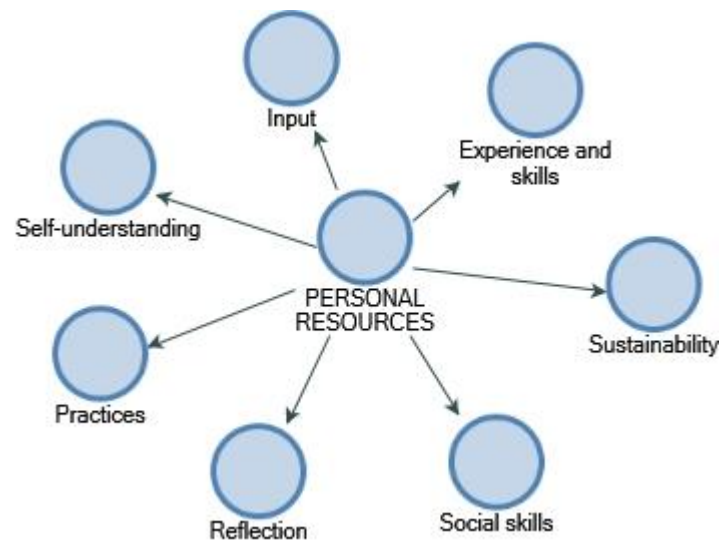


Figure 6: Personal resources

### Input

While spending so much time and energy on resourcing others, I found that I needed my own musical, social, and intellectual input. From a musical, creative perspective, my joy in musicking was sustained by continuing to experience new genres and styles of music. This exposure to new music also helped create organic moments of musicking with others.

*“It’s always amazing to me how helpful my continual engagement in musicking outside my practice is to being able to facilitate and create musical moments ‘outside the therapy room’. For example, casual conversations about my weekend turn into discussions of music/dance because that’s what I engage in on my weekends.”*

*(Action Research Journal, 1 June 2016)*

Additionally, I relied on my research and practice supervision to provide a reflective and supportive space for me, which illustrates an important point: that even when functioning as a tuakana for many people, it is still beneficial to be a teina in some relationships and have

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<sup>13</sup> See Figure 5: Personal resources.

tuākana<sup>14</sup> invest time and energy into you. Other forms of input that resourced me to resource others included training provided by the facility, and relevant literature.

### Experience/skills

I found that my previous experiences resourced me to in turn resource others. It is obvious that my previous training in music teaching and music therapy contributed greatly to my role as a tuakana – so obvious that it almost does not require attention. However, there were times when it was very clear how my experiences enabled me; specifically, in situations where the musicking was spontaneous or at short notice. In those scenarios, I was resourced to music because of my previous experience.

Other times, I used skills not directly related to music therapy, such as design or technology skills<sup>15</sup>. Therefore, recognizing and valuing your own experience and skills is important.

### Sustainability

Personal sustainability was an important resource, requiring my focus and specific attention. As previously mentioned, I faced emotional/psychological challenges, as well as challenges related to the scope of my practice and research. I realised that staying functional was vitally important, if I wanted to be able to continue my practice. The main techniques were personal care, asking for help, and setting realistic goals.

### Social skills

Particularly in the area of resourcing people in/to/with community (other people), I needed social skills. Inevitably, conflicts or interpersonal difficulties arose, and required me to be sensitive, use a diplomatic approach, and draw people towards conflict resolution. I also found I had to address issues around boundaries between myself, staff, residents, and other people. In each of these situations, I drew on the social skills in my kete.

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<sup>14</sup> Tuākana: plural of tuakana (Moorfield, 2003c).

<sup>15</sup> See Appendix 6: Circus Poster

## Reflection

Throughout this research and my practice, the importance of reflection being a part of a tuakana's kete was paramount. Many of the afore-mentioned resources and challenges were illuminated through intentional reflection, often facilitated by journaling.

## Practices

There were specific practices and approaches that I adopted to fulfil my role as a tuakana music therapist. For example, I noticed that organic musicking occurred much more frequently if I personally was 'in the moment' and ready to seize musicking opportunities (Cycle 2.3). It also required bravery to engage people in spontaneous musicking. Being flexible was another important practice, as was employing careful time management to help mitigate the 'stretching' nature of the work.

## Self-awareness

Finally, I found that knowing my values and knowing myself were both essential resources. Knowing my own practice values (e.g. which music therapy models I drew on), knowing my priorities, and identifying what constituted my role all contributed to being able to practice well. An understanding of my own values in practice was especially salient in making decisions about more amorphous, less-defined areas of practice. The process of discovering my own values was greatly aided by reflection with supervisors (relates to 'input' personal resource). For example, my visiting music therapist and I discussed this in a supervision meeting:

*"What do (I) value most? What is the most important thing? Brief encounters or working individually?"*

(Practice supervision notes, 14 June 2016).

## Vignette 4: A challenge in creating an anthem

At the outset of creating an anthem (Cycle 3.3), one resident pre-empted the group process by writing her own lyrics. I then had to reflect on the potential issues with using that song as the anthem, which included: quite personal and emotional lyrics (not all residents would identify with them); the style of the song in being addressed *to* the staff, rather than as an expression *from* the staff and residents about their collective identity and community; and

the fact that other residents had been excited about writing the song, but had now been 'pipped at the post'.

In discussing these issues with my supervisor, it became clear that I needed to consult directly with the resident. Consequently, I then conversed with the resident. She was happy to have both potential songs co-exist, and was eager to be involved in writing the anthem with the group. This consultation process resulted in what seemed to be the best possible outcome.

This vignette highlights several personal resources. Notably, I received *input* from my supervisor, used *social skills*, and had to *practice* bravery in negotiating with the resident.

### Summary of Kete

In summation, a kete of personal resources is vital for a tuakana resourcing tēina along a 'journey to musicking'. The resources I identified in my own kete through the research process were: input, experience/skills, personal sustainability, reflection on practice, approaches or practices such as flexibility and being brave, and self-understanding, including awareness of my own orientation to music therapy practice.

The final section of findings elucidates important principles in resourcing tēina along the 'journey to musicking'.

## Principles in Resourcing

As a tuakana music therapist, two central principles were foundational to my practice: empowerment and sustainability.

### Sustainability

Sustainability refers to establishing something that can be sustained. In my context, I was particularly concerned about staff and residents being able to sustain actions when I finished my placement and left the facility. My hope was that by resourcing people to music outside the therapy room, they would be resourced to continue musicking without me.

The Merriam-Webster dictionary defines 'sustainable' as:

*1: capable of being sustained*

*2a. of, relating to, or being a method of harvesting or using a resource so that the resource is not depleted or permanently damaged*

*2b. of or relating to a lifestyle involving the use of sustainable methods*

*(Merriam-Webster, 2016).*

Definition 2a is particularly relevant to what I was trying to achieve in my practice. As previously discussed, I faced challenges in my practice that related to having limited energy, time, and resources. Personal sustainability is in many ways the foundation for sustainability as an ecology. If I was unable to function well, then I would not be able to promote a sustainable musical culture within the facility. However, personal sustainability has already been addressed in Cycle 2.1 of this exegesis. From here, sustainable practice will be the focus. I found that there were several key approaches that helped to make sustainability achievable, despite these challenges.

