

**How can music therapy support family relationships for people living in a long-term care facility with neuro-disabilities, when regular visits can be challenging?**

An exegesis in partial fulfilment of the requirements of the degree of:

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## Abstract

This exegesis will present the findings which emerged from secondary analysis of clinical practice data collected during a music therapy placement. The setting for this research is a long-term residential care facility for people aged 18 to 65 with a variety of physical and neurological conditions, including cerebral palsy, traumatic brain injury, stroke and multiple sclerosis. The aim of the facility is to maximise the quality of life for the residents and support their medical needs. The research aim was developed out of a personal interest regarding how family members might be included in music therapy sessions. The research question evolved into “How can music therapy support family relationships for people living in a long-term care facility with neuro-disabilities, when regular visits can be challenging”. The core themes suggest family relationships can be enhanced through conversations, the gift of music, culture, artefacts, ritual and other activities. The findings include a case vignette to illustrate important points made in the exegesis. Overall, I believe this research will add new insight into the importance of family connections in rehabilitation and overall wellbeing for the residents.

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## Introduction

This exegesis focuses on my placement work at a long-term care facility in Wellington. The placement is a requirement for my master's programme at the New Zealand School of Music for music therapy. I am interested in the work of music therapy with families and how music therapy can support family relationships. Therefore, my research question is

*How can music therapy support family relationships for people living in a long-term care facility with neuro-disabilities, when regular visits can be challenging?*

The research question evolved out of a personal experience and interest in family connections. My father had an aneurysm when I was young, and I have a strong belief about the importance of family in the rehabilitation progress and later in life to support wellbeing and social activities.

## Facility

The facility focuses on people who live with neurological disorders and need support in their everyday lives, wellbeing and activities. Their disabilities result from multiple sclerosis, muscular dystrophy to traumatic brain injuries and other brain or nervous system disorders.

The facility is welcoming and has a large lounge area for the residents to meet and participate in activities. It can house up to 35 residents and occasional respite residents.

Each resident has their own private room as well, which are often decorated with personal belongings, which makes the rooms personal and welcoming. The residents live at the facility for many years and see it as their home. I quickly felt the community within the facility and how harmonious the place is. There are different sectors working together, from nurses and carers to activities coordinators and therapy teams and different management

staff. Hospitality, compassion, respect, justice and excellence with person-centred care are the beliefs of the facility. The team enacts these values in their own practice and with their colleagues. It is also important to the facility to connect with the community around them. There are activities in the wider community for residents to participate in or if possible, to plan their own outings into the community.

Before I joined the therapy team, there were already well-established activities formed for the residents, for example yoga/Tai Chi or seated aerobics with musical accompaniment, which changes every week. There is an open gymnasium for residents to work out in with a therapist or by themselves. Some residents also receive individual therapy, including speech and language or physio therapy. Adding music therapy to the programme for individual sessions and group sessions was welcomed by the staff and the residents.

Overall, the facility tries to balance wellbeing, medical support and independent growth as much as possible.



## Background

The issue of connecting families has been in my mind for some time, but only after starting my placement have I realised how passionate I was about connecting the residents with their families.

I do not remember a lot before my dad's accident but there are some memories, which I think come from photo albums of us, mum, dad, my older brother and me, out on hikes with friends, going on day trips, skiing in winter, all these photos in my head, until one day... I do not even know if this memory is real, but I see my mum sitting on the couch crying. My dad wasn't home, which wasn't uncommon, he was working as a chef. She was telling my brother and me that dad had an accident and that he is in hospital. I don't know when we first saw him again, but I know from my mum telling us later that he had a long operation, for more than 8 hours. He was flown to the hospital with specialists to operate on his brain and stop the bleeding in his left-brain hemisphere. He had an aneurysm and parts of his brain got flooded with blood. I believe he was in a coma for a while to help with the swelling and then I see him there sitting in his wheelchair, not saying much. He didn't look the same, something was different. One side of his head was shaved and a big scar with metal staples was visible. He was often staring into emptiness and not able to answer a question or play with us as I was used to. He was in a rehabilitation facility about an hour away from our home in Germany, where I grew up. I remember driving there often, just before you get off the autobahn<sup>1</sup> you see a big tower in the middle of nowhere, it belongs to an old refinery. I knew when I saw that tower that we nearly at dad's new place. I can clearly see the family room where we would spend time together. It had many chairs and tables in it and one wall

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<sup>1</sup> German word for Motorway

was filled with books and toys, rehabilitation utensils and fun things to explore for us children. However, it also had that hospital feeling of metal rails everywhere, the smell of chemical cleaning products and the plain walls. People were talking quietly to each other and a therapist or a doctor would come and take dad for his tests or therapy sessions. We would wait for him before spending some more time with him and then driving back home. Throughout the time there we built relationships with families who were in a similar situation. There were other children there we used to play with and would explore the wall of toys and games. We would play outside together and bring some noise into the facility. Sometimes we would be told to be quiet and stop running around.

There are memories of me and my brother pushing my dad in the wheelchair around the facility and we would enjoy the sunshine outside. There was a little pond with goldfish just at the entrance door of the facility which we would sit at and watch the fish swim by. The facility was like a little village with different houses and you could walk around with lots of trees and grass areas. At the other end of the village was a little café where we would stop and get a treat. Sometimes an ice block while mum and dad had a coffee. Mum would help my dad to drink with a straw from the cup and sometimes he would choke and cough really hard. He wasn't the same anymore, but I could still see my dad sitting there, smiling at us and trying to be there for us.

We spent a lot of time in the facility, which I believe was an important time for us as a family. We all had to learn and understand the disability dad had now. I am very proud of my mum for working so hard and driving us to the facility on a regular basis. She has really pushed us to be there for him and with him. I believe with our visits we supported him emotionally and my mum supported him physically as well.

At the same time, it was support for us children and mum. A support group grew out of the regular visits and new friendships evolved with families in similar situations. These support groups are still happening and my mum and dad often tell me about outings they had recently and that everyone still asks them about us children. There is a very strong connection with them and I believe it was very beneficial for my mother to have that support. Not everyone would understand what she was going through, but these other families were in the same boat and understood her emotions and what she might have needed. With that strength and support it was possible for her to be there for us children. My mum now volunteers in an organization called "Aktive Aphasiker" which translates to active people with aphasia. Aphasia is a speech disability, where it becomes difficult to form comprehensible sentences and sometimes difficult to understand receptive language. It is a nationwide organization to work on treatments for aphasia and to educate people with or without aphasia about the disability. There was a workshop once over a weekend when I was 11 about families with a family member who had aphasia, with a special focus on how to support the children in these families. Unfortunately, I don't remember a lot from this weekend, only that we had a lot of group activities with other children. Lots of arts and crafts and games. Some of these families are still in contact now with my parents and a few years later we had another family weekend with some of the families we met at the first conference in Grafenau (the town where my parents live). Again, we did many different games and activities in our town, we went swimming with all the kids and went on a hiking tour in the national park. It was a lot of fun.

It was a very difficult time after my dad had his brain injury. There was no way of knowing how he would be after the operation and how much he could relearn again. I can only imagine how difficult it would have been for my mother, not knowing if she would have to

care for my dad for the rest of their lives or if he would ever be able to move back home.

Maybe we would have to move into a more suitable house for him, without stairs and an easier shower access. Maybe even in another town, for better therapy or doctors? And at the same time my mum would have tried to keep our lives as regular as possible. We would often stay with friends, so mum could stay with dad at the beginning and later on to go to conferences or take my dad to other facilities for further therapy.

My dad has worked very hard to be where he is now. He had a good rehabilitation programme. He is a great dad who was at home for us and who would cook for us when we came back from school. He would run the household, do the shopping and still go to his therapy sessions every week. He has re-built his group of friends in the town where he lives and has his own social interactions. The friends have learned how to support him and how to understand him.

Now, where I have a better understanding of the situation, I believe that music therapy could have been a great intervention for my family. It could have been a beneficial activity with our dad, while he was in hospital. A middle step to interact with him, which then would create an interaction between us, but without the pressure of having to do something together. Of all the benefits music therapy can have and how it can connect people, enable people to communicate with each other, to be a steppingstone to something else, could we have used that to rebuild our relationship? I believe that my mother was the initiator and the steppingstone for our relationship, because she was working so hard on connecting us and making sure we would see our dad regularly. And then all the volunteer work later on showed her determination in helping other families and show them the possibilities they have.

These social groups which developed out of our regular visits, had mutual understanding and solidarity. But again, could music therapy be a facilitative interaction for these groups to develop. The personal relationship I have with my dad and the relationship they have with the “support” group, don’t just always happen, there is always some sort of initiator and I have a strong feeling that music could be that initiator. The thing that brings the person affected by the neurological disability and their family together and then build a bigger dimension by bringing these different families together. A community would establish and possibly benefit from each other. This community could support each other even after patient would move back home. The transition from the facility back to the community can be difficult for the families and for the people affected by the disability (Street, 2012).

