Supporting Well-being at a Community Day Care Centre for Adults with Other Abilities Using Music Therapy

An Exegesis Submitted to Victoria University of Wellington

in Partial Fulfilment of the Master of Music Therapy Degree

Te Kōkī New Zealand School of Music

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Mentally Disabled - A Poem

“Retard", “Disabled”, “Mental person”, “Crazy”, “Weird”,

“Cross wired”, “Difficult”.

“Not like everybody else”.

“What's wrong with them? Why can't they be normal?”

"It's a DISORDER", "Something is wrong",

"Sick", "Abort it, it's a mistake",

"Disgusting", “Mental”, “Lock them up”,

“Put them away”.

“Let them be miserable on their own”.

“Disorder”, “Freak”, “Primitive”, “Animal”,

“Just another mistake to cover up”.

“Hide it away”.

Says the mentally disabled.

- Hafren Thomson

Abstract

This qualitative research investigates the music therapy approaches taken in order to support well-being at a day centre for adults with disabilities. Music therapy at the day centre involved individual and group sessions, engaging in music with the wider community, developing trust and supporting each other. The research centred on secondary analysis of music therapy practice text, collected during a five-month period at the day centre. Literature about music / music therapy being able to support well-being in community settings, especially in relation to the practice of community music therapy, was reviewed. The research question 'How did I support well-being at a community day centre for adults with other abilities using music therapy?' was established. Secondary analysis was the methodology used for this study, involving no disruption to regular practice as a student therapist and being low-risk for music therapy participants. A thematic analysis of texts was undertaken and this was developed from; research text, supervision text and a reflective journal of my practice. Analysis involved coding and sorting text and developing meaningful themes. The findings of the analysis demonstrated three core themes which involved supporting well-being: encouraging a sense of fun, promoting a sense of purpose and developing togetherness.

Acknowledgments

'Whenever the spirit from God came on Saul, David would take up his lyre and play. Then relief would come to Saul, he would feel better, and the evil spirit would leave him.'
I Samuel 16:23 - The Holy Bible, New International Version.

I put the Bible down and thought to myself "I wish my music could have that effect on people." My journey to become a registered music therapist began that day and the more I have learnt about music therapy, the more I find myself wanting to unlock its potential and see how music can affect positive change in others, as it has in me. It seems appropriate to me therefore that the beginning of my acknowledgments and thanks go to:

- Jesus Christ for placing in my heart the desire to follow in King David's footsteps and pick up music as my medium for supporting well-being. I also thank my God for giving me courage and strength to persevere with my Masters of Music Therapy degree.

- My husband Daniel Thomson, my best friend and love of my life for allowing me to travel and live far away from him for two years in order for me to pursue my dreams.

- My son Cadrfan Thomson, the sweetest little baby for shining his light so bright and encouraging me every day.

- My family and friends for encouraging and supporting me every step of the way and for helping me to stay focused.

- Tim and Sally Sims for sponsoring my degree, providing ongoing support in many different ways including through encouragement, emails and prayers.

- My lecturers Sarah Hoskyns and Daphne Rickson for the wisdom and knowledge they imparted into their students and for investing in us.

- My classmates for making this two year journey that much brighter and for their ongoing encouragement and help.

- My visiting music therapist Helen Ridley for providing ongoing supervision and to my Clinical Liaison (whom for privacy purposes will not be named) for taking me under his wing, giving me advice, trusting my sometimes radical ideas and treating me with professionalism.

- The day centre where I have been on placement for allowing me to be a part of its culture during 2016, for times spent together and experiences shared.

- Dana Baunton, Graham Langton, Teiron Jones, Deborah Larson, Gloria Jones, Emma Johnson, Robin Jones, Megan Brierley, Nikki Truman, Sue Lupton, Valerie Chaloner and Alison Adams-Smith for proof-reading my work and Judy Field for her ongoing support and belief in me.

- The Parry family for giving me a home away from home, Island Bay Presbyterian Church and IsBay Stars Karaoke Group for being my family in a foreign city.

Ethics Statement

This research project has received ethical approval from the Victoria University Human Ethics Committee (HEC) under a template for student research. Ethics Approval: 22131 states 'NZSM Master of Music Therapy Programme ethical template for student research in NZSM 526 undertaken as observational studies, theoretical or case study research or action research.' (July 2015)

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1 Introduction

Research was conducted for my Master's Degree exegesis led by the question: 'How did I support well-being at a community day centre for adults with other abilities using music therapy?' I was in my second year of the Master of Music Therapy Degree at Te Kōkī New Zealand School of Music (NZSM) undertaking practice-based research at a community placement with adults with diverse needs. The epistemology of this qualitative research was constructivism as it captured personal experiences and knowledge. For this reason, this research was written in first person. The conceptual framework was that well-being was necessary for all, and we could all benefit from continuing to actively support our own and others' well-being. The phenomenological standpoint for this research was humanistic in approach as I believed that one's own perception of the world could be mostly subjective. In line with the belief of the humanistic psychologist Rogers, this research was conducted to address the conviction that people behave and think the way they do because of how they perceive and interpret their experiences, rather than because of the experiences themselves. Rogers wrote that '*the organism has one basic tendency and striving - to actualize, maintain, and enhance the experiencing organism.*' (Rogers, 1951, p. 487)

After receiving advice from my supervisors, it was agreed that the music therapy model of choice in this practice and research would be Community Music Therapy (CoMT) (Defined on page 20). I was on placement for eight months at one of the pioneer care centres dedicated to the support of adults with *other abilities* in New Zealand. The term *other abilities* was used by the day centre to describe people with various physical and mental disabilities in order to minimise segregation. The day centre vision was to *'give to these persons, both men and women, renewed confidence and self-esteem, a pride in achievement - however long it may*

take, courage to try new skills, the right to make decisions and most of all, to live a rich and full life.' (Horneman, 1990, pg. 5). While this term is not perhaps used widely in international contexts, I wanted to reference the language and terminology adopted by the placement, when discussing the work of the centre.

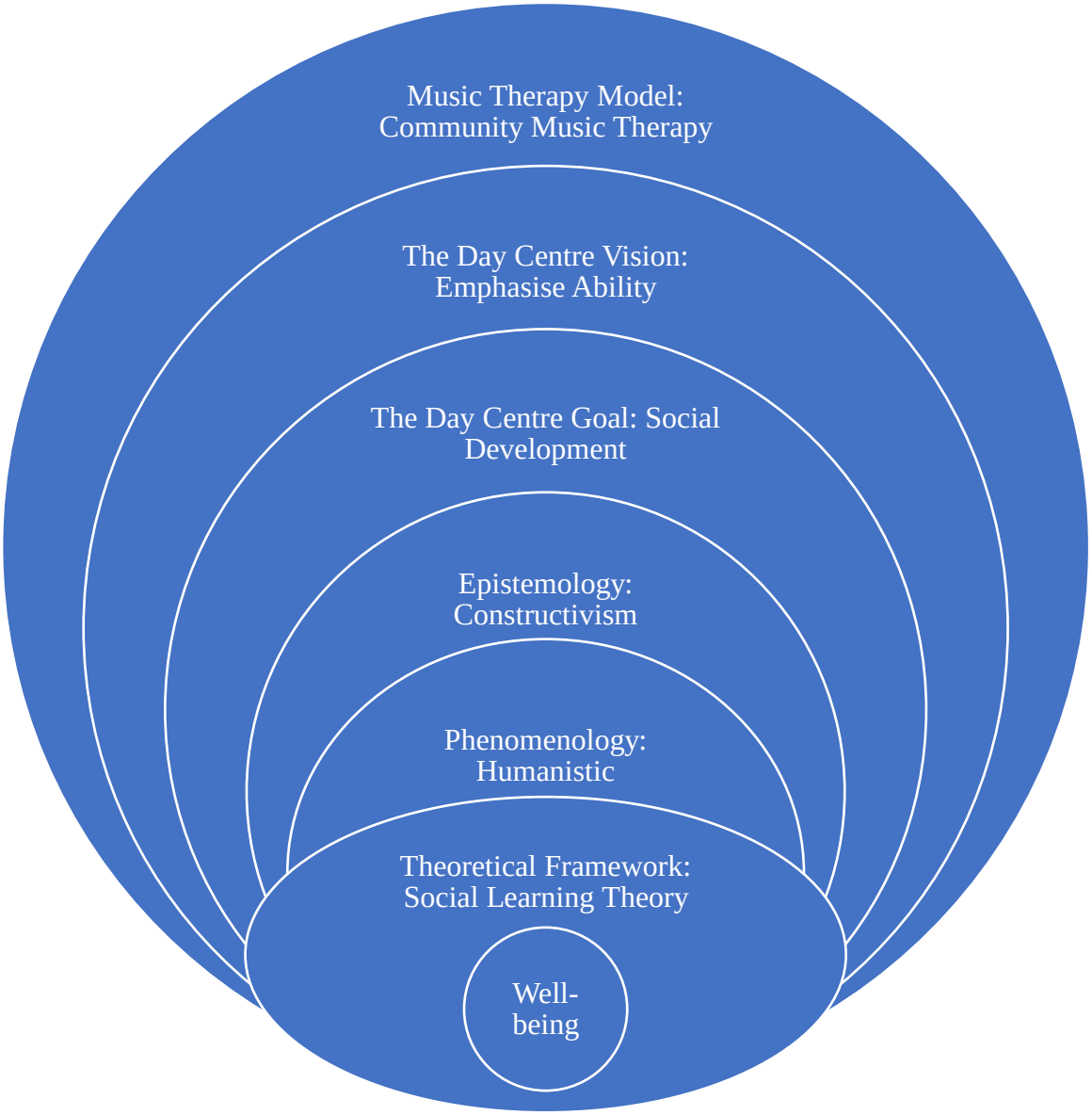
New Zealand provides many ways in which people with disabilities can access support, such as the New Zealand Disability Support Network. These support services are *'simple, easy to access, are the least restrictive they can be, and make things easier for the disabled person'* (Board of Governance, 2016). The day centre abides by the 1908 Incorporated Societies Act under which the majority of community organisations in New Zealand are registered (Government, 2017). The day centre's aim is to lead the way for disability services in New Zealand and to provide a place where the participants can be prioritised. In order to achieve this, eight services are provided by the day centre to the New Zealand community, and class sizes are kept at a minimum to allow for closer interaction with participants. The day centre works closely with government departments, health services, domiciliary nurses, psychiatric hospitals, social workers, parents and guardians.

While I was on placement, the day centre had a staff team of seven people and four volunteers with varied expertise and training. I joined this team in the first week of February 2016, providing music therapy practice. I was not doing research when I joined the team however, I was prepared to engage in research at a later date. In 2016, the day centre programme had four main areas of rehabilitation and strived to meet the goals of the individual members. The four main goals for participants at the day centre were: health and fitness, social development, life skills and creativity. The day centre was, for the participants, an essential part of community life. Music therapy was included in the programme during my placement as an additional

creative practice to support well-being. Musicking (defined on page 19) in various forms was cultivated together with other members of the day centre, staff and members of the wider community. Personal knowledge and life experiences to support well-being were utilised. Participants were also encouraged to be their own well-being centred resource through forming new musical habits, trying something new, and through musicking together with people they felt safe with and trusted in the wider community. Practice aims at the day centre included being respected by others, being intertwined with society and being able to function positively. Well-being centred aims also encompassed living life to the individual's fullest ability, having feelings of positivity and being actively engaged in life.

A summary of the introduction is shown in the following diagram. Well-being is the core of this exegesis and like a ripple, grows in search of the findings.

Core Ripple:


Music Therapy Model:
Community Music Therapy
The Day Centre Vision:
Emphasise Ability
The Day Centre Goal: Social
Development
Epistemology:
Constructivism
Phenomenology:
Humanistic
Theoretical Framework:
Social Learning Theory
Well-
being

Ripples - A Quote

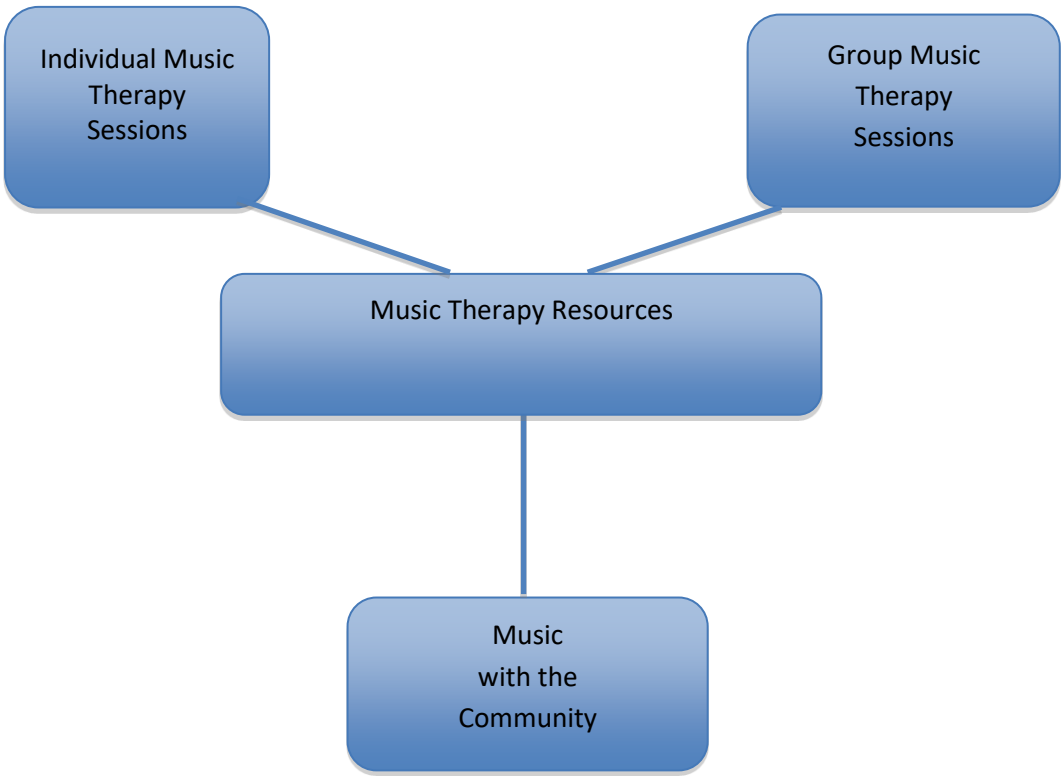
Just as ripples spread out when a single pebble is dropped into water, the actions of

individuals can have far-reaching effects.