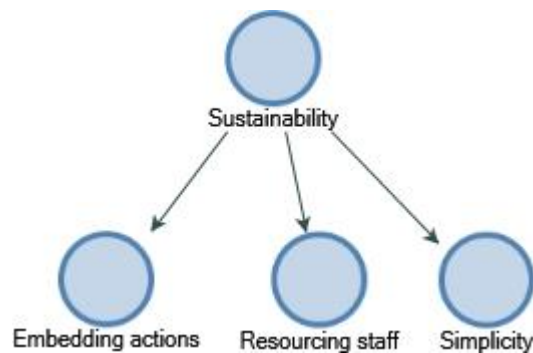


Figure 7: Sustainability

### *Embedding actions*

One of these was a focus on *embedding actions* within the facility. For example, when the staff and residents wrote an anthem together, they expressed a wish that it be sung at each special event hosted by the facility. I then had to take specific actions to help embed the song in the facility (e.g. teaching staff to accompany the song, making sure it was sung at all the events hosted while I was present), to ensure they could sing it when I was no longer on placement there.



### *Simplicity*

Another important sustainability technique was intentional simplicity. On the 22<sup>nd</sup> of August 2016, I wrote in my action research journal, “...often I aim too big or undertake too many ideas at once, but sustainability requires a more focussed, smaller and more sustained approach.” I realised that attempting to initiate a raft of creative ideas that contributed to the musical culture might work in the short term (while I was present), but that once I left the facility, the staff would not be able to maintain that breadth. Another aspect of simplicity was evident in my efforts to resource people with information about events in their city (Cycle 3.1). Throughout the development of an information board, I had to be mindful of seeking out the simplest way to update the board with new information, to make it easier for the staff to update. Simplicity, then, is important both in scope and process, if one is to achieve a measure of sustainability.

### *Resourcing staff*

Linked with the afore-mentioned concepts, my final finding on sustainability is *resourcing staff*. Cycle 2.2 was focussed on staff relationships, and for good reason—without the wider staff at the facility, my resourcing efforts would be less effective and almost impossible to sustain.

*“I want to create something sustainable, and resource not just residents but other people to themselves resource residents.”*

*(Action Research Journal, 23 May 2016)*

The ‘other people’ mentioned in my journal entry in some cases was family, friends and fellow residents, but most often, it was staff. I found myself resourcing staff in many ways: with physical, practical resources such as sheet music or lyric posters, with technology skills, with musical skills, with opportunities to music (thereby enhancing their own perception of themselves as musical), and in the simplest of cases, with encouragement.

In summary, I found that these three approaches (resourcing staff, simplicity, and embedding actions), combined with the previously discussed personal sustainability, enabled me to promote a sustainable musical culture and resource people to music in a sustainable way. Sustainability is also aided by the next principle of resourcing: empowerment.

## Empowerment

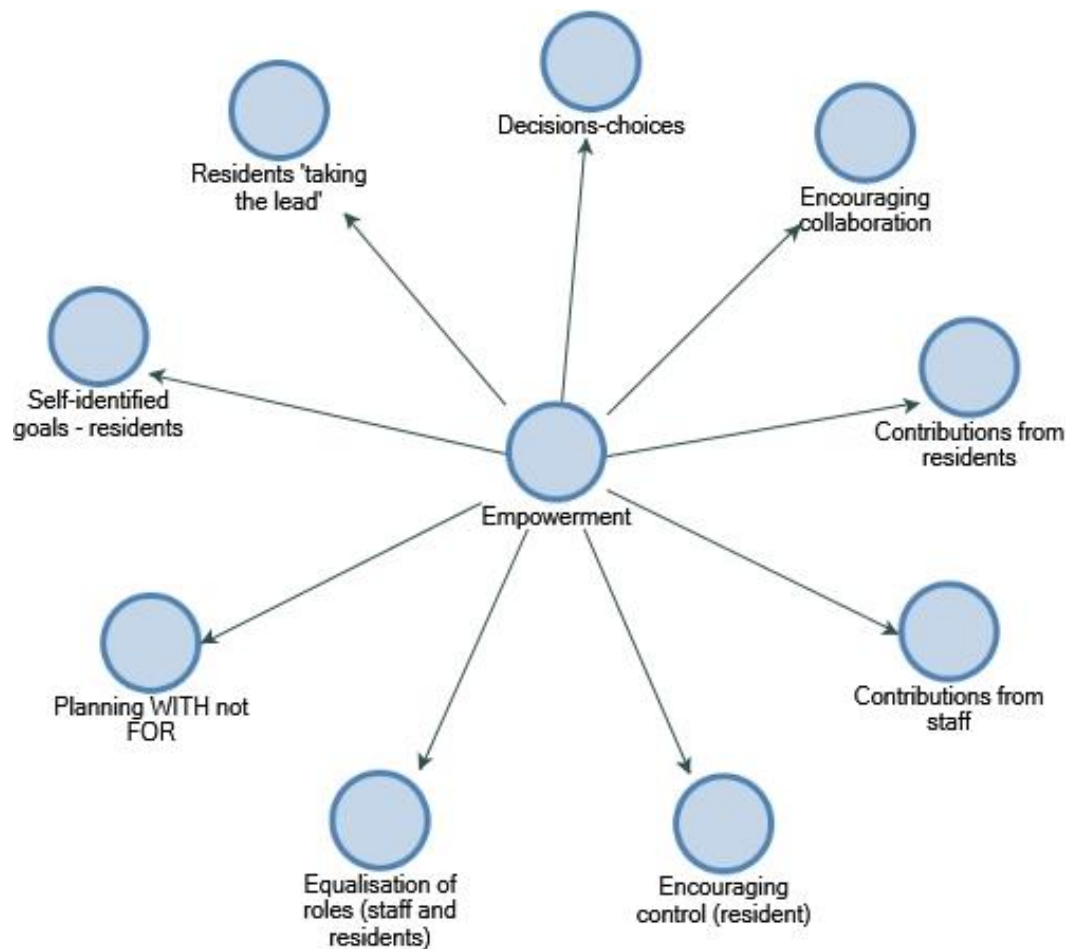
A useful term for understanding empowerment, especially in an Aotearoa New Zealand context, is rangatiratanga. Empowering someone is essentially the act of restoring that person's rangatiratanga. John C Moorfield's *Te Aka Māori-English, English-Māori Dictionary* defines rangatiratanga in the following ways:

*(noun) chieftainship, right to exercise authority, chiefly autonomy, chiefly authority, ownership, leadership of a social group, domain of the rangatira, noble birth, attributes of a chief.*

*(noun) kingdom, realm, sovereignty, principality, **self-determination, self-management** (emphasis added).*

*(Moorfield, 2003b)*

The second definition relates to the kind of empowerment that transforms a typical approach to resourcing (doing things for people) into a collaborative, empowered one (doing things alongside people). While an approach to empowerment seemed to necessitate a shift of thinking and values, there were some identifiable areas of action that I found increased the level of empowerment. These action areas included: giving people choices, supporting residents' self-identified goals, encouraging collaboration, allowing/encouraging residents to 'take the lead', planning *with* not *for*, and moving towards equalisation of roles between residents and staff.



*Figure 8: Empowerment theme*

These action areas permeated my approach to resourcing in the ‘journey to musicking’. Each area had several descendant codes in my analysis, which usually were constituted by specific actions. To explain the empowerment principle, an example will be briefly discussed, a vignette will illustrate the restoration of one’s rangatiratanga, and the full empowerment code map is included in Appendix 11.

Figure 8 shows an example of descendant notes from the empowerment theme: encouraging collaboration. In this categorisation example, there are specific actions that I identified as being helpful in promoting collaboration.