I believed that music therapy could have supported our time together, as well as the transition to the community. I understood residents in the facility where my work was to take place were there long-term – this was their home and their community. I believed that I would be able to include family in individual and group sessions which would provide them with a focus for visits, enable them to interact, communicate, and express emotions which might be difficult in other settings.

## Literature review

### Neurologic music therapy

My research took place at a facility for people with neurologic disabilities. My research question does not focus specifically on the field of neurologic music therapy, however, I noted here as it provides relevant background to understanding the work undertaken in the music therapy profession with people with neurological conditions. Thaut's book "The handbook of Neurologic Music Therapy" focuses on different music therapy developments to support cognitive, sensory or motor dysfunction with the use of music or rhythm (Thaut & Hoemberg, 2014). Neurologic music therapy benefited from the growth of technology and became its own research field. Measuring brain activity has proven that playing a musical instrument from an early age enlarges brain structures which are involved in different types of musical skills (Altenmüller & Schlaug, 2013). Therapists are now able to measure brain activity and how music affects the different parts of the brain (Thaut & Hoemberg, 2014). Furthermore, this understanding of the brain helped to develop different approaches suitable for the patient. Brain injuries are very diverse and need to be assessed for each individual to use the right approach best suited for the individual. Different approaches include melodic intonation, rhythmic speech queuing or rhythmic auditory stimulation (Thaut & Hoemberg, 2014).

The focus in neurologic music therapy is on the individual and their rehabilitation of speech and motor functions, like walking or fine motor skills. There is a substantial body of research available, which explores the rehabilitation of patients affected by neurological disabilities (Altenmueller & Schlaug, 2015; Draper, 2016; A. Street, 2012; A. Street, Magee, Odell-Miller, Bateman, & Fachner, 2015; Thaut, McIntosh, & Hoemberg, 2015). Research is often

conducted quantitatively, due to the methods of neuroscience. It has been a recent development for researchers to comment on the psychological benefits of music in rehabilitation (Altenmüller & Schlaug, 2013). Discussing immeasurable factors is very important in the larger body of music therapy, because often the outcome of a session can only be described subjectively (O'Kelly, 2016). O'Kelly (2016) challenges the limitations of neurologic music therapy by adding a qualitative section to his studies and commenting on the outcome of the research. This new approach can help to look at the person more as a whole and including more personal or observed aspects into the research.

Singing together in a group or a choir can have beneficial outcomes for the person affected by stroke and for their carers or family members (Tamplin, Baker, Jones, Way, & Lee, 2013). Tamplin's research is only with a small sample size and cannot be generalized, because of the lack of a control group, however the thematic analysis of the interviews with the choir participants revealed an increase in confidence, peer support, positive mood, increased motivation and changes to communication (Tamplin et al., 2013). In a similar study the researchers also found a better relationship between people with dementia and their family members when participating in a community singing environment (Clark, Tamplin, & Baker, 2018).

From my review of the literature so far, it appears that as well as paucity in the exploration of the subjective experience in this field, there is a lack of research exploring family involvement in neurologic music therapy. Such research is needed alongside neurologic music therapy.

## Music therapy and family work

Working with families in music therapy practice is common in the field of children or elderly family members. In the book “Music therapy with children and their families”, Oldfield analyses case studies in community and individual settings (Oldfield & Flower, 2008). Her approach is to create a musical interaction between the family and the child. The music is the communication between the family members, but also with the therapist. Building a relationship with the parent is just as important for the therapist as the child-therapist relationship because at the beginning the parent acts as a bridge between the therapist and the child. A connection can be made through the parent, and the parent can give insights into the child’s behaviour or preferred music and games. The therapy becomes family orientated and the parents are an important resource. The therapy focuses on the child, who is referred to music therapy and the family establishes a support group, by meeting other families or communicating with the therapist.

The systemic approach is a new therapy approach, which focuses on different systems of relationships, which we live in (Cobbett, 2016). For example, the system of family, community, culture and society. The therapist tries to understand how their participants see themselves in these systems and how they might need help to be better understood in these systems. The music was used in Cobbett’s study to support social interaction and understanding oneself but also expressing oneself to others. In the case study the family’s music making helped in different ways, for example for the family to participate together in a meaningful activity, but also demonstrated to the therapist some relational difficulties. They explored these difficulties together and used music to express each other and come together as a family. They felt safe to take the risks in the music, which they could not do in



other way of being together. This approach strengthened the family's relationship and helped them to express their way of being in a multicultural world.

Families are often involved in music therapy with elderly people. The research on dementia and music therapy explores the use of family members in the therapy session. Freeman (2017) works with family members to learn about the resident's identity or significant life events, which are then included in the music therapy session. She believes it is important to establish a therapeutic alliance with the families, firstly to learn about their family and their dynamics in an informal way. This builds the stepping stone for families to become included in the music therapy session and then to create new relationships with their loved one's (Raglio et al., 2016). Music therapy is often used for wellbeing and to enhance people's lives when unwell or unable to participate in other activities. Relatives indicated that singing often helps with wellbeing as it benefits the participant's lives in a positive way (Fogg & Talmage, 2011).

The research on family and music therapy continues to grow with new concepts and new perspectives to the field. The book "Music therapy and families: Approaches and theoretical perspectives" describes theoretical frameworks for working with families in music therapy practice (Jacobsen & Thompson, 2017). In particular, I found resource orientated and family centred theories to be helpful for my practice and the development of my research.

Resource orientated and family centred theories are closely related because they both focus on adapting to the individual needs, and empowering and supporting the families.

Jacobsen's & Thompsons book (2017) also describe different approaches and give a great insight into the different way family music therapy is researched across the field. For example, music sharing experiences seemed helpful in the area of dementia care with family

members, because it strengthened their relationship, improved wellbeing for the spouse and the family and enhanced their mood. The goal is to encourage meaningful interactions between the person with dementia and the family (Jacobsen & Thompson, 2017. p. 317).

A traumatic brain injury can come with many different disabilities and patients may have to relearn basic everyday tasks. However, the family has to learn and understand their family members disability and how they can most effectively support them. Having a good relationship with the medical staff indicated better outcomes for the rehabilitation process (Foster et al., 2012). Families could express their concerns or voice preferred activities for the patient to the rehabilitation staff. Including their cultural preferences gave the family more strength to support their family member. In the early stages of rehabilitation, the affected family member might be unable to voice concerns or wishes themselves. Close family members might be better equipped in communicating these concerns. As a final point Foster explains how the person-centred approach benefited the family, but also showed the importance of being flexible and receptive to deliver a rehabilitation plan to suit the whole family's needs.

This is a brief introduction to family music therapy, but it shows many different areas and clientele of music therapy. However, I have struggled to find resources for music therapist's supporting family relations specifically with adults affected by neurological disabilities.

Further research development of family approaches for adults with neurological conditions is warranted while also contributing to the wealth of research of family approaches with other client populations.

## Family therapy in other disciplines

Lord, a professor in family therapy, writes about the understanding of family therapy and the basic foci points, which she uses in her therapy sessions (Lord, 2015). The present moment is very important in Lord's therapeutic work, she writes "the ability to tune in to the present moment enhances interactive skills, increasing awareness of and capacity for valued actions" (p.272). Lord's article explains in great detail how it is important to connect to all the family members present in the therapy room. Often in family therapy the focus is on the person affected by a behavioural or physical difficulty. Lord would like to change this point of view and to see the family as a whole. Her examples in the article describe a relationship between a father and his son. After a few sessions, it became clear that the son's behaviour towards his father was challenging, because the father experienced a difficult relationship with his own father. Once the therapist and the father explored his challenges, he was open to let his relationship with his son develop. This process of involving every family member into the session and discussions regarding other family members situations can have a positive impact on the main person referred to the family therapy.

Only a small amount of family therapists use music on a regular base. Nemesh's study tries to explore the benefits of including music making into the therapist tool box, because it can promote communication, shared emotions, relationships, roles, dynamics, mutual trust and parental functioning (Nemesh, 2017). Therapists commented that they are reluctant to use music in their sessions, because they are not educated enough on how to use non-verbal communication resources. Nemesh reports, most therapist were positive about using music and could see the benefits of using music with families. This research shows that music

therapy could have an important place in family therapy, either by supporting the practice of family therapists or working collaboratively.

Family focused therapies have been used in the field of rehabilitation for veterans who suffered a traumatic brain injury. The world health organisation describes a model of including the environment into the rehabilitation process. The families around these veterans are seen as the environment and by including them into the therapy session both the family and the veteran are learning about the disability. The model of including families has shown great improvements in individual functioning but also in relationship functioning and life satisfaction (Dausch & Saliman, 2009).

