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PARENTS' EXPERIENCES OF MUSIC THERAPY  
IN THE NEONATAL INTENSIVE CARE UNIT (NICU)

A THESIS

Submitted in partial fulfillment of the requirements  
For the degree of Master of Science  
In Music Therapy

by

Naoko Mizutani, MT-BC, CCLS  
Molloy College  
Rockville Centre, NY  
2016

MOLLOY COLLEGE  
PARENTS' EXPERIENCES OF MUSIC THERAPY  
IN THE NEONATAL INTENSIVE CARE UNIT (NICU)  
by  
Naoko Mizutani, MT-BC, CCLS  
A Master's Thesis Submitted to the Faculty of  
Molloy College  
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For the Degree of  
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### **Abstract**

The purpose of this phenomenological study was to deepen my understanding of parental experiences having an infant in the Neonatal Intensive Care Unit (NICU). Three parents of premature infants in the NICU at a large urban medical center participated in an individual music therapy session and post-session interview that was conducted right after the session. Data was collected through video recordings of music therapy sessions and post-session interviews. In order to appropriately reflect the music therapy process, I employed, for my analyses of the music therapy sessions, Forinash and Gonzalez's (1989) method, which was adapted from the original method proposed by Ferrara (1989). Results from the music therapy session analyses revealed the complexity that exists in the therapy process and provided the referential and ontological meanings from each session. This was affirmed through the detailed examination of various components of the session. For the post-session interview analyses, I utilized Colaizzi's (1978) and Giorgi's (1975) phenomenological methods to discover individual and collective essences of the participants' experiences. Seven global themes associated with parents' experiences of music therapy, as well as their experiences pertaining to their role as a parent and overall experience in the NICU were discovered: (a) Experience of Music Therapy and its Environment, (b) Roles of Music, (c) Music as a Connection, (d) the Therapeutic Relationship, (e) Importance of Communication, (f) Experience of Navigating the New Environment of the NICU, and (g) Process of Becoming the Parent of a Premature Infant. Study results may inform needs of parents in the NICU as well as roles of music therapy in addressing and meeting such needs.

*Keywords: Neonatal Intensive Care Unit (NICU); parents; premature infants; music therapy, medical music psychotherapy*

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when I wanted to give up and go back home. You are the source of my strength, inspiration, motivation, passion and love.

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## **Introduction**

My interest in music therapy and its influence on human life during times of adversity and illness first began while completing an internship in a hospice setting. I was singing “What a Wonderful World” to a patient while she passed away; it was so peaceful that I did not realize she was gone until my supervisor informed me upon my completion of the song. It is difficult to put into words exactly how I felt during those moments with my patient, but the experience is one that has stayed with me to this day. During my internship in hospice, I experienced the deaths of patients on a daily basis. It was such a privilege to witness and share the last moments of someone’s life, even if it was the first time meeting with the individual. It was during this internship that I became strongly connected to the concept of family and its influence on one’s life, especially during times of adversity, such as when facing illness and imminent death.

Soon after the culmination my internship, I started my training as a child life specialist at a center for music and medicine at a large urban medical center. I spent the next 3 months working mostly in the NICU, pediatric inpatient unit, and Pediatric Intensive Care Unit (PICU). As a child life intern, what struck me the most was the impact of illness not only on patients, but also on their families. I became intrigued by the gamut of patient experience that exists within the hospital setting, from living to dying and all of the intricacies in between: How patients, their families and friends, and medical staff interact with each other in such a dynamic environment.

I am currently working as a research assistant at the center for music and medicine where I have completed my child life training. When I am in the NICU, working closely with infants using my voice, touch, and playing an instrument, I feel their strong will for survival. When I work with both infants and parents together, I feel a similar energy, but to a greater degree. Many

parents share their experiences of being with their infant during music therapy sessions and comment on how their infants are responding to their singing, speaking, and touch. Parents often touch upon their experiences related to the birth of their child and the NICU stay. There are also moments where parents become tearful as they watch their infant laying in an incubator.

Witnessing such diverse and profound responses of parents in the NICU created within me a curiosity about their experiences of surviving this adversity and what role music therapy can play in addressing parents' needs while their infants are in the NICU.

Despite the need for providing care for both infants and parents in a neonatal care setting, there is no research that explores parents' experiences of music therapy in the NICU. My desire for a deeper understanding of parental experiences in music therapy during their infants' hospitalization in the NICU led to the phenomenological study, which involved detailed analyses of video recordings of music therapy sessions, as well as post-session interviews with the parents.

### **Operational Definitions**

**Experience.** Since the purpose of this study was to deepen my understanding of parents' experiences in the NICU, it was important to clarify what it means to "experience." In the Merriam-Webster dictionary, experience is defined as:

- (a) A direct observation of or participation in events as a basis of knowledge; (b) practical knowledge, skill, or practice derived from direct observation of or participation in events or in a particular activity; (c) the conscious events that make up an individual life; (d) something personally encountered, undergo, or lived through; or (e) the act or process of directly perceiving events.

Turner (1986) defines experience as “an aesthetic of integration, coherence, renewal, and transcendent meaning-of trying things together through time” (p. 87). Experience, in the context of psychotherapy, is defined as “tacit or implicit meaning and the accompanying bodily felt sense, when attended to and symbolized in awareness” (Greenberg, & Pascual-Leone, 1997, p. 162).

Discussing his perception of experience, Edmund Husserl (1969), founder of modern phenomenology, states:

Experience is the performance in which for me, the experiencer, experienced being "is there" and is there as what it is, with the whole content and the mode of being that experience itself, by the performance going on in its intentionality, attributes to it (p. 233).

According to Husserl, experiences are a result of passive and active operations of the consciousness.

Combining the key elements of experience as defined in these different sources, experience is a conscious event that occurs through time, in which an individual directly perceives, observes, and/or participates in a present moment, accompanied by thoughts, emotions, and physical sensations, thus leading to the possession of knowledge and skills.

**Illness.** Illness can be perceived as a type of experience that causes bodily distress (Becker, Beyene, & Ken, 2000). How distress is experienced is unique to each person; it may affect a person as a whole, not only physically, but also psychologically, emotionally, financially, and culturally. Moreover, when illness occurs, it may impact not only the person who is ill, but also those around him or her (Becker, 1997, 2004). Viewing illness from a broader perspective, it can be said that caregivers also experience illness. As parents are considered primary caregivers of infants, this perspective can be applied to the parents of premature infants in the NICU. The

possibly a life-threatening event of having their infant in the NICU can cause lasting trauma (Lau & Morse, 2003; Shaw et al., 2006). Therefore, it is critical to make an effort to understand the experiences of NICU parents during those trying times, when they might be struggling to make a sense of their newfound reality.

## **Review of Literature**

### **Parents' Experiences in the NICU**

Pregnancy and the birth of a new child can be exciting and joyful for families, but can also be overwhelming for some (Chesney & Champion, 2008; Obeidat & Callister, 2009). When an infant is born prematurely, with associated complications and medical issues, this precious time can turn into a stressful and traumatic experience, negatively affecting both infants and parents. Primary caregivers and parents of NICU infants experience tremendous stress, feelings of loss, uncertainty, guilt, and betrayal during their NICU stay (Chesney & Champion, 2008; Cleaveland, 2008; Lau & Morse, 2003; Shaw et al., 2006).

Literature from the fields of nursing, neonatology, mental health, and psychology focuses on parental perception and experience of having an infant in the NICU. Common themes in literature include anxiety, desire to be with/there for their infant, isolation, desperation, frustration, despair, detachment, disappointment, guilt, hopelessness, insecurity and lack of confidence as a parent, self-doubt and loss of sense of belonging and identity, loss of confidence, competence and sense of control, sense of threat, uncertainty, and vulnerability (Erlandsson & Fagerberg, 2005; Fenwick, Barclay, & Schmied, 2008; Hall, 2005; Nicolaou, Rosewell, Marlow, & Glazebrook, 2009; Nyström & Axelsson, 2002). Literature also touches upon parents' experiences associated with interaction and communication with medical staff, as well as challenges managing and navigating their way in the NICU. These challenges include negotiation of caregiving roles with nursing staff, relationships with the medical team, feelings of being ignored or lack of acknowledgement as a primary caregiver, and dissatisfaction with the care provided (Erlandsson & Fagerberg, 2005; Fenwick et al., 2008; Hall, 2005; Nicolaou et al.,



2009). However, parents also reported positive experiences, such as a sense of acknowledgment and validation, involvement in the care of their infants, feelings of connectedness to their infants, hope, love, relief, and trust (Erlandsson & Fagerberg, 2005; Fenwick et al., 2008; Hall, 2005; Nyström & Axelsson, 2002).

Obbediat et al. (2009) conducted a systematic review of literature published between 1998 and 2008 focusing on the experiences of parents with an infant in the NICU. The review included 14 articles that met inclusion criteria. The findings revealed various experiences of parents whose infants were admitted to the NICU, including depression, anxiety, stress, and loss of control. Those parents also reported feelings regarding their experience of being included in and/or excluded from the provision of care to their infants. The results of this systematic review affirms previously identified themes reported by parents of NICU infants and shows a great need for improved understanding of said experiences and implementation of patient and family centered care in the NICU.

In an effort to deepen the understanding of parental experience with preterm birth (PTB), Lasiuk, Comeau, and Newburn-Cook (2013) conducted a qualitative study with 21 primary caregivers/parents of infants/children who were born preterm. The parents/primary caregivers in this study described their experience of PTB as a traumatic event that shattered their expectations of parenthood. The results of this interpretative descriptive study also revealed that the trauma experienced by those parents stemmed from prolonged uncertainty, lack of agency, disruptions in meaning systems, and alterations in parental role expectations. Considering the traumatic experiences with which many parents were involved, the authors emphasized the importance of providing support that facilitates bonding between infant and parent(s), such as breast feeding,

kangaroo care (a skin-to-skin interaction between infants and their parents), and family-centered practices in the NICU, which have been also addressed and implemented into music therapy practice (Bieleninik & Gold, 2014; Edwards, 2011a, 2011b, 2014; Shoemark, 2013; Shoemark & Dearn, 2008; Teckenberg-Jansson, Houtilainen, Polkki, Lipsanen, & Jarvenpaa, 2011).

Mothers are often considered the primary caregivers for newborn infants, as they are the ones who carry the life in their bodies and go through the labor of childbirth. However, considering the importance of implementing family-centered practice, understanding fathers' experiences of having their infant in the NICU is also necessary. Feeley, Waitzer, Sherrard, Boisvert, and Zelkowitz (2012) conducted a descriptive study exploring fathers' perceptions of having infants in the NICU, particularly focusing on what they identify as facilitators or barriers to their involvement with their infants. The study involved 18 fathers, who were asked to complete an interview that was then audio recorded, transcribed, and content analyzed. Three major categories were identified as either barriers or facilitators: (a) infant factors (infant's physiological status, such as weight and body size); (b) interpersonal factors (the rewards of, attitudes, and beliefs regarding fatherhood, family management, and previous experiences); and (c) NICU environmental factors (physical and social). The findings of this study revealed that fathers of premature infants need support in exploring forms of involvement in the care of their infant, maximizing their time and physical contact, and receiving psychoeducation on the infant's health. Moreover, fathers also need to be empowered by their spouse and other family members (Feeley et al., 2012). From the standpoint of healthcare professionals, it can be concluded that comprehensive care meeting the individual needs of both parents needs to be incorporated into the care of premature infants. As previously mentioned, parents of premature

infants experience a great amount of stress while their infants are in the NICU (Lau & Morse, 2003; Shaw et al., 2006). Research has also shown that mothers were not only more depressed and stressed regarding their infants' hospitalization than fathers, but also exhibited more post-traumatic stress symptoms. This indicates possible long-term impacts of premature infant hospitalization on parents' emotional and psychosocial well-being, and greatly influences the well-being of infants and entire families. Such findings suggest the importance of meeting the needs of parents by providing emotional, psychosocial, and psychoeducational support (Holditch-Davis, Bartlett, Bickman, & Miles, 2003; Shaw et al., 2006).

### **Family-Centered Care in the NICU**

Family-centered care in the NICU recognizes the family as a whole system and integrates the uniqueness that exists in each family, as well as every individual of the family unit (Johnson, 2000). Family-centered care is defined as "an approach to healthcare that is based on mutually beneficial partnership between patients, families, and healthcare professionals" that are "integral to the care and support of individual children and their families" (Bell, Johnson, Desai, & Sharon, 2009, p. 95). Considering a family to be a complex, interconnected, multilevel social system, Novilla, Barnes, De La Cruz, Williams, and Rogers (2006) state that each individual in a family is an integral part of a patient's care and can therefore benefit from therapeutic intervention. A better understanding of the family as a sociocultural unit and unique processes, in which each family member is viewed as an active and integral part of its own healthcare, is necessary to establish a basis for designing and linking health interventions in the future.

**The concept of family.** The concept of family is understood differently from person to person. Family is defined not only by a biological relationship, but also as a sociocultural unit, consisting of a close union between two or more people in which behavior patterns are learned, adapted, or altered (Novilla et al., 2006; Papadopoulos, 1995). According to the sociologist, Walter Buckley (1967), a system consists of parts that are interconnected and interdependent, with mutual causality each affecting the other. When this concept is applied to the family as a system, the family processes is considered as the interaction of each part, not merely as the sum of its parts being taken separately (Papadopoulos, 1995).

**Family and illness.** Fiece et al. (2002) conducted a qualitative review of 32 publications on family rituals and routines, along with their relevance to a person's health and well-being. The authors claimed that both family rituals and routines are a representation of the whole family, consisting of culture, family life cycle, and individual characteristics that are unique to each family. In healthcare practice, such components provide rich information about patients, including family history, roles and responsibilities within the family, values, identity, and various unique attributes that make them who they are in a cultural and ecological context. When one member in a family becomes ill, family life, including its rituals and routines, get disrupted, and this affects the whole family (Denham, 2003). Through deeper understanding of a patient as an individual who is an integral part of one's family system, healthcare professionals, such as music therapists, can provide care that is individualized and culturally sensitive.

**Family-centered care and its implications in neonatal care.** With the great focus on the physiological needs of premature infants in neonatal care, there has also been growing attention paid to the psychological, emotional, and psychosocial needs of premature infants in

the NICU and their parents. Chesney and Champion (2008) claim that premature birth can negatively impact the development of the social brain in preterm infants who are born up to 12 weeks early; this may affect their physical, emotional, and social development. Furthermore, the first 18 months of life are a critical period, for both infants and parents, in maintaining self-regulation of bodily and emotional states, as well as developing facial expressions, soothing vocalization, and enjoyable interactions. The authors state that establishment of attachment between the infant and parents play an important function in the emotional and physiological regulation of infants.