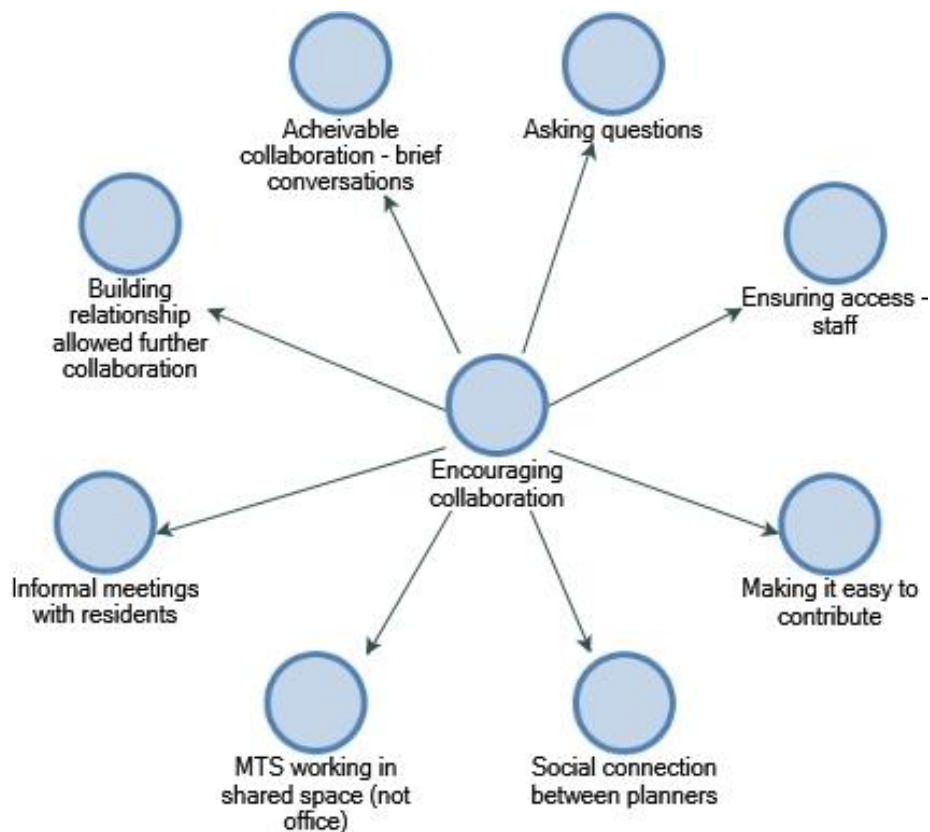


Figure 9: 'Encouraging collaboration' category

One of this category's data segments, coded as 'MTS (music therapy student) working in shared space', is shown below:

*"(I) worked on aspects of the event in the lounge space, rather than in the office, to enable residents to approach me and discuss ideas about the circus."*

*(Reflective Summary – Cycle 3)*

I found that this practice made collaboration more organic, as residents were more likely to pass by and contribute ideas when I was working in a shared space. There was also something symbolic about being on the same floor level as the residents, rather than in the office on the upper floor of the building. It had an equalising effect.

While some aspects of encouraging collaboration are measurable, like moving to a different space, there were aspects that were more amorphous. For example, a significant contributor to encouraging collaboration, which went largely undocumented, was the style of my communication with other people. Alongside more overt techniques like asking questions, I used body language, and tonal and verbal nuances to communicate an invitation to

collaborate. So, there was a spectrum of observable actions that empowered people, but they were all motivated by a genuine desire to restore the rangatiratanga of the tēina.

The following vignette provides an example of a teina's rangatiratanga being restored.

#### Vignette 5: Laura (Cycle 1.1 – Pastoral services)

Laura (pseudonym) was a resident at my placement facility. She was delighted when I began my placement there, as she loves music and engaging in social activities. Every week, she attends her local church. We began having weekly individual music therapy sessions, focussed on developing her motor control through playing her preferred instrument: a glockenspiel. After some time, she told me that she hoped one day to play the glockenspiel at her church service. We discussed this and identified together the necessary intermediary steps. As our sessions progressed, I intentionally encouraged her to assume more control of the process, while attempting to support her when needed.

*“Other ideas I have for resourcing Laura to have more control of the process include letting her take more control of the search process (for appropriate songs) on my tablet, e.g. Typing the search terms, moving towards having physical control of the tablet.”*

#### *(Reflective Summary – Cycle 1)*

In the quoted summary, I brainstormed small actions which would reinforce the empowerment process. As Laura used the tablet more independently, she became more assertive in selecting repertoire. Eventually, Laura had been resourced to the extent that she was co-leading services within the facility, and had been invited by her church to play her glockenspiel and sing in a service. This resourcing was initially supported by me, but she gradually made a larger proportion of the decisions, and I began to step back from my tuakana role. Interestingly, as the end of my placement drew near, Laura reflected herself on the fact that she needed to be able to access her own chord charts for the songs. This prompted me to teach her how to access them on her own computer, and select keys etc. By the time I left the facility, Laura could access, adjust, and play the chords for her church's songs, but perhaps more importantly, she had a stronger sense of rangatiratanga. She had identified her own goals, and had been active in achieving them.

## *Reflections*

This vignette illustrates a 'journey to musicking' and a tuakana-teina relationship, while also illustrating the empowerment principle. Laura had autonomy in the process, but she also had support from me, the tuakana. As we continued to music together (largely within the context of individual music therapy sessions), she began to assume more control of the direction and content of our musicking. She was empowered through making choices and working towards her own goals.

In fact, the central tenet of the 'journey to musicking' - resourcing people - is geared towards empowerment. Notably, at any stage in the journey, a teina has the choice to opt out; to decide not to be involved in musicking. This autonomy is consistent with the tuakana-teina mentoring model: namely, in the mentoring model, the teina is the one who decides when they are ready to become a tuakana or leave the tuakana-teina relationship.

It is important to note that in the context of the facility, where residents were living with neurological conditions, there was a palliative aspect to my practice. The conditions varied, however some were degenerative. In those cases, and in fact in all cases, I had to consider that a resident may not have the capacity or even the will to function independently. However, I felt that the cultural default for treatment of people with these conditions was to class them as 'dependent'. Therefore, I attempted to help residents find some sense of rangatiratanga on their journey. The palliative aspect meant that sometimes a resident having rangatiratanga involved them having the opportunity to make choices in their 'journey to musicking'. It is important to find a healthy balance of both rangatiratanga and an awareness of the supportive strength inherent in community.

## Summary of Findings

In summarising these findings, it is helpful to return to the research question: *how can I resource people to music outside the therapy room?* My practice as developed in action cycles revealed that I did this by:

- resourcing people along the 'journey to musicking', carefully considering each of the six resources: opportunity; motivation; confidence; skills; practical needs; and problem-solving toolkit;
- creating a flexible tuakana-teina model;
- looking after my own kete of resources that enabled me to act as a tuakana and work through the challenges that arose;
- uncovering key principles of resourcing, including sustainability and empowerment.

## DISCUSSION

The findings from this research provide a tapestry of experience and reflection related to resourcing people to engage with music. The key findings, namely the tuakana-teina model and the 'journey to musicking', have strong undercurrents of empowerment and sustainability. In fact, the central tenet of the research question and key findings - resourcing people - implies empowerment. Notably, at any stage in the journey, a teina has the choice to opt out; to decide not to engage in musicking. This autonomy (rangatiratanga) is consistent with the tuakana-teina mentoring model (in the mentoring model, the teina is the one who decides when they are ready to become a tuakana). This discussion section will provide a discourse about the process of deciding to represent my role – a resourcing music therapist – using the tuakana-teina model. The theme of empowerment will then be discussed in relation to the Māori term rangatiratanga.