– (Dalai Lama, 1991)

1.1 Music Therapy Practice

Resource-oriented music therapy diagram:



Music therapy sessions took place two to three times a week. Participants were given the opportunity to partake individually or in an open group which later became closed. Each session was conducted according to the specific goals planned but were kept flexible. Music therapy participants in these sessions signed an agreement of attendance form (see Appendices section, p73) saying that they wished to musick together each week. This was arranged by the day centre to help ensure that participants remembered what they had chosen, to encourage perseverance and the completion of an activity started. Music therapy sessions encouraged respect for each other, learning how to listen to others, the appreciation of individual contributions, waiting one's turn and trying new things. However, the main focus was on the enjoyment of being involved in a social activity with others.

1.2 Personal Stance as Researcher

One of my tendencies as a music therapy student was to divert to a medical or psychodynamic model of practice, where a focus on the diagnosis of the client, and interventions to support goals was the norm. This meant that emphasis was placed on the person's difficulties or challenges rather than considering the role and significance of social community processes to support well-being. When presenting to my lecturers a research question based on music therapy and psychoanalysis, they advised that focusing on community support and the participants' place in their centre would be more suited to the inclusive context and social model of care in a day centre rather than an "illness model", which might be more typical in hospital settings. Changing the research question to include community music therapy was a challenge and one that would continue throughout the duration of the course. Although I initially found it hard to understand the literature and approach of community music therapy, I trusted the advice of my supervisors and was grateful for their wisdom as I discovered that the day centre was founded upon community interaction. As a result, the model I gradually developed in this music therapy practice was more connected to social relationships and the participants' place in their context and more allied to Community Music Therapy which meant using music therapy to support participants' well-being and taking particular account of their own community and social context. The activities at the day centre were constructed in a manner that encouraged socialising, interaction with fellow participants, engagement in community affairs and social contact in a variety of ways. I have attempted to indicate in reflexive manner some of the challenges I encountered as the research data is explored in the findings and discussion.

2 Literature Review and Definitions

2.1 Well-Being

Well-being was defined in the 4th century B.C. by Greek philosopher Aristotle. Aristotle coined the Greek term *eudaemonia*; "*eu*" meaning good and "*daimon*" meaning spirit (Mastin, 2008). As one of the key founders of Western civilisation, Aristotle set the mark for the definition of well-being. He implied that to be of good spirit, or to flourish, involved a holistic well-being approach. Living life to the fullest included physical, psychological, political, social, cultural, and environmental aspects (Mastin, 2008). Holistic models of health identified by Māori practitioners and clinicians were significant in *Aotearoa*-New Zealand. One of the best-known Māori health frameworks used in Aotearoa was identified by Professor Mason Durie (Durie, 1998): *Te Whare Tapa Whā*. This was translated as the four-cornered house and emphasised four specific foundations for well-being. These four pillars of health were *tinana* - physical, *wairua* - spiritual, *whanau* - family and *hinengaro* - mental health. It was considered that the four cornerstones of Māori well-being were applicable to all humans regardless of culture or race. The model *Te Whare Tapa Whā* suggested that, if one of the pillars of well-being was missing or damaged in any way then the whole *whare* (house, or human being in this case) was unstable and therefore not at its full potential of health. *Te Whare Tapa Whā* acknowledged that illness of mind was just as important as physical manifestation of sickness (Ministry of Health – *Manatū Hauora*, 2017).

Longo et al. (2016) wrote that well-being can either be defined by feelings of positivity such as joy and pleasure, or by one's ability to function positively, having a sense of worth and being actively engaged in life. Cummins et al. (2009) highlighted well-being as a state of

living life morally and in accordance with one's true beliefs; accepting oneself completely, living life contentedly and aiming for achievable goals. New Economics Foundation (NEF, 2009) suggested that in order to have a higher level of well-being, people needed to feel as though they had energy, strength, were full of life and were involved in activities that they found meaningful and that made them feel autonomous. *'Well-being [was] most usefully thought of as the dynamic process that [gave] people a sense of how their lives [were] going, through the interaction between their circumstances, activities and psychological resources or 'mental capital"* (NEF, 2009, pg. 1). The World Health Organisation described good mental health as '*a state of well-being in which the individual [realized] his or her own abilities, [could] cope with the normal stresses of life, [could] work productively and fruitfully, and [was] able to make a contribution to his or her community.'* (WHO, 2001, p.1). McFerran (2016) suggested that well-being was the ability to be able to regulate one's emotions and *'the degree to which one feels positive and enthusiastic about oneself and life.'* (Manderscheid et al, 2010).

The day centre manual stated that well-being for their participants came when members of society understood that people with disabilities were citizens who contributed just as much to society as those not labelled with a disability (centre manual, 2016). This tied in with Brignell (2010) who defined well-being as the state of being intertwined within society instead of being segregated and distanced. The following is a summation of the definitions of well-being used in this research as taken from literature:

- Having feelings of positivity
- Being actively engaged in life
- Being able to function positively
- Living life to the individual's fullest ability

- Being intertwined within society
- Being respected by others
- Being able to cope with the normal stresses of life
- Having strong foundations of physical, spiritual, family and mental support
- Living in accordance with one's true beliefs
- Actively contributing to the community

2.2 Musicking Definition

In music therapy, the therapist and participant/s use 'music and all of its facets - physical, emotional, mental, social, aesthetic, and spiritual to help the participant improve or maintain his or her health' (Bruscia, 2012). All models of music therapy utilise *musicking* which is defined by its creator, New Zealander Christopher Small (1998), as being any active participation in music. This includes performing music, listening to music, practising, composing, rehearsing and dancing with music. Small acknowledges that those who sell music tickets, move instruments around on stage and clean up after a musical encounter can all be considered to be musicking. He believes that musicking forms relationships where the activities are taking place and meaning can be derived from that musical experience. He considers musicking not only to be about creating music together but also to be about developing relationships '*between person and person, between individual and society, between humanity and the natural world and even perhaps the supernatural world'* (Small, 1998, p.13).

Musicking provides the opportunity for people to be musically engaged in an inclusive way and involves them in the social system and empowers them, giving them an avenue to be seen, to express themselves and be embedded in the culture. Being a part of the community

allows for creativity to be explored and enjoyed by all and for human values to be experienced. Such musicking was relevant to this research because people with disabilities were at times overlooked or segregated from society. Musicking with the community provides a way for the participants of the day centre to become connected with the wider society, to engage in social events together, to be seen as active contributors to society and recognised as being the same as everyone else.

2.3 Community Music Therapy Definition and Background

Community Music Therapy (CoMT) is the use of musicking to support the well-being of the community as well as the individual (Smeijsters, 2012). Activist, music therapist and teacher Scheihing Folsom wrote in 1968 that:

> *'Music therapists will have to become increasingly aware of the greater integration of community and treatment if they are to be current in their practice. Imagination, improvisation, and continued learning directed toward community-centred institutions will characterize the successful music therapist.'* (Folsom, 1968, p.361)

In 1998 Bruscia expanded Folsom's idea and coined one of the first definitions of CoMT: *'The therapist works with participants in traditional individual or group music therapy settings, while also working with the community'* (Bruscia 1998 p.237). London based CoMT researcher and practitioner Ansdell formally established the term CoMT in 2002 and it is a practice that has since been the topic of much discussion and debate (Stige and Aaro, 2012).

The definition of CoMT used for the purpose of this research is one that was classified in 2010 by music therapy theorists Stige, Ansdell, Elefant and Pavlicevic. The acronym PREPARE was

coined as a way of *'communicating ... seven qualities that characterize CoMT'* (Stige and Aaro, 2012, p18). The seven qualities were:

P Participatory

R Resource-oriented

E Ecological

P Performative

A Activist

R Reflective

E Ethics-driven

Ansdell and Pavlicevic (2004) condensed the seven CoMT qualities into three priorities; promotion of health, morals and justice, and promotion of ecology. During the research process, it became clear that this project used three out of the seven CoMT qualities more than others. These were participatory, resource-oriented and ecological. As a result, a link was made connecting Ansdell and Pavlicevic's 2004 priorities with the three recurring qualities discovered in this research (O'grady, 2010). These were achieved as follows:

1. Quality: PARTICIPATORY

Priority: Promotion of support with emphasis on encouraging socialisation

Definition: CoMT values intergenerational music-making experiences because the collaboration of generations can be used to promote culture, history, language and traditional beliefs (Ansdell and Pavlicevic, 2004).

2. Quality: RESOURCE-ORIENTED

Priority: Providing musicking opportunities for personal goals to be accommodated

Definition: Musicking in this context provides a space for the community to come together without restrictions, without divisions of age, status, disability, race or religion (Stige and Aaro, 2012).

3: Quality: ECOLOGICAL

Priority: Promotion of integration by encouraging socialisation with the wider community

Definition: *'In practice CoMT encourages music therapists to think of their work as taking place along a continuum ranging from the individual to the communal. The aim is to help participants access a variety of musical situations, and to accompany them as they move between 'therapy' and wider social contexts of musicking'* Ansdell (2002, p.1).

3 Research Method and Design

3.1 Qualitative Research

The research question which concentrates on how music therapy practice supports well-being, indicates a qualitative research approach. Qualitative research *'is an interpretive naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them'* (Denzin and Lincoln, 2000, p.3). This approach allows researchers to investigate in a methodical and personal way the participants' experiences, using a social framework. Qualitative projects enable researchers to acquire greater knowledge of how and why people are having the experiences that they are and what factors are determining those experiences (Gelling, 2015). The following stages identified by McLeod (2001) provided a purposeful and clear outline of the steps needed to take as a first-time researcher.

1. Deciding what topic to focus on
2. Choosing which audience the research addressed
3. Being familiar with literature related to the topic of choice
4. Constructing a research question
5. Formulating methods of data[1] gathering
6. Reading up on various qualitative methods which could be used to support the research process
7. Determining the method of choice

[1] McLeod (2001) uses the word "text" to describe the materials analysed in qualitative research. I have chosen to substitute "data" for McLeod's word text, as my research was based on varied clinical documentation, just for consistency in the method description.

8. Devising a plan on how data construction would be analysed

9. Completing the research plan in the form of a research proposal

10. Submitting the research proposal to a committee for approval

11. Once approved, commencing the immersion process where the researcher actively engaged in answering the project question

12. Collecting qualitative research data

13. Elaborating research method and design

14. Analysing research data

15. Re-inspection of analysis codes

16. Theorising

(developed from McLeod, 2001, p. 4-9)

3.2 Secondary Analysis of Data

Secondary analysis involves the use of existing data, collected for the purposes of a prior practice or study, in order to pursue a research interest which is distinct from that of the original work. This may be a new research question or an alternative perspective on an original question (Szabo and Strang, 1997). The functions of secondary analysis of data can be summarised in the following way:

1. Utilising data that was collected for a previous purpose

2. Organising and analysing data

3. Production of research

The main methodology undertaken for this research was Secondary Analysis of data. Using observations of participant involvement in musicking activities, participant responses to various stimuli, activities participants engaged in and/or disengaged in and interpersonal communication. Secondary analysis of direction changes of the music therapy sessions, participant attendance and music therapy session progress also took place.

3.3 Personal Reflexivity

There were many stages in the research process when I gave meaning to situations presented and interpreted music therapy sessions. For example, I recorded the mood participants were in before and after the music therapy sessions, and the mood I was in too. Throughout the process, I made choices about what music therapy approach to take and which music therapy techniques to use. Because my notes were a record of my practice, they included documentation of the actions of the participants and my understanding of participant intention, reason and meaning. During the research process decisions were made about which notes would be collected and for what purpose, which participants' data would be included and which music therapy sessions focused on. As a result, there were many opportunities for my own personal and cultural backgrounds to influence the way in which this research process was handled. I often questioned myself when I took time to stop and reflect on why I made the decisions that I did; but was advised to be confident that participants did communicate with me and that I did understand their intentions. I was also encouraged to remember that music therapy was less about me and more about the effect of music, trusting the music therapy process and techniques. I took note of any reflexivity in relation to these mannerisms hoping that the analysis process might reveal some connections between the cause and response of the participants. My practice notes became the data that I was later to analyse as a reflexive researcher and the text collected

for this research was, I hope, increasingly trustworthy because of researcher reflexivity. As such, this research benefited myself as I learned from, and was positively transformed by, what I learnt in the research undertaken. My notes contained inevitable blind spots and confusion about my understanding at times, but I hope that a thoughtful questioning attitude and interest in my community helped me to be open about my ideas as a researcher and to consider different viewpoints and alternatives. I worked to openly reflect on the work and had classmates, lecturers, my Clinical Liaison and visiting music therapists look over and challenge my reflections. Ansdell & Pavlicevic (2001) advocate for the value of reflexivity in music therapy qualitative research, and in particular how it promotes student understanding of practice. I aimed to follow their guidance in working to critique and question values and assumptions.