In the NICU environment, where separation between infants and parents is inevitable, care that meets the needs of the whole family system is crucial (Bieleninik & Gold, 2014; Edwards, 2011a, 2011b, 2014; Shoemark, 2013; Shoemark & Dearn, 2008). A systematic review and meta-analysis on early interventions for preterm infants, with components of parental and community involvement, was conducted by Benzies, Magill-Evans, Hayden, and Ballantyne (2013). Out of 18 articles that met the inclusion criteria for review, 11 articles reported outcomes of maternal stress, anxiety, depressive symptoms, self-efficacy, and sensitivity/responsiveness when interacting with the infant; these were selected for a meta-analysis. All of the interventions included in the reviewed articles contained components of psychosocial support and education for parents, and/or developmental therapeutic interventions for premature infants. The results from the meta-analyses indicated limited effects of interventions on maternal stress ( $Z = 0.40, p = 0.69$ ) and sensitivity/responsiveness ( $Z = 1.84, p = 0.07$ ). However, positive effects of interventions were observed on maternal anxiety ( $Z = 2.54, p = 0.01$ ), depressive symptoms ( $Z = 4.04, p < .0001$ ), and self-efficacy ( $Z = 2.05, p = 0.04$ ). The authors concluded that there is an

increased need for focus on psychosocial support to decrease stress levels, anxiety, and depressive symptoms, while increasing self-efficacy, parental sensitivity, and responsiveness through interactions with infants. Results also established the need for psycho-educational support to increase parents' knowledge of providing care for their preterm infants and the ability to do so, as well as therapeutic developmental support for premature infants (e.g. maintenance of physiological homeostasis and development of sucking ability).

A meta-synthesis conducted by Aagaard and Hall (2008) revealed five interrelated metaphors that suggest the importance of implementing family-centered care in neonatal care, as well as specific ways to achieve successful care involving parents. The study contained 14 qualitative studies on mothers' experiences of having a preterm baby in the NICU, published between 2000 and 2005. The thematic results were: (a) mother-baby relationship ("from their baby to my baby"); (b) maternal development (striving to be a real, normal mother); (c) the turbulent neonatal environment (from foreground to background); (d) maternal caregiving and role reclaiming strategies (from salient vigilance to advocacy); and (e) mother-nurse relationship (from continuously answering questions to the sharing of knowledge). The authors discovered a new comprehensive story consisting of commonalities and metaphors across context and cultures, concluding that the optimum outcome of neonatal family-centered care can be achieved by incorporating suggestions based on their findings, including internal dialoging, timing, care delivery plan, guided participation and chat. Although this study was done in the field of nursing, the five themes are relevant to the current study, as they provide an understanding of parental experiences in the NICU that might be present during music therapy sessions.

**Music Therapy in the NICU**

Music therapy interventions have been implemented in the care of premature infants in the NICU. Various interventional protocols have been developed in this area, such as music for kangaroo care, multimodal stimulation, developmentally appropriate receptive music, and pacifier activated lullabies (Standley, 2003). The goals for implementing these interventions include creating shorter NICU stays, stabilizing oxygen saturation levels, increasing stimulation tolerance, reducing stress-related behaviors, enhancing infant-parent bonding, and improving infant-parent interaction (Gooding, 2010; Standley, 2003).

Much music therapy research has focused on the effects of music therapy on premature infants' physiological and behavioral needs, such as heart rate, respiratory rate, oxygen saturation rate, sucking response, and weight gain (Standley, 2012). Literature and research in music therapy recognizes the importance of understanding and integrating parental perspectives and needs into caring for their newborn in the NICU (Benzies et al., 2013; Bieleninik & Gold, 2014; Edwards, 2011a, 2011b; Loewy, 2011, 2015b; Shoemark, 2013; Shoemark & Dearn, 2008; Thompson, 2013; Whipple, 2000). These topics, however, have not been extensively investigated in the field of music therapy, whereas they have been discussed and investigated a great deal in health care fields other than music therapy, such as nursing, neonatology, mental health, psychology and so forth (Aagaard & Hall, 2008; Chesney & Champion, 2008; Cleaveland, 2008).

Therapists at the center for music and medicine, where I conducted the current study, provide music therapy that is informed by a medical music psychotherapy approach, in which patients are assessed and treated as a whole person, by looking at physiological, psychological, emotional, and psychosocial needs (Loewy, 2015a).

**Environmental music therapy.** The medical music psychotherapy approach has been implemented in neonatal care, emphasizing not only physiological wellbeing of the infants, but also of the parents and primary caregivers (Abrams et al., 2000; Loewy, 2011; Stewart, 2010), as well as the environment of the NICU. The environment of the NICU unit is considered to be an important factor that influences care of infants and caregivers, including both parents and medical staff in the NICU. The medical environment is often perceived as hostile and overstimulating, involving bright light, constant noise emanating from medical equipment, medical procedures, people coming in and out of the unit, and people talking (Bieleninik & Gold, 2014; Mazzer, 2010; Rossetti & Conga, 2013).

With an effort to modulate such a potentially harmful environment, Environmental Music Therapy (EMT) had been implemented in the NICU where this study was conducted. EMT is an intervention for which the music being played is carefully chosen, focusing on interactive and dynamic aspects of the therapeutic process that occur in the here-and-now of a particular environment (Rossetti & Conga, 2013). The therapist first observes the environment and its mood, energy, noise level, and movement. The therapist then provides a “soundtrack” for the space based on the initial assessment of the environment. The improvised music is tailored to the environment and functions to elicit senses of reflection, connection, and containment of emotion.

In the NICU, EMT is often used during feeding time and kangaroo care to provide a warm environment for parents to nurture and nourish their infants. Breastfeeding and skin-to-skin care with premature infants can be an overwhelming, frustrating, and a possibly scary experience for parents, as most infants have not yet developed the necessary coordination for sucking and swallowing and are also connected to various medical monitors and equipment. EMT provides



support for parents to ground themselves in the space and facilitates relaxation, so that they can focus on caring for and bonding with their infants (Thompson, 2013).

**Family-centered care in NICU music therapy.** An extensive amount of literature has identified attachment between infants and their parents as a crucial aspect of family-centered care in the NICU. In the field of music therapy, the use of various music therapy interventions have been implemented as a way to facilitate bonding between infant and parent, such as contingent singing, infant-directed singing, song of kin, and music during kangaroo care (Arnon et al., 2014; Creighton, 2011; de l'Etoile, 2006; Edwards, 2011a, 2011b, 2014; Haslbeck, 2014a, 2014b; Loewy, 2011, 2015b; Loewy, Stewart, Dassler, Talsey, & Howel, 2013; O'Gorman, 2007; Shoemark, 2013; Shoemark & Dearn, 2008; Teckenberg-Jansson et al., 2011). Additional research has examined infant response to music therapy interventions employing quantitative methods, targeting their physiological, psychological, and psychosocial needs (Arnon et al., 2014; Loewy, 2015b; Loewy et al., 2013; Teckenberg-Jansson et al., 2011; Whipple, 2000).

Two music therapists, Shoemark and Dearn (2008), conducted an in-depth analysis of their experiences working with newborn infants and their families in the hospital setting. Seven themes emerged: (a) the necessary character of the music therapist, (b) music therapy as a triadic relationship involving both infants and parents, (c) endurance for the long journey of hospitalization, (d) parents' experience of joy during music therapy, (e) acknowledgement of the "whole" developing child, (f) the contingent relationship, and (g) a whole life. All of these themes emphasize the importance of involving parents and keeping them at the center of their infant's care by acknowledging various feelings and emotions involved in the process, empowering them through psychosocial support and psycho-education, providing them with

opportunities for physical and emotional respite, and validating their role as a primary caregiver for their infant. The authors conclude that it is essential for therapists to involve parents in their infant's care, as they serve as the voice of their child.

**Parents' voice and attachment between infants and parents.** The establishment and development of attachment between parent(s) and infant plays an important role in an infant's development over the course of their life. Considering the inevitable separation from their parent(s), unfamiliar environment, overstimulating sounds, and invasive procedures experienced by premature infants during their NICU stay, there is no question as to the need for promoting attachment between infants and their parents in the NICU.

Ainsworth and Bowlby extensively discussed and investigated the importance of attachment between parents and their children (Ainsworth, 1979, 1985). Bowlby believed that an infant's attachment to his/her parent(s) is an essential part of the ground plan of the human species, as well as that of other species. It is related to various aspects of one's development later in life. According to Bowlby's (Bowlby, 1969) ethological-evolutionary attachment theory, attachment is a caregiver's behavior of providing safety and security for the infant, therefore, enhancing the infant's chance of survival. Moreover, when infants experience stress or threat, they have a natural desire to seek close proximity to their caregiver.

A parent's voice, especially when involved in singing, promotes positive interactions between infants and parents and supports an infant's physiological and psychological stability (Arnon et al., 2014; de l'Etoile, 2006; Loewy, 2015b; Loewy et al., 2013; O'Gorman, 2007; Schwartz, 2000; Shoemark, 2013; Teckenberg-Jansson et al., 2011; Thompson, 2013). Music therapy interventions, such as infant-directed singing and contingent singing, incorporate the use

of the parents' voice in an effort to develop attachment (O'Gorman, 2007; Shoemark, 2013). These interventions consist of an exchange between an infant and a parent, in which the parent attentively observes and responds to the infant's presented behaviors, such as facial affects, gestures, and breathing patterns. The rationale for implementing these interventions involves: (a) the parent's sensitivity and responsiveness to their infant; (b) the parent's ability to modify their singing when interacting with their infant; and (c) the infant's capacity to respond to the music, demonstrating communicative musicality (O'Gorman, 2007).

When parents are in distress, however, development of attachment between infants and parents can be compromised due to parents' psychological imbalance. The literature indicates that premature birth and hospitalization of a child in the NICU are highly traumatic events, which can lead to post-traumatic stress disorder (PTSD) (Holdich-Davis et al., 2003; Shaw et al., 2006). PTSD can affect not only the parents' well-being during the hospitalization of their child, but also their life at home after discharge.

The findings from the study conducted by Shaw et al. (2006) indicated that family cohesion and expressiveness are associated with less psychological distress in parents.

### **Need for the Study**

The demands of the NICU on infants, as well as their parents, have been extensively discussed in the music therapy literature (Benzies et al., 2013; Bieleninik & Gold, 2014; Shoemark, 2013; Shoemark & Dearn, 2008; Standley, 2012). There remains, however, a lack of in-depth understanding of parental experiences of having a premature infant hospitalized in the NICU. Considering the crucial role that parents play in infant care and the necessity of providing care that meet parents' psychological and psychosocial needs, I identified a need to conduct a

study that explores experiences in the NICU from a parental perspective. Furthermore, music therapy research has not yet examined parental verbal and musical responses during music therapy sessions in the NICU. In conducting this research, I hope to contribute to the field of music therapy and neonatal care by setting the groundwork for modification in neonatal care that will address the needs of both infants and parents during NICU hospitalization.

### **Method**

I employed a phenomenological approach to deepen my understanding of parents' experiences in the NICU and the role of music therapy in addressing parents' needs. Parents participated in a single video-recorded music therapy session and post-session interview facilitated by the researcher.

### **Research Questions**

The study was developed based on this leading question: What role does music therapy have in addressing parents' needs while their infants are admitted in the NICU? Secondary questions include: What is the experience of parents whose infants are prematurely born? What psychological, emotional, and psychosocial issues emerge for parents in music therapy when their child is in the NICU? How do parents' experiences verbally and musically emerge during music therapy sessions?

### **Epoché**

Since coming to the U.S. from Japan to pursue my life goal of becoming a music therapist, I have encountered countless experiences that have shaped not only who I am as a person, but also as a therapist. I have found myself increasingly interested in listening to peoples' life stories. The human life experiences contained in our stories are what make us unique individuals, and the commonalities in our experiences connect us together, as well. Working as a music therapist in the medical setting, I have had the privilege of listening to my patients' life stories. These stories have enriched my own life and helped me grow as a person and as a music therapist. I have witnessed powerful and unforgettable moments of human life, survival, and death, along with the beauty of life flourishing, even in the face of devastating illness.

My strong interest in the concept of human experience and survival was intensified after experiencing my own loss of loved ones in Japan. I was suddenly faced with questions that seemed impossible to answer: Why me? What did I do wrong? Why do such horrible things happen to my family and me? I was filled with guilt, hopelessness, disappointment, anger, sadness, and loneliness. Along my path of self-exploration, I have realized that experiences and survival are the essences of life.

My interest in exploring human experiences, specifically those of NICU parents, has grown out of my personal and professional experiences. The NICU is the place where I have borne witness to the dynamics of human life, from birth to death, and the strong will for survival. Through my training as a child life intern and a trainee of an advanced training program in NICU music therapy at the center for music and medicine, I have become aware of my own struggle approaching parents of premature infants. I realized that while I was sympathetic and empathetic, I felt unsure of how parents were experiencing the NICU and how to best meet their needs.

### **Research Design**

The study employed a phenomenological design. The purpose of phenomenological inquiry is to study phenomena, such as lived experience. Lived experience refers to “experiences that we, as humans, have in relation to any event that we experience” (Forinash & Grocke, 2005, p. 321). From the phenomenological researcher’s point of view, “Human experiences simply exist and [are] therefore worthy of investigation” (Forinash & Grocke, 2005, p. 321). In this study, what parents of premature infants expressed and shared during the music therapy session and post-session interview was considered lived experiences that were complex and unique to each parent, hence, worthy of investigation.

Two data analytical methods were utilized for this study. Analysis of session video recordings was based on the method developed by Forinash and Gonzalez (1989) and analysis of post-session interviews was based on Colaizzi's (1978) and Giorgi's (1975) methods. These methods will be further explained below. The integration of these two analytical methods allowed me to study the complexity of having a child in the NICU from parents' perspectives through music as well as through verbal reflection from music therapy sessions and post-session interviews.

### **Participants**

Three parents of infants hospitalized in the NICU, one couple (mother and father) and a mother, were recruited as participants. The researcher obtained a referral from a medical team including music therapists, physicians, nurses, and social workers at a large urban medical center. Those who expressed interest in participating in the study and met the inclusion criteria were included.

Participants met the following inclusion criteria to participate in the study: (a) older than 18 years of age, (b) parent of an infant admitted in the NICU at the time of contact for the study, (c) no known concurrent diagnoses of mental illness and/or substance abuse, (d) medical stability, and (e) read and speak English.

### **Data Sources and Collection**

**Video recordings of music therapy session.** The researcher/therapist facilitated one music therapy session with each of the three parents in a music therapy room. The length of the session ranged from approximately 20 to 40 minutes and included an introduction of music

therapy services, verbal check-in, and music therapy interventions, such as warm-up, the tour of the room (Loewy, 2015a), music entrainment, and song of kin (Loewy, 2011, 2015b).

The tour of the room assessment model, the integration of sound association in the music therapy assessment, was developed by Loewy (2015a). During the tour of the room assessment, a patient is introduced to various sounds. Through the tour of the room, the therapist observes the patient's responses to each sound, in order to assess his/her relationship with the sound/music, as well as any other information shared, perhaps referentially, through words, affects, and gestures.