This study takes place in New Zealand, which means it is important to acknowledge the culture in this country and the perception people have about family. Durie's model of "Te Whare Tapa Whā", is one model used to describe and understand the philosophy of Māori health in New Zealand. This concept is about the symbol of a house or wharenui which needs four equal corners to stand and each corner represents an important part in Māori health. These are te taha wairua (spiritual dimension), te taha hinengaro (mental health dimension), te taha tinana (bodily dimension), and te taha whanau (family dimension) (Durie, 1985). "Family denotes an extended kinship system, rather than a nuclear family and it has many implications for health. Traditionally, Māori children were nurtured as much by tribal elders as by their own parent" (Durie, 1985.p.484). The Māori model has been accepted in New Zealand and some hospitals and health care services support Māori healthcare by having healers on site or spaces for them to practice their culture. This model supports the Māori health sector and can be used as a clinical assessment tool. Rochford writes about different examples where this model has been used for individuals but also for

the community (Rochford, 2004). When working in New Zealand this model should be acknowledged and implemented as much as possible by health care professionals and people working in the community.

A common theme in this literature review is the lack of family involvement in my research field in long-term care facilities. Family is often involved in children's therapy or when affected by neurodegenerative diseases like dementia. My focus is to challenge this point of view and to include families in music therapy to help strengthen relationships, show family members a possibility to communicate without words and to show their spouses possibilities and achievements in their rehabilitation.

## Methodology

This is qualitative research, which will be carried out through secondary analysis of data. The data was analysed through thematic analysis. My research is situated within a hermeneutic framework.

## Research question

How can music therapy support family relationships for people living in a long-term care facility with neurological disabilities, when regular visits can be challenging?

## Secondary data analysis

Secondary data analysis is often chosen in the field of social science. Pre-existing data is used to either answer a new research question or to emphasise the findings of other research (Heaton, 2008). This type of analysis is often recommended for students, because of the low risk to participants, because pre-existing data is used (Dunn, Arslanian-Engoren, DeKoekkoek, Jadack, & Scott, 2015). Different types of data sets can be used in secondary data analysis, for example officially shared data, or self-collected data which then is used for analysis after the gathering of the data finished. The self-collected approach is used in my research, where I used my clinical data to answer my research question.

My research approach is hermeneutic, because my background influences my understanding of the topic and affected my approach in my clinical setting. Given my personal interest in the topic, my clinical notes and reflective journal often focus on the topic of family.

## Data collection

My data has been collected from my clinical notes during the time of my placement from the beginning of February till the end of July. Throughout this time, I have also kept a journal with my personal thinking about the topic and my clinical practice as a music therapy student. I have also kept a log of my supervision notes, which helped me to understand some of the questions I had or helped me to think further about the topic.

## Thematic analysis

To analyse my data, I have chosen to use thematic analysis. Clark and Brown describe the different steps that can be taken in this type of analysis (Braun & Clarke, 2014):

1. Familiarising yourself with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Thematic analysis is a method used to analyse qualitative data. The goal of this method is to identify patterns or themes within the collected data (Braun, V. and Clarke, V. 2006). The method has a clear framework and the collected data was interpreted and made sense of, not just summarised. I started with an inductive analysis, where I created my own themes out of the collected data. These six steps above are not seen as a linear process, and researchers are encouraged to move back and forth between the steps to clarify meaning of the data. Thematic analysis is fitting for this research because various viewpoints are

acknowledged, and a variety of themes can be explored. It will also leave me some freedom within the theoretical framework. Highly diverse data can be analysed, and the research question can be answered in a rich and detailed form (Hoskyns, 2016). To find the themes within the data I used an excel spread sheet to organise relevant data and to produce the clear steps as Clark and Brown suggest (see appendix 5 for examples of analysis).

I read through my clinical notes and highlighted all encounters with included the topic of family in one way or another. I had 206 different encounters noted, which I inserted into a spread sheet from seven residents I have been working with and eight entries are in relation to group sessions. The timeframe of the entries date back to February till July. The themes developed by looking at the encounters and asking myself “How did I connect the resident with their family?” or “What were we doing to create a connection to their family members?”. These questions helped me to structure my findings into categories and find a word or a phrase which would answer my research question.

### Theoretical framework

The purpose of this research is for me as a music therapy student to learn about the benefits of family involvement in music therapy in a long-term care facility for people who are affected by neurological disabilities. The study aligns with hermeneutic inquiry. I wanted to find an approach to my research, which encouraged me to include my personal understanding of the research question. Gadamer’s definition of hermeneutic research is “in which we encounter meanings that are not immediately understandable but require interpretive effort” (Gadamer, 1976, p. XII). I resonated with this framework, because I wanted to be able to answer a deeply personal question, but also offer my understanding to others (Chang, 2010). Furthermore, a hermeneutic framework is not lineal. It is created of



many different loops which overlap and come together to a new understanding. These loops are created by newly discovered literature, new ideas about the phenomenon or interesting aspects which happened in a therapy session. All these observations started a new loop and a different understanding of the phenomenon. The thematic analysis also moved between the six steps, which enabled me to interpret my findings deeper. The framework also focuses on three aspects: data collection, data analysis, and a self- inquiry (Summer, 2011).

My data collection came from different sets of writing and these data sets create different ways of discussing the musical encounters and interpretations to these encounters. Clinical notes, personal reflection and interaction with other staff members or family members provided different views of phenomenon.

The analysis gave me a fuller understanding and helped me learn about my own understanding and presumptions about family interactions and why I believe they are important in long-term care facilities.

Lastly the self-reflection and emerging understanding, will impact on my clinical work. I have asked myself the question 'why do I think family is important for the residents?'. This is called self-hermeneutic and helps to define my conscious and unconscious bias regarding the involvement of families in therapy sessions (Summer, 2011).

The methodological guidelines for hermeneutic research are that the research question has a natural interest to the researcher, and the researcher will outline the historical background to the research question, which I have revealed in my background section. Hermeneutic researchers seek to gain a deeper knowledge about the phenomenon from different perspectives, for example from the researcher's point of view, and from the participants and others commenting on the experience in therapy sessions. I collected my

data for the research as a clinician. I analysed it as a researcher and dug deeper into the meaning of the encounters I wrote about to understand the words I used in my clinical data (Loewy & Paulander, 2016, p.472). The background to the researcher becomes important to the reader, because the researcher will build their knowledge based on their preunderstanding of phenomenon (Fleming, Gaidys, & Robb, 2003). The understanding of the phenomenon of the research question will also naturally grow throughout the research.

## Ethics

For this research I abided by the code of ethics for the practice of music therapy in New Zealand (2012), and Victoria University of Wellington's research code of ethics. As this research is conducted in New Zealand, I will respect the Treaty of Waitangi (1840). Informed consent was obtained from the facility where my placement took place, to conduct secondary data analysis of my clinical data (see appendix 1).

While there are no direct participants in this research, informed consent was obtained from family members and people acting as enduring power of attorney where there was a possibility the research would impact on them (see appendix 3 and 4). The residents I have worked with are not allowed to give consent for themselves but have been involved in the process and I explained my project to them. It was important to me that they could voice any issues or concerns they might have, before their family member signed the consent forms.

## Findings

When beginning this research, I had assumed that I would be able to include family in individual and group sessions. However, while family were always welcome, family attendance was rare. Nevertheless, I was able to promote family relationships through conversations (with therapist about family, and with family members present), the gift of music (song writing and adapting songs, practising and performing for others) and choosing and engaging in music that is representative of family cultures. Artefacts, such as photographs in the room can provide inspiration for, or indications of, connection with families. One resident engaged in rituals during our regular sessions which linked her with her family. All of these things are grounded in trusting relationships which enable residents not only to share intimate details of their lives with the therapist, but also to request the therapist to support them in activities such as writing to family.

The following findings are organised by their occurrence in the data.

### Conversations within music therapy

#### With therapist

I often used conversations to affirm the resident's identity. Resident's would be encouraged to share their personal stories to reinforce their identity. Residents would talk about their children and memories from when they were younger. One resident shared her story of being a mum and enjoying her time with her children. She seemed proud of herself and what her children have achieved so far in their lives. Other conversations would be about the resident's siblings and their childhood together. Conversations can be a reminder to the resident that they are still part of their family and sharing their stories and memories will enhance their feeling of identity.

Conversations would naturally lead into the topic of music and if music is or was an important part of the resident's life. Residents would talk about which instruments they played, or which instruments their children learned, music they enjoy listening to and sharing songs which have special meaning to them. Through the conversation we would find connections, for example one resident and my grandfather were both conductors. It sparked an interesting conversation between us and led us to share other memories about our grandparents. The same resident was talking about a song her mother used to sing to her, but she could not remember all the words. She had a conversation with her mother about this particular song, the conversation which started in the therapy session, later created a connection outside of the session with her family.

Special occasions were a great conversation starter. Resident's birthdays are acknowledged by the staff and other residents, while other important events are often shared throughout the facility by the resident. "Happy birthdays" are sung in the group sessions, for residents who wanted to share their special day. This would spark a lively conversation in the group and often family visits or outings would be discussed. Families come to visit, or the resident would go to visit their family. One resident even suggested how lovely it would be if the visiting family could join us for music. Unfortunately it did not come to this, because her family only stayed for the weekend in town, but it would have been a good introduction point for families to join in freely and experience the resident's music making. Special occasions are often connected with family and the residents would share their excitement in the session.