3.4 Thematic Analysis Process

Four examples of regular musicking sessions at the day centre were chosen for data analysis. Two of these were individual music therapy sessions of one-hour duration each. The third was a semi-open group which I facilitated, and the fourth a pre-established karaoke music group which I co-facilitated with another staff member. The clinical notes analysed spanned across a seven-month period. Each of the four examples were saved in its own word document file so that the separate sections could be analysed individually. I used the analytic method called thematic analysis to code and categorise my text and records (Braun & Clarke, 2014). This is a careful circular process of reviewing text in relation to the research question, identifying relevant passages, creating codes, collecting similar codes together in groups, and then refining and defining the meaningful themes that I interpret from these categories. Harvard University defined thematic analysis in the following way:

'Thematic analysis in its simplest form is a categorizing strategy for qualitative text. Researchers review their text, make text and begin to sort it into categories. Styled as a text analytic strategy, it helps researchers move their analysis from a broad reading of the text towards discovering patterns and developing themes.' (Harvard.edu, 2016)

The first part of the analysis process can be summarised in these four steps:

1. Reviewing the clinical notes identified as data relevant to the research question and refreshing my knowledge of the materials
2. Highlighting significant paragraphs
3. Searching for key words that confirmed methods of support
4. Taking repeated key words and using them as initial codes

In order to answer the research question, elements of documentary analysis were utilised (Heaton, 2004). Extracted sections of my clinical notes were analysed by writing notes in excel then expanding them by categorising descriptions and codes (See Appendices section, p. 73) and then making meaning of the themes and patterns identified (Mcleod, 2001, p.4). Themes relating to well-being were particularly noted. Examples included: providing musicking resources, facilitating safe environments for self-expression, providing musical containment, and developing relationships of trust. Music therapy techniques used which appeared important to supporting well-being were highlighted. Examples included; piano improvisations, instrumental physical prompts, vocal prompts and songs of encouragement. The analysed findings were then summarised and analysed alongside relevant literature to draw a conclusion about how music therapy supported well-being in this setting.

An example of this process can be seen below:

3.5 Example 1 of Completed Coding

Draft 1: Making sense of text

Date: 22.03.16

Reference number: 8

Paragraph: I led her to the piano room whilst singing our walking song

Code: Music Leading

Topic coding: Providing music resource

Activity: N/A

Memo: How can music be used to support L make her own way to the music room?

3.6 Example 2 of Excel Spreadsheet

Source	Ref no.	Paragraph	Date	Activity	Code 1	Topic Coding
Indi 1	1	I sung if she wanted to come and do some music together.	16/2/2016	NA	Vocal prompts through song	Presenting Opportunities

4 Addressing Ethical Issues

This research was conducted under the Ethics Approval number 22131 sought by my lecturers for NZSM Casework and Research. The Code of Ethics for the Practice of Music Therapy in New Zealand was complied with (Music Therapy New Zealand, 2016). Human Ethics Committee (HEC) approval had been gained and all research involved only those who had been approved under this policy. The conditions of Victoria University of Wellington Human Ethics Policy approval which were; to ensure that all persons were treated with dignity and their personal needs respected, were followed. This research project was conducted under the supervision of Associate Professor Dr. Sarah Hoskyns. The models of support involved an experiential music therapy group, monthly class meetings, supervision from a visiting registered music therapist and the New Zealand School of Music. All data from this study was safely stored on a password- protected computer. The consent forms, text and all course documentation will be held securely in the Music Therapy Department of NZSM for a period of 10 years, after which they will be destroyed.

I abided by Victoria University's Treaty of Waitangi Statute. Māori at the day centre were consulted and invited to participate in music therapy sessions. Māori members from outside the day centre who were involved had their knowledge and expertise recognised and respected. Musicking sessions provided a platform for Māori values and culture to be explored, traditions and beliefs to be promoted, and *Te Reo Māori (*native language) to be engaged in through *waiata* (song). Informed consent of the participants was sought using the support of my Clinical Liaison. My Clinical Liaison helped me ask participants about consent in order to minimise pressure for them to comply (See Appendices, p.73). Some participants were unable to make decisions on their own. Consent was acquired on their behalf by carers/parents. All participants

had names changed to protect their privacy, and the organisation wherein placement was made has not been named.

Due to the small size of the New Zealand population and the limited number of mental health organizations that accommodate music therapy, it is possible that although all measures of privacy were undertaken, the day centre may still be identifiable and therefore the participants whose clinical notes were consulted may be recognised. This matter was made clear to the participants before they signed a consent form. All cultural and social contexts at the day centre; its building, its values, its property rights and intellectual property were honoured and cultural practices that participants were involved in were respected. Effort was made to ensure that the research would not be damaging in any way to future generations, living organisms, the environment and ecosystems.

In summation, in order to support the well-being of all participants involved, this research abided by the following ethical standards:

- The Victoria University of Wellington Human Ethics Policy
- The Victoria University of Wellington Human Ethics Guidelines
- Music Therapy New Zealand Society Code of ethics for the practice of music therapy in New Zealand
- The Standards of Practice developed by Music Therapy New Zealand in association with the registration requirements for music therapists in New Zealand
- The day centre's Intellectual Property

5 Findings

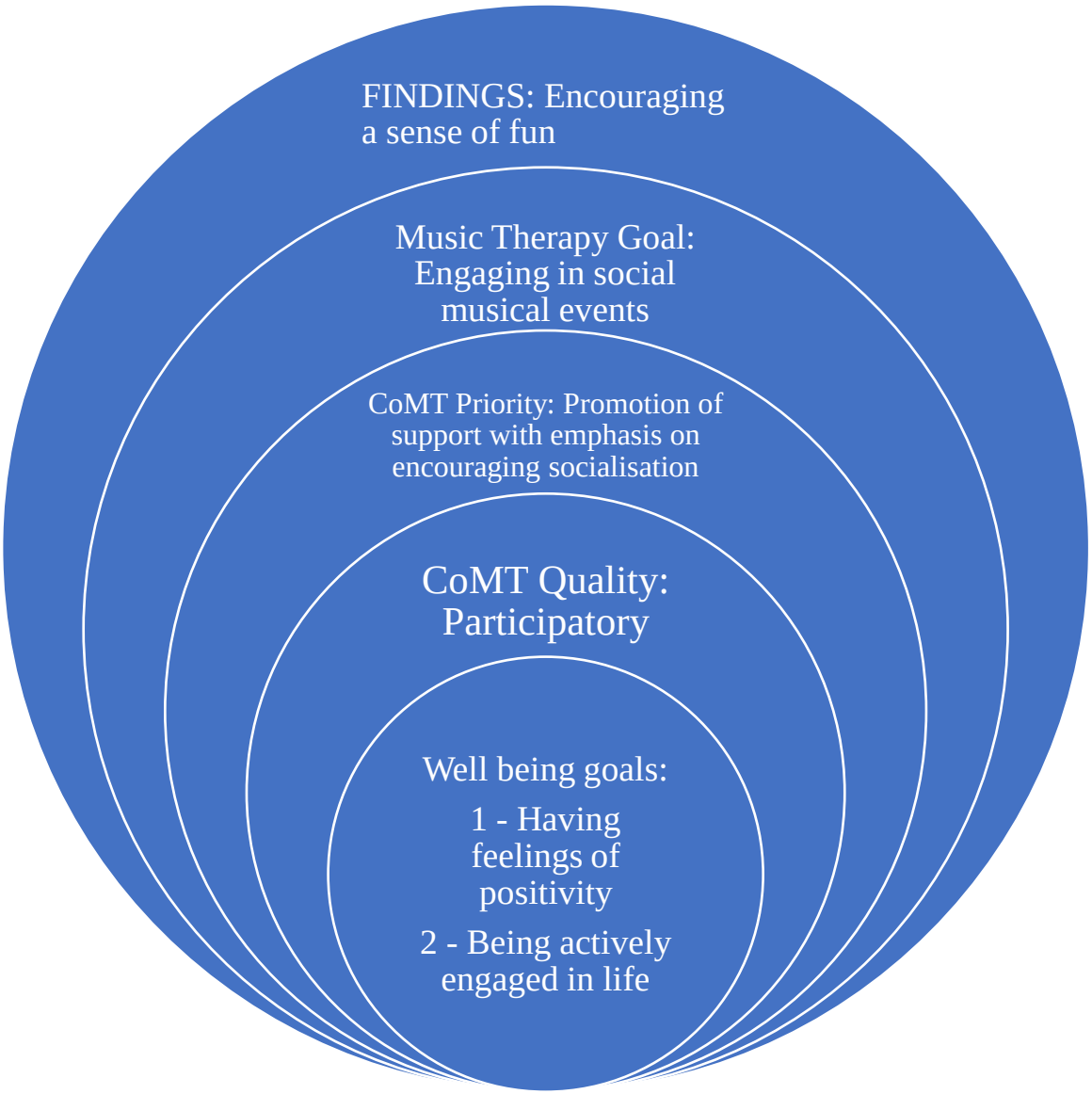
The day centre well-being goal focused on during music therapy sessions was Social Development. The day centre vision focused on during musicking was to encourage society to understand that people with disabilities can be strong active contributors. The definitions of well-being previously mentioned were the foundations from which music therapy goals were generated. As noted in the introduction, these goals for well-being were developed over time with the groups and individual work I developed as a practitioner. The analysis process of the findings produced three overarching themes of how music therapy was used to support well-being at the day centre. These were; Encouraging a Sense of Fun, Promoting a Sense of Purpose and Developing Togetherness.

Diagram of overarching music therapy support:

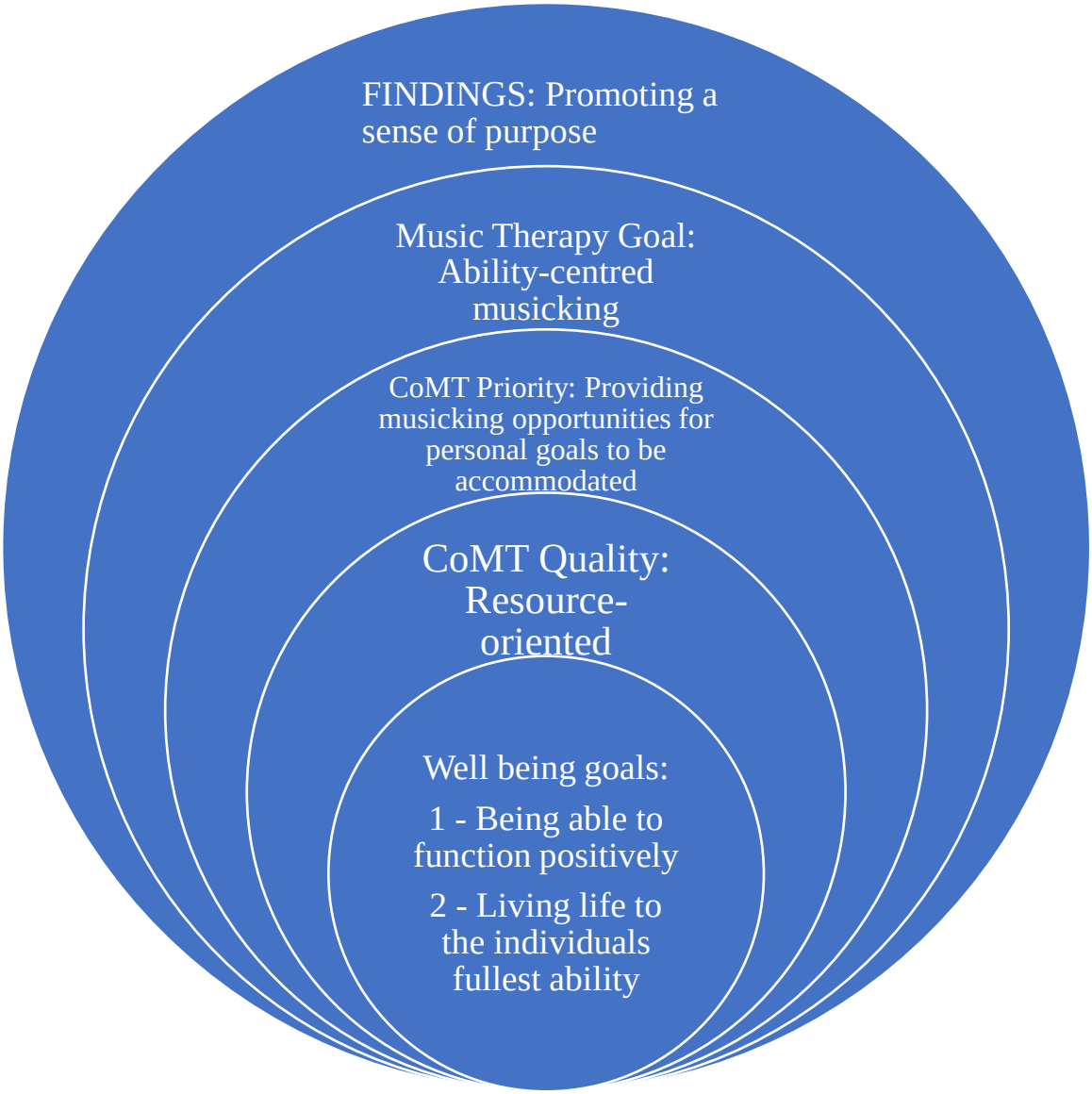
Connecting Research Together

The following shows how the findings of the three overarching themes, CoMT quality used, CoMT priority emphasised, well-being definition applied and music therapy goals employed, tied together. Music therapy examples where these links took place have been shown. The connections made in line with the ecological perspective and social learning theory resembled a ripple effect. The transition from individual to community and the connection between the individual's internal and external dynamics is defined as being ‘ecological’ in the CoMT method. CoMT takes on an ecological stance by supporting *'the participant's transition from one context and life phase to another'* (Stige and Aaro, 2012, p.9). In the same way, the way in which the findings, themes, sub-themes and codes all connected and grew as a result of each other resembled a ripple. Diagrams have been added to show this effect.