Entrainment in music therapy refers to the matching of music with the physiological rhythm and gradual modulation of the music in intention of achieving the desired physiological responses (e.g., heart rate, blood pressure, respiration pattern, level of oxygen saturation) (Bradt, 2009). In many literatures, the fundamental functions of breath in human wellbeing have been discussed. Aldridge (2004) claims that the rhythmic cycles of breathing that exist in each of us are responsible for the general condition of our wellbeing as humans. Aldridge further describes that breath is the link between the body, heart, and soul. As Aldridge (2004) states, "Life begins and ends with breath" (p. 150); one's breath is a representation of the very nature of human condition. Montello (2009) refers to breath as energy that can affect one's mental and physical states directly.

At the center for music and medicine, where I conducted this study, we implement an intervention called song of kin (Loewy, 2011, 2015b). The song of kin intervention utilizes parent-selected live music/songs that are meaningful for parents, their infants, and their family as a whole. In this context, culturally based, parent-selected, personalized music becomes a medium



for parents to express fear, anxiety, or grief related to the premature birth, and provides them with support, as well as instilling a sense of hope, security, and contentment.

The sessions were facilitated based on participants' needs and the researcher's moment-to-moment assessment. Various musical instruments, such as keyboard, guitar, drums, shakers, guiro, cabasa, ocean drum, gato box, thunder drum, and metallophone were presented to the participants and incorporated into the sessions based on their preferences.

**Post-session interview.** Immediately following the music therapy sessions, the researcher conducted post-session interviews. The interviews were video recorded for analysis. The researcher/music therapist began the interview with an open-ended question and followed up with additional open-ended questions when necessary, in order to avoid influencing participant's responses. Examples of questions include: (a) What was it like to be in the music therapy session? (b) What came to mind during the session? (c) What stood out during the session (i.e. imagery, themes, sensation, feelings, thoughts)? and (d) Describe how the music therapy session was for you.

### **Data Analysis Procedure**

**Analysis of session recordings.** The music therapy sessions were analyzed using a phenomenological method developed by Forinash and Gonzalez (1989), which is a modification of a method proposed by Ferrara (1984). This method consists of seven steps: (a) gathering the participant's background; (b) describing the music therapy session; (c) analyzing musical elements comprising the session; (d) describing the qualities of the sounds; (e) describing the referential meaning of the session; (f) becoming aware of the participant's perspectives and ways of conceptualizing his/her world in large, which may be presented/expressed during the session;

and (g) reviewing the data obtained in the previous steps (Forinash & Gonzalez, 1989, p. 38-39).

**Phenomenological analysis of post-session interviews.** The post-session interviews were analyzed based on Colaizzi's (1978) and Giorgi's (1975) methods. The process includes the following steps: (a) transcribing the interviews, (b) identifying key statements, (c) creating structural meaning units, (d) creating experienced meaning units, (e) developing the individual distilled essence, (f) identifying collective themes, and (g) creating global meaning units and a final distilled essence (Forinsh & Grocke, 2005; McFerran & Grocke, 2007).

### **Protection of Human Subjects**

**Informed consent procedures.** After receiving the Institutional Review Board (IRB) approval by Molloy College (see Appendix A) and the letter of approval for conducting the study from the center for music and medicine (see Appendix B), the researcher introduced the study to parents who met inclusion criteria. The researcher provided potential participants with detailed information regarding the study, including study protocols, participants' right for withdrawal from the study, possible benefits and risks involved in the study, and participants' confidentiality rights. Due to a low census as well as difficulty with scheduling a meeting with parents, I decided to change the number of participants from four to three upon receiving approval from the IRB. Participants gave informed consent before participating in the study (See Appendix C).

**Storage of personal information and research data.** The records and information disclosed by participants, including written documents, session video recordings, interview recordings, as well as other research data are kept in a locked file, or have been securely stored electronically within the property of the center for music and medicine. Only pseudonyms were used in the thesis to ensure the confidentiality of all participants.

**Ensuring Trustworthiness**

My intention was to capture the essence of the parents' experiences of music therapy in the NICU as accurately as possible. In order to ensure the trustworthiness, I incorporated the concept of authenticity described by Guba and Lincoln (1989) and Bruscia (1996), as well as the evaluation agenda called EPICURE proposed by Stige, Malterud, and Midtgarden (2009).

The concept of trustworthiness was first discussed by Guba and Lincoln (1989), who proposed authenticity criteria in order to ensure the trustworthiness of a qualitative inquiry. According to Guba and Lincoln (1989), research is trustworthy when it facilitates development in personal construction, improvement in understanding of the constructions of others, and empowers people to act. Bruscia (1996) defines authenticity as "an intrasubjective standard which governs the researcher's relationship to himself/herself" (p. 82). It involves "an ongoing process that a researcher goes through from the beginning of the research to its ultimate conclusion" (Bruscia, 1996, p. 82). Bruscia (1996) states that authenticity is evident in the researcher's stance regarding how the research being conducted, including one's focus, intention, experience, and action.

As a researcher and clinician in this study, it was important to bring awareness to my own biases, assumptions, and any other factors that might have intervened with my engagement in this study. In order to increase the trustworthiness of the research, I utilized the evaluation criteria, EPICURE (Stige et al., 2009). EPICURE consists of seven criteria: (a) engagement, (b) processing, (c) interpretation, (d) critique, (e) usefulness, (f) relevance, and (g) ethics. In a qualitative inquiry where the researcher's experience and subjectivity are considered a part of the study, a convincing level of reflection is needed in order to avoid adverse bias. Evaluation of

engagement was achieved by continuous reflection on the phenomenon being studied, as well as prolonged and repeated engagement through reflective journals, other written materials related to the study, and data being analyzed. Processing refers to “the producing, ordering, analyzing, preserving empirical material” (Stige et al., 2009, p. 1509), which was achieved by in-depth analyses of session video recordings and post-interviews employing phenomenological methods. Interpretation was achieved by the researcher’s prolonged engagement and persistent observation during data analysis, as well as the use of rich, detailed descriptions when presenting the findings. Critiquing involves the appraisal of merits and limits, which was achieved by clarifying and monitoring my positions and perspectives. Evaluating positive change, repression, or disempowerment as a result of the study was also monitored. To evaluate the usefulness and relevance of the current study, I engaged in prolonged, repeated interactions with data sources, related literature, as well as regular supervision and peer-debriefing. Finally, the evaluation of ethics was achieved by the monitoring of possible bias through reflexive journaling, supervision, and peer-debriefing, as well as by following research protocols approved by the IRB.

## Results

The findings of this study are based on the analysis of two data sources: music therapy sessions and post-session interviews. Results are displayed individually under seven categories: (a) participant background, (b) session, (c) syntax, (d) sound as such, (e) semantic, and (f) ontology. At the end of the analyses, metacritical evaluation is presented to provide the review of the data collected, including the inherent strengths and weaknesses of the phenomenological method employed.

### Music Therapy Session Analysis

#### Participant 1

**Step 1: Participant background.** Tara is a 37 year-old female who is originally from El Salvador. She moved to the U.S. with her mother and younger brother when she was 3 years-old. Her father went missing during the civil war in El Salvador; Tara and her family have not seen him since. Later, Tara and her brother searched for their father and found a death certificate issued with his name; however, the death certificate might not be their father's, leaving his death still in question.

Tara and her husband have been together for 14 years and married for 7. Her husband is from the Dominican Republic. Their first child, Alex was admitted to the NICU at birth. Alex initially had a low sugar level, and Tara also had a fever during labor. These two factors led to Alex needing antibiotics. Tara later discovered that Alex also had digestive issues, which came as a surprise to her.

Tara is a NICU nurse, and has been working in the NICU at a different hospital for 4 years. Although she was not expecting Alex to be born preterm, she was mentally preparing

herself for the possibility: As a NICU nurse who had been providing a care for infants and their parents, she was aware of the importance of preparing herself for unexpected events. After she graduated from nursing school, she started working on a geriatric unit at a hospital. Upon noticing that Tara was getting overwhelmed with and losing interest in her work, one of her colleagues suggested that she become a NICU nurse. She has loved her job in the NICU and plans to return to work after her maternity leave ends. One of challenges that she identified after her son's admission to the NICU was taking on multiple roles in her life as a mother, wife, daughter, and nurse.

**Step 2: Session.** Tara was invited to the music therapy room. After explaining the study and obtaining informed consent, I began the session. When asked about Alex, Tara started sharing her journey of giving birth to him, including her pregnancy, labor, his admission to the NICU, and, finally, the current situation of having him in the NICU. With her knowledge and experience as a NICU nurse, she was accustomed to the language, medical treatments, and overall environment of the NICU. However, because of her specific experience in the field, she said that she was trying to be "a good patient" by not questioning her son's issues and treatments. She was trying to trust the medical staff and process. When I acknowledged the multiple roles in her life (e.g. mother, wife, nurse) and asked what she identifies as the most important role since Alex's birth, she responded: "I think my role as a mom, taking care of him, doing what I need to do for him, and preparing everything for him." As she was talking, she became tearful. I validated her by recognizing the challenges of having many different roles, especially when her own son was admitted to the NICU and her professional identity was directly related to her current situation in life. Tara responded by saying, "For me it's amazing to hear you say 'your

son'...that I have a son." She went on saying, "I don't feel like a real mom because he is here and we are separated. When I'm here I'm so happy...when I am with him. I wanna take home a healthy baby. I don't wanna worry about him getting sick, you know?"

Her struggle with taking on multiple roles in her life manifests in her relationship with her parents, who often visit Alex on the NICU and cry after seeing him. Tara gives her parents emotional support by explaining that Alex needs to become healthy, so that he can go home, because no one wants to take a sick baby home. When asked her about her husband, she called him, "a NICU dad" and expressed her struggle communicating with him regarding Alex's medical condition. Her husband expects Tara to know "everything" about Alex's condition because of her professional role as a NICU nurse. She has been trying to explain to her husband that her understanding of her son's condition from a nurse's perspective is different from a doctor's, as nurses follow the doctor's orders and necessary protocols for specific treatment. Although Tara expressed her struggles with handling the different roles she plays in her life and the expectations from others, such as her parents and husband, she identified her husband as the one who had been the biggest support.

In spite of what she had to go through as a mother of a NICU baby, she reflected on her experience as an opportunity for learning and growth, through which she was able to develop a deeper understanding and empathy toward parents of NICU infants.

The discussion moved on to Tara's musical history. She played the piano for 8 years, mostly classical music and music from Broadway shows. She played saxophone and violin, but only as a young child. "I've always loved singing," she added; Tara and her husband both enjoy singing karaoke. Both share interests in creative arts, especially music and acting. Music has

been a big part of Tara's life from the very beginning; her mother used to play music for Tara in utero, and Tara listened to music when she studied throughout school.

When asked about her favorite song or a song that has any special meaning or memory, she said, "The song that I have been singing to my son." Tara and I engaged in playing Tara's song of kin (See Appendices D and E) with Tara singing and me accompanying on the guitar, in key of G major with a chord progression of I-iii-vi7-ii-V7-I. She began singing without hesitation, closing her eyes at times. Her voice sounded gentle and had an intimate quality. After singing and playing the song twice, we discussed the meaning of the lyrics and her associations with the song.

When asked her if she wanted to play the piano, she said, "sure," sat in front of the piano, and started playing a pop song called, "Tender Love." I accompanied her on the ocean drum, as Tara had described this song as the "slow one." She chose this song because it was the one she most remembered since childhood. She continued playing parts of piano pieces that she could remember from her childhood and stated, "My mom would be so disappointed if she heard this." She shared that she would like to start playing the piano, again, and include music in Alex's life as much as possible.

I facilitated improvisation with Tara's chosen instrument, G pentatonic metallophone, and piano. The session ended with Tara singing her song of kin, *Primera Cosa Bella* (see Appendices D and E), which she sang in Spanish, her native language.

**Step 3: Syntax.** Throughout the session, Tara spoke softly in a relatively low register: Her voice sounded gentle and even, without much change in dynamics. Within her gentle voice, I could hear strong will, especially when she was talking about Alex, as well as her role as a NICU



nurse. Changes in her affect were also observed depending on the topic of the conversation. When she was talking about her work, she made eye contact and the quality of her voice became firm and strong. When she was talking about Alex and her husband, her affect became more relaxed and animated, even exhibiting a sense of humor. When she was singing her song of kin (see Appendices D and E), despite the fact that the song was in a major key (key of G), there was a longing quality to the whole presentation of the song with her warm voice. When she sang the song for the first time, she appeared somewhat nervous or hesitant, looking at me at times without much change in her expressiveness. When she was singing the song for the second time, she seemed more herself, with her eyes closed and more projection of her voice.

When Tara was playing the piano, she seemed to be exploring, trying to remember how to play songs and pieces of music that she used to play as a child. She often stopped and corrected herself, expressing a little frustration at times. Even though she seemed to be having difficulty remembering the music, she had a sense of determination, stating, "I need to practice."

While improvising together, Tara was playing the metallophone softly and looking down at the instrument. As the improvisation continued, there were moments where melodic motifs were developing as a result of a musical conversation exchanged between us through imitating, reflecting, and matching musical phrases. Tara was playing three-note phrases with two quarter notes and one half note. Throughout the improvisation, the dynamics remained about the same. When it ended, we looked at each other and Tara said, "That was cool."

**Step 4: Sound as such.** The most prominent sound during this session was Tara's singing voice during her song of kin (see Appendices D and E). Her voice was soft, but full of expression and a feeling of longing. With the increased expression in her voice, I noticed my

guitar playing was also increasing in expression with changes in dynamics. Her singing possessed a sense of longing, sadness, and melancholy filled with warmth, perhaps reflecting her feelings of missing Alex and her father. There was synchronicity in the phrasing between Tara's singing and my guitar playing; we were entrained through our breathing and energy.

**Step 5: Semantic.** The meanings that I discovered through repeated viewings of the session derives from two contexts: (a) changes in Tara's presentation of herself observed through verbal interactions throughout session, which were manifested in her affect and tone of her voice, as well as expression of her feelings; and (b) Tara's musical expression, including the quality of her voice, as well as changes in her affect and her posture, which communicated various feelings and thoughts about her past, present, and future.

The first meaning emerged through Tara's self-identification with multiple roles in her life: She is a mother, child, wife, and NICU nurse. Although she plays many roles, there is a commonality between all of them: the role of a caregiver. This overlap in her multiple roles was discovered during verbal reflection in the session. For example, she identified her role as a mother as the most important role in her life. She also shared how she had to be supportive of her parents when they were sad after seeing Alex in the NICU with tubes and a medical monitor. When asked about her husband, she stated, "He is a NICU dad, he is like a parent that I work with at work." Although she seemed to be constantly playing the role of caregiver in different contexts of her life, she consistently exhibited a strong will, sense of determination, and love.

Tara's musical expression was observed during different interventions, including her song of kin (see Appendices D and E), instrumental improvisation, and sharing of familiar music. Her song of kin connected her to the past, present, and future, as well as her loved ones, regardless of

where they are. After the instrumental improvisation, she reflected that it was fun to play with me, even though she did not know how to play the instrument. She was enjoying herself exploring the new experience of spontaneously playing an instrument with someone in the here-and-now. When I asked if she wanted to play the piano, after knowing that she used to play, she rather quickly decided to give it a try, with only a little hesitation. While she was playing the piano, she stopped several times to correct her "mistakes," and reflected on her childhood. She talked about her mother, especially the musical influence she had on Tara.