Residents look forward to family interactions. This became clear after having a conversation with resident about upcoming events. For example, a birthday dinner with the family

enhanced the resident's mood. She was smiling as she was expressing her excitement about spending an evening with her children. Another resident seemed more positive after her husband visited her. The music therapy session seemed more positive and the resident was more motivated to participate in musical activities. A similar moment happened in a group session when a resident's husband arrived and sat next to her. Her disability limits her ability to communicate verbally, but her eyes lit up as she saw him, and she smiled at him. I invited the husband into our group session and other residents welcomed him as well. He joined in for the rest of the session, supporting his wife by holding an instrument with her and playing it together. The presence of the husband seemed to make her more alert and present in the group. Being able to include the husband in the session had an extremely positive effect on her, because she seemed more responsive to the music.

One resident often connects her own memories with song and she would share these songs with me after our conversation. For example, one conversation was about her enjoyment of listening to music generally, and she showed me one of her favourite songs on YouTube. She had a record of it that she would play at home for the family to enjoy. We listened to the song and afterwards discussed the lyrics and the meaning of the song. She would always come back to a comment one of her children would make about her love for music by saying 'is there not one thing you cannot connect to music, mum?'.

As a music therapy student, I would use conversations to lead into songs, or find connections to songs. Reinforcing a conversation with a song, and vice versa, is very powerful. Often a conversation grew after singing a song together. For example, singing "Country roads" a resident was talking about his trip to India with his family when he was

younger and how he would like to visit the country again. After discussing his holiday, a song parody came to:

*Country roads take me away,  
on holiday to India, with my family,  
spicy food, so much fun in India!*

The music helped me to have meaningful conversation with the residents about their family and include their stories into a spontaneous improvisation.

Giving a resident the opportunity to choose a song, can also lead them to reminiscence.

Thinking about memories and sharing them with me. "Edelweiss" would remind a resident about her childhood, when she visited her grandparents. Other residents would talk about their children and songs would come up, which they used to sing to them. A resident taught me a lovely song to the melody of Frere Jacques:

*Where is thumb man, where is thumb man?*

*Here I am, here I am*

*How are you this morning*

*Very well thank you*

*Run and hide, run and hide*

*Where is pointer, where is pointer?*

*Here I am, here I am*

*How are you this morning*

*Very well thank you*

*Run and hide, run and hide*

*Where is big man, where is big man?*

*Here I am, here I am*

*How are you this morning*

*Very well thank you*

*Run and hide, run and hide*

*Where is ring man, where is ring man?*

*Here I am, here I am*

*How are you this morning*

*Very well thank you*

*Run and hide, run and hide*

*Where is little man, where is little man?*

*Here I am, here I am*

*How are you this morning*

*Very well thank you*

*Run and hide, run and hide*

This song reminded her of her children and how she taught them the song and the actions. Sharing this song with me reminded her of her children and brought back the memory of teaching them the song.

Talking about family, however can also bring challenging memories to the residents, or feelings they had before they moved into the facility. Residents who had a sudden illness were often more affected by this, because they were still coming to terms with their disability and with living somewhere different than before. One resident was feeling the loss of his family, because he never had close contact with them, and found it is even more difficult to connect with them and have a conversation, because of his disability. He would express how much he loves his family, but he was unsure if “they love him too”. I found it very challenging as a student to give the right support to the resident to achieve a helpful outcome to our conversation. However, I found that giving the residents the safe space to express their feelings and giving them the option to be open might be likely to be beneficial for them, because not very often do they have an opportunity to have a deep conversation with other staff members. The music therapy session is focused on the individual resident and giving them time to express themselves musically or verbally.

Some residents would make a connection between the music therapy and their family. A resident suffers from a traumatic brain injury, his short-term memory is affected, and he can be confused about his daily schedule. After the music therapy session, he would ask about phoning his mother, which he does regularly once a week. Keeping to the schedule supports the resident and creates structure to reinforce daily activities.

“Having space for them to be part of the session” is a comment a resident made after discussing her family. Her son recently sent her a video of her niece crawling and the resident was excited about her growing up. She wanted to share her news and was pleased she could comment on it in the music therapy session. Being mindful of the family in the



session, even if they are not physically present, makes the resident remember and think about them.

Creating an opportunity for me to talk to family members was particularly challenging, because not often would the family and me be at the facility at the same time. On the few occasions where the family was present in a session, conversations were positive and supportive towards the resident. The family members would express their gratitude and comment on the music. For example, family and friends joined a group session and supported their family member in music making and instrumental participations. At the end of the session they remarked on the positive influence of the music and asked the resident why he does not join in more often? Since then the resident has participated in the group music more regularly and has become more comfortable within the group. The positive feedback from the family might have encouraged him to participate more often.

## The gift of music

### Composing songs with residents

When residents composed songs, their identity within the family was confirmed and/or developed. The process of creating lyrics would involve discussing meaningful aspects of their lives. For example, one resident talked about the ways in which people visiting, including family, can light up her life. She expressed this in lyrics suggesting they 'spark the candle'. At other times she was less explicit but seemed to be describing the comfort she experiences when people who have left, 'come back'.

Composing songs also enabled residents to express their feelings about family which in turn made them feel more connected with family members. For example, "My lovely daughter

Laura<sup>2</sup> is the song title of a composed song to the melody of “My Bonnie Lies over the Ocean”, which enabled one resident to talk about wanting to meet his daughter again. Over several weeks I learned about the complicated relationship he had with her as we discussed his longing to see her again. This same man wrote a song for his mum which seemed to demonstrate his need to connect with her through the 'voice' of the composition. “Hey didley doo, how are you, me and my music are singing a song for you together, but you will mostly hear her voice and not mine”.

The same resident, who composed the song “My lovely daughter Laura”, has been practicing the song ever since, for when he will meet her again. Practicing the song is helping him to think about his daughter and it connects him with her. The lyrics are very personal, and it shows clearly the emotions he feels about her. It seems very important to him to reconnect to his daughter and by presenting a song he might open a different way of communication.

## Case Vignette

This case vignette will describe the song writing process with a resident, called Luke<sup>3</sup>. The song writing became an important process for him to express his feelings about his daughter and the need to reconnect with her. Luke was open and friendly to me from the first day of my placement. For the first week I followed one of the activities coordinators to learn about the facility and about the different activities’ residents can participate in. I spend some time with Luke, accompanying him to hydro-therapy, dropping him off to a day program and getting to know him. We quickly developed a relationship together and he asked me if I

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<sup>2</sup> Name has been changed for confidentiality.

<sup>3</sup> Name has been changed for confidentiality.

could help him with his speech. He suffered a brain injury many years ago, which caused dysphagia, which means he has difficulty in swallowing. He has also been diagnosed with dysarthria, which makes it difficult for him to pronounce words correctly or changing the pitch of his voice. This motor speech disorder makes it difficult for Luke to express himself to others or to understand him correctly. In the first few sessions we established a routine of singing a “hello” song and engage in instrumental improvisations, before singing familiar songs to help with his speech. Discussions would evolve out of the songs and he would share his memories with me. His daughter would often come up in these discussions and it seemed as if something was missing for him. He shared with me his complicated relationship with his daughter and his wish to meet with her again. This conversation led us to decide to write a song for her, firstly for him to express himself, and secondly to find a new way of communicating with her. Luke wrote down some themes and ideas he wanted to use in the song and brought them to the music therapy session. The song writing process started in our fifth session when he presented the ideas to me. We first discussed how he would like to start his composition and he chose to use the melody from the song “My Bonnie lies over the ocean”. The themes and ideas Luke brought to the session were used for song parody. We started with the chorus, where he pointed out the words he wanted to use. The song is about him wanting to meet his daughter and the chorus focuses on this topic.

*Can't wait, can't wait*

*I can't wait to come and see you*

*Can't wait, can't wait*

*I can't wait my lovely Laura<sup>4</sup>*

We then worked on the first verse together of introducing the topic of visiting her. The second verse focuses more on the details of when and where they could meet while the last verse shows the affection he has for his daughter and why he wants to visit her, 'because you mean so much to me!'.

The composed song often became the main focal point of our music therapy sessions. We would work hard together to get the pronunciations correct and use bongos to keep him in tempo. Furthermore, the song helped him connect with his daughter and to think about her. After singing the song, he would tell me stories about her. Writing the song also encouraged him to ask me to help him write a letter to Laura, to invite her to visit him at the facility. He wrote most of the letter by himself again, but he wanted me to check it and print it for him.

We are still waiting to hear back from her, and he would often ask about her in our sessions. The trust we established between us has given him the confidence to express his feelings and to communicate the loss of connection to his family. We have not had contact with her yet, which I was hoping for, but I also believe it is important for him to have a space where he can discuss his concerns and work through his challenges.

### Adapting songs

Another way to include families into the music therapy session was to include their names into the "Hello" song. The resident would decide who to include in the welcoming song and acknowledge them. Two residents in particular seemed positively affected by singing their

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<sup>4</sup> Name has been changed for confidentiality.

family members names and including them in the session. Just by thinking about them, they would feel closer and more connected to them.