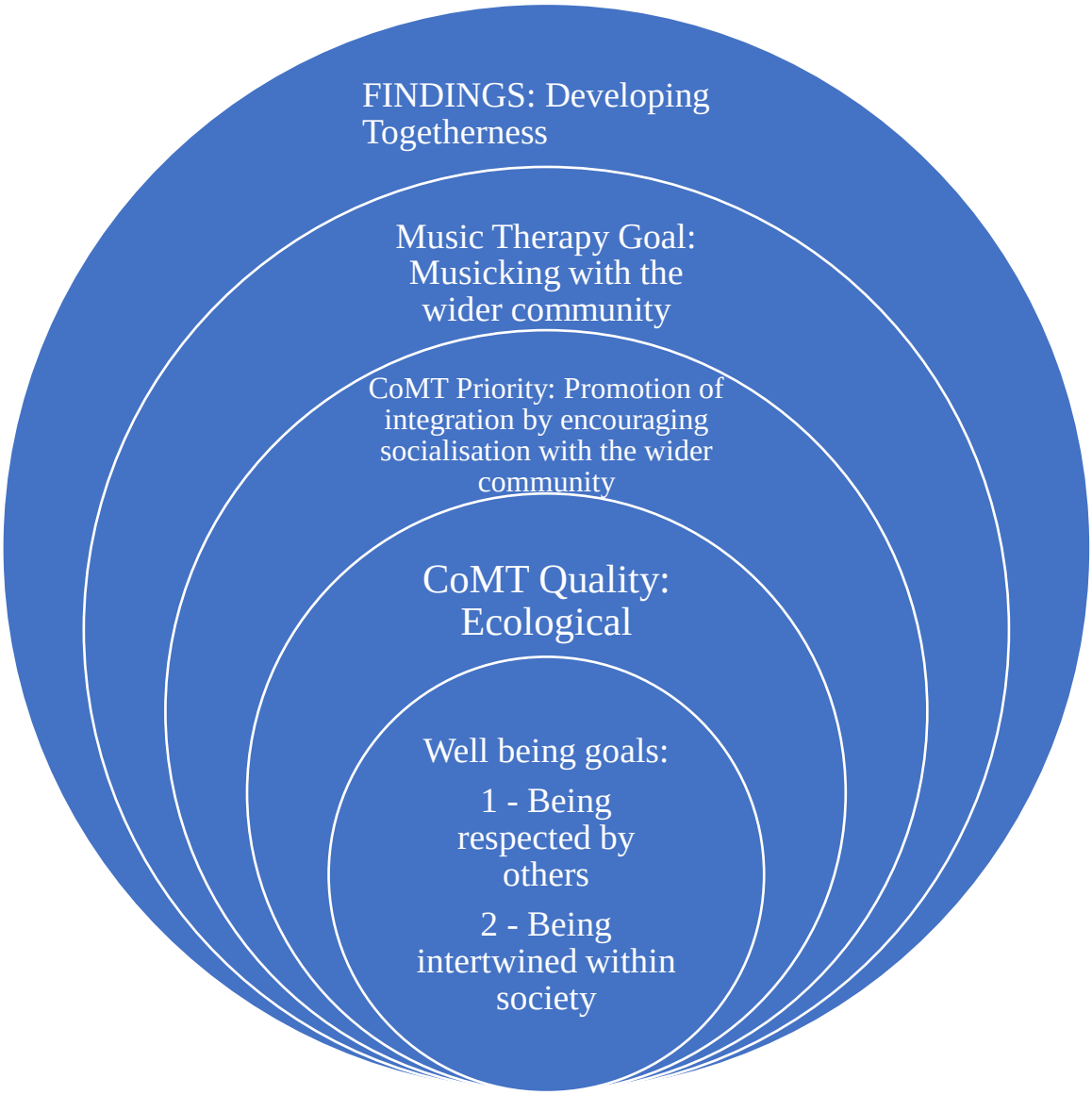
Ripple Effect Findings 1:

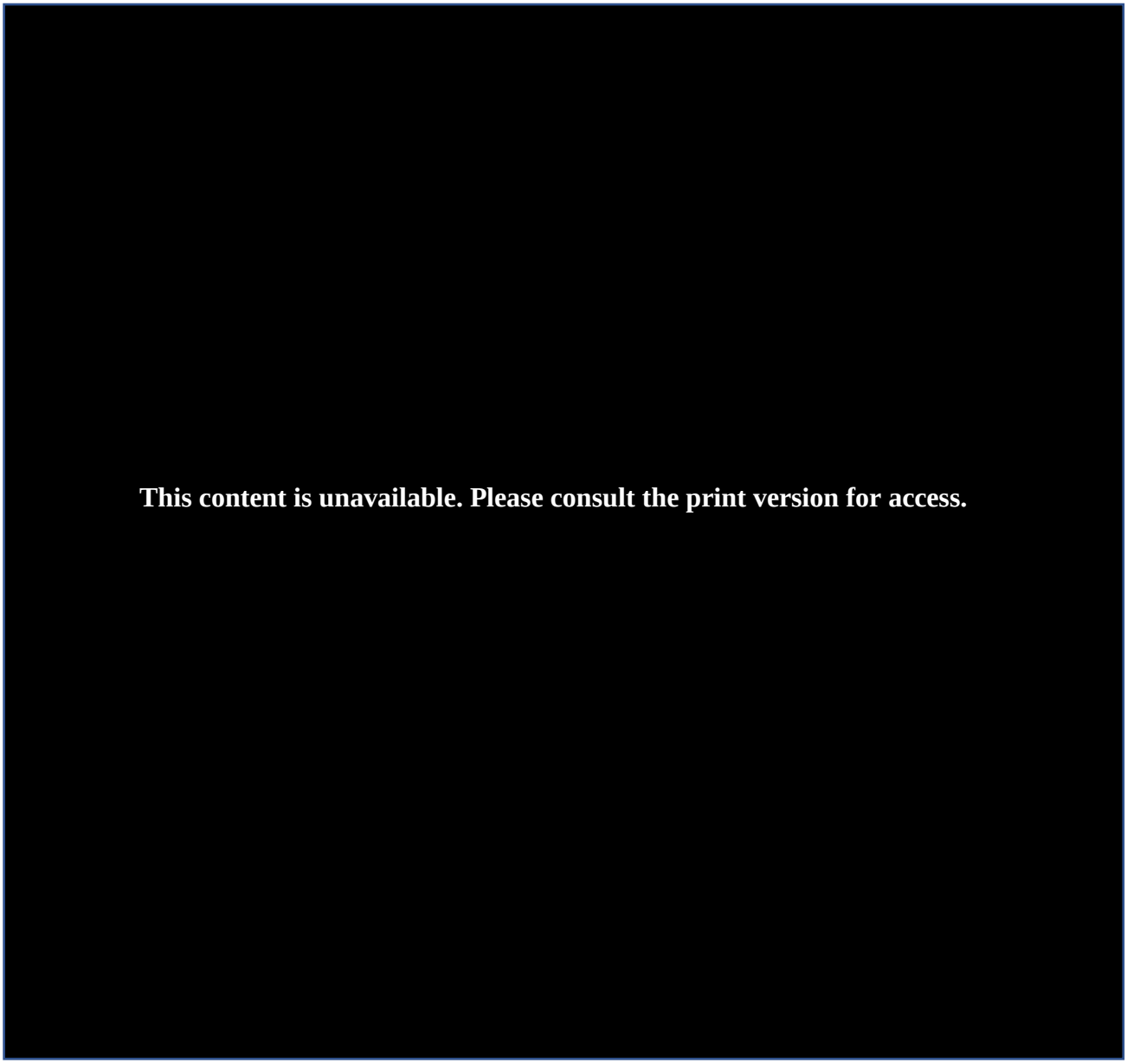


Ripple Effect Findings 2:



Ripple Effect Findings 3:

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6 Clinical Vignette

Rudolf (not his real name) heard me playing the piano in the music room and came to have a listen. He stood just in front of the door as though shy and not wanting to intrude in anyway. I invited him in and asked if he wanted to partake in some musicking together. His face lit up and he asked boldly "Hafren, can we sing 'Baa baa black sheep?' I said "of course". We went on to sing several other nursery rhymes which he chose and his face continued to beam with joy. Several songs later he said "is it morning tea time now?" "Yes, it is. " "Can I go get my tea and come back?" "Yes, of course." I invited him to sit beside me while he had his tea and we began to talk. He told me that his Mum and sister love him and that he is looking forward to going out for lunch with them over the weekend. He then told me that his father was dead. He asked me "is he going to come back?" I shook my head and he said "he's not going to come, back is he? ...Well Hafren, I have my mum and sister and we are going for lunch on the weekend." Tea complete, I invited him to sing again and to my surprise, he asked to sing "Baa baa black sheep." The next few songs were the same ones as we had already sung. "Hafren, will you be here again next week?" "Yes, I will." "Can I see you again and we sing some more songs?" "Would you like to meet every week at this time?" "Can I see you every week to sing with you?" "Sure, you can." He walked out still beaming.

That is how Rudolf began attending 20 minute weekly individual music therapy sessions. He was not one of the participants that the day centre had mentioned would be interested in having music therapy. The only mention of him was to warn me not to be alarmed if from time to time I heard a participant go outside and scream, swear and yell at the top of his lungs in great frustration. Over the months I noticed that he was one of the more socially isolated

members of the day centre. In group music therapy sessions which he also began to attend, he received little praise and encouragement whilst others received pats on the back, hi-fives and enthusiastic embraces. In music composing sessions, every contribution he made was thwarted with criticisms by his peers such as "that's not what we are composing about Rudolf - now isn't the time to start talking about your Dad!" He would often be ganged up on by the other participants and withdraw into himself. During group music therapy sessions whilst the rest of the participants were sitting around in a circle, he would go and stand by himself near the corner of the room and rock himself from side to side with his arms folded in his chest.

In the group sessions I began to open up space for him to be able to contribute to conversations or lyric writing. If the others put him down, I would challenge their put downs and replace it with an encouragement to Rudolf and then bring it back to the group to see if they still believed their original opinions. For example, the group decided to write a song about their experiences at the day centre. We went around in a circle and everyone said something of their experience. "I like everything." "I like hanging out with my friends." "Some of the staff are rude to me and some of the participants." "I don't like (and the activity was named)." This led to a discussion between the whole group about why they did not like that activity. Rudolf's turn came and he said "will my father come back?". To which the rest of the group replied with "Rudolf that's not what we are writing about!" etc. I chipped in and said "Rudolf can say whatever he wants. Well done Rudolf for making a contribution to the song". I turned to the rest of the group and said "If Rudolf comes to the day centre and he thinks of his father, is there any reason why we can't include it in the song?" They all shook their heads.

McFerran (2009) wrote that attending community musicking events was vital in helping trauma participants. This clinical vignette captured the heart of how music therapy was used to support well-being for participants of the day centre. During the group sessions, participants had fun and expressed themselves fully. The conversations shared, interactions and composition activities opened up a space for acceptance of individuality, the sharing of feelings, the support of those normally left out and all voices to be amplified, heard and respected. Social needs were met through breaking barriers that separated peers.

7 Findings and Discussion

7.1 Findings: Encouraging a Sense of Fun

Definition:

Music therapy sessions at the day centre became an opportunity for participants to get together in a different setting and try something new. The addition of music therapy to the day centre created a space for pleasure to be experienced both for individuals and groups. Pleasure came in the form of excitement at a new activity, joy in the freedom of being able to express themselves with more abandon, humour at watching participants' individual characters come out more and being a part of the group without having to be actively engaged. Participants would come to musick only if they chose to themselves. This meant that those who continued to attend, did so because there was something about musicking together that was inviting. Some attended because they enjoyed music and music therapy sessions became an avenue to express their passion. Others attended because they were curious to see what all the interest in engaging in music was about. Some actively engaged in music making and dancing whilst others sat on chairs preferring to watch those taking part expressing enthusiasm. Laughter and smiles often accompanied musical engagement including high fives, friendly slaps on the back and excited embraces. Although music therapy sessions were intended to be fun for everyone, there were times it was clear that not all participants were enjoying themselves.