**Step 6: Ontology.** Giving birth to a child and welcoming a new life is an exciting event; however, when an infant is prematurely born, such an exciting event can turn into a traumatic one, which interrupts many aspects of life for the infants themselves, parents, siblings, and other family members. The primary focus of the care tends to be on infants, their survival, and wellness. However, as a primary caregiver of those infants, parents often put their needs aside or forget to take care of themselves. As a result, many parents experience burn out, high levels of stress, numbness, anxiety, and feelings of loss.

During the session with Tara, I witnessed her genuine self; a gentle, loving, open, and strong person who appreciates every aspect of her life and is authentically in touch with her feelings in both musical and verbal reflections. She embraces different parts of her life and integrates them into who she is as a person.

**Participant 2**

**Step 1: Participant background.** Reynaldo is a 38-year-old male, who is originally from the Dominican Republic. He moved to the U.S. when he was 5 years-old and spent several years there before moving back to the Dominican Republic. He moved to the U.S. again for college. He met Valentina, his wife who also participated in this study, at college where he majored in computer information science and minored in computer science. He and Valentina have been married for 10 years, and have a 7-year-old daughter, Catalina, in addition to a baby who was recently born named Martina and admitted to the NICU. He has been working as a caseworker for 12 years, and has two younger sisters, one of whom loves music.

**Step 2: Session.** Reynaldo was invited to the music therapy room. After explaining the study and obtaining his signature in the consent form, I facilitated a warm-up, with Reynaldo playing the thunder drum and me playing the ocean drum. As he was playing the thunder drum, Reynaldo stated, "My sister would love this." After a brief warm-up, I presented him with different instruments to see any association he might have with presented sounds, including ocean drum, cabasa, guiro, G pentatonic metallophone, maraca, gato box, and small djembe. When he heard the sounds of djembe, he shared that he used to go dancing, but has not had the time to go, recently.

The conversation moved on to Reynaldo's musical background, including previous and current engagement in music, as well as favorite music. Reynaldo identified Latino music, including salsa, machata, and merengue as his favorite music. Reynaldo shared some of his favorite music with me; we listened to recorded music by Romeo Santos and played the drum along with it.

Reynaldo talked about Valentina, including how they met and have grown together as a couple. He played a recording of their wedding song called "El Farolito." Reynaldo listened to the song quietly with smile on his face, as if he was remembering their wedding.

I asked him about Valentina's admission to the hospital, their daughter's birth, and her admission to the NICU. He remembered everything vividly. He stated:

How do you deal with this? I don't know...Can I touch the baby? I was concerned. What can you do? They [medical staff] told us something, but it wasn't specific. And everyday I learned something new. I learned that I could touch her about the fifth day, after seeing another father in the NICU touching his baby.

He went on, sharing the first time he saw Martina experiencing apnea. "The first time her heart rate dropped [apnea], I was like, 'What happened?' I almost fainted. 'What happened? What's happening?'" He went on describing this event and reflected that he was relieved that his wife was not on the unit at the time. The medical staff explained apnea to him. He understood, but he stated, "It made sense, but I was scared. It was really scary." He ended up not telling Valentina about this incident, as he thought it would "complicate" everything and he was also scared. He went on sharing his experiences in the NICU as a husband and a father who provides support for his family in any way that he can.

Before ending the session I provided him with psychoeducation on how music therapy can help premature infants in self-regulation, feeding, sleeping, and bonding. Reynaldo appeared receptive to music therapy, showing his understanding of different ideas by nodding and making occasional comments.

**Step 3: Syntax.** The session began with a warm-up during which Reynaldo played the thunder drum and I played the ocean drum. He was playing it as if he was exploring the sounds, shaking the drum, listening to the sound attentively, and making animated facial expression with raised eyebrows at times.

While we were listening to his favorite music, Reynaldo often showed dance-like movement, moving his upper body along with the music. He played the djembe drum with three fingers, softly and rhythmically. It seemed that his association with Latino music was not only for listening, but also for dancing.

**Step 4: Sounds as such.** The sound most present in the session was Reynaldo's laugh. Throughout the session, he presented two different kinds of laughter: a nervous laugh and a genuine laugh. As he stated at the beginning, he was initially nervous and often laughed as if he was filling the silence. He seemed to become more comfortable and authentic after the warm-up. While listening to his favorite music, especially his wedding song, he recalled a humorous incident at his wedding that, for him, was associated with this song; his personality brightened with authentic laughter at the recollection.

**Step 5: Semantic.** Referential meaning emerged in the form of imagery and also metaphor. Among Reynaldo's musical responses, what stood out to me the most was his body's movement to the music. It was apparent that his association with music was heavily influenced by his interest in dance, particularly dance with a partner. He reflected on the topic of making the "connection" to others and establishing relationships. Listening to his musical responses, as well as his stories, the imagery of two people dancing on the floor came to mind. This imagery became clearer to me when I thought about an interaction between two individuals: It is like a

dance in that it entails observation, taking in what the other person is presenting, and responding to the other. When we dance with another person, we become attentive to our partner's movements, breathing, emotions, and his/her whole being. Reynaldo's musical and cultural background, as well as his association with music and movement, were reflected in how he perceived communication between individuals, and the way he interacts with others. In that sense, as he stated, music functions as an icebreaker for him to become more comfortable in a particular environment and open himself up to others.

**Step 6: Ontology.** During the session, what stood out the most was the image of him as a husband and father who provides and manages "whatever his family needs." When I asked Reynaldo about his coping style with difficult issues, he stated:

I am a reserved person. If anything happens, I can handle it by myself. I take it to myself. I'll do it, I'll fix it. But I'll take it in. But family wants me to open up more and talk. Let's say my wife has a problem. I'll say, "Don't worry about, I'll deal with it. You relax and chill, I'll deal with it!" cause I can handle everything.

However, he also stated how difficult it had been for him to balance his work and manage care for his family since Martina was admitted to the NICU. Moreover, he identified his child's admission to the NICU as one of most challenging situations that he has experienced, finding it almost impossible to handle. He stated:

This, this [with hand gestures], beginning of what happened, it was tough. I was like...too much pressure from here, there, over there [pointing in different directions with his hands], not sleeping, and thinking about all that. But I'll overcome. I overcome everything.

In his process of navigating different roles in the NICU, I suspect that he might have experienced moments where his identity as a provider in his family was challenged. At the same time, he also realized that he was allowed and encouraged to open up to others, especially during such a time of adversity.

### **Participant 3**

**Step 1: Participant background.** Valentina is a 37 year-old woman originally from the Dominican Republic. She moved to the U.S. when she was 16 years old. She met Reynaldo, her husband who was mentioned earlier as Participant 2 in this study, in college, where they were both studying computer information science.

Valentina gave birth to her second child, Martina, on her birthday. Valentina was hospitalized for 6 days after giving birth to her daughter due to elevated sugar level. She has another child who is 7 years old. She had one miscarriage before getting pregnant with Martina. Valentina has three half-siblings; two older sisters, and one older brother. She is the only child from her mother's second marriage. She became pregnant three times (she had a miscarriage) through in vitro fertilization (IVF). During the session, she shared her journey of getting pregnant and giving a birth to her children.

**Step 2: Session.** I invited Valentina to the music therapy room and obtained her signature in the consent form after explaining the study in detail. The session started with a brief verbal check-in, during which Valentina expressed exhaustion. I facilitated interactive music, consisting of improvised guitar music in key of C, while Valentina was playing the ocean drum. I played the guitar in a way that entrained to her breathing, watching the rise and fall of her chest in order to facilitate her relaxed state.



I presented her with various sounds from different instruments (thunder drum, G pentatonic metallophone, gato box, giro, cabasa, djembe drum, keyboard) and asked her what came into her mind when she heard a particular sound. When she heard the sounds from metallophone, she said, "You know what it sounds like? You know, I used to go to a place to do my nails, and they [the staff] were from China. And, sometimes in the movies, people dance in [Chinese] costumes."

When I observed that her nails did not appear manicured, she said, "I stopped when I got pregnant." She went on sharing about the baby that she lost due to miscarriage. The baby stopped growing at 10 weeks, which occurred about 14 months ago. We talked about her process with IVF. Despite several unsuccessful attempts, she and Reynaldo wanted to have another child, especially for her older child, Catalina, who was asking for a sister. Unfortunately, the baby did not survive: She miscarried on Christmas Day in 2014, which only complicated their grief. After several months passed, they decided to try again with a doctor's recommendation; however, they also decided that this time would be the last time to try. Her pregnancy with Martina "was not easy. I was afraid that I was gonna lose the baby." She was not able to enjoy her pregnancy until her fourth month. Every little thing, such as pain, worried her.

After talking about sound association, I invited Valentina to instrumental improvisation using two instruments of her choice, keyboard and ocean drum. I asked her if she would like to share her song of kin (see Appendix F), which she previously composed with me during an earlier music therapy session. At that time, she was holding Martina and singing to her quietly. I walked up to her and introduced music therapy. I encouraged her to keep singing while supporting her on the guitar. Valentina vividly remembered this encounter. At one point during

session, the nurse came up to her and told Valentina that she had to put Martina back in the incubator because her vitals were not stable. After Martina was put back in the incubator, Valentina walked out from the room, crying. During my conversation with her, she told me that she felt as if her baby was taken away from her. Although she understood that it was necessary to put Martina back in the incubator to stabilize her vitals, it happened so quickly that she could not process it.

Valentina continued on, telling me about her experience of delivering Martina through Cesarean section. She became tearful when she was talking about the moment she heard Martina cry. She was able to see Martina for the first time in the NICU 2 days after she gave birth:

I cried a lot...I didn't want to...the baby feels me, that I'm sad. I was sad and happy at the same time. I started crying because of the way I saw her. She had all the stuff on her body [gesturing with her hands that she was connected to different mechanical equipment] and you cannot hold her.

She articulated that it was helpful for her to express the feelings and emotions that she was holding inside.

I asked Valentina what had been the most challenging aspect of having her child in the NICU. Although she stated, "I'm getting used to it, already," she also stated that not having her baby with her had been challenging in many ways, including adjusting her life to the new routine of visiting her baby in the NICU, pumping and feeding, and caring for her older child. She also stated that she was looking forward to having Martina back home and starting life as a family. At the same time, she was trying not to get her hopes up too high, because "It's a process." I asked Valentina what had been her support, she immediately said, "family." She said, "She is a miracle,

Martina. Everything that we went through to have her and she came out in the 28th week and is still here, that's a blessing. She is a fighter."

**Step 3: Syntax.** The session started with me playing improvised music on the guitar in key of C and Valentina playing the ocean drum. I was playing a chord progression of C7-Amin7-Dmin7-G7-Em7-A7-Dmin7-G7-C7, with finger picking, while Valentina was playing the ocean drum. I focused on Valentina's breathing, entraining to the movement of her chest to guide her to deeper breathing and, ultimately, to facilitate her relaxed state. During the intervention, Valentina was looking down at the ocean drum, taking deep breaths. There were moments where Valentina seemed to be matching her playing of the ocean drum to my guitar playing, especially when I was repeatedly playing elongated C7 and Amin7 chords. After the music ended, Valentina giggled briefly and looked at me. I asked her, "What were you thinking when you were playing?" She stated, "Nothing, I was focusing on the sounds. It's like a wave."

It was during the second intervention when Valentina told me about her miscarriage in the 10th week of her previous pregnancy. I presented Valentina with various sounds from different instruments, and sounds from the G pentatonic metallophone reminded her of the place where she used to get her manicures done, something she stopped doing after her miscarriage. She associated her miscarriage with chemicals in manicure products.

After asking about association with different sounds, I invited her to an improvisation, using her chosen instruments, keyboard and ocean drum. As Valentina started to tilt the ocean drum and make gentle sounds, I began improvising in key of Ab with an arpeggio in left hand. The tempo was in larghetto-adagio (65-66 BPM) and meter was in 4/4. The melody was lyrical with ascending and descending movement with skips in between each note. During the

improvisation, Valentina was sitting to my left, mostly looking at the ocean drum. She looked at me occasionally. When the music ended, Valentina stated, "That was nice."

When I invited her to sing her song of kin (see Appendix F), she first seemed hesitant, giggling and saying that she made a lot of changes since we initially sang it in her first music therapy session. As she started singing the song in Spanish, I tried to match the key of my guitar playing with key of her voice. During the song, she was smiling most of the time. She was moving her upper body from side to side as if she was rocking Martina. I naturally entrained to her movement, while supporting her singing on the guitar in a key of A (I-IV-V).

Linda de mi Nina Linda de Mama

Mi Martina bella, bella de mama

Linda de mi Nina Linda de Mama

Mi Martina bella, bella de Mama

**English translation**

Beautiful my little girl from mama

My beautiful, beautiful Martina from mama

Beautiful my little girl from mama

My beautiful, beautiful Martina from mama

**Step 4: Sound as such.** The sound that caught my attention was Valentina's speaking voice and its expressiveness. Throughout the session, Valentina shared her life story, mainly focusing on her journey of becoming a pregnant with three children, her grief over the loss of her second unborn child, her pregnancy with Martina, and her experience of giving a birth to her and having her in the NICU. I was stunned by how much she had gone through and also amazed how

strong and resilient she was. The sound of her voice and the way that she was speaking were as if she was reading a book to someone, telling a story. The elements in her speaking, including its contour, phrasing, tempo, timing of rest, and dynamics added expression to her story telling, portraying the emotional and psychological states associated with her past, present, and future.

**Step 5: Semantic.** The referential meaning emerged as a form of theme during this session, which is “flow.” In the Merriam-Webster dictionary, flow is defined as (a) To move in a continuous and smooth way; and (b) to move, come, or go continuously in one direction. Despite the fact that Valentina had gone through tremendous challenges and hardships in her journey of having children and creating her own family, I experienced a sense of flow during this session, from her presence, speaking voice, singing voice, and the way that she attended to sounds of music during our improvisation.

According to Nakamura and Csikszentmihalyi (2011), when an individual is in flow, she operates at full capacity. In Csikszentmihalyi’s theory, “individual” is recognized as a self-regulating organism, constantly trying to be in flow, establishing equilibrium as she interacts with the environment. Despite every obstacle and challenge that she encountered, Valentina made a conscious choice to live with appreciation for herself, others, and her own life. Her qualities of determination, resilience, love, patience, and warmth created a sense of flow in her music, as well as in her presence.

**Step 6: Ontology.** The pivotal moment of this session occurred when Valentina shared the association that she made with the sounds of metallophone, which was her experience of her miscarriage. The particular sound brought her back to the time of loss and grief, and possibly a traumatic event of her life. With her openness and willingness to share her life stories through

music and verbal reflection, I witnessed how she connected the dots in her life and became who she is today, a person who is resilient, strong, accepting, appreciative, and loving. During this session, I noticed her warm presence from her voice and also affect. After listening to her stories and engaging in music together with her, her authentic presence became more prominent. Beneath her warmth and tenderness, there was grief, acceptance, hope, and appreciation.