### Tuakana-teina model in music therapy

The tuakana-teina model emerged in this research as one of the central findings. As my analysis revealed the need for a term that captured the essence of a mentorship-type model of resourcing prioritizing a potential for reciprocity, I investigated a variety of English terms. These were discarded, as they did not tend to highlight reciprocity. In contrast, the te reo Māori terms tuakana and teina provided a relational, supportive, and empowering model of resourcing. I consulted with a Victoria University of Wellington Māori learning advisor who provided valuable insights into the richness of meaning associated with the model, and offered advice about the appropriate use of the terms. This is in accordance with the consultation process recommended by the Treaty of Waitangi, Aotearoa New Zealand's founding document (Wyeth, Derrett, Hokowhitu, Hall, & Langley, 2010). Because this practice and research was situated in Aotearoa New Zealand, it seemed appropriate to apply a model from the body of indigenous knowledge.

The model itself encapsulates a type of practice that is person-centred, and acknowledges the possibility of role exchange. A tuakana from a local mentoring scholarship programme,



Whai Ake i te Ara Tika, referred to this interchangeability of roles and knowledge as “I learn, you learn, we learn” (“Whai ake i te ara tika – a living model of Māori success,” 2015). This interchangeability speaks of an integral collaborative effort. Another noteworthy aspect of this model is that entering a formal tuakana-teina mentoring relationship, just like entering a music therapist-participant relationship, requires a choice on the part of both the tuakana and teina. An interesting exception to this is the use of both the tuakana-teina pedagogy and my ecological approach to music therapy. While some of my actions were deliberately focussed in one-on-one relationships (Cycle 1.1 and 1.3), others were focussed more broadly on resourcing the community as a whole (Cycle 3.1), and in that case, residents and staff may not have ‘opted in’ to being resourced.

While this application of this indigenous concept of tuakana-teina may be new to the field music therapy research, being conscious of equality, mutuality and reciprocity is certainly not (Bolger, 2015; Rickson & McFerran, 2014; Rolvsjord, 2010). For example, author and music therapist Randi Rolvsjord identified three characteristics of resource-oriented music therapy in her book *Resource-Oriented Music Therapy in Mental Health Care* (2010): equality, mutuality and participation. These three principles centre on empowering the music therapy participant through true collaboration, and are highly synchronous with the findings of this research. This focus on empowerment through choice links to another theme in the findings of this study: restoring people’s rangatiratanga.

### Restoring Rangatiratanga

For people with neurological conditions or other vulnerabilities, living in a residential facility with full time care available can engender dependence and a loss of rangatiratanga. Supported by the facility, individual residents wanted to become more independent, to have their rangatiratanga restored. The steps I took in my action research cycles were geared towards enabling residents (and staff) to make decisions about engaging with music in their communities (or independently, as seen in the case of Cycle 1.3 – Technology to access music). Many New Zealanders likely understand the term rangatiratanga in the context of arguably its most significant appearance: in the Treaty of Waitangi (Jackson, 2013). In that context, the term is often translated as sovereignty, or the ability to determine one’s own

future. Jackson (2013, p. 4) writes that “rangatiratanga is a term that is unique to Aotearoa and it is also situated within a context for indigenous peoples’ struggles for self-determination internationally”. Considering the fact that “Māori have come to view the Treaty as an ideal framework for Māori health development” (Kingi, 2007, p. 7), it seems logical that rangatiratanga should apply in health sectors.

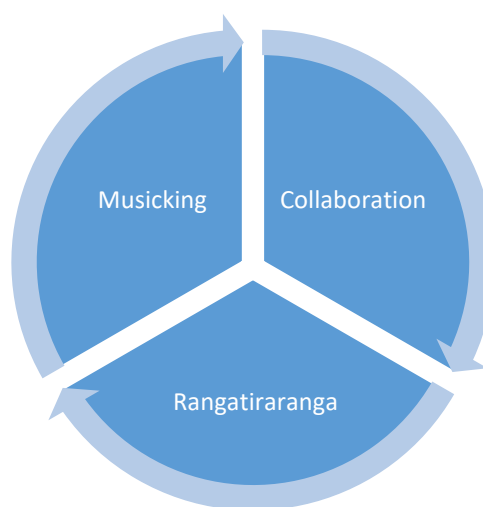
Although it is not my prerogative as a Pākehā New Zealander to comment heavily on links between Māori and health sectors, there are similarities between the experiences of people who have been negatively affected by colonisation (Wyeth et al., 2010), and people who are under-resourced due to social structures and barriers, as the social model of disability suggests (Vehmas & Shakespeare, 2014). Certainly, there has been oppression and exclusion experienced by both groups of people. Some of these barriers were evident during this research, and these were mitigated by my actions in resourcing people with information and opportunity to collaborate. There is a beautiful Māori expression that says, ‘what is good for Māori is good for everyone’. I therefore suggest that just as restoring rangatiratanga to Māori is beneficial, so too restoring the rangatiratanga of people with neurological conditions, as in this research setting, is intrinsically beneficial.

In accordance with other music therapy research (Bolger, 2015; Bolger & McFerran, 2013; Rolvsjord, 2010) and a shift in the health sector in Aotearoa New Zealand, it seems that this empowering approach should be a foundation for practice. This is ratified by Aotearoa New Zealand’s Ministry of Health identifying rangatiratanga as one of the key threads of He Korowai Oranga, the Ministry of Health Māori health strategy (“Rangatiratanga,” 2014). In addition, local health and wellbeing professionals have in recent years begun to discuss incorporating rangatiratanga into healthcare (Clendon, 2011; Crocket, 2012; Smiler & Locker McKee, 2007; Theunissen, 2011; Wharewera-Mika et al., 2016). As an allied health profession in Aotearoa New Zealand, music therapy has already and will likely continue to focus on empowerment (Rickson et al., 2014; Rickson & McFerran, 2014). Consequently, the concept of rangatiratanga could become useful in discussing empowerment and promotion of wellbeing through music therapy in an Aotearoa New Zealand context, both for Māori and non-Māori.

It is important to note that restoring rangatiratanga has a varied appearance. In the context of the facility, where residents were living with neurological conditions, there was a palliative aspect to my practice. The conditions varied, however some were degenerative. In those

cases, and in fact in all cases, I had to consider that a resident may not have the capacity or even the will to function independently. However, I felt that the cultural default treatment of people with these conditions was to class them as dependent. Therefore, I attempted to help residents find some sense of rangatiratanga on their journey. The first identified resource, opportunity, inherently denotes choice. Once resourced with information and/or invitation, a teina could choose to music, or not; to attend an event, or not. The palliative aspect meant that sometimes a resident having rangatiratanga was as simple as them having the opportunity to decide whether to participate in music.

Bolger (2015) elaborated on the importance of choice in a recent work on collaborative participation in music therapy. She stated that: “Investing in collaboration is a choice. I believe it is critical for music therapists striving for collaboration to recognise and engage with people’s power to choose. This is particularly important given that potential collaborators in music therapy are often vulnerable and complex people who may need support and encouragement to foster the personal motivation to collaborate.” (Bolger, 2015, p. 101). She also noted that people were more likely to collaborate if they were “personally invested in the process” (Bolger, 2015, p. 101). This aligns with this study’s finding that a sense of ownership motivated people to be involved in music. Interestingly, there appeared to be an interactive relationship: collaborating led to a sense of ownership (a restored rangatiratanga); rangatiratanga motivated people to music; and musicking provided an avenue for collaboration. This interactive model is illustrated in Figure 9.



*Figure 10: An interactive model of resourcing people to music*

## Strengths and Limitations of Research

One of the distinctive aspects of this research was the dual-role of researcher-practitioner. This gave me an opportunity to explore the ways I could improve my practice. As such, the research is inherently subjective, and therefore does not have a large degree of generalisability. It also has other implications, which include the likelihood that I was inclined in both data collection and analysis towards documenting the positive results of my practice. Since I anticipated this tendency, I did attempt to mitigate its effects by carefully documenting my personal challenges. Nevertheless, there is more scope for investigation into the less successful areas of my practice, as I was not as likely to document the closing of relationships or the opportunities that were missed.