7.1.A Well-being goal: Having feelings of positivity

7.1.A.1: Being included in musicking could be fun

Communicating with and keeping everyone involved in musicking was an integral part of ensuring that everyone was having fun. During a group music therapy session, I saw one participant dancing by himself in the corner of the music room whilst others were dancing in a semi-circle together. He seemed content dancing in his own space, but because I knew that he was often excluded from social activities by his peers I went into his corner and asked if I could join him. It was important for his individual needs to be met through caring communication. He broke into a large grin, his hands outstretched inviting me to hold them, and his dance moves became more pronounced and energetic. This example demonstrated that one of the ways in which music therapy was used to support well-being for participants was to provide opportunities for participants to be of good spirit by having fun. Gray (2017) mentioned that fun required the participant to make a choice to have fun and be self-directed.

Music therapy sessions became a space where participants could choose what fun meant to them and how to express that. For some, music therapy sessions became a time to socialise through play. Being given the opportunity to play allowed the participants to explore their senses, engage different parts of their body, be connected emotionally and enjoy a change of routine. Musical play involved dancing, drawing, engaging in conversation and doing whatever it was that participants wanted to. In order to facilitate free-play fully at the day centre, secure relationships had to be established between myself, the participants and their peers. Not only did this create a space where participants could be vulnerable to express themselves freely, it also created an atmosphere of friendship rather than supervision. The music therapy example given showed that being included in a music and dance activity was part of what made musicking together fun.

7.1.A.2: Musicking together was something to look forward to

Individual, group and communal music therapy experiences provided opportunities for fun and play to take place (Hughes, 2001). My Clinical Liaison overheard one of the day centre band members say that he was looking forward to his individual music therapy session the following week and that they gave his week added purpose. For some, music therapy sessions were an activity to look forward to and be motivated by. Some who at times struggled to make it to the day centre on time found themselves making unusual efforts to be at music on time so that they would not miss out on the fun. They wanted to make sure that their opinions were heard and utilised. Some experienced feelings of positivity through having musicking projects such as searching for costumes, choreographing dance moves and engaging in music at their own homes. Fun in music therapy sessions included choosing their own songs, instruments and props.

Giving the participants the opportunity to make their own decisions promoted their development of autonomy, negotiating skills, mindfulness, alertness, awareness of each other and their surroundings and being able to enjoy the moment. Having fun in the planning stages of community musicking experiences increased the creative ability of participants and strengthened their abilities to think, make decisions, be assertive, lead and direct their peers musically. The event planning discussions were continued outside the music room and became a main topic of conversation at lunchtime. *'Members were beginning to really own their chosen acts and I encouraged them to continue discussing with each other and loved ones even outside musicking sessions.' (CN, 08.08.2016).* Others, using their own initiative, took their excitement home where they practiced dance routines, had their hair dyed, chose specific outfits from their wardrobes and asked their loved ones for their input. The ability of participants to have fun inspired others in the community to do the same.

7.1.A.3: Pleasure could be found in free musical expression

Music therapy participants had an opportunity through music therapy sessions to spend time together, improve already established relationships, form new ones, support and learn from each other. The exploration and playing of musical instruments and holding of hands encouraged participants to have fun with those they normally would not. Some of the ways in which participants expressed themselves included creating strong rhythmic patterns on chosen instruments, playing games using instruments, exploring their senses, engaging different parts of their body, and connecting emotionally with others. Participants demonstrated physical enjoyment through dancing freely, through whooping and whirling around the room with their voices and bodies. They would throw their hands up in the air when it was music time, or even jump in anticipation. Hugging each other and lovingly tugging each other's arms was a common behaviour of participants in reminding each other that it was music time.

Some participants would thrust their hips in circular motions to the beat of the music as others cheered them on, clapping and singing loudly. '*Members said that "music was fun" whilst whooping and singing.'(CN, 04.04.2016)* Others tapped their toes and bobbed their heads from side to side. Gray (2017) wrote that in order to have fun, participants needed a safe space and time where emphasis was given on being mindful and present in the moment. This time was not about achievements or end results but about finding freedom to express oneself without limitations or negative boundaries. Through playful social engagement in musicking, participants could learn about life through interacting with each other. The music therapy examples given showed physical signs of pleasure experienced by participants as a result of musically playing together.

7.1.B Well-being goal: Being actively engaged in life

7.1.B.1: Being engaged in musicking was not always fun

One participant who usually engaged actively in musicking, in one particular session became increasingly agitated. My hand was offered to her and she was asked if she wanted to dance. I put on some strong rhythmic music in the background and placed my hand in hers. We walked together around the room, and from time to time would stop in a space and move our bodies from side to side. She linked her arm through mine and initiated another walk. With growing agitation, she scratched me and pushed me violently. Her carer who was present at the time, intervened and eventually the music therapy session came to a safe close. This session was particularly important for her to realise that if at any time something was happening that she was not enjoying, she had the freedom to change the situation and to do something else that was less aggravating. I felt in general however that this particular music therapy session was not a fun one for her and that perhaps it increased her stress levels on that particular day.

In the 2009 Australian bushfires, 200 people perished (McFerran, 2016). The music therapists involved in the aftermath using an ecological perspective, sought to support those who were grieving and whose futures needed to be re-established (Stige and Aaro, 2012). Survivors were encouraged to musick together as a way of dealing with the trauma. Police were assigned to help transport youth that wanted to engage in musicking to community centres in an approach to lessen the outburst of crime and violence that had resulted from the great tragedy (McFerran, 2016). Community musicking helped give the victims hope and purpose for their existence. Providing music therapy in that context opened up an avenue for those distressed to experience feelings of positivity and have fun. Gray (2017) wrote that having fun strengthened the ability of participants to have control over their emotions, be more sociable and more creative. Having

fun made people happy, less aggressive and was the best way to learn new skills and develop new habits.

A fun music therapy session for the distressed participant full of playful musical interaction had the potential to, as Brown (2009) explained, increase people's coping mechanisms to 'life's torments' without needing to resort to violence or other outlandish behaviours. Those without any experience of fun could become prone to multiple mental health problems. Having fun would keep the brain healthy and activate the parts of the brain that support cognitive and emotional function. Having fun together would help keep people moral and give people the opportunity to rest and recover from the stresses of life (Brown, 2009). The music therapy example given showed that what had been planned to be a fun session, did not get received that way by the participant.

7.1.B.2: Fun through musicking was for everyone

During a group music therapy session, a woman in a wheelchair was encouraged by her peers to join in the fun through dance. Someone said that she could not dance because she was in a wheelchair. This led to a discussion about how dance comes in all forms. I stood in front of her, took her hands in mine and began to sway to the rhythm with her. Her face lit up and her head swayed to and fro. In Brazil, Social Music Therapy emphasised the use of communal music therapy with family, friends and the wider community. Invitations to musick together were sent out to the young, the old, the poor and the rich, connecting people with each other through music and expanding their horizons within community and associated organisations (Barcellos, 2005). Similarly, the music therapy example given showed that musicking at the day centre became a space for participants who regardless of perceived limitations, could engage in a fun communal musicking activity. The music therapy session example given

showed that participants of the day centre who were all given labels of limitation, were also capable of segregating each other. The woman dancing in the wheelchair became a very strong example of how music involved everyone regardless of physical or mental disability.

7.2 Findings: Promoting a Sense of Purpose

Definition:

South African-based music therapists Fouché and Torrance (2005) wrote that as a result of apartheid, families in South Africa were split up and members were forced to live amongst strangers. The emotional and social sustenance found within families was destroyed, leaving people feeling isolated. As a result, many youths joined gangs to find the support and acceptance they were missing. The Music Therapy Community Clinic in Cape Town was established to provide disturbed adolescents and the impoverished with alternative ways of dealing with their troubles. Although the police brought the participants to their sessions, there was no obligation for participants to attend; all involvement was voluntary. It was vital for supporting their well-being to give them an alternative direction in life to the paths they had been beginning to follow and to promote a sense of purpose in their lives. Promoting a Sense of Purpose for participants at the day centre meant offering opportunities to engage in music activities they found valuable and supporting the development of their abilities. It also meant giving participants the opportunity to do things they had always wanted to do. They also encouraged aiming for achievable goals and being treated like adults therefore becoming more independent.

7.2.A Well-being goal: Being able to function positively

7.2.A.1: Music Sessions a consistent provision of a well-being centred resource

One music therapy participant had a routine where after musicking together, he would go outside by himself and scream and swear loudly. A staff member would help him regain control of his emotions. On one such occasion during a group music therapy session, the rest of the music group wanted to discuss his behaviour. Their well-being required them to be able to share their concerns. They needed reassurance and understanding of the situation that the release of pent up emotion was important and that sharing emotions could help us feel heard and valued. This led to a composition activity where members of the group were free to express their own feelings. Beck (2015) wrote that it is generally accepted that the sharing of feelings is a vital part of supporting well-being and therefore being able to function positively. No matter the culture, race, age or gender, expressing emotions to each other is healthy and is vital in developing intimacy, forming relationships, releasing pain and celebrating joy.

Counsellors advise that the sharing of feelings can help in healing trauma and can give people closure and satisfaction (Howes, 2010). Being allowed to express our emotions, no matter how dark they may be, is a healthy outlet for strong emotions, which if suppressed, could potentially lead to a dangerous outcome (MySahana, 2017). Techniques of sharing feelings that community music therapists use include composition, improvisation, song writing, sensory experiences, music listening, musicking opportunities, and movement (Wheeler, 2015). Because music is a tool that is recognised and utilised by most practitioners, it acts as an alternative, yet familiar aid to more traditional support systems (Schmidt, 2014). Often it is seen as a safe therapeutic method for those who are diagnosed as vulnerable, frightened or fragile (Howland, 2016). Music therapy is: *'a systematic process of intervention where the therapist helps the participant to promote health, using musical experiences and the*

relationships that develop through them as dynamic forces of change' (Bruscia, 1998, p.20). The music therapy example given showed how music therapy and music composition could be used to promote the sharing of feelings.

7.2.A.2: Music Sessions an opportunity to establish boundaries

In joining the day centre team, quality time was given to the participants in the form of lunch gatherings, reading books, painting nails and engaging in conversation. This was a necessary way in which stronger relationships and trust would be build. It was vital that participants felt safe in my presence and in the presence of each other. The music room was another place where safety for the music therapy participants was paramount. When the safety of the musicking space was threatened, appropriate boundaries needed to be established and strong conversations shared with the music therapy participants. When a member of the day centre asked to join the music group and was refused, he became aggressive and caused a disruption. *'He didn't listen and continued to turn things off and unplug things. There was a loud almost siren type sound that escaped from the computer and everyone was covering their ears. I turned the computer off from the wall and it stopped.' (CN, 18.07.2016)* The well-being of the music group was paramount. Support from staff members was sent for immediately.

The music therapy example given demonstrated an occasion where safety was given particular focus. Being a part of the group carried vulnerability from participants and for this reason, the overall safety of the group needed to be addressed and the music therapy atmosphere protected. The needs of the individuals also needed to be met and attention given to those who wanted to learn more about how to stay safe and what to do in those types of situations. This took place in the form of a detailed discussion. Participants were advised that

musical instruments, electronic advices, the music room space and those attending all needed to be treated with respect. It was emphasised that if anyone ever felt troubled they could freely discuss their concerns with staff members, immediately and unashamedly. This educative music therapy approach fell in line with the day centre's goals. The day centre, through regular classes that educate, encourage and challenge participants to learn new life skills, supported participants in becoming more independent, a key well-being factor (centre manual, 2016).

7.2.A.3: Music did not fully support participant's ability to function positively

Participant safety was paramount in order to encourage ability-centred focus in all music therapy sessions. During an individual music therapy session, a participant *'began screaming, scratching her forehead severely and biting the skin from her hands. Her forehead began to bleed. I continued to play the piano' (CN, Midterm).* A musical containment strategy was attempted and I continued to play the piano in a way that matched her emotions. Loud bass tones, metallic modal patterns and heavy rhythms were used to demonstrate to her that her emotions were being heard and that she was safe to express herself. In addition to this technique, her carer '*used the participant protecting technique she had been taught and locked the participant in her arms so that she could not hurt herself anymore' (CN, Midterm).*

Stige and Aaro (2012) add that CoMT involves multi-disciplinary participation, working together towards common community-centred goals. Community music therapists work with other specialists, volunteers and members of the community to bring more awareness of the often-overlooked negative areas of disability and isolation, and positive areas of liberty, parity and community well-being. In the same way, I worked alongside carers, other staff members, parents and family in the individual music therapy sessions to support the participant's well-being. In spite of my efforts, I sensed that my limited understanding of how to use music

therapy as a containment strategy meant that this session did not support the participant in being able to function as positively as possible. Music can be used to facilitate a variety of mental health related goals (Moore, 2015). Rolvsjord (2015) observed that '*the effectiveness of music therapy in the field of adult mental health care has been documented in several randomized controlled trials and systematic reviews'* (p.296).