### **Metacritical Evaluation**

The phenomenological method employed in the analyses of the three music therapy sessions allowed me to examine and describe the complexity involved in the therapy process with each parent. It provided me with insights pertaining to how various components of the session were integrated to illuminate of the referential and ontological meanings of each participant's world. Moreover, a detailed examination of each participant showed how differently the music therapy processes unfolded and allowed me to fully experience each one.

### **Post-session Interview Analyses**

The following eight themes were identified after examining the post-session interviews with three participants employing the procedures detailed in the method: (a) Experience of Music Therapy and its Environment, (b) Roles of Music, (c) Music as a Connection, (d) the Therapeutic Relationship, (e) Importance of Communication, (f) Experience of Navigating the New Environment of the NICU, and (g) Process of Becoming a Parent of a Premature Infant.

## **Global Themes and Meaning Units**

**Theme 1: Experience of Music Therapy and its Environment.** The theme was derived from the following global meaning units: (a) The music therapy sessions created an environment where parents could engage in a mutual interaction with the therapist; and (b) experiences of music therapy were perceived as sharing, conversation, and opening up to a stranger. The parents commented on how the environment of the particular setting was related to their experiences of music therapy. Tara commented on her experience of sharing the important song and described it as sharing: "This is more like sharing, right? You were asking me to sing song that's important or meaningful to me."

Reynaldo shared his experience of being nervous but described his overall experience as a conversation: "I was [nervous], but then it's more like conversation."

Valentina mentioned how the environment in the NICU differs from that of an individual therapy session. She also commented on how the environment influences one's being and way of communication with others: "It's more personal, the environment. In there, hospital, clinic, or unit, you're gonna think that you'll ask questions because you're in the NICU. Here is like, it's one to one."

**Theme 2: Roles of Music.** The theme was derived from the following global meaning units: (a) Music was perceived as being fun and enjoyable; and (b) music helped in letting go of things, being in the moment to enjoy the experience.

Tara commented on feeling pure enjoyment of making music spontaneously with someone in the here-and-now:

I think just being able to let everything go, and be in a moment, and enjoy the music and the sounds and the experience. I think it's really cool and fun, and powerful too. Like I was playing this (pointing out the chimes), and I wasn't even thinking about "I don't know how to play this" I was just making sounds and just enjoying the sounds and you accompaniment, and you know, it was nice. Made music. I felt good.

**Theme 3: Music as a Connection.** The theme was derived from the following global meaning units: (a) Singing served as a way to connect to the infant; and (b) music therapy played a role that facilitated bonding and healing. Valentina commented on meaning of singing to her baby and how it helped bonding with her baby when only limited time was given:

It was like, she hears my voice. I was calming her. And I noticed every time I sing to her she smiles. She does and she opens her eyes and laughs a little bit. She recognizes my voice [...] Even though I'm not there with her 24 hours, when I get there she knows it's me. I am not there 24 hours like nurses. When I go there, when I get to the NICU, and I opened [windows of the incubator] and "Martina linda mommy" she moves, like she knows I'm there. When her father calls her, she opens her eyes, wide-awake. And when I am singing to her, she smiles...like a little bit. I can see it in her face, smiling, like "I see you like it."

Tara shared her thoughts on the ways music therapy aided in her baby's healing and commented on how she would utilize music as a way to connect to and care for her baby:

Even just knowing that music has been played for my son, and for the babies to help them to breathe better, and calm down their crying. Like it's just, I mean I would do that myself if he was at home with me, you know? I'd play classical music to calm him down



or you know read him a story to put him to sleep or sing him a lullaby to help soothe him. She also made a comment from her professional point of view as a NICU nurse pertaining to the integration of music in the NICU:

Sometimes I want to play music for our babies, and you know, I encourage parents to play music for their babies if they want to. We don't discourage them from doing that. I think it's really nice.

**Theme 4: The Therapeutic Relationship.** The theme was derived from the following global meaning units: (a) A shared experience of musical and verbal interactions helped parents to establish rapport with the therapist; and (b) music therapy provided a means of acknowledgement and validation through a shared experience. Reynaldo commented on how engagement in a shared music making experience helped him open up and share his thoughts and feelings. He shared his experience of being initially nervous and becoming more relaxed and comfortable after making music together:

It was nice. I started nervous. You did your magic [with a hand gesture, pointing the instruments on the desk], showed me [the instruments] and made me interact with this [touching the thunder drum] and other things, and you loosened up little bit, and then you go...it's like a conversation. I open up little bit more.

Valentina commented on how she could open up herself during music therapy session, which was difficult to do at times with someone close, such as her husband:

It was nice. You know that I cry. It's like, ummm, sometimes you open up to a stranger more than to people around you. It's true. If I talk to my husband, I think twice. I fight for everything.

Tara shared what it meant to share her important song with me:

I mean it's a beautiful song and I mean explaining what it means to me and why it gives me that reaction was...I think it's important. What you're doing and what I'm doing. So you know, to be able to express that, too, is important.

**Theme 5: Importance of Communication.** The theme was derived from the following global meaning units: (a) It is important to open-up one's self to others; and (b) one needs to ask for help when going through a difficult time. Valentina emphasized the importance of opening up and not keeping everything to one's self, especially when going through a tough time:

One, you have to open up. For me, I was holding so much stuff [touching her chest] that it's not good. At the beginning, I was holding so much that I was screaming to my [older] daughter and then I was crying for everything. My husband will say something to me, "you always say something to me." I was holding so much. And he said, "you have to open up. Cry if you have to cry." And that was when I started crying...It helped a lot.

After sharing his experience of music therapy, Reynaldo commented on the importance of opening up and shared his perspectives on how to establish a relationship and connection with other parents and staff in the NICU:

I open up little bit more...that's what I need to do more. I don't know, I'm more reserved...I think it's how you break the ice with the parents. Like if I'm with the baby and you come in and be happy like, "yeah!!!" How can I say this? Just like be yourself, be happy, connect to the parents, that's the first thing. If you open up, to us whatever, we will open up more. We will, in our case, we'll feel more comfortable with the baby, and you can ask or do whatever you have to do. It's a connection, first connection, for my part at least.

Yeah, like let's say you come in and you don't know me, but you already know me, or pretend that you already know me and like, "lalalalala" [demonstrating someone talking].

I think that's a better approach. But maybe some other people don't see it like that, maybe they are more, yeah shut-down. But yeah, I think that's a nice approach.

Valentina mentioned the importance of asking for help when being in an unfamiliar environment:

I mean one, she needs to talk, ask for help. You need help. You have to ask for help.

And maybe in a special situation like NICU, now that I have spent almost one month there, I speak to nurses. They speak to you.

**Theme 6: Experience of Navigating the New Environment of the NICU.** The theme was derived from the following global meaning units: (a) Parental experience of being in the NICU involves a process of gradually feeling more familiar with the environment; and (b) parental loss of 'normal' parenthood, which requires coping mechanisms that develop over time.

Valentina shared her experience of feeling uncertain in the unfamiliar environment of the NICU, including feeling distrustful of staff. However, her perceptions changed over time as she spent more time in the NICU, became more familiar with the staff and environment, and learned new things involved in her baby's care:

It was hard, because I never experienced that before. Now that I'm more used to [it]. If I need something, I let them know, like "I wanna hold the baby." Now I don't ask no more, cause they ask me, "Do you wanna hold the baby?" But at the beginning it was hard ...

There was something going on and even at the point where I saw Martina crying, because something was off. I was getting upset, "Why isn't she [the nurse]

looking into Martina?" But then now I understand that sometimes you have to let her cry to learn how to self-regulate. But for me it was hard because I didn't know how the environment works in the NICU.

Tara experienced a loss of normal parenthood, including isolation from her baby and missing events that she had planned for him before he was born. She identified the biggest challenges in having her baby in the NICU were "being away from him" and "not being able to bond with him, the way that I could at home." She also talked about trying to temper her expectations of an early discharge for her son:

I'd be disappointed. My husband is sad already, cause he wants to be home with him. I wanted him home for the Superbowl. My cousin got him a little outfit to make him look like a football. We were all excited that we're gonna have a Superbowl Sunday at our home with him dressing like a football. That's not gonna happen but that's okay.

**Theme 7: Process of Becoming a Parent of a Premature Infant.** The theme derived from the following global meaning units: (a) Being a parent of a premature infant may be a traumatic experience, starting from the birth of the infant or earlier; and (b) becoming a parent of a premature infant is a process that consists of many transitions (e.g., pregnancy, birth of the baby, admission to the NICU, NICU stay, discharge to home, and new life with the baby), involving a range of emotions.

Valentina shared her experience of burnout, suppressing her emotions without time to process everything that happened:

I was holding so much. Everything happened so fast. "Oh my god, what happened?!" I went to the doctor for an appointment and they let me deliver there and I spent 5 days

and had the baby. Everything was going too fast.

For Tara, although she expressed her excitement of bringing her baby home as soon as possible, she also shared her feeling of anxiety bringing her baby home, which would be another transition for her, her baby, and family:

We're ready ... I mean mostly [it's] exciting but [there's] also anxiety. Like I said, someone who is completely dependent on us ... Yeah, so [I feel] mostly excited and a little bit of anxiety.

Results from the current phenomenological study revealed diverse, yet inevitable challenges to the parents of premature infants in the NICU, as well as the unique property of music therapy to accommodate the various needs of those parents.

## **Discussion**

Based on the findings of this study, a discussion will be presented on the following: (a) identified challenges and needs of patients in the NICU; (b) roles of music therapy; and (c) the integration of musical and verbal interventions into music psychotherapy.

### **Identified Challenges and Needs of Parents in the NICU**

As previously discussed in the literature review on parental perception and experience of the NICU, challenges in the NICU include: anxiety, desire to be with one's infant, isolation, frustration, disappointment, guilt, insecurity and lack of confidence as a parent, self-doubt, loss of identity, loss of sense of control, uncertainty, and vulnerability (Erlandsson & Fagerberg, 2005; Fenwick et al., 2008; Hall, 2005; Nicolaou et al., 2009; Nystrom & Axelsson, 2002). Participants in the current study identified these themes, as well. Moreover, as is congruent with existing literature, two participants expressed difficulty communicating with and trusting medical staff, as well as navigating the unfamiliar environment of the NICU. However, those two participants also identified their experiences in the NICU as a process to which they adjusted and ultimately developed knowledge and coping skills during their NICU stay.

As Reynaldo and Valentina shared during the interview, communication is a crucial component of developing a trusting relationship between parents and medical staff. Things that might be "usual" for medical staff may not be so for parents, who may be having difficulty absorbing information, adjusting to a new environment, and coping with the stress of having a hospitalized newborn.

In the NICU, parents are often recognized as primary caregivers who make important medical decisions during their child's hospitalization. With the importance of recognizing the

family as a unit and each individual as an integral part of that family unit, family-centered care accommodates not only the individual needs of patients, but also the needs of those who are an active and integral part of the patient's life (Bieleninik & Gold, 2014; Edwards, 2011a, 2011b, 2014; Johnson, 2000; Novilla et al., 2006; Shoemark, 2013; Shoemark & Dearn, 2008).

One of the challenges that all three of the participants shared was making changes in their daily lives in order to visit the NICU, and the strain those changes put on their schedules. The two mothers discussed the difficulties scheduling different tasks pertaining to the care of their infants, including pumping, feeding, care for other children, and commuting; moreover, they expressed physical and psychological exhaustion due to lack of personal time and sleep. The father participant also mentioned a lack of time as a challenge. Interestingly, when I asked him about his coping system during this difficult time, he mentioned listening to music. However, with his responsibilities at work and to his family, including an infant in the NICU, he did not have time for himself anymore.

Two of the participants, Tara and Valentina, stated that when they spent time in the NICU with their babies, they tried to stay calm, even when they were experiencing difficult feelings. They were afraid of the detrimental impact the expression of their negative feelings might have on their baby:

I didn't know anything about the NICU, so I researched. People say that you have to talk to the kids, babies, and sing to the babies. Don't cry in front of them, because they can feel. I don't want her to be sad. I want her to be happy.

The imbalance in parents' psychological state can negatively affect development of attachment between infant and parent (Holdich-Davis et al., 2003; Shaw et al., 2006). Therefore, the care that accommodates both infants and their parents is crucial in neonatal care.

### **Roles of Music Therapy**

As previously mentioned, there is minimal literature in the field of music therapy that examines parental experience of having a newborn in the NICU. This study aimed to explore roles of music therapy, focusing on parental needs and challenges in the NICU. Through the phenomenological analyses of music therapy sessions and post-session interviews, the following emerged as different roles of music therapy: (a) music as an associative process; (b) musical environment: development of relationship through communication in the here-and-now; and (c) music as a bridge between past, present, and future.

**Music as associative process.** Valentina's point of trauma was revealed through the tour of the room assessment during which she associated the sound of the metallophone with the nail salon where she used to go before she had her miscarriage. It was a crucial to hear about Valentina's traumatic experiences prior to her pregnancy with Martina, which I was not aware of prior to our individual session. The music/sound assessment opened a door for me to tap into Valentina's experience of this trauma, as well as her journey of giving a birth to Martina. Through the assessment and exploration of sound association, I was able to gather information that I might not have been otherwise able to obtain, and this discovery led me to explore Valentina's experience of having a baby in the NICU, including her past trauma, family history, coping mechanisms, and other various life stories.



**Musical environment: Development of relationship through communication in the here-and-now.** All three of the participants commented on the environment and space during music therapy sessions. There was something calming, welcoming, and nurturing about the environment and space that led them to open up and share their stories. “Sharing,” “conversation,” and “personal” were the words they used to describe their experiences of music therapy sessions. Those words all imply interaction, mutuality, and respect. For Tara, acknowledgement and expression of respect toward one another through musical and verbal interaction played an important role during our session. Tara also commented on the act of music making during the session and described it as fun and powerful.

For Reynaldo, the setting of an individual session made him somewhat nervous at first; however, by engaging in music making with me, he became relaxed and more comfortable, which helped him open up more. Later, during the post-session interview, Reynaldo described his experience of music therapy as “conversation.”

Discussing the client-therapist relationship in music, Aigen (2014) commented on Rolvsjord and Stige’s (2015) stance on the therapeutic relationship. For Rolvsjord and Stige (2015), the music therapy relationship is mutual and established through the collaborative creation of music, through which client and therapist share a joy and a sense of accomplishment in making music together. Through the shared experience of mutual music making, the client-therapist relationship developed between the participants and myself; this, in turn helped the therapy process in different ways. For Tara, it provided her with opportunities to explore her creativity and musicality, and enjoy the here-and-now. For Reynaldo, it acted as “icebreaker” that helped him become relaxed and open. Valentina described her experience of music therapy

as “personal,” a place in which she was able to release the emotions that she had pent up inside. She also commented on the differences between the environment of the NICU and that of an individual session.