This research was embedded and understood in the context of the placement community, and in the context of Aotearoa New Zealand. Therefore, generalisability is once again limited. Conversely, these characteristics provide a helpful insight into both the contexts of the neurological healthcare sector, and of music therapy in Aotearoa New Zealand.

## Recommendations

Stige, in his recent article on the relationship between music therapy practice, theory and research, advocates for research that acknowledges the primacy of practice (2015). He writes, “to settle on given explanations should be less of a goal, then, than to open up new discursive space.” (2015, p. 10). Hopefully, this ‘opening of discursive space’ has occurred with this research. This research has elucidated the resources that I found people needed to be able to engage in musicking, and my role as a tuakana music therapist. However, the relevance of this research is limited to the contexts in which it was conducted. Therefore, it is recommended that further research be undertaken to explore the broader actions of music therapists in other contexts, to ascertain if the resource areas of practice relate to the ones presented in this research. Although there has been some recent research exploring the shared values of Māori and ecological approaches to music therapy (Hodgson, 2015), there is scope for more investigation.

Further research would also be useful in the areas of personal sustainability and the personal resources that music therapy students and music therapists bring to their practice. It would be interesting to see how these individual characteristics and practices impact on music therapy work in a range of contexts. Finally, more research into the area of restoring rangatiratanga in the health sector on an individual and community level would be helpful, particularly as it pertains to the work of community music therapists.

### Summary of Discussion

This exegesis, therefore, explored an empowering, collaborative approach to resourcing people to engage with music. The Māori tuakana-teina model provided a framework for reciprocal, empowering relationships that restore people's rangatiratanga. Journey-related terminology was an intentional acknowledgement of both the fact that there was in fact an end goal, musicking, and that it is a process. People could be anywhere along that journey, and should be able to make decisions about both the end destination and the method of getting there. The tuakana music therapist, then, is there to walk alongside the teina, and help them remove barriers and find resources for the journey.

## CONCLUSION

This study was focussed on improving my own practice as a music therapy student on placement in a residential facility for people with neurological conditions. The research question was: “how can I resource people to music outside the therapy room?”. Using an action research methodology, and drawing on inspiration from ecological, community, and resource-oriented music therapy, I investigated ways of resourcing people. Some of the resulting foci included: the use of technology; working with staff; collaboration in planning events; and resourcing people with information about events. Throughout, I collected data in the form of clinical notes and reflective journaling, and subsequently conducted a thematic analysis.

The analysis process revealed a framework of resources that people needed to engage in musicking, referred to as the ‘journey to musicking’. The Māori tuakana-teina model (previously predominantly used in education and mentoring programmes), provided a model for a music therapist-participant relationship that was empowering, collaborative, and inclusive of the possibility of reciprocity. Six resources were highlighted by the research as being essential to a person’s ‘journey to musicking’: opportunity; motivation; confidence; skills; practical needs; and a problem-solving toolkit.

I also found that to function as a tuakana music therapist, I needed my own set of resources: a kete. Personal resources that emerged from the research included input, experience and skills, personal sustainability, social skills, reflection, practices such as flexibility and creativity, and self-awareness. Practicing music therapy in an ecological way became a little overwhelming at times, but my kete of personal resources helped in problem-solving the challenges that arose. The principles of empowerment and sustainability were identified as being foundational to this type of practice, and an empowering approach was framed as restoring people’s rangatiratanga.

This research was embedded within the contexts of the placement community and the wider ecology of Aotearoa New Zealand, and was focussed on improving my own practice. Both of these aspects limit the generalisability of this research. However, this research hopefully provides a rich account of practicing music therapy in an empowering, ecological

way in Aotearoa New Zealand. In conclusion, this research found that tuakana-teina relationships can resource people along their 'journey to musicking'. This involved considering personal and communal sustainability, and how to practice in an empowering way: how to restore people's rangatiratanga.

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## APPENDICES

<a href="#">Appendix 1: Request for Permission Letter to Facility</a> .....	Error! Bookmark not defined.
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<a href="#">Appendix 5: Consent Form for Staff and Supervisors</a> .....	Error! Bookmark not defined.
<a href="#">Appendix 6: Circus Poster</a> .....	Error! Bookmark not defined.
<a href="#">Appendix 7: Cycle 1 Results</a> .....	Error! Bookmark not defined.
<a href="#">Appendix 8: Cycle 2 Results</a> .....	Error! Bookmark not defined.
<a href="#">Appendix 9: Cycle 3 Results</a> .....	Error! Bookmark not defined.
<a href="#">Appendix 10: Coding Map – Kete (Personal Resources)</a> .....	Error! Bookmark not defined.
<a href="#">Appendix 11: Coding Map – Empowerment</a> .....	Error! Bookmark not defined.
<a href="#">Appendix 12: NVivo Coding – ‘Resourcing staff’</a> .....	Error! Bookmark not defined.

## Appendix 1: Request for Permission Letter to Facility




To:



24 March 2016

Dear ,

**Research Title: Resourcing people to music outside the therapy room**

I am writing to ask you to provide written permission, on behalf of   
, for me to undertake an action research project as part of the requirements for my Master of Music Therapy qualification. My research will involve reviewing music therapy records and my own reflective notes about my practice with residents at , and consultation notes with staff and residents. As you know action research involves planning, acting and reflecting and I aim to improve my practice through this process. I will be the only direct participant in this research, so residents will just be involved in regular music therapy.

This project has been approved by the NZSM Postgraduate Research Committee, and the VUW Human Ethics Committee has given generic approval for music therapy students to conduct studies of this type (Ethics Approval: 22131).

The full proposal is attached for your information.

If you have any questions about the research or this request, please feel free to contact me or my research supervisor:

Sarah Hoskyns  


**Please send an email in response by Friday 8<sup>th</sup> of April, 2016.**

Many thanks,

Katie Boom  
Master of Music Therapy (Part 2) student

ID: 

## Appendix 2: Information Sheet for Residents

# *How can I resource people to music outside the therapy room?*

Katie Boom

## INFORMATION SHEET - RESIDENTS

### My Research

As you know, I have been working as a music therapy student at [REDACTED] this year for university. I am doing a 'Master of Music Therapy' degree at the New Zealand School of Music. For my degree I am researching how to help people participate in music beyond music therapy sessions. This is because I believe that music can bring people together, and can help people to feel well.

I am doing three action research cycles. This means that I plan changes to my practice, try them out, reflect on how they went, then do it all again. Then I am going to look at my notes about these cycles to see what I have learned about how to do this wider type of music therapy. This process can help me to be a better music therapist. I also have to write some short stories about some of the music therapy I've done for my research, which will be called 'vignettes'. I am writing to you because these vignettes might have some writing about the music we have done.

### Why?

The reason I am using vignettes in my research is because they show the people who might read my research how I actually improved my practice in real life. If you did want me to write about our music therapy then I would use a pseudonym instead of your name, so that it would hard for people to recognise who the story is about.

### What do I need to do?

You wouldn't have to do anything for my research because I will just be writing about what we have already done. The focus of the story would be on what I did, not what you did.

### After the research is finished



Once I have finished my research I will tell you what I have written about, as well as showing you the vignette I'd have written. My research will be available for people to look at through the Victoria University library. I will also show my research in private to my examiners, and might talk about it with some staff members at [REDACTED]. There is also a possibility that later on I might decide to put my research into a professional journal, where other professionals share their research.