A 2013 review of music therapy and adult mental health history by Florida-based music therapists Lee and Bruce evaluated randomised controlled trials. In this review, Lee and Bruce (2013, p.591) wrote: *'these studies generally found MT (sic) to be more effective than no treatment or than standard care alone.'* In a non-randomised controlled trial research project, an example of music therapy dealing with trauma can be seen in Rickson et al. (2014) where a participant talks about the death of a friend, and how singing the deceased's favourite song brought comfort during this sad time. Rickson (2014, p.8) writes that music therapy provided a *'safe place for people to express emotions and to come to know people'*. Although music therapy as seen by literature could be used to support well-being for the mentally distressed, my lack of understanding not only on containment but on the participants', behaviour meant that music was not able to be used to provide the full support she needed.

7.2.A.4: Music Sessions an opportunity to strengthen relationships

Group music therapy sessions provided the opportunity for relationships to be built and strengthened. *' I went around offering instruments to different members, some took an instrument, others refused defiantly, others more politely' (CN, 09.05.2016).* Some that attended were seasoned friends and felt ease and excitement at musicking together. Others had rarely associated with each other and needed extra support to encourage musical integration. With each attendance relationships developed and were strengthened through

sharing stories, singing songs together and sharing positive experiences. Through music, participants would sway together, socialise and value others contributions. Through establishing their own culture and community, the participants learnt how to take the lead and give musical directions. Because secure boundaries had been established, participants showed that they felt relaxed and safe by being more assertive in giving instructions such as the musical dynamics they desired and which instruments to include.

An external Music Therapist wrote the following after a visit to the day centre: *'you made sure every activity was successful by putting each person at their ease, attending to their choices and knowing the material well' (Visiting Music Therapist, 28th June 2016).* Ansdell (2004) wrote that well-being was more than just individual health, and that community music therapists should commit themselves to the spread the promotion of equal rights to resources and break segregation. Socialising through music with each other gave the day centre participants additional well-being centred resources. The opportunity to make meaningful contributions, be socially connected and appreciated by others was a positive experience for participants. Music therapy participants gained confidence through the exploration of their personalities and ideas with a new and sympathetic group.

7.2.B Well-being goal: Living life to the individual's fullest ability

7.2.B.1: Drum activity emphasised participant's ability

People who have a heightened sense of well-being according to Cummins et al. (2009) can be defined as those who have purpose in their lives. Ignorance in communities can create and augment an imagined stigma of people with other abilities, leading to their disempowerment (Brignell, 2010). The manual of the day centre defined well-being as a participant reaching their fullest capacity and maximum range in physique, psyche, society, culture and

environment (Horneman, 1990). Music therapy sessions became another activity that participants could be involved in to support those goals. Individual music therapy sessions showed a participant use reticent, timid and simple beats frequently. As our relationship deepened, he became more open, able to express his feelings, and his beats became bolder and more complex. He began to take charge of the music sessions, giving direction and speaking out if he did not want to do something.

Musical affirmations were used often to encourage him to continue being bold and creative. For example, he initiated rhythms on the drum and I copied him. If I altered the rhythm he would match it and add to it. '*He began to change the rhythmic patterns he was playing on the drums. They were the most various and complex rhythms I had heard.' (CN, 14.03.16)* Without words a conversation was being shared between us and this musical interaction. I feel that in this way music gave him added confidence and self-esteem. Staff members noted that this man, who rarely conversed and who usually gave one-word answers only when spoken to, began using several words together and initiating conversations.

7.2.B.2: Fullest ability supported by forming new musical habits

Individual music therapy sessions were the start of an ecological approach to supporting well-being holistically. These sessions were the micro-systems of music therapy support with intentions of resourcing participants with tools they could work with on their own. Several weeks of individual musicking with one participant revealed that he wanted to sing the same songs every time. Observing him in the group sessions however revealed that he knew a wide range of songs. Suggestions were made for him to try alternative songs. After exploring a few of the group session songs he very soon requested his usual favourite nursery rhymes. With gentle encouragement after time he gradually began to expand his repertoire to include 'Pokarekare Ana' and 'Amazing Grace'. During the group music therapy sessions, I

encouraged others to invite this participant to choose different songs for the group to sing. In this way the other group members increased their social acceptance of him and encouraged feelings of empowerment and self-esteem. A change of purpose was encouraged through the addition of new songs.

7.2.B.3: Improvised song used to expand participant communication

CoMT has the capability to assist in the management, prevention and eradication of social problems. Stige and Aaro (2012) wrote that CoMT focuses on providing for those whose needs are not being met or being listened to by society. This means that those who are unheard may have social, cultural, material, interpersonal and also personal roots to their problems, and CoMT assists in creating an environment for these unheard voices to be amplified to the wider public, in order to attract and provide increasing support. In this way, CoMT encompasses an entire social agenda whilst still taking into consideration the personal needs of the individuals. A reluctant communicator showed he had potential for conversation through his ability to recite lyrics. In our sixth music therapy session together, the participant was asked what he would like to sing next. Rather than accepting his non-response and suggesting songs myself, I remained silent longer than usual. Eventually he exclaimed "oh come on!" He became increasingly agitated by my silence, until suddenly naming a band. Whilst researching the band on the computer, he engaged in conversation pertaining to the band. I was amazed at the positive effect the use of a musical pause had achieved. By his twelfth music therapy session the participant was able to recite in improvised song everything he had accomplished that morning including getting up, putting his clothes on, what he had eaten for breakfast and what he had for lunch to my Clinical Liaison. My Clinical Liaison said that the participant's response included the most detailed information and descriptions he had ever given. My Clinical Liaison also commented that this participant who was usually very set in his personal ways and musical habits, had engaged in musicking in a different

way. My Clinical Liaison said that he *'was impressed that the material used during the sessions was not what the person would normally choose. In fact, his favourite artist did not feature at all. This did not cause any issues at all'. (Clinical Liaison, 20/06/16 & 27/06/16)*

7.2.B.4: Piano activity empowered participant

Stige and Aaro (2012) write that people who come for therapy 'could be frail, they might live in hardship, or perhaps they are in the midst of a difficult transition in life.' (p. 145) Music therapy could be used to help participants *'claim the right to exist as who they authentically are and, on the other side, the community learning to include them as equal members of society'* (Vaillancourt, 2012, p.175). CoMT emphasised human connectedness and promoted a concept that incorporated not only care of the wider world but immediate and personal needs as well (Stige, 2003). A way to achieve this was by *'focusing on resources and processes of empowerment rather than pathology and problems'* (Stige and Aaro, 2012, p.73). CoMT opened up an avenue for learning and self-development to take place amongst others. Music therapy sessions at the day centre offered healthy and realistic goals to become the person or to be in a place that they wanted to be. One of the ways in which music was used to support well-being was demonstrated during a piano activity in an individual music therapy session. Verbal prompts were used to invite Tom to play the piano, but he chose to listen instead. I sensed that he felt empowered by having the control to decide whether he was going to be involved in musicking or not. It was important that Tom knew that he was an adult who was trusted, that his opinions would be respected and that his contributions or lack thereof would be valued.

7.3 Findings: Developing Togetherness

Definition:

One of Taranaki's (my previous home town) main *whakatauki* (Māori proverb) was the following: *He aha te mea nui o te ao? He tangata! He tangata! He tangata! - (What is the most important thing in the world? It's people! It's people! It's people!)* The vision for the placement was to support the lives of the participants of the day centre in every aspect of their day-to-day experience. It is because of the importance of people that we support their well-being. During the course of a music therapy session, the participants were invited to come up with ways in which they could connect with the wider community. *'This was greeted with excited murmurs and suggestions of what people were going to do.' (CN, 23.02.2016).* The main responses included concerts, stars in their eyes and talent shows. When asked in what setting, the responses included Star Jam (an annual performing arts programme for people with disabilities), busking, churches, *maraes* (Māori holy places) and schools. These ideas were presented to my Clinical Liaison. He was happy to accommodate all suggestions except for the busking as he felt that would put the participants at too great a risk. Star Jam was contacted, however the timing of their annual event meant that the day centre participants were unable to join. The marae visit attempt led instead to a Māori cultural day held at the day centre. The most doable community musicking social events ended up being at schools and at a church. These were approved by my Clinical Liaison and some music therapy sessions were dedicated to the necessary preparations. *' Members of the group began to bring more ideas about their upcoming gigs. There was a sense of real excitement, cheering when it was music time and a growing crowd of spectators.' (CN, 18.07.2016)*

7.3.A Well-being goal: Being respected by others

7.3.A.1: Musicking together led to social interaction outside of music time

Rickson et al. (2014) discovered that youths with intellectual disabilities were not always able to live on their own, and for them well-being was defined as having support people and networks in place. English poet John Donne coined the powerful and popular phrase 'No man is an island' which suggests that we are strongest when we are together, when we are united in mind and purpose. Social Learning Theory (SLT) suggests that well-being is increased when people develop alongside others, stating that well-being is determined by those with whom we associate. SLT declares that peers have the ability to influence behaviour beyond our own capabilities (Morris et. al, 2014). One way for people to learn new habits and change behaviour is through observational learning. People can learn from others by watching and imitating them (McLeod, 2012). Group music therapy sessions provided a space for participants to expand their social network and influence each other's abilities. In one group music therapy session, a normally reticent person was able to engage in whistling in front of his peers. This was a significant step and it was the music groups encouragement, clapping and cheering which encouraged him to step out of his comfort zone and give that musical engagement a try. I felt that some participants felt a sense of belonging and identity from being part of the music group. Members of the music group began to have lunch together when they would not normally have done.

7.3.A.2: Musicking together used to promote cultural respect

Music therapy participants had a diversity of ethnic differences, religious beliefs, cultural heritage, backgrounds and types of upbringing. Diversity was vital for well-being as it encouraged growth and enrichment. Participants coming to musick together with people who had different interests, opened up opportunities for new life experiences and for unique

relationships to be formed and developed. Interacting with others who were not the same provided an avenue to cultivate respect, understanding, unity and the realization that as humans we all had the same basic needs. A sense of belonging was achieved through knowing that they were a team which I sensed helped them find strength in being a collective. Living in New Zealand, it was important that music therapy participants were aware of the cultures that were relevant to them all, in particular the Māori culture. MacDonald and Kreutz (2012) wrote that socio-cultural activities should be inclusive and well-being driven.

In order to foster a sense of pride in the Māori heritage, and to expand awareness of well-being from a Māori perspective, a Māori cultural day was organised. Rawiri (not his real name), a Māori culture and language coach and community musician, was invited to facilitate the session. All staff, participants and their families were welcome to attend. In a darkened room during the cultural session, a Māori horn was heard blowing beautiful, haunting melodies. Rawiri used special effects to make stars appear on the ceiling and a smoky mist on the ground. Using both English and Māori, Rawiri began to chant about how to find well-being within ourselves, those around us and the land. His storytelling was accompanied by atmospheric mood music. One of the day centre members of Māori heritage responded in Te Reo Māori. His sister was there to celebrate his significant role in the day. Rawiri and I then sung a new rendition of an old Māori proverb entitled 'He Kākano Ahau.' The first verse and translation are as follows:

He kākano āhau	I am a seed
I ruia mai i Rangiātea[1]	Scattered from Rangiatea
And I can never be lost	And I can never be lost
I am a seed, born of greatness	I am a seed, born of greatness

Descended from a line of chiefs, He kākano āhau	Descended from a line of chiefs, I am a seed.

Rawiri explained the meaning of the song and emphasised that true well-being is promoted by knowing who you are, never forgetting where you come from, and never being ashamed to be uniquely yourself. This was followed by question and answer time. Members later informed me that they were moved by the experience and felt empowered to organise themselves for Rawiri to come back.

7.3.B Well-being goal: Being intertwined within society

7.3.B.1: Music outing to a nearby school

Stige and Aaro (2012) wrote that CoMT ought to focus on involving a group of people in a musical activity as it covers an individual-communal continuum. As previously mentioned, music therapy participants chose how and where they would engage musically with the wider community. One was a concert which musicians from the day centre gave to a nearby school for students with disabilities. The concert became an opportunity for members of the day centre to build connections with students at this school and to show that they could have a positive influence and impact on people, such as inspiring them to finish school. During music therapy sessions, *'we practiced introducing the acts and the artists involved. Most of the members found this task to be very challenging and some even refused to do it. I encouraged and explained the importance of an introduction.' (CN, 15.09.16)* It was intended that the skills developed in that context would aid communication with others when introducing oneself and talking about what the participants' engagement in music was. This musicking experience became an opportunity for the day centre members to showcase their

skills and talents and to be able to express publicly the positivity they found through music. I believe that the opportunity to engage with the wider community enhanced each individuals' ability to communicate, to integrate into a group, to celebrate, to entertain, to create, to inspire and be inspired. Participants of the day centre were so well received that the resident music therapist invited them to join in an end of year Battle of the Bands and requested that music collaborations between the two organisations be more frequent. I put the school music therapist in touch with my Clinical Liaison so that contact between the parties could continue, connections with the community might be strengthened and well-being through music would continue to be supported.