#### Identity in singing

Certain songs would affirm the resident's identity within the family. Singing particular songs reminded the residents of family memories. For example, one resident enjoyed teaching songs, because it reminded her of home-schooling her children. The teaching of songs and then singing them together strengthened her identity. Another resident enjoyed singing Māori songs, which affirm her identity. She is easily engaged in the music and singing the Māori songs would lead into conversations about her family, her upbringing and her joy for the Māori culture.

Music can be a great way to express one's emotions. Singing a song, might express the resident's feelings, without having to put them openly into a conversation. A resident told me about a family member passing away recently and she could not attend the funeral. She wanted to sing a song for her to be remembered and for the resident to respect her passing. The resident chose a song and quietly sung along, while obviously thinking about the person and commenting at the end how important music can be at funerals, "music can express more than words do". The music therapy session gave her a safe place to remember her loved one and to use the music to express her feelings about her and maybe gave her the feeling of being part of the funeral.

#### Making music with family

While it was not a regular occurring event, when family members were present at group session, it was easy to engage them. Often the residents would encourage the family members to participate in the music or would discuss certain songs with the family

members. Residents would explain how certain songs developed in the music therapy group session. A resident's husband joins the group occasionally and at the beginning he distanced himself from the group, but other members of the group would encourage him to join in and sing with them. Recently we enjoyed the participation of another staff member in our group sessions. The staff member started a discussion about the meaning of a Māori song we learned together. The song is about 'standing together' and 'being strong'. He enjoyed the English translation of the song and added it into the song, as the group sung the Māori lyrics. The group enjoyed this improvisation of the song and being reminded of the meaning of the song. In the following week the staff member was not present, which lead a group member to ask the husband to read the translation for them. Whenever he is present in the group music therapy session and the song is being performed he reads out the translation without being requested to read it. He has become part of the group and the residents enjoy his participation.

One resident, who is unable to move was supported by her family member to play an instrument in a group session. The improvised song named the different instruments which were played by the resident in a turn taking manner. The improvisation would normally lead into a vocal verse for the residents, who are unable to play an instrument independently, but with the support of the family, she was able to be part of the instrument section and play her turn. She was obviously excited and other residents commented on her playing as well. The support from the family was not only beneficial for the resident and their family relationship, but also for the resident and the group by acknowledging her achievement.

### Song choice

Giving the resident the option to choose songs in our sessions helped affirm their identity.

Singing particular songs has reinforced a resident's culture and affirmed her identity as a mother by singing songs which connect her to her daughters. Giving residents a choice of songs can be beneficial to support their participation in the music, because it is a song they know and enjoy.

Certain songs can sometimes be troubling to the resident, because they can bring up negative emotions, like loss. However, I feel that giving them the space to freely express themselves creates a positive outcome of the situation, and often it is freeing for the resident to express themselves to someone through the music. In one session, the song choice led into an improvisation where we kept parts of the requested song, while adding new parts. The improvisation went on for some time, before the resident was ready to move on. This space of music making gave him more time to think about his family, and to freely explore his emotions in the improvisation.

### Culture

Residents would request to have lyrics left with them, to give them the opportunity to share their songs with family. One resident in particular wanted to learn more Māori music. She learned a waiata and would express her wish to share the song with her family. Sharing the music might create a new connection with her family since learning Māori-songs was an expression of her family's culture.

## Artefacts

Using artefacts, like pictures in the resident's room helped to start conversations and enabled me to collect more information about the resident's family. A resident was particularly proud of her children and their achievements and she would share this information by showing pictures and explaining them. Pictures are a great visible artefact to remind the residents about their family and interact with them in a conversation. Another resident has many pictures around her bed and new ones are added regularly. When talking about the photos it was clear how proud the resident was about her family, her children and nephews and their achievements. Having the pictures reminds the residents of their families and they helped me to have a meaningful conversation with the residents.

## Ritual

A ritual quickly established between a resident and me. She would welcome me into her room and walk over to her stereo and kiss it. I quickly discovered the stereo represents her family in Australia, because the stereo was gifted to her. Other key workers in the facility have expressed the importance of music in the resident's life explaining that she grew up surrounded regular by family making music regularly. The resident calls this 'the reunion', where family members gather and enjoy music together. The stereo seems to be a symbol to her and reminds her of her family and the music they made together. The ritual helps her to be connected to them, and she would often talk about them in the session, whilst keeping an eye on her stereo.



### Other activities (writing to family)

Writing a letter may not be a typical task for a music therapist, but I believe that our therapeutic relationship helped one resident to be open and express his feelings. He wants to get back in contact with his daughter and he has sent her letters before. He asked me if I could help him and I supported him by correcting spelling mistakes or rewording sentences. The therapeutic relationship made it possible to be trusted with the resident's feelings and he would share his situation with me.

### Themes as they relate to the residents

Interestingly, most themes related to individual residents. As shown in the graph below, conversation and song choice were the most reoccurring themes between residents, while making music with family only occurred with two residents. Culture, ritual and writing to family were the themes which only appeared with one individual resident. However, the ritual was the starting point to every music therapy or group therapy session, culture was important to the resident and she wanted to express her learning of Māori songs to her family members, while the writing to family was only one letter, it was discussed in many different sessions and the resident would often ask about the letter. I did not realise how often the individual themes related to only one resident.

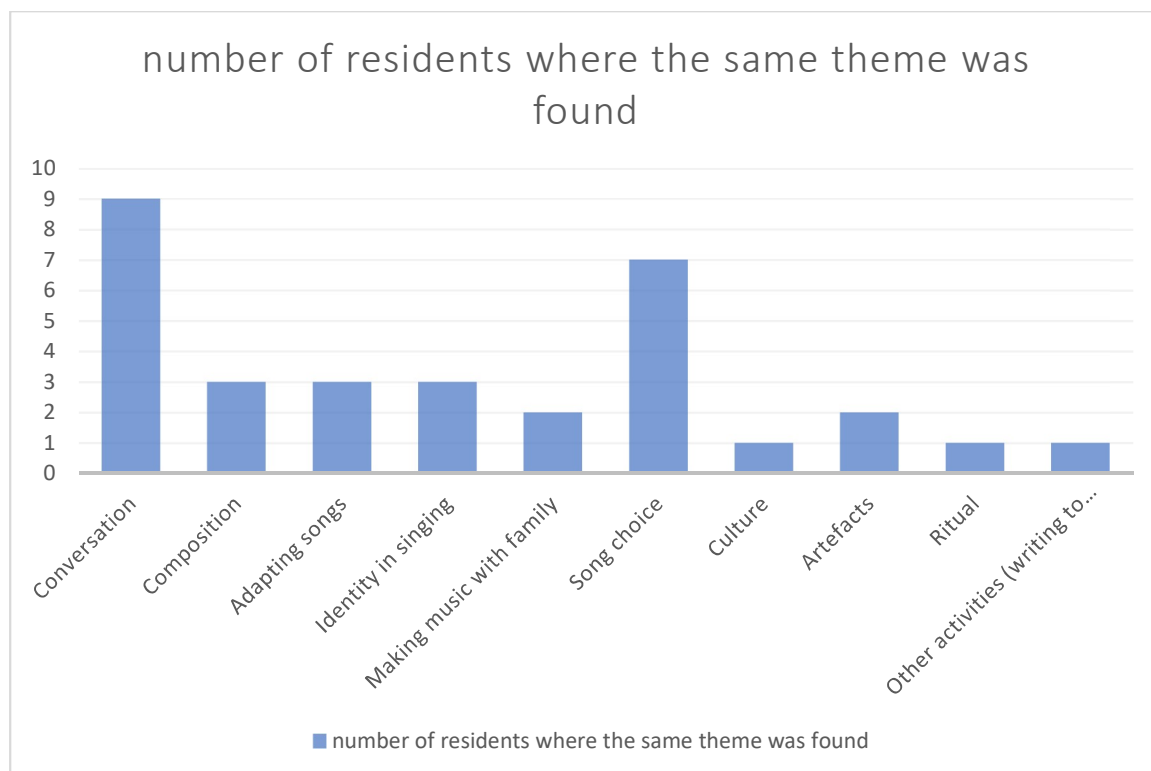


Table 1: Number of residents where the same theme was found.

## Discussion

*How can music therapy support family relationships for people living in a long-term care facility with neuro-disabilities, when regular visits can be challenging?*

As I started my placement at the facility, I quickly realised that my expectations for family connections and family participation in music therapy were high. I had my personal background in mind and was surprised by the limited number of family being at the facility on a regular basis, when I was at the facility. It was more likely that family members came on the weekend or in the evenings. With this in mind, I set my goal to find other ways of connecting residents with their families and again I think my personal background helped me to connect with residents faster and to be curious to learn about the resident's families.