### Your Rights

You do not have to say yes to having our story included in my research because I can ask other people who I have worked with if you say no. If you decide that you do want it to be used, you can:

- ask any questions about the research at any time until it is completed;
- change your mind before August 31<sup>st</sup>, 2016 if you decide you don't want me to write about our story;
- see a copy of our story in the research when it is finished.

If you have any questions then you can ask me or my supervisor, whose emails and phone numbers are shown below – we don't mind! Please sign the consent form attached by 19 August 2016 and return to [REDACTED].

Researcher: Katie Boom

Email: [REDACTED]

Contact number: [REDACTED]

Supervisor: Sarah Hoskyns

(Associate Professor, Director of Master of Music Therapy Programme, Te Kōkī, New Zealand School of Music)

Email: [REDACTED]

Contact number: [REDACTED]

### Ethical Approval

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 [REDACTED]

### Appendix 3: Consent Form for Residents

## *How can I resource people to music outside the therapy room?*

Katie Boom

### CONSENT FORM - RESIDENTS

- I have read the Information Sheet and it makes sense.
- I was able to ask any questions and the answers made sense, and I know that I can ask more questions at any time.
- I know that my real name will not be used in Katie's research report, and that I can see a copy of our story, once it is completed.
- I have had time to make my decision.
- I understand it's ok to say 'no' if I prefer. I also know that I can change my mind about saying 'yes' up until August 31<sup>st</sup>, 2016.

I AGREE / DO NOT AGREE (Circle One) to our story being used for Katie's research, as talked about in the Information Sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (printed): \_\_\_\_\_

## Appendix 4: Information Sheet for Staff and Supervisors

# *How can I resource people to music outside the therapy room?*

Katie Boom

## INFORMATION SHEET – STAFF AND SUPERVISORS

As you know, I have been working as a music therapy student at [REDACTED] as part of my Master of Music Therapy degree at the New Zealand School of Music. I am researching how to help people participate in music beyond music therapy sessions.

Action research is my chosen method, which follows a cyclical pattern of planning, acting, and reflecting. Throughout my three action research cycles, I am keeping a reflective journal. This journal and my usual notes from meetings we have will form part of the data for my research, which I will be analysing for themes.

I may draw some examples from these for specific reference in my research in the form of case vignettes (short descriptive stories of practice). These will be focussed on what I did, not what you did.

### Confidentiality

If you did consent to me using my notes and reflective journal that refer to our supervision or meetings or conversations about our work, I would use a pseudonym in place of your name to maintain your privacy. The notes and data are stored on a password protected computer to which only I and my research supervisor have access. Consent forms and data will be stored securely in the music therapy department of NZSM for a period of 10 years and then be destroyed.

### After the research is finished

My research will be accessible through the Victoria University Library. I will also present my research in private to my examiners, and might talk about it with some staff members at [REDACTED]

[REDACTED]. There is also a possibility that later on I might decide to put my research into a professional journal, where other professionals share their research.

### Your Rights

You do not have to consent to having this data included in my research. If you decide that you do want to give consent, you can:

- Ask any questions about the research at any time until it is completed.
- Change your mind before 31<sup>st</sup> August 2016 if you decide you don't want me to write about our work together.
- Access the completed research. A copy will be given to [REDACTED]  
[REDACTED], and will also be accessible through the Victoria University website.

If you have any questions, please do not hesitate to contact me or my supervisor. Please can you sign the consent form by 19<sup>th</sup> August 2016 and return to me or my supervisor Sarah Hoskyns.

Researcher: Katie Boom

Email: [REDACTED]

Contact number: [REDACTED]

Supervisor: Sarah Hoskyns

(Associate Professor, Director of Master of Music Therapy Programme, Te Kōkī, New Zealand School of Music)

Email: [REDACTED]

Contact number: [REDACTED]

### Ethical Approval

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 [REDACTED]

## Appendix 5: Consent Form for Staff and Supervisors

# *How can I resource people to music outside the therapy room?*

Katie Boom

## CONSENT FORM – STAFF AND SUPERVISORS

I understand that:

1. Katie Boom is writing an exegesis about her music therapy practice with clients at her placement and will use supervision notes, meeting notes, and reflective journal entries as part of the data;
2. I can ask any questions about the study at any time until it is completed;
3. Katie will not use my name or names of clients or the location of [REDACTED] in the exegesis (unless I specifically wish my name to be used);
4. I can withdraw information from the research up till the end of the data analysis which is 31<sup>st</sup> August 2016;
5. Data will be securely kept on a password protected computer;
6. Consent forms and data will be stored securely in the music therapy department of NZSM for a period of 10 years and then be destroyed.

I have read and understood the Information Sheet. I was able to ask any questions, and I know that I can ask more questions at any time.

I AGREE / DO NOT AGREE (Circle One) to this data being used for Katie's research, as outlined in the Information Sheet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name (printed): \_\_\_\_\_





## Appendix 7: Cycle 1 Results

<i>C1.1 Pastoral services</i>		
<i>Actions</i>	<i>Outcomes</i>	<i>Challenges</i>
<p>Had individual planning meetings with Laura</p> <p>Considered accessibility of songs for residents with Laura</p> <p>Allowed Laura to take gradual control of the song selection process</p> <p>Involved Laura in technical planning of services</p> <p>Rehearsed songs with Laura</p> <p>Functioned as support person to allay Laura's anxiety while leading music</p>	<p>Laura:</p> <ul style="list-style-type: none"> <li>- increase in technology skills</li> <li>- leadership/decision-making opportunity</li> <li>- confidence growth</li> <li>- co-led music in pastoral services</li> </ul> <p>Residents engaged with live music in pastoral services</p>	<p>Difficult to measure level of singing engagement from residents compared to previous services, as I had not been able to attend a previous service</p> <p>Difficulty managing all aspects of the PowerPoints e.g. changing slides while playing guitar</p>

<i>C1.2 Concerts within the facility</i>	
<i>Actions</i>	<i>Outcomes</i>
<p>Liaised with care staff in monthly staff meetings</p> <p>Acquainted the residents in music therapy sessions with the music to be performed</p> <p>Built awareness of the music and the upcoming event through casual discussions and the use of physical resources (books and CDs) with residents</p> <p>Helped residents to prepare a waiata with which to welcome visitors – rehearsal in music therapy group sessions</p> <p>Resourced a team member to lead waiata when I was not present</p>	<p>Books about taonga pūrōro built awareness and interest in event</p> <p>CDs acquainted music therapy group members with music - built interest</p> <p>Using waiata:</p> <ul style="list-style-type: none"> <li>- having something to contribute motivated residents to attend concert</li> <li>- enjoyment for residents</li> <li>- sense of connectedness</li> <li>- ongoing use of waiata without MTS</li> </ul>



### *C1.3 Technology to access music*

<i>Actions</i>	<i>Outcomes</i>	<i>Challenges</i>
<p>Assisted residents with technology e.g. downloading Spotify, trouble-shooting internet issues</p> <p>Provided informal Spotify training to residents e.g. creating playlists, navigating interface</p> <p>Used Makey Makey kit with residents in shared spaces (dining room, lounge etc.)</p> <p>Incorporated Makey Makey into the facility's craft sessions</p>	<p>Reminiscing with residents through familiar songs (typical music therapy goal)</p> <p>Residents made choices and exercised creativity</p> <p>Developed independence for residents – able to access own music again</p> <p>Ongoing collaborative effort between staff, residents, and me - dreaming up and creating musical instruments together</p> <p>Uniqueness of Makey Makey instruments attracted typically disinterested residents</p>	<p>Self-inflicted pressure to incorporate many goals into music therapy and/or resourcing activities</p> <p>Overwhelmed at times</p>