7.3.B.2: Musical collaboration with a community singing group

Ansdell (2004) wrote that being connected with a community increased not only a person's well-being, but also their health and level of personal empowerment. Another musicking event for participants to engage in took place when they attended a community singing group consisting mainly of senior citizens. This group was led by a well-known and respected New Zealand community musician and was held at a local church. When it came to having a community musicking experience held at a church, I asked my Clinical Liaison if he felt that this religious building would cause upset for any participants. He informed me that many people hire out church halls for various purposes regardless of religious beliefs. Adding to the fact that this church in particular was one in which I fellowshipped regularly and with a congregation I knew personally, I felt that there was therefore no real danger in the participants having a community music experience in that setting. This singing group collaboration, built bridges with the day centre participants and members of the community in various ways. Community musicking offered an opportunity for people from varying walks of life to come together and be united through a common interest in music. Singing together with people of different ages, religious beliefs and from different music groups created an

experience of sharing that I believe was very rewarding and positive to most. Members of the singing group informed me that some of them wanted to become more involved with the day centre. Others expressed signs of guilt at having assumed that people with disabilities were incapable of having fun, entertaining and engaging with others in that way. Others commented that having the day centre participants around helped them to be more exhilarated and sing more freely.

7.3.B.3: Engaging in a public music experience

Another community musicking event took place in the form of a musical performance given by the day centre participants. Soshensky (2011) used the terms 'self-efficacy', 'engagement', 'self-expression', 'affiliation' and 'enjoyment' as ways in which music performance could have an impact (p. 25). Participants could perform in groups or individually and having an audience created a communal musicking experience. The day centre musicians' performances included hip hop and contemporary dancing, piano and guitar playing, singing, group work and individual work and the day centre band performing their own compositions. The journey towards public appearance promoted the social skills of turning up reliably to practice with others, rehearsing, group effort and collaboration, decision making, problem solving, being organised, handling feelings of frustration, maintaining concentration and motivation and displaying confident and assertive self-expression. The event was advertised for one month to encourage as many people as possible to attend. The performance was to be held at the local church and with the singing group previously mentioned. Music therapy participants visited the church hall a week prior to the concert to familiarise themselves with the space. None of them expressed signs of concern at the religious venue. During the concert, some more conservative members of the audience became inspired to sing, dance, clap and play the instruments that were provided. Following the concert, one of the participants from the day centre on his own initiative began to play popular tunes and hymns on the piano and people

soon gathered around him to sing. Another member of the day centre asked to become a regular attendee of the church where the concert was held. She began attending the church and asked to join the worship team. She was inspired to learn that someone classified with the same disability as herself was a leader in the church. Following this connection, she became a part of that church community. The community musician gave positive feedback and said he wanted to collaborate musically with the day centre participants again. Community members who attended the musicking experience approached me in person to share how the day centre participants had changed their view on people with disabilities.

8 What I Have Gained from the Placement and Research Process

There were many ways in which the placement and research process benefitted myself. Literature readings expanded my ideas of what was possible through music therapy as well as taught me how music therapy has been used to support well-being by community music therapists around the world. I was at times confused by my placement experience and how that translated into the research process. For example, I began the research process focusing heavily on a medical model and the change to focusing on community music therapy and more social theories taught me a lot about the benefits of emphasising togetherness over disability. My visiting music therapist encouraged me from the start to work on my professional development. One example was finding literature on how to understand body language when participants could not speak. In learning that one music therapy participant enjoyed music technology, my visiting music therapist advised me to increase my skill level on technology to better accommodate the participant's musical requirements such as creating ambient sound effects and putting an echo on the voice. Other professional development strategies that I was encouraged to take part in included attending music therapy related courses and conferences which were related to my research practice.

There were many lessons learnt at the day centre and from my Clinical Liaison, the following are just a few:

- Interpersonal skills developed through maintaining positive relationships with members of the day centre
- How to meet the needs of individuals and groups
- How to collaborate positively with staff

- How to address conflict with staff
- How to be more assertive
- How to treat myself as a staff member
- How to focus on equal relationship, not 'treatment' of participants

There were many gains from attending lecturers, engaging in conversations with classmates and music NZSM music therapy courses such as the experimental musicking time. These sessions taught me how to listen to the advice of others with respect and to where appropriate, modify the direction of my placement process. For example, my lecturers advised me that playing soft, beautiful piano melodies when a music therapy participant is screaming, could be counterproductive. One lecturer in visiting my placement setting helped me establish stronger boundaries when witnessing that the day centre participants appeared to be losing control during a group music therapy session. One lecturer advised that in future, I needed to be more mindful of the negative implications a religious setting could have to participants and that just because I felt safe in a setting, that did not mean participants would.

The writing process was particularly challenging and in re-working first the research proposal and then the exegesis itself, writing skills of all sorts were gained. The constant revision process taught me to be patient in seeing the end result to the research process especially when the analysis process proved complex and the writings of my findings appeared never ending. The completion of the Masters of Music Therapy Degree by my classmates ahead of me taught me that the finishing point of the research process was not a competition, that I was not less smart or more lazy, but rather to remember my good qualities as a student music therapist. This process also gave me an added appreciation of the Master's Degree. Perhaps the most significant gain from the research process was the reassurance that music therapy was real and when used to its fullest potential, a powerful method for supporting well-being.

9 Limitations and Recommendations for Future Research

The first limitation to this research is that I was a student; it took me a while to understand the philosophy of CoMT and therefore my application of it in context of this research would have been slow and affected the efficiency of this research. For example, by the time the analysis process started, I was still outlining the construct of well-being which means my coding was not as thorough and would have been coded differently had I been better prepared. Text collection was limited to my personal experiences with the participants and over a short period of time. This research was context-dependent and as a result the findings may not be able to be reproduced or apply to other places. Personal circumstances impinged on my ability to attend the day centre consistently and therefore interrupted the regularity of music therapy sessions. This would have affected the progress and my ability to support the participants' well-being. In the future, I would like to work alongside other community music therapists and if possible with my participants if they were willing for a more collaborative approach. Ideally, I would like to analyse research text collected by multiple sources over several years. There were well-being goals found in the literature that I would hope would be engaged in further. Examples include how music therapy could be used to support; the coping of normal stresses of life, the engagement in physical activity to benefit mental health, further involvement of immediate family, living in accordance with one's true beliefs and the active contribution to society. The day centre also associates well-being in adults with being employable. For this reason, the day centre works together with disability employment agencies to assist in the transition between adults attending the day centre and moving into careers in society. In future I would hope that music therapy could be used to aid this process further. However, I hope that this research in its present form will be valuable to the day centre, its members, *whanau* (family) and future music therapy students.

10 Conclusion

In conclusion, supporting well-being at the day centre for adults with other abilities using music therapy was first achieved by developing and maintaining positive personal relationships with participants. Support was given through the provision of individual, group and community musicking experiences which offered a continuum of community support from the individual to the wider community. This research discovered that some participants experienced feelings of positivity through being included in musicking and through having musicking sessions to look forward to. Participants used vocal and physical expressions to indicate the pleasure that could be found in free musical expression. Being actively engaged in music was an opportunity for fun to be experienced and an activity that was available to all regardless of disability. The consistent provision of music therapy as a well-being centred resource was used to support participants to function positively. Music therapy gave some participants added purpose as personal and group needs were accounted for, protective boundaries addressed and relationships strengthened. These sessions aided participants in making the most of what abilities they did have by focusing on what was possible. Some began to form new musical habits, some used composition to share feelings, one used improvised song to communicate and one experienced empowerment through a piano activity. Music therapy sessions became a safe space for participants to respect each other and be respected. This respect led to social interaction with each other outside of music time. Participants established their own musical culture as well as experienced other people's culture, in particular the Māori culture led by a Māori community musician. Music therapy helped participants to developing alongside each other and build bridges with the wider society. An outing to a nearby school connected participants with children with disabilities and gave them the opportunity to use music to encourage the children. This collaboration with the school's music therapist led to an invitation for participants to join a Battle of the

Bands musicking experience later in the year. The day centre participants engaged in a community singing group where they had the opportunity to blend in with others, showcase the abilities people with disabilities do have, have access to a new resource and make friends. The participation in a public community musicking event spread awareness of the capabilities of people with disabilities, united people that would not normally socialise and brought an excitement to all that challenged mind-sets and future behaviours. Although music therapy did support the well-being of the day centre participants, there were some cases where this support was not as successful as hoped. One example showed a participant expressing more distress than enjoyment during a music therapy session. Another example showed a participant continuing to self-harm regardless of musical containment strategies. The music therapy group sessions did not fully support the inclusion of one participant who wanted to join but was communicating using destructive and aggressive behaviour. Findings carry trustworthy weight as I did not too strongly pre-empt focus on the research aspect of this exegesis when collecting text. There were limitations to this research such as my own struggle as a student to fully understand the community music therapy perspective, and to step aside from the illness model. Future study with more experience and maturity would certainly assist more rich and engaged community process and yield more sophisticated understanding.

My Sound, my Soul - A Poem

Where have you been hiding?

"I never hide"

Where have you been staying?

"I never stay"

Where are you going?

"I never go"

Where do you come from?

"Everywhere"

Who are you?

"Your reflection"

Where do you live?

"Inside you"

Where do I live?

"Inside me"

What do I look like?

"Your harmonies"

What do I sound like?

"My heart"

What are we together?

"Life"

What are we apart?.... hello? Can you hear me?

"Yes... but can you hear me?"

- Hafren Thomson

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13 Appendices

Table Category Definitions:

CoMT Method: The Community Music Therapy approach used in music therapy sessions to support well-being

Activities: The well-being centred plans selected during musicking

Code: The well-being centred techniques utilised

Musical techniques: Utilising specific music therapy elements to support well-being

Topic Code: Notable recurring overarching themes of how well-being was supported

Example of Individual 1: Second-Level Coding Table

	COMT Method	**Activities**	**Code**	**Musical Techniques**	**Topic Code**
1	Resource-oriented	Going to music excitedly	Exciting musical opportunity	'Come to music' composition	Consistent provision of resources
2	Resource-oriented	Music conversation	Something to look forward to	Asked M what music he wanted to do	Consistent provision of resources
3	Expressive	Drum improvisation	Providing my arm	'Here is my arm, here is the drum' composition	Sharing feelings
4	Expressive	Drum kit and sticks exploration, drum sounds exploration	Guiding to musick	Guiding M's hands over the different drums	Forming new habits/patterns
5	Reflective	Conversations about songs	Musical conversation	'Do you know this song?' I asked	Consistent provision of resources
6	Participatory	M engaging in conversation	Responding	Piano accompaniment	Sharing feelings
7	Participatory	Timid and hesitant drum playing. Steady marching beat on snare drum	Engaging in musical activity	Piano improvisation matching steady beat	Sharing feelings

8	Resource-oriented	Singing popular song choruses	Encouraging conversation	Introducing new song material	Sharing feelings
9	Participatory	Confident drum playing. M singing 'Bad day' very loudly.	Singing together	Strong piano accompaniment, singing main melody together, occasional harmonies	Continuum of community support
10	Expressive	MJ song and his rhythm became more complex and he explored more of the drum kit.	Participant confidence displayed	Piano accompaniment and singing main melody and lyrics	Continuum of community support
11	Participatory	Singing. He remained focused for the entire hour, responded to me and worked together as a team	Completing music therapy session	Musical duet engagement and socialising	Continuum of community support
12	Participatory	Drum improvisation, exploration and experimenting	Participant self-expression through complex rhythms	Drum improvisation guiding	Sharing feelings together
13	Participatory	Drum improvisation	Participant self-expression through complex rhythms	Matching drum rhythms and textures	Sharing feelings together
14	Participatory	Drum and singing	Musical conversation	Vocalisations to match different drum sounds	Continuum of community support
15	Resource-oriented	Encouraging M to musick	Persistent encouragement through music conversation and song	Singing 'Come to music' composition	Continuum of community support

Example of Individual 2: Second- Level Coding Table

	COMT Method	Activities	Code	My musical Techniques	Topic Code
1	Resource-oriented	N/A	Verbal prompts in song	'Come to music' composition	Consistent provision of resources
2	Resource-oriented	Going to the session	Physical prompts through song	'Touch the rail' composition	Consistent provision of resources
3	Participatory	Piano improvisation	Participant musical participation	Soft piano playing accompanying	Continuum of community support
4	Participatory	Musical conversation	Participant empowerment	Soft dynamic piano composition to hold and comfort	Sharing feelings together
5	Resource-oriented	Movement activity	Working musically with carer	Aggressive rhythms to match her mood	Sharing feelings together
6	Reflective	Managing intense emotions and dangerous behaviour	Using music to bring participant under control	Rubbing two drum sticks together	Continuum of community support
7	Participatory	Swaying to the music	Holding L's hands and humming softly	Listening to beautiful melodies on computer	Forming new habits/patterns
8	Participatory	Fun, control and being engaged	Enjoying being in command, L playing loud staccato text on the piano	Strong high note staccato text on the piano	Sharing feelings
9	Participatory	Drum improvisation	Occasional drum beats	Swirling motions on the drum	Consistent provision of resources
10	Reflective	Piano duet	Listening, attention to participant	Long pauses, strong, loud stabs at the same pitch and time as L	Sharing feelings
11	Resource-oriented	Musical dancing	Holding both L's hands in mine	Stepping from side to side to the beat	Consistent provision of resources
12	Receptive	Listening to piano	Allowing music to talk, touch L	Silence, no musical activity	Sharing feelings