The environment of the NICU can be perceived as invasive, with noxious and unpleasant noise from medical machines, people talking and walking around, as well as other external factors. Such an environment can have negative physiological and psychological impacts on not only the infants, but also on parents and other caregivers in the NICU (Bieleninik & Gold, 2014; Mazzer, 2010; Rossetti & Conga, 2013). Moreover, most parents tend to suppress their feelings and emotions when they are with their infants; they are afraid that their unstable emotional state may negatively affect their child. Some parents have also expressed a stronger identification as “parents,” rather than who they really are as an individual when they are in the NICU; therefore, they tend to focus on their infant’s needs, which can lead to burnout as a primary caregiver.

According to Mazzer (2010), environment is “an integrated experience, a space and time made up of the physical, interpersonal (social), sociocultural elements that merge into a whole” (p. 2). Considering possible emotional and psychological demands on parents in the NICU, music therapy for parents can create an environment where music acts as a facilitator of healing, providing them with opportunities for soul searching, reliving, reflection, self-expression, and simply “being” in the here-and-now in a client-therapist relationship, where two individuals interact and mutually influence each other.

**Music as a bridge between past, present, and future.** During the session with Tara, she shared a song that she had been singing to her baby (See Appendices D and E). This song had been sung to her by her father, who had gone missing during the civil war in El Salvador.

Although she does not really have any memory of her father, she feels connected to him through this song.

Tara's identified song of kin, "*Primera Cosa Bella-The First Beautiful Thing*," provided her with a medium through which she could reminisce about her missing father and regain her connection to him (see Appendices D and E). Moreover, her song of kin became a bridge that connected her past, present, and future, passing on her life story and familial cultural heritage to her newborn baby. Valentina also shared her song of kin during our first session together with her and her baby, a song that she herself had composed (See Appendix F). When I asked her what it meant for her to sing to her baby, she described it as a way to establish a relationship with her baby. This is significant considering the limited time parents in the NICU have to bond with their infants, as well as the lack of privacy in the unit, a factor that can interrupt child-parent bonding.

As a bridge, music has the capacity to play the role of transitional object, which connects past, present and future (Stillwater-Korns & Malkin, 2005). Music brings us back to the past and allows us to relive/re-experience it in the present moment of the here-and-now. By participating in such an experience, one can gain different perspectives and meaning in relation to certain life events, reconcile with unresolved feelings and emotions, acceptance one's self as a whole person, and restore one's true self.

### **Integration of Verbal and Musical Interventions in Medical Music Psychotherapy**

The model of medical music psychotherapy is based on the integrative medicine orientation, which involves music within the context of the relationship between patient and therapist. It is a wellness model that focuses on an individual's strengths and resources beyond

physical symptoms and looks at an individual from various aspects of his/her being, including physical, emotional, cognitive, developmental, social, spiritual, and cultural domains (Loewy, 2015a)

With an intention to gather information that allows me to draw a complete picture of who the participant is, I facilitated my sessions through musical and verbal interactions. Practicing such a model, I often faced the challenge of determining how much music and verbal communication to utilize in my sessions. Through this study, I have gained insights that may help me better understand the clinical purposes of using music and words, and integrate both to better facilitate my clinical practice. Although the challenge of integrating music and words will never go away, the detailed analyses of my music therapy sessions, as well as the post-session interviews, helped me see the roles of music and words in a therapeutic context from a variety of perspectives.

Discussing the various ways of understanding music therapy, Abrams (2011) described music therapy as “a discipline that promotes human health both as and through music, in which music is understood as a temporal-aesthetic way of being, transcending the concrete medium of sound that manifests across all of the domains targeted in clinical music therapy goals” (p. 114). His way of thinking helped me clarify the concept of music in a therapeutic context: Music goes beyond physical sound, encompassing all aspects of a human being, sounds of one’s self and others, and dynamics in human interactions. In that sense, every element of a music therapy session represents being in a context of the client-therapist relationship, which makes music therapy unique as a discipline in promoting health. Moreover, how I perceive music in a therapeutic context is congruent with a holistic aspect of the music psychotherapy model.

Nolan (2005) discussed the use of verbal processing in music therapy. According to Nolan (2005), verbal processing can be used as: (a) an opportunity for increasing awareness or understanding internal and external events; and (b) a way to gather additional information. In my sessions, I was able to obtain important information pertaining to each participant through verbal communication, including histories of trauma, cultural and familial history, and experiences in the NICU. In that sense, in regard to the integration of music and words, the music therapy sessions can be described as “a multi-leveled space, made up of various screens between and through which we constantly shift” (Pavlicevic, 1997, p. 146). Although music and words are distinctively different and each has their own unique functions, when both are well integrated into the therapy process, it can enhance the possibility of therapy.

As Aigen (2014) states, “[the] client experience should have the greatest weight in determining the nature of music process and the elements that bring greatest benefits” (p. 98). Regardless of population and setting, what is brought to the session must depend on the client’s needs and possible benefits reaped from receiving music therapy.

### **Limitations**

It is important to note my dual role as a researcher and therapist in this study. The study consists of three individual music therapy sessions facilitated by me, as a therapist and post-session interview conducted by me, as a researcher. The post-session interview was conducted immediately after each session. Moreover, this study relied on my personal interpretation of the data from the music therapy sessions and post-session interviews. In regard to analyses of music therapy sessions and post-session interviews, I followed each step involved in the analysis as described in the method section.

As a qualitative researcher, I recognize my identity in this study as researcher-as-instrument. In qualitative research, my personal attributes as an individual, including my thoughts, feelings, images, intuitions, insights, and intellectual judgments are considered as important data in the qualitative research process (Aigen, 1993; Smeijsters, 1997). Therefore, it was important to be aware of possible bias and take steps, as the research instrument, to ensure the trustworthiness, accuracy, and quality of the findings. In order to do so, I utilized the evaluation criteria, EPICURE (Stige et al., 2009) which consists of the following seven criteria: (a) engagement, (b) processing, (c) interpretation, (d) critique, (e) usefulness, (f) relevance, and (g) ethics. The detailed procedures for each step are described in the method section.

Furthermore, in order to ensure the accuracy of the results from the post-session interviews, member checking was employed. I sent the individual distilled essence, the descriptive essence of a participant's experiences captured from the interview, to each participant to confirm the accuracy of the description of their experiences (Colaizzi, 1978). Other possible strategies to ensure trustworthiness include peer debriefing to review the data and findings, and the use of qualitative devices to examine the data and findings from a variety of perspectives (Musumeci, Fidelibus, & Sorel, 2005).

### **Implications**

The current study explored parental experiences of having an infant in the NICU. With limited literature available on this topic in the field of music therapy, I hope that this current study will prove useful for music therapists and other disciplines involved in the care of NICU infants and their parents.

Although the challenges and needs expressed by the participants in this study were congruent with existing literature from various related disciplines, the way in which they were expressed was unique to the field of music therapy; namely that the music and the client-therapist relationship developed through mutual engagement in music played a primary role in facilitating the therapy process. Moreover, various roles of music therapy were discovered not only as a means of addressing such challenges and needs, but also as a medium which enabled those parents to engage in self-exploration, reflection, self-expression, self-empowerment, and enjoyment through mutual sharing in the context of a trusting client-therapist relationship in the here-and-now, and through the musical relationship.

The discoveries of this study not only emphasize the necessity of providing care that meets the diverse needs of the parents of NICU infants, but also shows the roles and potential of music therapy in providing a particular type of care that is unique to our discipline.

### **Suggestions for Future Study**

This study was a pilot study in the field of music therapy that looked at parental experiences of having an infant in the NICU, with detailed analyses of music therapy sessions and post-session interviews. Future beneficial research could include diverse participants in terms of race, cultural background, gender identity, sexual orientation, occupation, and family background. Another possibility is to analyze multiple sessions with the same participant to explore how roles of music therapy shift over time, as participants spend more time with their infants. Finally, future research could include caregivers, not limited to parents, such as grandparents, siblings, and medical staff involved in care of infants in the NICU.

### **Conclusion**

The purpose of this study was to deepen my understanding of parents' experiences of having an infant in the NICU, with the following research question: What role(s) does music therapy have in addressing parental needs when their infants are admitted in the NICU? Three parents enrolled in the study.

Through the analyses of music therapy sessions and post-session interviews, employing two different phenomenological methods, rich findings were revealed. Analyses of the music therapy sessions consisted of detailed examination of each session, looking at the various components involved, including each participant's psychosocial history, musical elements that comprised the session, qualities of sound perceived by participants, as well as the environment where sessions were conducted, the referential meaning of each session, and the life world of the client through observation of his/her being during session. This process allowed me to delve into the varied experiences of parents in the NICU and gain insights pertaining to the roles of music therapy, myself as a therapist, and various elements involved in a therapeutic process.

The following seven themes were identified after examining the post-session interviews with three participants: (a) Experience of Music Therapy and its Environment, (b) Roles of Music, (c) Music as a Connection, (d) the Therapeutic Relationship, (e) Importance of Communication, (f) Experience of Navigating the New Environment of the NICU, and (g) Process of Becoming a Parent of a Premature Infant.

In contrast with the results from the analysis of the music therapy sessions, the above themes extracted from the post-session interviews revealed commonalities across parents' experiences in the NICU, including the experiences of music therapy, being a parent of a



premature infant, and becoming familiar with the NICU. Interestingly enough, themes pertaining to parental experiences of music therapy clearly illustrate the profound roles of music in addressing their needs and challenges.

### **Final Thoughts**

This study afforded me in depth opportunities to explore parental experiences of having an infant in the NICU. Over the course of the study, I asked myself fundamental questions pertaining to the roles of music therapy, my identity as a music therapist, my musicianship, and my journey of reaching this current point in my professional life.

My experience in conducting this study was a journey that involved self-doubt, discovery and excitement, inspiration and empowerment, tears and laughter, frustration, and feelings of loss and accomplishment. I started my process with many questions and ended with more questions. If anything, this study has proven to me that my endeavor as a clinician, researcher, musician, and most importantly, as a person, never ends. Moreover, the most valuable and significant part of my thesis writing process is the fact that it has revolved around my personal life experiences, as well as professional learning experiences with many patients, families, mentors and colleagues. Throughout my life endeavors, my genuine curiosity in people and their life stories has shaped my identity as a therapist, as well as a person. More importantly, my personal connection to music and its influence on my life has been a great source of support and guidance in my self-exploration and self-actualization as a therapist and a person.

Stillwater-Korns and Malkin (2005) speak of music's capacity and its significant function in the therapeutic process:

Music inducts us into the present moment, catalyzing a direct experience with the uncharitable aspects of life. It reflects back to us an invisible mystery that we never truly solve. It has been seen as connector between worlds, with a simultaneous existence in the realm of the living [...] Music connects us to the unseen part of us, the part of us that crosses between worlds. (p. 322)

Life is dynamic, and so is music. Music possesses a capacity to convey life stories with rich illustrations of emotion, feeling, history and thought that transcend existing boundaries in time, culture, society, and individual belief systems. Music therapy, in my belief, is a healing modality that enables us to engage in the dynamic force of life that is unique to each individual. It allows us to connect to each other at deeper level and provides us with opportunities to appreciate individual uniqueness, through the sharing of human experiences that exist in the circle of life. As a music therapist, I believe that my responsibility is to bear witness to life through the use of music and the authentic sharing that occurs within a therapeutic relationship.

### References

- Aagaard, H., & Hall, E. O. C. (2008). Mothers' experiences of having a preterm infant in the neonatal care unit: A Meta-synthesis, *Journal of Pediatric Nursing*, 23(3), 26-36.  
doi:10.1016/j.pedn.2007.02.003
- Abrams, B. (2011). Understanding music as a temporal-aesthetic way of being: Implications for a general theory of music therapy. *The Arts in Psychotherapy*, 38(2), 114-119. doi: 10.1016/j.aip.2011.02.001
- Abrams, B., Dassler, A., Lee, S., Loewy, J., Silverman, F., & Telsey, A. (2000). Instituting music therapy in the NICU: A team centered approach. In J. V. Loewy (Ed.), *Music therapy in the neonatal intensive care unit* (pp. 21-37). New York, NY: Satchnote Press.
- Aigen, K. (1993). The music therapist as qualitative researcher. *Music therapy*, 12(1), 16-39. doi: 10.1093/mt/12.1.16
- Aigen, K. (2014). *The study of music therapy: Current issues and concepts*. New York, NY: Routledge.
- Ainsworth, M. D. S. (1979). Infant-mother attachment. *American Psychologist*, 34(10), 932-937.  
doi: 10.1037/0003-066X.34.10.932
- Ainworth, M. D. S. (1985). Patterns of infant-mother attachments: Antecedents and effects on development. *Bulletin of the New York Academy of Medicine*, 61(9), 721-791.
- Aldridge, D. (2004). *Health, the individual and integrative medicine: Revisiting an aesthetic of health care*. London, England: Jessica Kingsley Publishers Ltd.