In my finding the biggest theme was "conversation within music therapy". It was easy to get residents talking and to spend time with them. The conversations would naturally move from small talk to more in-depth information about themselves, their families and into music. Conversation is a natural component of music therapy (Bruscia, 2013, p.12), different methods use different approaches to a session format and often a session would start with a verbal dialogue to focus on what is important to the client at this moment and the session will be based around this information (Trondale & Bonde, 2012). In my sessions, the conversation at the beginning would determine the activities in the session, sometimes it would lead to singing familiar songs, improvising on various instruments or listening to familiar songs. The conversation would also help me to acknowledge the residents current state of mind or their feelings.

As noted earlier, my assumption that family could be involved directly in the sessions was rarely realised. However, as one resident noted, I was able to "make space" for family in the

sessions by talking about them and singing or listening to music that reminded residents of their loved ones. Stige and Viggo noted that “music therapy has a long tradition of implementing practices that facilitate both verbal and non-verbal communication” (Viggo, Nordanger, & Stig, 2018, p.2). Having this space for the residents to share their family’s stories, made them feel connected and close to them.

In the early months of this placement, I would plan my session by learning new songs, researching beneficial activities for each resident and revising my clinical notes. However, I realised that each session can be very different, depending on their mood, time of day, or recent events, like visits from family. Having a conversation at the beginning is a natural encounter between two people, but if the conversation went on for too long, I felt as I was wasting their time by talking and not making music. It was difficult to balance the right amount of conversation and music making and learning how to use the conversation to benefit the music making. I learned that having a conversation at the beginning of the session and asking questions about recent events, or what they would like to do in the session, helped me structure the session and focus on their current needs and wishes.

As mentioned in my findings it was not possible for one resident to have music together with her visiting family members. I think this would have been beneficial for both parties to participate in a shared activity. As Jacobsen and Thompson explain, music making with family can be beneficial and support wellbeing for people with dementia (Jacobsen & Thompson, 2017). I believe this statement is also true for people living in the facility I worked in, because often family members do not know how to communicate or be with their family member. The music can help the family members and the residents to feel comfortable together and enjoy the activity together. The resident in this case often voiced

her troubles to reconnect with her children after her stroke and it is only many years later that they start to rebuild this relationship again. I believe that our music therapy sessions helped her to talk with her children and remember memories from when her children were little, and she used to sing to them. It is the loss of the relationship which music therapist's try to re-establish with a family member affected by a disability or illness to their loved ones.

To build connections with the residents I would spend time interacting with residents in various activities within the facility and the residents were interested about my background and what led me to study music therapy and the interest in brain connected illnesses. I believe by sharing my personal story residents found it easier to connect with me, because we had something in common and I can understand some of their challenges. These conversations became very personal and information was shared between me and the resident. The importance of family in my story led to talking about the resident's family and the role they play in their lives. Spending time outside of the therapy session together, made it easier to connect in the sessions. Deeper conversations were possible, because of knowing one's background and having more information from each individual resident I could find music, which reminded them of their family, were taught by family or made them feel connected to their family. I was surprised by the openness of some of the residents and how my personal story shaped our therapeutic relationship.

Some conversations reminded the residents of their achievements. One resident is struggling to come to terms with her disability and finds it difficult to see the positives in her life. Talking about her children has reminded her of her achievements of being a parent and raising five children. She was proud of home-schooling her children and the lives they are

living. These memories enabled her to talk with her children about their childhood, which strengthened her feelings of identity and belonging to the family.

The literature focuses on including families into the therapy session, which I struggled to achieve in my placement. I was hoping to include family members to find ways for the resident to communicate differently with each other and to show their families newly learned skills, like instrumental play or learning new songs. This is important for the resident to keep growing as an individual and work on their rehabilitation. The support from the family can lead to better outcomes in the rehabilitation progress (Foster et al., 2012).

Foster's research also showed the benefits for the family members and how connections with therapist and other medical staff can support the family and make them feel more connected to their spouse.

Furthermore, by including family members into group therapy sessions, family members meet each other and could benefit from these friendships. This is discussed in Oldfield's book (Oldfield & Flower, 2008), where families build their own support group, by meeting parent's who have children with similar disabilities or challenges. I have also experienced this support from families my family has met in the rehabilitation centre my father was staying. We learned from each other, information was shared, challenges were voiced and sometimes solutions were found together. The facility is its own little community and families should know each other, because important information could still be shared with each other and achievements be celebrated together.

Another interesting point I found was that most themes were isolated to individual residents. The theme would reoccur many times in our individual therapy sessions, but they did not cross over to other residents. This shows how individualised the music therapy

sessions had to be able to find connections between the resident and the absent family members. My therapy sessions were structured to the need of each individual resident and different approaches were used in the sessions. In neurologic music therapy it is beneficial to clinically assess each participant before structuring a treatment plan, because of the different aspects of brain injuries (Thaut & McIntosh, 2014). Working individually with the residents gave me the opportunity to assess their physical and cognitive abilities, but also gave them the option to voice their psychosocial concerns. Usually the question of family support would come up in these conversations and this helped me to determine how I could include family into our individual sessions.

My case vignette really affected me and made me think outside of the music therapy session, on how I could reconnect the resident with his daughter. He reminded me of my own father and how much of a struggle it is to reconnect with your family if you are not the same person anymore. I had my mother who supported me to find ways to connect to my father and to be there for one another. However, this resident has expressed the difficult relationship he had with his daughter before his accident and how difficult it is to communicate with her now. His speech is strongly affected, and it is difficult to understand him, especially at the beginning. The music was there to help him communicate his wishes to his daughter and to express his deep feelings for her. I was hoping to get them together in one of our music therapy session, unfortunately, we never received a letter back from her. Maybe in the future she will manage to contact him, and he will have his song to communicate with her.

In the Māori culture, wellbeing is explained by Durie's model of te whare tapa whā or the four cornerstones of Māori health. The four sides are equally important to be balanced to

support. The four cornerstones are taha tinana (physical health) taha wairua (spiritual health), taha hinengaro (mental health) and taha whānau (family health). The facility supports this model by offering physical activities and physio therapy for taha tinana, spiritual guidance with a pastor or regular religious services for taha wairua, supporting their mental health with activities and therapy sessions for taha hinengaro and the openness of the facility to family for taha whānau. In this research I focused on the cornerstone of taha whanau. Family connections are necessary to be supported in every part of your life from your family. This does not always mean it needs to be your immediate family, but there should be support from people close to you. It showed clearly in my findings how positively affected residents were after family had come to visit or joining in our music sessions.

At the end of my placement, the therapy team and some of the residents organised a concert for other residents and their friends and family. The concert was a great success and some friends and family members enjoyed the concert. It was interesting to observe the performing residents becoming nervous when seeing their family coming into the room. It was very quiet before the concert, but at the end, residents were talking with other residents or with their family members. The feeling in the room was energetic and full of compliments. I was amazed by how much a performance like this one positively energised the residents and how they grew in confidence after the performance. The concert was a talking point at the facility for many days, and the residents who participated in the performance would tell me about their successes and positive outcome of the concert. One resident in particular commented on his confidence and how the concert became a talking point with his mother, who listened to the concert. Tamplin found similar results in her study and how participants expressed increase in confidence (Tamplin et al., 2013). In her



study the participants commented how peer support was a positive benefit of participating in a choir. Residents commented on the positive feedback they received from other residents and how it made them feel more connected with other residents. The concert became its own experience and strengthened my belief in connecting residents with their families and the benefits they both can receive from these events.

## Limitations

This exegesis is primarily based on my personal observations from my clinical notes. My research question was established because of my personal history and this has influenced my work naturally to bring family into the music therapy session.

The subjectivity of this research focuses on the community of my placement and situated in Aotearoa, New Zealand. The findings are analysed in a careful manner, but because I was the practitioner and the researcher in this study it is almost impossible not to be influenced by the research question. Furthermore, I was focusing more on the positive outcomes of my research, rather than commenting on less successful areas of my work. Because I have collected and analysed my own data the interpretation of the data is subjective to my understanding and beliefs. I also believe that being a student made it challenging to connect with family members or to inform them about the work I have done in the facility. However, the findings of this research can be transferred to other residential care settings and further studies could be explored in the area of music therapy in long-term care settings with family members.

## Conclusion

This exegesis explores the use of music therapy in a long-term care facility for people with neurological disabilities and the inclusion of family, without family members being present in the therapy sessions. I have used other tools to connect residents with their family members to benefit their rehabilitation process and overall wellbeing. Having a conversation with the residents can strengthen their sense of identity and belonging, sharing music with me and bringing the music to their families. We used compositions to express oneself in a safe environment. Choosing familiar songs to remember family members or special events or learning new songs to connect with the family's culture was helpful. Artefacts are useful tools to involve residents in conversation about family and to explain relationships or connections. A ritual established out of the music therapy sessions, which helped a resident to remember her family living abroad and supporting a resident to write a letter to his daughter, led to their increased confidence and connection for family.

Being flexible and open in the sessions helped me to connect with the residents and for them to express their needs. The music we made together sometimes stayed in the individual sessions, but sometimes residents wanted to share their songs in our group sessions. This helped residents to grow in the facility and feel supported to perform these songs in our concert.