13	Expressive	Vocalising	Encouraging participant to continue	Loud squeals, long drone-like grunts	Sharing feelings

Example of Semi-Open Group: Second- Level Coding Table

	COMT Method	**Activities**	**Code**	**Musical Techniques**	**Topic Code**
1	Resource-oriented	Dancing around the room, singing at the top of lungs declaring "we are pop idols"	Explaining to participants what music therapy is	Connecting participants with each other musically	Having fun
2	Participatory	B arrived early and had indi music therapy session singing.	Building relationship	Accompanying singing on the piano	Sharing feelings
3	Participatory	T and P dancing around the room enthusiastically	Participants having musical fun	Clapping and cheering loudly	Having fun
4	Active	M arrived early and played the piano	Verbal prompts inviting M to play piano	Singing popular musical numbers	Continuum of community support
5	Resource-oriented	Swinging from side to side next to the piano, others dancing	Playing together	Dancing and screaming with joy	Having fun
6	Resource-oriented	Participant plays piano	Invited individual to music while waiting for others	I sing to accompany	Forming new habits/patterns
7	Receptive	Participant listening	Participant listens to me play piano	Improvising on the piano	Continuum of community support
8	Receptive	Participant clapping hands enthusiastically exclaiming "wow" repeatedly	Participant swinging from side to side to music	Playing piano	Forming new habits/patterns
9	Ethics-driven	I set up the music therapy room ready for our group session.	Presenting piano playing opportunity	Leaving music on the computer playing out loud	Forming new habits /patterns
10	Resource-oriented	There was a loud whoop from a few of them and they came to the music room.	Music room set up specifically	Playing music from computer to invite to musick	Forming new habits/patterns

11	Performative	End of year concert introduced. This was greeted with excited murmurs and suggestions of what people were going to do.	Presenting new opportunity	Music ideas for performance opportunity discussed	Building connections with community
12	Ethics-driven	Discussions with staff members	Connecting The day Care centre with community organizations	Music as a means for connection	Building connections with community
13	Activist	Composing an anthem song, as an introduction or a welcome as the Māori do.	Allowing participants to voice opinions	Strumming the guitar	Consistent provision of resource
14	Resource-oriented	We took out massive pieces of paper and all had a pen each. The participants all wrote and made suggestions of what they liked and didn't like.	Offering choice	Playing strong chords on the guitar	Sharing feelings
15	Resource-oriented	We practiced our new song again with me playing the guitar. They all had their chosen instruments which included shakers, guitar, drums and rattling bells.	Excited anticipation at an end of year performance	Playing strong chords on the guitar and singing	Forming new habits/patterns

Example of Group 2: Second- Level Coding Table

	COMT Method	**Activities**	**Code**	**Musical Techniques**	**Topic Code**
1	Active/Receptive	J played guitar, others sat and listened	Opportunity to connect with each other	Nodding head to the beat	Emphasis on ability
2	Receptive	I and B crying in response to beautiful singing	listening to, recognising, and naming old classics	Engaging in music of all kinds	Consistent provision of resources
3	Ecological	C came in and was very encouraging	Verbal encouragement	Positive countenance and	Sharing feelings

		to the participants		swaying side to side	
4	Ecological	I noticed that M knew a wide variety of songs. This would be useful for when I started my individual sessions with him.	Recognising potential and encouraging ability	Took note of music genres covered	Emphasis on ability
5	Reflective	Recognising music discomfort	Observed effect song had on participant	I decided not to sing "all by myself" again.	Continuum of community support
6	Ecological	S decided not to sing because he felt he wasn't very good.	Recognised discomfort	Presenting singing opportunity	Sharing feelings
7	Ecological	The participants encouraged him but he refused to sing.	Respected decision	Listening to participants talk about music	Forming new habits/patterns
8	Ecological	They continued and said he always sing so why wasn't he going to sing now?	Encouraged participants to let S be	"Who is going next?" in a lyrical tone of voice	Continuum of community support
9	Participatory	He seemed to suggest that he wasn't as good as me and I together with the others tried to encourage him.	Verbal encouragement not to compare self with others	Playing soft music in the background	Sharing feelings
10	Participatory	He decided in the end that he would whistle.	Respect decision and congratulate	Strumming on the guitar attentively	Emphasis on ability

			musical initiative		

Example of Second-Level Codes Combined

Continuum of community support	**Sharing feelings**	**Consistent provision of resources**	**Forming new habits/patterns**	**Building connections with community**	**Emphasis on ability**	**Having fun**
Verbal prompts inviting M to play piano	Building relationship	Allowing participants to voice opinions	Invited individual to music while waiting for others	Presenting new opportunity	Encouraged musical respect from an individual to his/her peers	Explaining to participants what music therapy is
Participant listens to me play piano	Offering choice	Instrumental musicking without electronic devices encouraged	Participant swinging from side to side to music	Connecting The day Care centre with community organisations	Opportunity to connect with each other	Participants having musical fu
Lightly playing different instruments to accompany	Participants encourage peers to dance with them	listening to, recognising, and naming old classics	Presenting piano playing opportunity	Concern about some of the discussions shared in musicking	Recognising potential and encouraging ability	Playing together
Finding unity and connection through team work	Encouraging listening and respecting each other	Attentive to participant attendance	Music room set up specifically	Sharing music in a safe environment	Respect decision and congratulate musical initiative	Showing care for the whole group as well as the individual

Observed effect song had on participant	Discussed importance of respecting each other	Preparing positive music working environment	Excited anticipation at an end of year performance	Confidence growing through musical interaction	Invited group participation	Sharing musical knowledge and therapeutic expertise with participants
Encouraged participants to let S be	Verbal encouragement	Exciting musical opportunity	Encouraged musicking at home and outside the music room	Expanding music	Offering choice and opportunity to engage in	Working musically for participants to engage, please and challenge
Addressed potential danger immediately to protect participants	Recognised discomfort	Something to look forward to	Participants explain to peers not to hog the music time	Verbal and physical prompts from backstage	Informing co-music leader of benefits of live instruments in musicking	Creativity and fun inviting to new members of The day Care centre
Ensured participants of safety	Verbal encouragement not to compare self with others	Musical conversation	Secure boundaries established	Participant empowered by musical experience	Remembering to respect ability	Connecting and forming relationships
Secured strong boundaries for participants	Recognised discomfort and encouraged trying something new as well	Started with some similar material. Then added in some new ones.	Disciplining participant musically	Combining music styles that the participants were comfortable with, with new	Valuing M's abilities	Connecting and forming relationships

Singing together	Taking notice of participant complaints and excitements from a few	Extra encouragement needed to come musick	Participant specifies dynamics desired to the group	Working amiably with co-music leader	Encouraging conversation through song suggestion	Music empowering individuals to be more bold
Participant confidence displayed	Facilitating positive musical experience	Participant invites me to dance	Participants taking the lead and giving musical directions	Restraining frustration at co-music leader reverting to habitual music	Voiced opinion on drum dynamic choice	Participant says music "was fun", whoops and cheers
Completing music therapy session	Allowing participants to express themselves freely	Verbal prompts in song	Respected decision	Advised participant to contact staff member for added support	Excitement at drumming activity	Vocalisation duet
Musical conversation	Providing my arm	Physical prompts through song	Valuing the contribution of each committed music member	Discussing with staff members to allow instruments to continue to be used in karaoke	Participant leading musicking session	Presenting performance opportunity
Persistent encouragement through music conversation and song	Responding	Occasional drum beats	Mixed musical approaches set in place, working with two music co-leaders	Protecting myself and other participants	Presented song options and read aloud titles	Fun through whooping and whirling with voices and bodies
Fifteen minute music preparation needed to	Engaging in musical activity	Holding both L's hands in mine	Recognising discomfort in music session	Protecting self and other participants	Responding in detail	Create strong rhythmic patterns on

encouraged M to music						chosen instruments together
Exciting musical engagement	Introducing new song material	Pleasure	Offering mixed musical approaches	Establishing safe environment for all	Expressing musical desire: loud dynamic	
Simple beat in verses. Musical matching, ending songs at the same time.	Participant empowerment	Presenting opportunity	Ask B to let participants choose on songs	Members encourage individual to musick	He began to change the rhythmic patterns he was playing on the drums, it was the most variety and a lot of complex rhythms I had heard.	
Attending to M's specific musical needs	Working musically with carer	Physical prompts	Guiding to musick	A wide range of music types and genres covered, old and new		

Examples of Information Sheets and Consent Forms

Research Title: How did I support well-being at a Community day Care centre for Adults with Other Abilities; Using Music Therapy?

Information Sheet for the day centre Staff and Participants

Researcher Introduction

I am conducting research for my Master's exegesis led by the research question : 'How did I support wellbeing at a community day care centre for adults with other abilities, using music therapy?' This study is based at my placement for which you have acted as co-worker. I am in my second year of the Master of Music Therapy at Te Kōkī New Zealand School of Music (NZSM) during this year of study. This research project will be conducted under the supervision of my lecturer Dr. Sarah Hoskyns.

Project Description and Invitation to Resident

My project is a qualitative study using research text which I have gathered on my placement. The research involves secondary analysis of placement text, reflective journals and supervision reports. I am writing to you to ask if you could give consent to me using my supervision text gained in conversation with you as part of my text. The reflections I gained talking with you will help me answer the research questions. I am hereby seeking your consent to review the relevant documentation of conversations and meetings attended undertaken at the day centre as text for my exegesis.

Privacy and Confidentiality

I will not be naming any staff or community centre members in the research, nor will the setting be identified. All text from this study will be safely stored away on a password-protected computer. The consent forms and text will be held securely in the music therapy

department of NZSM for a period of 10 years, after which it will be destroyed. As music therapy is still not very common in New Zealand, you may be identifiable in association with me as co-worker, but I shall make every attempt to de-identify material.

Your Rights

There is no obligation for you to give permission for supervision text to be used for research purposes. However, if permission is given you have the right to:

- ask any questions about the study at any time until it is completed;
- provide information on the understanding that your name will not be used (unless you specifically wish it to be used);
- withdraw information from the research up till the end of the text analysis which is 1st November 2016
- be given access to a summary of the project findings through an electronic link to the library holdings, when it is concluded.

Project Contacts

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

Compulsory Statement

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

Contact details of supervisor

Name: Assoc Prof Sarah Hoskyns
Tel: 04 463 5233 ext 35807

Email: sarah.hoskyns@vuw.ac.nz

Contact details of student

Name: Hafren Thomson

Email: thomsohafr@vuw.ac.nz

Consent Form for Staff and Participants

New Zealand School of Music, Victoria University of Wellington, P.0. Box 600, Wellington 6140

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

Title of Project: How did I support well-being at a Community day Care centre for Adults with Other Abilities; Using Music Therapy?

I understand that:

1. Hafren Thomson is writing an exegesis about her music therapy sessions with the day centre members at her placement and will use supervision text as part of the text.
2. I can ask any questions about the study at any time until it is completed;
3. Hafren will not use my name or names of the day centre members or the location of the community centre in the exegesis (unless I specifically wish it to be used);
4. I can withdraw information from the research up till the end of the text analysis which is 1st November 2016
5. Text will be securely kept on a password protected computer

I have had enough time to think about whether information about my music therapy sessions can be included in this exegesis. I give consent for information from Hafren's text to be included in the exegesis.

YES / NO

I…… (name of staff), hereby give consent for information gathered as part of discussions and meetings to be used in this project.

Staff's signature: ……

Date: …….

Hafren Thomson
Music Therapy Student
Victoria University
Email: *thomsohafr@vuw.ac.nz*

Request for Permission to use Clinical Vignette

To The day centre

(Address removed for privacy purposes)

Dear day centre Member/Family of day centre Member

The research I wish to conduct for my Master's exegesis is titled 'Supporting wellbeing at a community day care centre for people with other abilities, using music therapy'. This research project will be conducted under the supervision of my lecturer Dr. Sarah Hoskyns, my clinical liaison (name removed for privacy purposes), and the clinical work is supervised by my visiting music therapist Helen Ridley.

I am hereby seeking your consent to include a clinical vignette written about our Music Therapy sessions together in my final Case Study, Exegesis and Exam.

I also ask for your consent to possibly use audio-visual recordings at my end of year exam.

The day centre, its staff and members will remain anonymous and will be given pseudonyms. Upon completion of the study, I undertake to provide the day centre with a copy of the full research report which will be made available to you if you wish.

If you require any further information, please do not hesitate to contact me.

Yours sincerely,

Hafren Thomson
Music Therapy Student
Victoria University
Email: thomsohafr@vuw.ac.nz

Request for Permission to use Text Taken From Meetings and Conversations

To The day centre

(Address removed for privacy purposes)

Dear day centre Staff,

The research I wish to conduct for my Master's exegesis is titled 'Supporting wellbeing at a community day care centre for people with other abilities, using music therapy'. This research project will be conducted under the supervision of my lecturer Dr. Sarah Hoskyns, my clinical liaison (name removed for privacy purposes), and the clinical work is supervised by my visiting music therapist Helen Ridley.

I am hereby seeking your consent to include reflections on conversations and text taken in meetings in my final Case Study, Exegesis and Exam.

I also ask for your consent to possibly use audio-visual recordings taken in the day centre sessions at my end of year exam.

The day centre, its staff and members will remain anonymous and will be given pseudonyms.

Upon completion of the study, I undertake to provide the day centre with a copy of the full research report which will be made available to you if you wish.

If you require any further information, please do not hesitate to contact me.

Yours sincerely,

Hafren Thomson
Music Therapy Student
Victoria University
Email: thomsohafr@vuw.ac.nz