## Appendix 8: Cycle 2 Results

<i>C2.1 Personal sustainability</i>		
<i>Actions</i>	<i>Outcomes</i>	<i>Challenges</i>
<p>Prioritised more ecological work by doing fewer individual music therapy sessions</p> <p>Reflected on:</p> <ul style="list-style-type: none"> <li>- not being everything to everyone</li> <li>- practice values and priorities</li> <li>- desire to feel needed</li> <li>- tendency towards perfectionism</li> </ul> <p>Cut down on hours and made more realistic practice goals</p> <p>Wrote exciting ideas down, rather than undertaking them all simultaneously</p> <p>Gave myself written instructions to create and keep boundaries</p>	<p>Growth of self-awareness</p> <p>Established a sense of my personal practice values</p> <p>Developed a list of ideas for future practice</p> <p>Developed more awareness of boundaries</p>	<p>Ongoing nature of understanding and developing personal sustainability</p>

<i>C2.2 Staff relationships</i>		
<i>Actions</i>	<i>Outcomes</i>	<i>Challenges</i>
<p>Encouraged staff to music with residents</p> <p>Developed opportunities for staff to music within the facility</p> <p>Integrated staff and residents through sharing of musical resources</p> <p>Supported other staff members' ideas for events</p> <p>Intentionally increased amount and quality of communication, both formal and informal, with staff</p> <p>Gave myself permission to spend more time with staff (previously, I had been almost solely focussed on working with residents)</p>	<p>Relationships with staff developed and strengthened</p> <p>Staff members began to share more of their lives with me</p> <p>Increase in music-related conversation</p> <p>Uptake in casual musicking</p> <p>Open door policy established in music therapy group sessions</p> <p>Staff more invested in enhancing facility's music culture</p>	<p>Progress in this area was dependent on my relational skills</p>

## Appendix 9: Cycle 3 Results

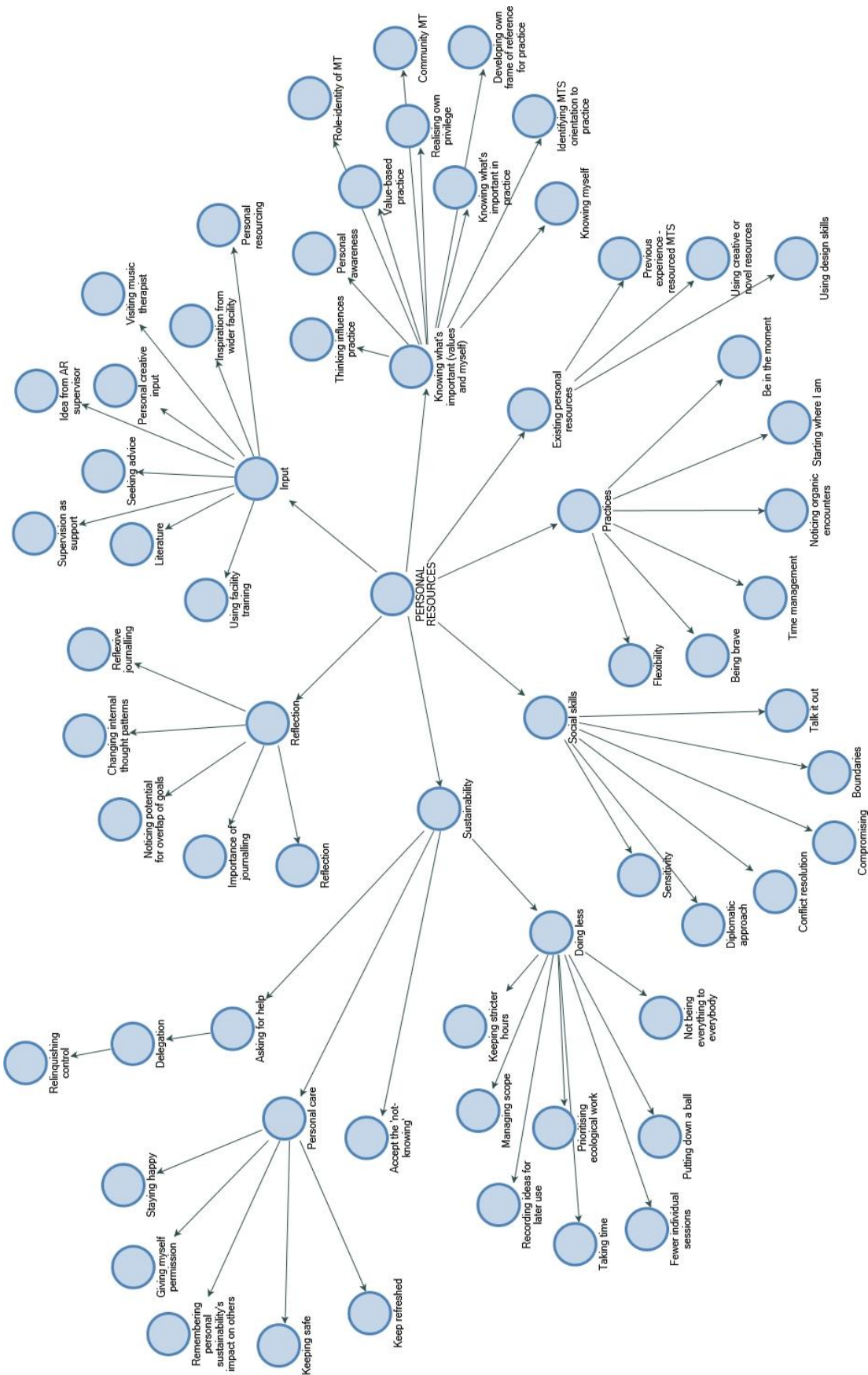
<i>C3.1 An events/activities noticeboard</i>		
<i>Actions</i>	<i>Outcomes</i>	<i>Challenges</i>
<p>Discussed ideas with team members for having alternate methods of alerting people to events</p> <p>Liaised with activities coordinator about best position/type of noticeboard</p> <p>Used graphic design skills to create noticeboard signs</p> <p>Used city council's websites for easy-to-use, sustainable event updating</p>	<p>Heard feedback from staff members: 'what a good idea this is!'; 'I've found it useful for myself'</p> <p>Reflected on practical improvements to noticeboard for ease of use</p> <p>Reflected that liaising with staff was important in this area</p>	<p>Unclear whether noticeboard influenced residents to attend events – placement ended before I had opportunity to observe</p>

<i>C3.2 Planning a circus</i>		
<i>Actions</i>	<i>Outcomes</i>	<i>Challenges</i>
<p>Delegated some aspects to other staff members (liaising with local school)</p> <p>Planned in the lounge - enabled residents to approach me and discuss ideas about the circus</p> <p>Collaborated with individual resident and friend (weekly, as part of individual therapy sessions)</p> <p>Ongoing collaborative conversations with other residents about the circus</p>	<p>Residents:</p> <ul style="list-style-type: none"> <li>- made choices about the events they want in their own home</li> <li>- increased confidence for those involved in planning</li> <li>- had opportunity to problem-solve</li> <li>- social connection between collaborators</li> <li>- became promotion agents/advocates; encouraged other residents to attend the circus</li> </ul> <p>Greater interest in the event due to increased sense of ownership (both staff and residents)</p> <p>Wider community (family/friends) became more involved</p>	<p>Planning event was more time consuming when involving others</p>