Before starting the placement, I assumed I would have lots of family contact, but I learned that some residents struggle to have regular contact with their family. Some shared their loss with me and we used the music to feel connected to them. My background taught me that family is important, and I wanted to give the feeling of connection back to the residents, which I believe I achieved through the different themes. I found that encouraging

residents to share and to reflect on aspects of their lives enabled them to feel closer to their families, almost as if they were with them in the space.

This research is based on my point of view and my personal stance to the topic. I know from personal experience how difficult it can be to visit a family member in a rehabilitation facility, but it was important for us to have regular visits and to be together in the facility.

This made me passionate to find connections between the residents and their families and to use music to build on these connections. Other therapist's may not share the same point of view, but this research could inspire some therapists to find ways creatively to connect families into their therapy sessions.

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## Appendices



TE Kōhiri NEW ZEALAND SCHOOL OF MUSIC  
VICTORIA UNIVERSITY OF WELLINGTON, PO Box 600, Wellington 6140, New Zealand  
Phone + 64-4-463-5369 Email [music@nzsm.ac.nz](mailto:music@nzsm.ac.nz) Web [www.nzsm.ac.nz](http://www.nzsm.ac.nz)

### Facility information sheet

#### Research Working Title:

**How can music therapy support family relationships for people living in a long-term care facility with neuro-disabilities, when regular visits can be challenging?**

Dear \_\_\_\_\_

I am writing to you to ask permission to review my clinical notes and records that I have kept during my work at [REDACTED] for my masters' research.

For this research, I have chosen to explore the importance of family relationships at your facility and how these relationships could support wellbeing and help with rehabilitation for the residents. This research will be beneficial for my personal development in this field, by actively practicing music therapy, but also for other therapist, because it is exploring family relationships in a long-term care facility, which has not been researched deeply at this stage.

For ethical reasons, the data generated from clinical notes, personal reflections and supervision meetings are reviewed through secondary data analysis and no names or the facility will be named in the research. Thus ensuring the confidentiality of the people I have worked with or had conversations with. The importance is the essence of the findings as opposed to the precise detail.

All written records and consent forms for this research will be stored in a locked cupboard at the New Zealand School of Music. Electronic information will be kept on a password-protected computer. All records will be kept for five years and access will be restricted to the investigator and her supervisors. After five years it will be destroyed. It is your right to withdraw information from the research up

until the end of data analysis. The proposed date for this is the first of November 2018.

I will present the research findings to my examiners at the end of my masters and I may also present the research at other conferences, if appropriate. The findings may be published in suitable music therapy or other professional journals. Victoria University Library will have available copies of the thesis and it will also be available in an electronic repository.

The Victoria University Human Ethics Committee have given approval for this research. Dr Daphne Rickson and Carolyn Ayson will supervise the project. 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 researcher or supervisor, please contact the Victoria University Human Ethics Committee Convenor AProf Susan Corbett, email [susan.corbett@vuw.ac.nz](mailto:susan.corbett@vuw.ac.nz), phone +64-4-463 5480.

If you are in agreement with me reviewing records generated at your facility, please sign both copies of the enclosed consent form and return one to me. Please do not hesitate to contact my primary research supervisor, Daphne Rickson, if you have any questions or wish to discuss this further. Ph +64-4-463-5223 x 35808 or email: [Daphne.Rickson@vuw.ac.nz](mailto:Daphne.Rickson@vuw.ac.nz).

Yours sincerely,

Karina Auer

Email: [auerkari@myvuw.ac.nz](mailto:auerkari@myvuw.ac.nz)

Ph: 0278623190



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### Facility consent form

**Research title:** How can music therapy support family relationships for people living in a long-term care facility with neuro-disabilities, when regular visits can be challenging?

- I have read the information sheet and have obtained sufficient information about the study.
- I understand that from the review of clinical notes participant's real names and details will not be used in any publication or presentation arising from this research.
- I understand that informed consent will be sought from families should a particular case vignette be needed to illustrate the findings.
- I understand that research data will be kept for five years and will be stored securely at the New Zealand School of Music and/or on a password-protected computer.
- I understand that I can withdraw information from research up until the 31/11/2018.
- I acknowledge that the study may be presented at conferences and/or in published papers, and will be published in the library at Victoria University.
- I understand that I can contact Karina's research supervisor, Dr. Daphne Rickson if I have any concerns or questions relating to the research.
- I also understand that I can contact the Victoria University of Wellington Human Ethics Convenor if I have any other concerns about this research.

YES/NO

I therefore consent to Karina Auer reviewing clinical notes and records that were kept during her work at [REDACTED] for her research.

This has been discussed with me by Karina Auer (researcher).

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Print name \_\_\_\_\_



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## Information sheet

*How can music therapy support family relationships for people living in a long-term care facility with neuro-disabilities, when regular visits can be challenging?*

### Research Introduction

My name is Karina Auer and I am a music therapy student working at [REDACTED] since February 2018. This information sheet is a little insight to my research, which is part of my music therapy program through the Victoria University of Wellington. I will be at [REDACTED] till the end of October and hand in my exegesis by the 1<sup>st</sup> of December.

### Project Description and Invitation

I am interested in looking back over the notes I have collected as part of my music therapy practice, to find out how music therapy was able to support relationships between family members, friends, and residents at the facility.

I am writing to you because I would like to use data that relates to your family member, in my research project. I am doing a secondary data analysis of my personal observations and clinical notes from the time at the facility. I have been working closely with [REDACTED] and I would like to analyse the data collected in our music therapy sessions. The data will be analysed along with data from other sources, to answer my research question.

### Participant Identification and Recruitment

It is important to understand that the music therapy community is very small in New Zealand and although real names, or the name of the facility, will not be included in any written material, it is possible that residents might be identified.

### Data Management

The data I have collected is stored on my computer and is password protected. The data will be protected on my computer till my exegesis is submitted and published, which will be by the end of January 2019. Any of the personal data, which I have collected in my clinical notes, will then be destroyed. The publication of the exegesis is a requirement from the University and will be published at the University's library. It is also possible that the work will be published in music therapy journals. You can also request a summary of my project findings if you wish. As mentioned above I will keep preserving confidentiality of identity through changing names and not giving out information which may lead to identification.



#### **Participant's Rights**

You are under no obligation to give your permission for your data to be used for research purpose. If you decide to allow it to be used, you have the right to:

- Ask any question about the study at any time until it is completed
- Provide information on the understanding no names will not be used unless you give permission to the researcher
- Withdraw information from the research up till the end of the data analysis in October 2018
- Be given access to a summary of the project findings when it is concluded

#### **Project Contacts**

If you have any further questions or hesitations you are more than welcome to contact me, Karina Auer on 027 8623190 or my email on [auerkari@myvuw.ac.nz](mailto:auerkari@myvuw.ac.nz) or either of my supervisors Dr. Daphne Rickson or Dr. Sarah Hoskyns on 04 4635233 x35808/35807, or emailing [Daphne.Rickson@nzsm.ac.nz](mailto:Daphne.Rickson@nzsm.ac.nz) / [Sarah.Hoskyns@nzsm.ac.nz](mailto:Sarah.Hoskyns@nzsm.ac.nz)

#### **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 student 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 ethics 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 supervisor, please contact the Victoria University of Wellington Human Ethics Convenor Prof. Susan Corbett, email [susan.corbett@vuw.ac.nz](mailto:susan.corbett@vuw.ac.nz), telephone +64-4-463 548

#### **Name and contact details of supervisor**

Dr. Daphne Rickson or Dr. Sarah Hoskyns, telephone 04 4635233 x35808/35807, or email [Daphne.Rickson@nzsm.ac.nz](mailto:Daphne.Rickson@nzsm.ac.nz) / [Sarah.Hoskyns@nzsm.ac.nz](mailto:Sarah.Hoskyns@nzsm.ac.nz)

#### **Name and contact details of student**

Karina Auer, telephone 027 8623190, or email [auerkari@myvuw.ac.nz](mailto:auerkari@myvuw.ac.nz)



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## MUSIC THERPAY PROGRAMME

### *Music Therapy Case Study*

### *Information and Consent Form*

I am the music therapy student who has been working with [REDACTED] at [REDACTED] this year.

As part of the requirements for my music therapy clinical placement, I am required to present an in-depth case study detailing the music therapy process with one of my music therapy participants. The case study will be presented orally as part of the summative assignment for this placement. A brief written transcript of the presentation will also be submitted to the music therapy department and will be read by examiners both external and internal to the New Zealand School of Music. The case will also be shared during supervised classes with my lecturers and other students enrolled in music therapy clinical placements. And possibly with supporting Music Therapists and other professional visitors who may be invited to a case study seminar.

The case study information will remain confidential and will not be shared with anyone outside of the group of persons outlined above, without further expressed permission. All personal identifying information such as the participant's name and the name of the facility where the therapy took place will be removed. While anonymity will be protected whenever possible, it is important to note that the case study is likely to include background information about the participant. The music therapy and health/education communities are small so there is the possibility that the participant may be identified.