- Arnon, S., Diamant, C., Bauer, S., Regev, R., Sirota, G., & Litmanovitz, I. (2014). Maternal singing during kangaroo care led to autonomic stability in preterm infants and reduced maternal anxiety. *Acta Paediatrica*, *103*, 1039-1044. doi: 10.1111/apa.12744
- Becker, G. (1997). *Disrupted lives: How people create meaning in a chaotic world*. Berkeley, CA: University of California Press.
- Becker, G. (2004). Phenomenology of health and illness. In C. Ember & M. Ember (Eds.), *Encyclopedia of medical anthropology: Health and illness in the world's cultures* (pp. 125-136). Dordrecht, The Netherlands: Springer Science+Business Media.
- Becker, G., Beyene, Y., & Ken, P. (2000). Memory, trauma, and embodied distress: The management of disruption in the stories of Cambodians in exile. *Ethos*, *28*, 320-345.
- Bell, J. L., Johnson, B. H., Desai, P. P., & McLeod, S. M. (2009). Family-centered care and the implications for child life practice. In R. H. Thompson (Ed.), *The handbook of child life: A guide for pediatric psychosocial care* (pp. 95-115). Springfield, IL: Charles C Thomas Publishers Ltd.
- Benzies, K. M., Magill-Evans, J. E., Hayden, K. A., & Ballantyne, M. (2013). Key components of early intervention programs for preterm infants and their parents: A systematic review and meta-analysis. *BMC Pregnancy and Childbirth*, *13*(Suppl 1), S10. doi: 10.1186/1471-2392-13-S1-S10
- Bieleninik, Ł., & Gold, C. (2014). Early intervention for premature infants in neonatal intensive care unit. *ACTA Neuropsychologica*, *12*(2), 185-203.
- Bowlby, J. (1969). *Attachment (Vol. 1)*. New York, NY: Basic Books

- Bradt, J. (2009). Music entrainment for breathing regulation. In R. Azoulay & J. V. Loewy (Eds.), *Music, the breath and health: Integrative music therapy* (pp. 11-19). New York, NY: Satchnote Press.
- Bruscia, K. E. (1996). Authenticity issues in qualitative study. In M. Langenberg, K. Aigen, & J. Frommer (Eds.), *Qualitative music therapy Research: Beginning dialogue* (pp. 81-107). Gilsum, NH: Barcelona Publishers.
- Buckley, W. (1967). *Sociology and modern systems theory*. Englewood Cliffs, NJ: Prentice Hall.
- Chesney, A. R., & Champion, P. R. (2008). Families and preterm infants: Understanding the dynamics between preterm infants and their families. *Support for Learning, 23*(3), 144-151. doi: 10.1111/j.1467-9604.2008.00385.x
- Cleaveland, L. M. (2008). Parenting in the neonatal intensive care unit. *Journal of Obstetric, Gynecologic, and Neonatal Nursing, 37*(6), 666-691. doi: 10.1111/j.1552-6909.2008.00288.x
- Colaizzi, P.F. (1978). Psychological research as the phenomenologist views it. In Ronald S. Valle & Mark King (Eds.), *Existential Phenomenological Alternatives for Psychology* (pp. 48-71). New York, NY: Oxford University Press.
- Creighton, A. (2011). Mother-infant music interaction and emotional communication: A literature review. *The Australian Journal of Music Therapy, 22*, 37-56.
- de l'Etoile, S. K. (2006). Infant-directed singing: A theory for clinical intervention. *Music Therapy Perspectives, 24*(1), 22-29. doi: 10.1093/mtp/24.1.22
- Denham, S. A. (2003). Relationships between family rituals, family routines, and health. *Journal of Family Nursing, 9*(3), 305-330. doi: 10.1177/1074840703255447

- Edwards, J. (2011a). Music therapy and parent-infant bonding. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 5-21). New York, NY: Oxford University Press.
- Edwards, J. (2011b). The use music therapy to promote attachment between parents and infants. *The Arts in Psychotherapy*, 38, 190-195. doi:10.1016/j.aip.2011.05.002
- Edwards, J. (2014). The role of the music therapist in promoting parent-infant attachment/ Favoriser l'attachement parent-enfant: rôle du musicothérapeute. *Canadian Journal of Music Therapy*, 20(1), 38-48.
- Erlandsson, K., & Fagerberg, I. (2005). Mothers' lived experiences of co-care and part-care after birth, and their strong desire to be close to their baby. *Midwifery*, 21(2), 131-138. doi: 10.1016/j.midw.2004.09.008
- Experience. (n.d.). In Merriam-Webster.com. Retrieved from <http://www.merriam-webster.com/dictionary/experience>
- Feeley, N., Waitzer, E., Sherrard, K., Boisvert, L., & Zelkowitz, P. (2012). Fathers' perceptions of the barriers and facilitators to their involvement with their newborn hospitalized in the neonatal intensive care unit. *Journal of Clinical Nursing*, 22, 521-530. doi: 10.1111/j.1365-2702.2012.04231.x
- Fenwick, J., Barclay, L., & Schmied, V. (2008). Craving closeness: A grounded theory analysis of women's experiences of mothering in the special care nursery. *Women and Birth*, 21(2), 71-85. doi: 10.1016/j.wombi.2008.03.006
- Ferrara, L. (1984). Phenomenology as a tool for musical analysis. *The Musical Quarterly*, 70(3), 355-373.

- Fiese, B. H., Tomcho, T. J., Douglas, M., Josephs, K., Poltrock, S., & Baker, T. (2002). A review of 50 years of research on naturally occurring family routines and rituals: cause for celebration? *Journal of Family Psychology, 16*(4), 381-390. doi: 10.1037/0893-3200.16.4.381
- Flow. (n.d.). In Merriam-Webster.com. Retrieved from <http://www.merriam-webster.com/dictionary/flow>
- Forinash, M., & Gonzalez, D. (1989). A phenomenological perspective of music therapy. *Music Therapy, 8*(1), 35-46. doi: 10.1093/mt/8.1.35
- Forinash, M., & Grocke, D. (2005). Phenomenological inquiry. In B. L. Wheeler (Ed), *Music therapy research* (2nd ed., pp. 321-334). Gilsum, NH: Barcelona.
- Giorgi, A. (1975). An application of phenomenological method in psychology. *Duquesne studies in phenomenological psychology, 2*, 82-103.
- Gooding, F. L. (2010). Using music therapy protocols in the treatment of premature infants: An introduction to current practices. *The Arts in Psychotherapy, 37*, 211-214. doi: 10.1016/j.aip.2010.04.003
- Greenberg, L. S., & Pascual-Leone, J. (1997). Emotion in the creation of personal meaning. In M. Power & C. R. Brewin (Eds.), *The transformation of meaning in psychological therapies* (pp. 157-173). New York, NY: John Wiley & Sons Ltd.
- Guba, E., & Lincoln, Y. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage Publications.

- Hall, E. (2005). Being in an alien world: Danish parents' lived experiences when a newborn or small child is critically ill. *Scandinavian Journal of Caring Sciences*, 19(3), 179-185. doi: 10.1111/j.1471-6712.2005.00352.x
- Haslbeck, B. F. (2014a). Creative music therapy with premature infants: An analysis of video footage. *Nordic Journal of Music Therapy*, 23(1), 5-35. doi: 10.1080/08098131.2013.780091
- Haslbeck, B. F. (2014b). The interactive potential of creative music therapy with premature infants and their parents: A qualitative analysis. *Nordic Journal of Music Therapy*, 23(1), 36-70. doi: 10.1080/08098131.2013.790918
- Holditch-Davis, D., Bartlett, T. R., Bickman, A. L., & Miles, M. S. (2003). Posttraumatic stress symptoms in mothers of premature infants. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 32(2), 161-171. doi: 10.1177/0884217503252035
- Husserl, E. (1969). *Formal and transcendental logic*. The Hague, Netherlands: Martinus Nijhoff.
- Johnson, B. H. (2000). Family-centered care: Four decades of progress. *Families, Systems & Health*, 18(2), 137-156. doi: 10.1037/h0091843
- Lasiuk, G. C., Comeau, T., & Newburn-Cook, C. (2013). Unexpected: and interpretive description of parental traumas' associated with preterm birth. *BMC Pregnancy and Childbirth*, 13(Suppl 1), S 13. doi: 10.1186/1471-2393-13-S1-S13
- Lau, R., & Morse, C. A. (2003). Stress experiences of parents with premature infants in a special care nursery. *Stress and Health*, 19, 69-78. doi: 10.1002/smi.964



- Loewy, J. V. (2011). Music therapy for hospitalized infants and their parents. In J. Edwards (Ed.), *Music therapy and parent-infant bonding* (pp. 179-190). New York, NY: Oxford University Press.
- Loewy, J. V. (2015a). Medical music therapy for children. In B. L. Wheeler (Ed.), *Music therapy handbook* (pp. 425-440). New York, NY: The Guilford Press.
- Loewy, J. V. (2015b). NICU music therapy: Song of kin as critical lullaby in research and practice. *Annals of the New York Academy of Sciences*, 1337, 178-185. doi: 10.1111/nyas.12648
- Loewy, J. V., Stewart, K., Dassler, A., Telsey, A., & Homel, P. (2013). The effects of music therapy on vital signs, feeding, and sleep in premature infants. *Pediatrics*, 131, 902-918. doi: 10.1542/peds.2012-1367
- Mazzer, S. F. (2010). Music, noise, and the environment of care: History, theory, and practice. *Music and Medicine*, 2(3), 1-10. doi: 10.1177/1943862110372773
- McFerran, K., & Grocke, D. (2007). Understanding music therapy experiences through interviewing: A phenomenological microanalysis. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy* (pp. 269-280). London, UK: Jessica Kingsley.
- Montello, L. (2009). Music as life force energy. In R. Azoulay & J. V. Loewy (Eds.), *Music, the breath and health: Integrative music therapy* (pp. 55-66). New York, NY: Satchnote Press.
- Musumeci, J. S., Fidelibus, J. F., & Sorel, S. N. (2005). Phenomenological inquiry. In B. L. Wheeler (Ed), *Music therapy research* (2nd ed., pp. 187-196). Gilsum, NH: Barcelona Publishers.

- Nakamura, J., & Csikszentmihalyi, M. (2011). Flow theory and research. In S. J. Lopez & C. R. Snyder (Eds.), *The Oxford handbook of positive psychology* (2nd ed., pp. 195-206). New York, NY: Oxford University Press.
- Nicolaou, M., Rosewell, R., Marlow, N., & Glazebrook, C. (2009). Mothers' experiences of interacting with their premature infants. *Journal of Reproductive and Infant Psychology*, 27(2), 182-194. doi: 10.1080/02646830801922796
- Nolan, P. (2005). Verbal processing within the music therapy relationship. *Music Therapy Perspectives*, 23(1), 18-28. doi: 10.1093/mtp/23.1.18
- Novilla, L. B., Barnes, M.D., De La Cruz, N. G., Williams, P. N., & Rogers, J. (2006). Public health perspectives on the family: An ecological approach to promoting health in the family and community. *Family & Community Health*, 29(1), 28-42.
- Nyström, K., & Axelsson, K. (2002). Mothers' experience of being separated from their newborns. *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 31(3), 275-282. doi: 10.1111/j.1552-6909.2002.tb00049.x
- Obeidat, H., Bond, E., & Callister, L. (2009). The parental experience of having an infant in the newborn intensive care unit. *The Journal of Perinatal Education*, 18(3), 23-29. doi: 10.1624/105812409X461199
- O'Gorman, S. (2007). Infant-directed singing in neonatal and pediatric intensive care. *Australian and New Zealand Journal of Family Therapy*, 28(2), 100-108. doi: 10.1375/anft.28.2.100
- Papadopoulos, L. (1995). The impact of illness on the family and the family's impact on illness. *Counselling Psychology Quarterly*, 8(1), 27-34. doi: 10.1080/09515079508258694

- Pavlicevic, M. (1997). *Music therapy in context: Music, meaning and relationship*. London, England: Jessica Kingsley Publishers.
- Rolvjord R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy*, 24(1), 44-66. doi: 10.1080/08098131.2013.861502
- Rossetti, A., & Canga, B. (2013). Environmental music therapy: Rationale for 'Multi-Individual' music psychotherapy in modulation of the pain experience. In J. F. Modanaro & G. A. Sara (Eds.), *Music and medicine: Integrative models in the treatment of pain* (pp. 275-294). New York, NY: Satchnote Press.
- Schwartz, F. (2000). Music and sound effect on perinatal brain development and premature baby. In J. V. Loewy (Ed.), *Music therapy in the neonatal intensive care unit* (pp. 9-19). New York, NY: Satchnote Press
- Shaw, R. J., Deblois, T., Ikuta, L., Ginzburg, K., Fleisher, B., & Koopman, C. (2006). Acute stress disorder among parents of infants in the neonatal intensive care nursery. *Psychosomatics*, 47(3), 206-212. doi: 10.1176/appi.psy.47.3.206
- Shoemark, H. (2013). Contingent singing as a therapeutic intervention for the hospitalised full-term neonate. In C. Paul & F. Thomson-Salo (Eds.), *The baby as subject: Clinical studies in infant-parent therapy* (pp. 45-55). London, Great Britain: Karnac Books.
- Shoemark, H., & Dearn, T. (2008). Keeping parents at the center of family centered music therapy with hospitalized infants. *The Australian Journal of Music Therapy*, 19, 3-24.
- Smeijsters, H. (1997). *Multiple perspectives: A guide to qualitative research in music therapy*. Gilsum, NH: Barcelona Publishers.

- Standley, J. (2003). *Music therapy with premature infants: Research and developmental interventions*. Silver Spring, MD: American Music Therapy Association.
- Standley, J. (2012). Music therapy research in the NICU: An updated meta-analysis. *Neonatal Network, 31*(5), 311-316. doi: 10.1891/0730-0832.31.5.311
- Stewart, K. (2010). Music therapy: The preterm infant, and the spectrum of traumatic experience. In K. Stewart (Ed.), *Music therapy & trauma: Bridging theory and clinical practice* (pp. 131-151). New York, NY: Satchnote Press.
- Stige, B., Malterud, K., & Midtgarden, T. (2009). Toward an agenda evaluation of qualitative research. *Qualitative Health Research, 19*(10), 1504-1516. doi: 10.1177/1049732309348501
- Stillwater-Korns, M., & Malkin, G. (2006). The role of music at the end of life. In C. M. Puchalski (Ed.), *A time for listening and caring* (pp. 253-268). New York, NY: Oxford University Press.
- Teckenberg-Jansson, P., Huotilainenbc, M., Pölkki, T., Lipsanene, J., & Järvenpää, A. (2011). Rapid effects of neonatal music therapy combined with kangaroo care on prematurely-born infants. *Nordic Journal of Music Therapy, 20*(1), 22-42. doi: 10.1080/08098131003768123
- Thompson, A. (2013). Music therapy for pain and stress in NICU infants: A developmental, trauma-informed and family-centered approach. In J. F. Mondanaro & G. A. Sara (Eds.), *Music and medicine: Integrative models in the treatment of pain* (pp. 309-333). New York, NY: Satchnote Press.

Turner, F. (1986). Reflexivity as evolution in Thoreau's Walden. In V. W. Turner & Bruner, E.

M. (Eds.), *The anthropology of experience* (pp. 73-94). Bloomington, IN: Indiana

University Press.

Whipple, J. (2000). The effects of parent training in music and multimodal stimulation on parent-

neonate interactions in the neonatal intensive care unit. *Journal of Music Therapy*, 37(4),

250-268. doi: 10.1093/jmt/37.4.250

## Appendix A

### Molloy College IRB Approval Letter



1000 Hempstead Avenue  
Rockville Centre, NY 11571  
[www.molloy.edu](http://www.molloy.edu)

Tel. 516.323.3801  
Tel. 516.323.3711

Date: December 21, 2015  
To: Professor Barbara Wheeler for Naoko Mizutani  
From: Kathleen Maurer Smith, Ph.D.  
Co-Chair, Molloy College Institutional Review Board  
Patricia Eckardt, Ph.D., RN  
Co-Chair, Molloy College Institutional Review Board

**SUBJECT: MOLLOY IRB REVIEW AND DETERMINATION OF EXPEDITED STATUS**  
**Study Title: Parents' Experience of Music Therapy in the Neonatal Intensive Care Unit (NICU)**  
**Approved: December 21, 2015**

Dear Professor Wheeler for Naoko Mizutani:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is approved by the committee. It is considered an EXPEDITED review per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects as defined in 45CFR46.101(b) and has met the conditions for conducting the research. Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified and submit the evidence in order to conduct your research.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

Changes to the Research: It is the responsibility of the Principal Investigator to inform the Molloy College IRB of any changes to this research. A change in the research may change the project from EXPEDITED status that would require communication with the IRB.

Sincerely,

  
Kathleen Maurer Smith, Ph.D.

  
Patricia Eckardt, Ph.D., RN

**Appendix B**

**Approval Letter from the Center for Music and Medicine**



December 13, 2015

To Whom This May Concern:

I understand that Naoko Mizutani will be undertaking interviews of NICU patient parents for her thesis at Molloy College.

The parents will sign consents and any reporting thereafter will not identify the site, nor the names of themselves or the infant/patients. There will be 5 or less parents interviewed.