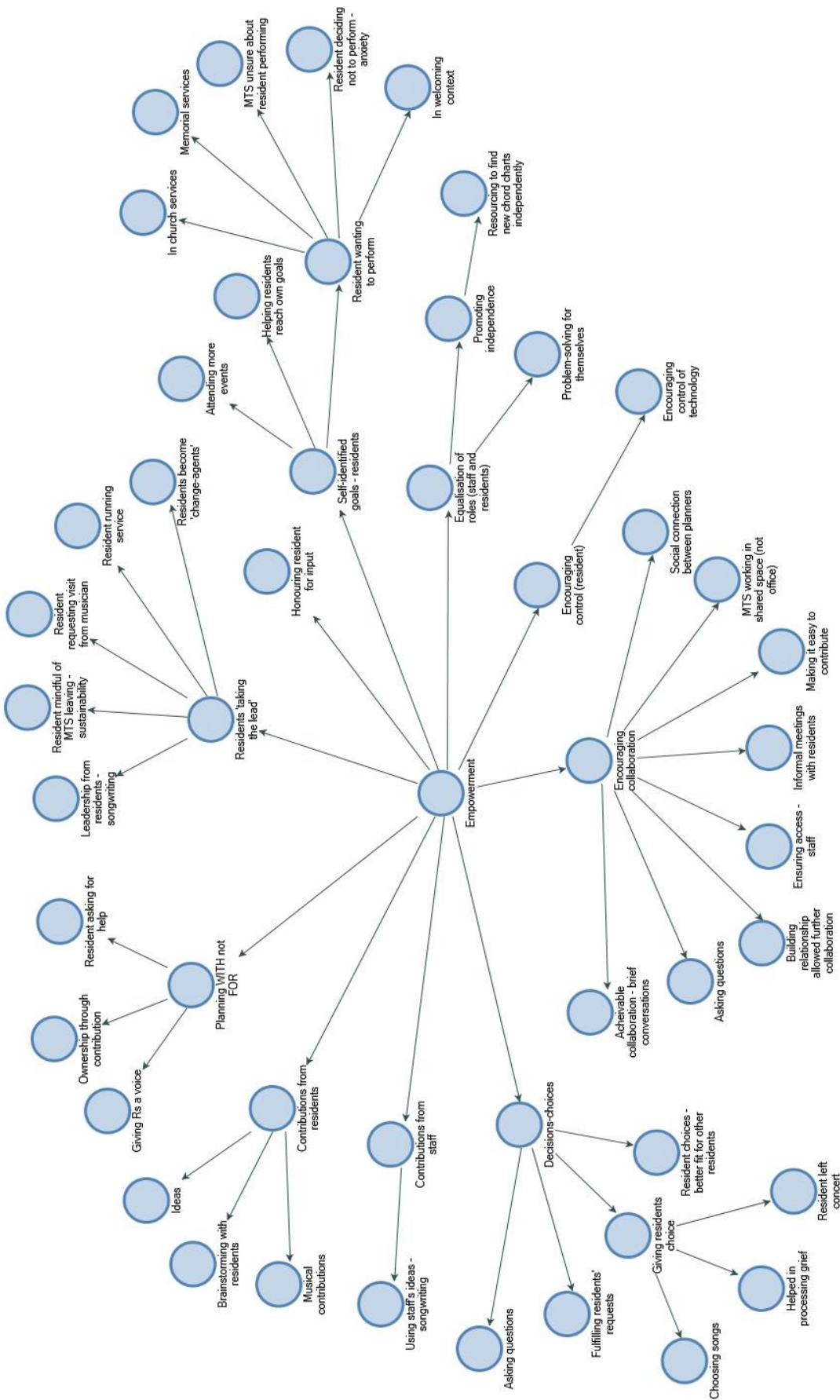
### *C3.3 Creating an anthem*

<i>Actions</i>	<i>Outcomes</i>	<i>Challenges</i>
<p>Considered a number of song writing techniques:</p> <ul style="list-style-type: none"><li>- staff song writing workshops</li><li>- waiata as a base</li><li>- sheets of paper in staff lunchroom to allow staff to write contributing ideas, do the same with residents, collate/create in music therapy group</li></ul> <p>Consulted with music therapy group to choose method</p> <p>Placed paper and pens in staff lunch room, invited staff to write and doodle what they value about the facility</p> <p>Brainstormed same questions with residents in music therapy group setting (used whiteboard)</p> <p>Asked residents for preferred method of creation/collation</p>	<p>Residents:</p> <ul style="list-style-type: none"><li>- made choices about how to create anthem</li><li>- increased confidence for those involved in songwriting</li><li>- had opportunity to problem-solve</li></ul> <p>Greater investment in creating the anthem (from whole facility)</p>	<p>Became overwhelmed due to feeling like I had a lot to pull together in the short time available</p>

Appendix 10: Coding Map – Kete (Personal Resources)



Appendix 11: Coding Map – Empowerment



## Appendix 12: NVivo Coding – ‘Resourcing staff’

<Internals\\Data from [REDACTED] \\Meeting notes - [REDACTED] > - § 1 reference coded [5.20% Coverage]

Reference 1 - 5.20% Coverage

Being sustainable, what would happen if I got run over by a bus? How could I resource staff further to keep programmes going.

<Internals\\Journals\\Action Research Journal> - § 10 references coded [7.76% Coverage]

Reference 1 - 0.64% Coverage

one of the staff members I work with, the activities coordinator, uses music in a variety of contexts, in aerobics etc. If I can encourage him in this, the better (as long as it is assumed music makes things better) the environment becomes.

Reference 2 - 0.37% Coverage

leaving instruments in places that staff and residents can access them (questions about boundaries of ownership and practice to explore here)

Reference 3 - 0.33% Coverage

I want to create something sustainable, and resource not just residents but other people to themselves resource residents.

Reference 4 - 0.54% Coverage

I’ve had several opportunities to just reinforce what staff members are doing in singing wee songs to their residents, leave a couple of instruments lying where carers can pick them up and have a play.

Reference 5 - 1.25% Coverage

I spent some time today with one of the cleaners, when she came into the lounge while I was playing piano, and told me how much she’d like to be able to play. I spent 15 minutes with her, teaching her a little of the Dolce Fiume duet. A couple of residents heard the music, and came in to listen/watch. Strange to have it going that way around – it’s normally the staff coming to listen and watch me with the residents. The cleaner was really stoked with this interaction.

Reference 6 - 0.59% Coverage

The lovely cleaner came into the lounge after my music group today, and showed me she'd remembered the part I had showed her on the piano yesterday. We played through it together, and then she headed off, smiling and proud.

Reference 7 - 0.76% Coverage

Sometime the care/nursing staff come into the lounge to do their notes while I'm playing piano or making music with someone. Not sure whether they come because I'm doing music, but regardless of their motivation, we always have a bit of a laugh and they sometimes sing along a little.

Reference 8 - 1.51% Coverage

██████ staff - just asked me for some ideas for songs to sing with ██████ when he takes her out in the car. He said they have a good relationship, but the conversation is very repetitive and he'd like a waiata or two to sing. I was excited by this, it seemed to arise because of the relationship building I've been intentional about with him and the other staff. I was really glad that he would think to ask me, and just that the idea occurred to him in the first place. I'm going to get him a sheet from the waiata book so he can learn one of the waiata ██████ loves.

Reference 9 - 1.41% Coverage

I do however think it's important to give the staff a voice in the making of it though – it's just about making it work for them, so it's as easy as possible to access.

While talking with ██████, I thought of using a large piece of paper in the staff lunch room with pens and leaving a message asking them to write what ██████ means to them, or what is important about ██████. That way there's no extra time involved, it might be a chance for them to doodle or be creative in their lunch break, and its low pressure because it's anonymous.

Reference 10 - 0.35% Coverage

I've put felts and a big A3 paper down in the lunch room for the staff to write what they value in ██████ and what ██████ means to them.