I am writing to ask whether I might present my work with [REDACTED] to fulfil this case study requirement. If you agree I will provide a copy of the brief written transcript following the conclusion of the placement, after the case study has been completed and examined, at your request.

I ..... (Name) have read and

understood the above information and give informed consent for

..... To be a participant in this study.

Signed .....

Date .....

This consent expires on the 28<sup>th</sup> of February 2019 and may be withdrawn at any time by contacting my supervisor Dr. Daphne Rickson or Dr. Sarah Hoskyns on 04 4635233 x35808/35807, or emailing Daphne. [Rickson@nzsm.ac.nz](mailto:Rickson@nzsm.ac.nz) / [Sarah.Hoskyns@nzsm.ac.nz](mailto:Sarah.Hoskyns@nzsm.ac.nz)

Yours sincerely,

Karina Auer

Email: [auerkari@myvuw.ac.nz](mailto:auerkari@myvuw.ac.nz)

Ph: 0278623190

## Appendix 5: Examples from analysis

Table 2: First stage of analysis

Code for raw data	How is music therapy supporting family... (raw data from clinical notes)	How did I connect family members	What did we do
(Resident 1) 16.7	because I really want (resident's name) and (daughter's name) to have a relationship I pushing very hard for them to meet again. I don't know all the background, but this could be a new way into the relationship.	conversation	me wanting to establish a family connection between resident and family member
(Resident 2) 11.5	"Etu Kahikatea" singing it 2 times and then practicing the second and third verse by me singing the line first and then she copying it, she also thought if I could leave her the lyrics she would sing them with her family, which is great, connecting our music with her family, bringing them into the session	conversation	sharing music with family
(Resident 3) 20.6	She always talks about her little house in Karori with a garden and where she can live, and her family can visit.	conversation	listening to resident's story (identity)
(Resident 4) 01.8	His wife asked if I do this regularly with him and I said I try, but she seemed very happy about the interaction and the things he was doing, will defiantly try to see him more often again. Was a nice session today and he seemed pleased about his wife being there and listening to us.	Conversation (with family member)	talking about music making with her husband
(Resident 2) 12.3	→ Learning Māori could be something that she could show her family something she has done recently	Cultural connection	teaching her te reo
(Resident 2) 12.3	She likes Māori music and would like to learn more words or songs	Cultural connection	teaching her te reo
(Resident 1) 01.5	Going through his song with the bongos and slowly speaking the first verse and the chorus	practicing	practicing his composition for his daughter
(Resident 5) 01.5	Lovely session in her room, she smiled when I came in and walked straight to the radio to welcome "Family" to the music session, ready to go.	ritual	stereo is a connection between her and her family in Australia

The different colours represent the individual residents. Early stage of analysis



Table 3: New step in analysis, adding new themes

Code for raw data	How is music therapy supporting family... (raw data from clinical notes)	How did I connect family members	What did we do	New Themes
(Resident 6) 08.5	I was looking at a picture of her family and she said its her cousins who lives in Wellington, but some moved to Auckland. She was smiling as she was talking about them and she said that there are very nice and I should meet them	Conversation	me wanting to learn about her family	Artefacts (in the room)
(Resident 6) 26.6	Talked about her stepsister again, but only if I knew her or not	Conversation	listening to resident's story	Artefacts (in the room)
(Resident 3) 08.8	Nice session. She seems really happy with how things are going in her life and in her children's lives. She is excited about her room to change and to have more room to have people around and to enjoy her books more.	conversation	listening to resident's story	identity
(Resident 3) 18.7	We talked briefly about her birthday and the visit from her family. She also got a new phone for her birthday, so she can video call her granddaughter in Auckland. Which she was very excited about. When I came back later that morning she was happy to have some music then	Conversation	talking about family and other way to connect with them within the facility, affirming her family connections	Special occasions
(Resident 3) 20.6	Lots of talking before starting to sing, talking about the family, all coming next month for her birthday, and she was heading out later to buy some presents for her sister and daughter who also have a birthday soon.	conversation	listening to resident about their family	Special occasions
(Resident 4) 14.3	He played a lovely piece called "Hatikvah", it's the Israeli National anthem, it is beautiful piece where Resident played open string chords and some rhythmic patterns on his violin, I played the melody on the clarinet and his friend played accompaniment on the piano	song choice	making music with family participating and being present in the room	making music with family
(Resident 4) 14.3	Resident seemed very happy, smiling at me and his friend, but also commented how hard it is, concentration wise, but he enjoyed playing the violin again	song choice	family participating in music making	making music with family
(Resident 5) 15.5	She sung a Karakea to me. And telling me she learned it with her friends and at Church	song choice	affirming identity through music	identity
(Resident 5) 15.6	Singing me another Maori song and I found it on YouTube, "Karangatia Ra" which I believe is a welcome song, we listened to it twice and she was singing along and smiling at me	Song choice	Maori music affirms her identity	identity
Developing first themes and exploring the raw data further.				

Table 4: Last stage of analysis, adding examples and explanations to the themes

Code for raw data	How is music therapy supporting family... (raw data from clinical notes)	How did I connect family members	What did we do	Further explanation
(Resident 5) 03.4	Singing hello song together, learning each other's names and talked about her family in Australia, and sung hello to them as well	singing	naming family	The "hello" song would give me a great opportunity to include family members names in our songs and acknowledge them. Two residents in particular seemed affected by singing about their family members and including them in the session.
(Resident 5) 15.5	"hello" song, also singing to Family member, smiling at me and looking at me when we were singing together.	singing	naming family	
(Resident 5) 24.4	Lovely session, sitting in her usual spot, walking over to the stereo before starting music, singing "hello" song and also singing hello to her family members in Australia	singing	naming family	
(Resident 5) 10.4	Started with the hello song. Also sung hello to his daughter which I thought was nice, he wants to get ready to meet her and is hoping to do it soon	singing	naming family	
(Resident 1) 16.4	Started with Hello song, he is filling in the gaps now and sings along to most parts of the song, and filling in my name and we sing hello to his daughter as well	singing	naming family	
(Resident 2) 12.3	→ Learning Māori could be something that she could show her family something she has done recently	Cultural connection		to reconnect with families, it can help to introduce music from the family's culture
(Resident 2) 12.3	She likes Māori music and would like to learn more words or songs	Cultural connection		
(Resident 3) 24.4	She was also telling me about her niece, who just started to crawl, she was very excited, often talk about her and mentioning family in our sessions. <b>Having space for them to be "part" of the session</b>	conversation	Space	Creating space for families to be part of the session has become prominent in some sessions, or like one resident said "having space for them to be part of the session". Talking about family members can make them feel connected and giving them the space to share stories is important.
(Resident 3) 02.5	At the end she apologized for not feeling it today and she only showed me songs she liked, but it was still a good session, talked about the music and when she used to listen to it, the tapes she had, slight change in the mood after listening to Cleo Lain, kept listening after I packed up and ready to go, she said <i>now you got me hooked</i>	song choice	reminiscence	Giving a resident the opportunity to choose a song, can also lead them into reminiscence. Thinking about past memories and sharing them with me. Often they are related to childhood

(Resident 3) 18.4	Where is thumb-man, where is thumb-man, Here I am, here I am How are you this morning, very well thank you Run and hide, run and hide (where is pointer, big-man, ring-man, little-man) song she used to sing to her children, sung it to me in the session and showed me the movements on both of her hands	song choice	reminiscence	memories, like visiting the grandparents or singing with parents. Residents would talk about their children and songs would come up, which they used to sing to them. A resident taught me a lovely song to the melody of <i>Frere Jacques</i> (insert songs).
(Resident 7) 01.5	she remembered "Edelweiss" we sung it twice and she seem to enjoy it, singing loudly for her normal participation, reminds me of my grandparents, when we stayed there sometimes in (small town in NZ) with them	Song choice	reminiscence	
(Resident 7) 09.5	I asked which songs she would like to do, suggested "Edelweiss" first, first time she remembered a song or offered something to do, nice to see she is remembering things we do and songs she enjoys singing (family memory from last session about her grandparents)	song choice	reminiscence	
(Resident 6) 03.4	Resident told me about the "Gypsy Rover" song, sung it to me while I was playing guitar. Great song, she remembered most of the verses I helped her sometimes on finish this song before moving to the next, she will teach me the lyrics to the song, she learned it from her mum, maybe something we could send to her sister?	song choice	reminiscence	
(Resident 6) 16.4	Singing "gypsy rover" together her taking the lead and teaching me the song	song choice	reminiscence	
(Resident 1) 01.5	I asked him if he would like to sing something else? He suggested something for his mother which brought him to Simon and Garfunkel – water under the bridge.	Song choice	reminiscence	
(Resident 1) 01.5	We listened to the song together, he was looking out the window and I think he was think of a memory he had, he didn't want to share it with me, but he said thanks for listening to the song.	song choice	reminiscence	

Last stage of analysis with some more explanation and understanding of the raw data