It is not necessary for this project to have IRB approval.

Please contact me at [redacted] or at [redacted] with any questions.

Sincerely,

Joanne Loewy

## Appendix C

### Informed Consent Form for Participants

Title: Parents' Experiences of Music Therapy in the Neonatal Intensive Care Unit (NICU)

Principal Investigators:

Name: Naoko Mizutani, MT-BC, CCLS

Address: [REDACTED]

Phone Number: [REDACTED]

Email: [REDACTED]

Name: Joanne Loewy, DA, LCAT, MT-BC

Address: [REDACTED]

Phone Number: [REDACTED]

Email: [REDACTED]

Advisor:

Name: Barbara Wheeler, PhD, MT-BC

Address: Molloy College

1000 Hempstead Avenue Rockville Centre, New York 11571-5002

Email: [REDACTED]

Dear \_\_\_\_\_

I am Naoko Mizutani, a graduate student in the music therapy program at Molloy College. I am currently conducting a research study entitled "Parents' Experiences of Music Therapy in the Neonatal Intensive Care Unit (NICU)." The purpose of this study is to explore experiences of parents whose infants are in the NICU and how they express such experiences during music therapy sessions. You are invited to take part in this research study because your child is being admitted to the NICU at [REDACTED].

Your participation in this study is expected to last approximately 35 to 70 minutes per meeting, including music therapy session and post-session interview.

If you agree to participate in this research study, the following information describes what may be involved. You will be invited to participate in a music therapy session facilitated by a Board Certified Music Therapist. Your participation might be playing of a musical instrument of your choice, singing of your favorite songs or familiar songs, and/or listening to live music provided by the therapist.



After a musical portion of the session, you will be asked to participate in an interview: The therapist/researcher will ask you questions regarding but not limited to your experience in music therapy session, your overall experience in the hospital, and your experience of having your child in the NICU. You can answer to the questions however the way that you feel comfortable. Music therapy session and interview will be video recorded for analysis of the data.

You will not be paid for participating in this research study. Being in this research study will not lead to extra costs to you. You will not be reimbursed for your travel or time that may be required for study visits.

It is important to know that you may not get any benefit from taking part in this research. However, information may be obtained that will be of benefit to others who may be faced with similar circumstances when their infant is admitted to the NICU.

There are no perceived medical or psychological risks to you in the music therapy study.

If you believe that you have suffered an injury related to this research as a participant in this study, you should contact the Principal Investigator and other investigators listed in this consent. If you are injured or made sick in the study, only immediate essential medical treatment will be provided free of charge by [REDACTED].

Continuing medical care will be billed to you and/or your health care insurance in the ordinary manner and you will be responsible for all treatment costs not covered by your insurance, including deductibles, co-payments and coinsurance. This does not prevent you from seeking payment for injury related to malpractice or negligence. Contact the investigators for more information.

You may stop taking part in this research study at any time without any penalty. If you decide to stop being in the research study, please contact the Principal Investigator or the other research staff listed in this consent form.

Withdrawal without your consent: The Principal Investigator, other investigators of this study, the sponsor or the institution may stop your involvement in this research study at any time without your consent. This may be because the research study is being stopped, the instructions of the study team have not been followed, the investigator believes it is in your best interest, or for any other reason.

As you take part in this research project it will be necessary for the research team and others to use and share some of your private information.

The results of this study could be published or presented at scientific meetings, lectures, or other events, but would not include any information that would let others know who you are, unless you give separate permission to do so.

The research team and other authorized members of Molloy College, [REDACTED] may use and share your information to ensure that the research meets legal, institutional or accreditation requirements. For example, the IRB is responsible for overseeing research on human subjects, and may need to see your information. If the research team uncovers abuse, neglect, or reportable diseases, this information may be disclosed to appropriate authorities.

In all disclosures outside of Molloy College, [REDACTED],

you will not be identified by name, address, telephone number, or any other direct personal identifier unless disclosure of the direct identifier is required by law. Some records and information disclosed may be identified with a unique code number. The Principal Investigator and other investigators involved in this study will ensure that the key to the code will be kept in a locked file, or will be securely stored electronically. The code will not be used to link the information back to you without your permission, unless the law requires it, or rarely if the Institutional Review Board (IRB) allows it after determining that there would be minimal risk to your privacy. It is possible that a sponsor or their representatives, a data coordinating office, a contract research organization, will come to inspect your records. Even if those records are identifiable when inspected, the information leaving the institution will be stripped of direct identifiers. Additionally, monitors, auditors, the IRB will be granted direct access to your records for verification of the research procedures and data, if necessary. By signing this document you are authorizing this access. We may publish the results of this research. However, we will keep your name and other identifying information confidential.

If you have any questions, concerns, or complaints at any time about this research, or you think the research has hurt you, please contact Principal Investigators at [REDACTED] and/or the academic advisor, Barbara Wheeler, PhD, MT-BC at [REDACTED].

An explanation of the procedures to be employed in this study, in which I have voluntarily agreed to participate, has been offered to me. All my inquiries concerning the study have been answered to my satisfaction. I understand that the information collected will be held in confidence, and that my name will not in any way be identified. I understand that additional information about the study results will be provided, at its conclusion, upon my request. I know that I am free to withdraw from this study without penalty at any time.

The above information has been provided to me (check one)

In writing  Orally

\_\_\_\_\_  
Signature of subject

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of researcher

\_\_\_\_\_  
Date

**(OPTIONAL) Complete the following if you wish to receive a copy of the results of this study:**

NAME: \_\_\_\_\_  
(Typed or printed)

ADDRESS: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

e-mail (optional) \_\_\_\_\_

## Appendix D

### Tara's Song of Kin

#### *Primera Cosa Bella/ The First Beautiful Thing*

Hoy tomo la guitarra  
y toco para ti  
no se tocar siquiera  
esta es la ves primera mas  
toco por ti.

Mi corazon hoy canta  
mi voz esta alegre  
amor y amor de amores tan  
solo se desirte  
mas tu comprenderas.

Los prados tienen flores que  
huelen a ti  
podria hoy morirme  
despues de averte visto  
yo no te pido mas.

Primera cosa bella  
que encuentro en mi vida  
a sido tu sonrisa si no tu  
al fin tengo una estrella  
mi noche se ilumina  
estoy enamorado de tu luz.

Mi corazon hoy canta  
mi voz esta alegre  
amor y amor de amores tan  
solo se desirte  
mas tu comprenderas  
mas tu comprenderas.

Hoy tomo la guitarra  
y toco para ti  
no se tocar siquiera  
esta es la ves primera mas  
toco por ti.

Mi corazon hoy canta

mi voz esta alegre  
amor y amor de amores tan  
solo se desirte  
mas tu comprenderas.

Los prados tienen flores que  
huelen a ti  
podria hoy morirme  
despues de averte visto  
yo no te pido mas.

Primera cosa bella  
que encuentro en mi vida  
a sido tu sonrisa si no tu  
al fin tengo una estrella  
mi noche se ilumina  
estoy enamorado de tu luz.

Mi corazon hoy canta  
mi voz esta alegre  
amor y amor de amores tan  
solo se desirte  
mas tu comprenderas  
mas tu comprenderas

#### ***Primera Cosa Bella (English Translation-The First Beautiful Thing )***

Today I take my guitar  
And I play for you  
I don't even know how to  
play  
This is the first time  
Plus I play for you

Today my heart sings  
My voice is cheerful  
My love, my love, my love

I only know to tell you  
And you will understand

The meadows have flowers  
That smell like you  
I could die today  
After seeing you  
I do not ask for more

The first beautiful thing  
I found in my life  
Has been your smile  
Has been you  
I finally have a star  
My night is illuminated  
I am in love with its light

Today my heart sings  
My voice is cheerful  
My love, my love, my love  
I only know to tell you  
And you will understand

The first beautiful thing  
I find in my life  
Has been your smile  
Has been you  
I finally have a star  
My night is illuminated  
I am in love with its light

Today my heart sings  
My voice is cheerful  
My love, my love, my love  
I only know to tell you  
And you will understand

### Appendix E

#### Tara's Song of Kin

##### Tara's Song of Kin: Prima cosa Bella/ The First Beautiful Thing

Refer to Appendix D for the lyrics

The musical score is written in treble clef with a key signature of one sharp (F#) and a 4/4 time signature. It consists of seven staves of music. The notes are primarily quarter and eighth notes, with some triplets. Chord symbols are placed above the staff lines. The chords used are D7, G, Bm, E7, Am, and C. The score includes first and second endings for a section in the sixth staff.

Chord symbols: D7, G, G, Bm, E7, Am, D7, G, D7, G, G, Bm, E7, Am, D7, G, C, C, D7, 1. G, 2. D7, G, D7, G, G, Bm, E7, Am, D7, G, G.

Appendix F

Valentina's Song of Kin

Valentina's Song of Kin

The image shows two staves of musical notation in treble clef, key of D major (two sharps), and 4/4 time. The first staff contains the melody for the first line of the song, with lyrics: "Lin da de mi Ni na Lin da de Ma ma Mi Ma ti na". The second staff contains the melody for the second line, with lyrics: "be lla be lla de Ma ma".

**Appendix G**

**Sample Individual Transcript Examination Process: Tara**

**Structural Meaning Units**

Structural Meaning Units	Quotes from the Interview Transcript
Roles of music	<p>I mean, I think music has such an impact in our lives. Uhmmm, you know, It can take us back to good moments and bad moments, get us through almost anything, you can find a song that can help you identify like what you are feeling at any given moment. To me music has always been an outlet, and a way to cope with life, and to get through tough times.</p> <p>I think just being able to let everything go, and be in a moment, and enjoy the music and the sounds and the experience.</p> <p>I mean it's a beautiful song and I mean explaining what it means to me and why it gives me that reaction was I think it's important what you're doing and what I'm doing. So you know, to be able to express that, too, is important.</p>
Experience of being in a music therapy session	<p>I think, you know, This is more like sharing, right? You were asking me to sing song that's important or meaningful to me.</p> <p>I think it's really cool and fun, and powerful too. Like I was playing this (pointing out the chimes), and I wasn't even thinking about "I don't know how to play this" I was just making sounds and just enjoying the sounds and you accompaniment, and you know, it was nice. Made music. I felt good.</p>
Function of music for her son's care	<p>But even just knowing that music has been played for my son, and for the babies to help them to breathe better, and calm down their crying.</p> <p>Like it's just, I mean I would do that myself if</p>

Structural Meaning Units	Quotes from the Interview Transcript
	<p>he was at home with me, you know? I'd play classical music to calm him down or you know read him a story to put him to sleep or sing him a lullaby to help soothe him.</p> <p>So it's not foreign to me, yeah, the idea is not foreign to me. I think it's very nice that it's happening in here. I wish we had that in our NICU.</p>
<p>Loss of "normal" parenthood; Disappointment and sadness</p>	<p>Being away from him. Not being able to bond with him, the way that I could at home.</p> <p>And you know, just...uhm, I wanted to breastfeeding. I was like "I'm gonna do that, I'm gonna do that, I'm gonna do that." and you know to have this big challenge presented itself.</p> <p>Yeah, because you know, I'd be disappointed. My husband is sad already, cause he wants to be home with him. I wanted him home for Superbowl. My cousin got him a little outfit to make him look like a football. We were all excited that we're gonna have a Superbowl Sunday at our home with him dressing like a football. That's not gonna happen but that's okay (laugh).</p>
<p>Ready to become a parent: excitement and anxiety</p>	<p>Now just waiting till he is ready. We're ready.</p> <p>I mean mostly exciting but also anxiety. Like I said someone who is completely dependent on us, and you know you don't wanna hear your baby cry. I don't wanna hear any baby cry. I hear a baby cry, and "let's go to see what's going on with the baby."</p> <p>Yeah, so mostly excited and a little bit of anxiety.</p>



**Experienced Meaning Units**

Experienced Meaning Units	Quotes from the Interview Transcript
<p>Music brings us back to moments and allows us to be in a moment</p>	<p>I mean, I think music has such an impact in our lives. Uhmmm, you know, It can take us back to good moments and bad moments, get us through almost anything, you can find a song that can help you identify like what you are feeling at any given moment.</p> <p>I think it's really cool and fun, and powerful too. Like I was playing this (pointing out the chimes), and I wasn't even thinking about "I don't know how to play this" I was just making sounds and just enjoying the sounds and you accompaniment, and you know, it was nice. Made music. I felt good.</p> <p>I think just being able to let everything go, and be in a moment, and enjoy the music and the sounds and the experience.</p>
<p>Music is an outlet, allowing me to let go of things and helping me cope with life</p>	<p>To me music has always been an outlet, and a way to cope with life, and to get through tough times.</p>
<p>Sharing of an important song was meaningful as a means of self-expression.</p>	<p>I mean it's a beautiful song and I mean explaining what it means to me and why it gives me that reaction was I think it's important what you're doing and what I'm doing. So you know, to be able to express that, too, is important.</p> <p>I think, you know, This is more like sharing, right? You were asking me to sing song that's important or meaningful to me.</p>
<p>Music helps babies breathe better and calm down their crying</p>	<p>But even just knowing that music has been played for my son, and for the babies to help them to breathe better, and calm down their crying.</p>
<p>Being away from him and not being able to bond</p>	<p>Being away from him. Not being able to bond with him, the way that I could at home.</p>

Experienced Meaning Units	Quotes from the Interview Transcript
I would do that myself...I wanted to...	<p>Like it's just, I mean I would do that myself if he was at home with me, you know? I'd play classical music to calm him down or you know read him a story to put him to sleep or sing him a lullaby to help soothe him.</p> <p>And you know, just...uhm, I wanted to breastfeeding. I was like "I'm gonna do that, I'm gonna do that, I'm gonna do that." and you know to have this big challenge presented itself.</p>
We're ready but do not want to be disappointed	<p>Now just waiting till he is ready. We're ready.</p> <p>Yeah, because you know, I'd be disappointed. My husband is sad already, cause he wants to be home with him. I wanted him home for Superbowl. My cousin got him a little outfit to make him look like a football. We were all excited that we're gonna have a Superbowl Sunday at our home with him dressing like a football. That's not gonna happen but that's okay (laugh).</p>
Being excited and anxious about bringing him home	<p>I mean mostly exciting but also anxiety. Like I said someone who is completely dependent on us, and you know you don't wanna hear your baby cry. I don't wanna hear any baby cry. I hear a baby cry, and "let's go to see what's going on with the baby."</p> <p>Yeah, so mostly excited and a little bit of anxiety.</p>

### **Tara's Individual Distilled Essence**

Music has a capacity to bring us back to moments and allows us to be in a moment of the here-and-now. It provides us an emotional outlet and helps us cope with our lives. Sharing *of* and *through* music is meaningful. Moreover, in the NICU, music is utilized for babies to help them breathe better and calm themselves down.

Having an infant in the NICU involves many challenges. It is hard being away from own baby and not being able to bond with him. There many moments, involving, "I would do that myself" and "I wanted to..." It is a process involving various feelings, such as being excited, anxious, disappointed, and sad.