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Attachment theory and music therapy: What was the relevance of attachment theory to a student's music therapy programme for 'at-risk' mothers and their babies?

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Abstract

This qualitative secondary analysis research project sought to explore the relevance of attachment theory as it might apply to a music therapy programme set up and run within a residential service for 'at risk' mothers and their babies. The explicit purpose of the music therapy programme was to assist the mothers in bonding with their babies. The researcher was a student music therapist on placement at the facility, involved in weekly one-to-one sessions with a total of nineteen young women and their babies, over the time that each was resident at the facility. The music therapist also ran some weekly group sessions (mothers with babies) as part of the facility's mandatory education programme. The music therapy programme took place over twenty-two weeks, with a two week break after the first ten weeks. The research analysis commenced on completion of the programme.

Thematic analysis was used to look at two types of data; data from the placement (including clinical notes and personal reflective journal), and literature on attachment theory. There was an initial review of selected literature on attachment theory and music therapy. The researcher/student music therapist then carried out an inductive qualitative secondary analysis of the data that had been generated as a standard part of her practice over the period of the student placement. This was followed by a further examination of attachment theory literature to confirm key aspects of the theory. The findings from the inductive analysis were then looked at in the light of those identified key features of attachment theory.

The research findings showed many strong links between key concepts of attachment theory, and the patterns that emerged from the placement data, manifesting on a number of different levels. However some patterns might be more usefully explained and/or elucidated by other theories.

Findings suggested that attachment theory provided a useful framework and language for observing and understanding the interactive behaviours and external and personal structures that appeared to work for or against mother-infant bonding. In addition, the music therapy programme seemed a particularly suitable vehicle for promoting positive mother-infant bonding. However it was found that although the music therapy programme may have been helpful in a positive mother-infant bonding process, there was no evidence to suggest that this would necessarily extend to promoting a secure attachment relationship, given the personal, structural and legal factors associated with the high 'at-risk' context.

An attachment-based music therapy programme may well have a more useful role to play in a lower risk context where mothers and babies remained for longer in the facility, and where the programme could continue throughout the women's transition into the community and beyond.

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Most of all I wish to thank the special group of young women who took part in the music therapy programmes. I am grateful for their willingness to share both babies and music with me. Any insights I have gathered from this research, I owe to their courage and generosity.

Ethics statement

Ethics approval: Ethics approval for a secondary analysis had already been provided by the Massey University Human Ethics Committee, for music therapy students in 2013 (MUHEC 11/41). Informed consent for a secondary analysis research project was secured as part of the student placement negotiated between the New Zealand School of Music and the placement facility. Further consent was secured from the manager of the facility for this particular project.

Music therapist/researcher background: I have a background that aligns well with this research project. I am a mature student, with qualifications and extensive experience in areas of music, family and workplace mediation, teaching, and support and advocacy in the health and disability and family violence sectors. This gave me a sound understanding of the dilemmas inherent in a context requiring awareness of safety issues, and the frequently conflicting and competing values of safety and support.

Ethical issues: Given the extremely sensitive context of the student music therapy placement, including the involvement of vulnerable adults and children, particular care needed to be taken with research boundaries. There were significant risks associated with privacy (for instance, easy identification of the facility, given its distinctive purpose), with anonymity (where residents may be at risk if identified by members of the public) and with security of data (potential legal as well as ethical implications). In the light of these, every care has been taken to ensure the anonymity, safety and well-being of the mothers and babies throughout the period of research and in this report (as was taken during the clinical practice period). This includes the following;

The use of pseudonyms and removal of identifying features of mothers and their babies;

Minimisation of the possibility of the facility and/or its staff, or my placement supervisors, being identified;

Extra care taken with use and storage of data;

Further consultation with the NZSM supervisors, and with the facility managers about the appropriate levels of dissemination of the final research, once completed;

Ensuring on the placement that I avoided guiding, directing or setting up structures for the specific purpose of generating data on attachment at the expense of the safety of my clinical practice and my clients.

No deception was used at any time in my research.

Research risks were ameliorated through ongoing consultation with the NZSM research advisor, and adherence to the ethical guidelines of the NZSM guidelines document and the Massey University Code of Ethical Conduct for research and teaching.

*Slumber, slumber, O my darling baby,
Gently rocked by mother's loving arms.
Safely rest and softly slumber,
And her love shall shelter you from harm.*