



The use of music therapy to promote attachment between parents and infants

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ABSTRACT

The promotion of attachment behaviours between parents and infants through music-based interventions is an emerging specialism in music therapy practice. The theoretical formations and research to support this work are increasingly being elaborated, and the work of music therapists with clients throughout the lifespan increasingly draws on this rich theoretical base.

This paper provides an overview of the theoretical underpinnings that inform the work of qualified music therapists in promoting healthy and secure attachment between parents and infants where disruption to a secure relational bond has occurred, or is vulnerable in some way. Characteristics of the innate musicality of the very young infant are considered, and the mutual regulation potentials of music making between caregivers and their developing infants is presented.

Recognising the musicality of early parent–infant interactions allows for a deeper theorising of the effects and benefits of music therapy for this population as well as a unique insight into how sensitive responding through shared timings and synchrony builds capacity for the essentials of emotional intimacy for the developing couple. For the purposes of this review the definition of infant used is the broadest possible: from birth until 3 years and 11 months of age.

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Introduction

Building the bonds of love in a secure relationship in the early years is essential to making a good start in life (Gerhardt, 2004). Part of the repertory of interaction in a loving parent–infant relationship involves easily identified musical elements (Dissanayake, 2008; Malloch & Trevarthen, 2008). The music therapist therefore has a strong existing base from which to provide therapeutic interventions that promote secure bonding between vulnerable infants and their caregivers.

Parent–infant work in music therapy has more recently developed as a professional specialism with recognised leaders (for example Abad & Williams, 2007; Oldfield & Flower, 2008; Shoemark & Dearn, 2008). Music therapists have reported the benefits and opportunities when family members are included in their work with very young children (Oldfield, 1995; Trollidalen, 1997). Music therapy programs that specifically aim to support attachment behaviours between vulnerable parents and their infants have been founded, notably the Australian program *Sing & Grow* (Abad & Edwards, 2004; Abad & Williams, 2005, 2007).

In the context of parent infant work, music therapy can be described as:

... a process of developing a relationship with a caregiver/dyad in order to support, develop and extend their skills in using musical and music-like interactions including vocal improvisation, chants, lullabies, songs, and rhymes, to promote and enhance the sensitivity and mutual co-regulation between infant and caregiver, in order to create the optimal environment for secure attachment to be fostered. (Edwards, 2011, p. 6)

This review provides an opportunity to present and reflect on the opportunities available through music therapy when offered as a means to support and promote attachment behaviours between vulnerable parents and their young children, as well as to consider the implications of the emerging theoretical base for the practice of family-oriented music therapy.

Music therapy programs with families and young children

Music therapists have reported work with families and infants in a range of contexts. Music therapists practising in medical settings such as the Neonatal Intensive Care Unit, and pediatric burns and oncology, have particularly highlighted the need for an understanding of the role of the family, and their needs, as the focus for music therapy interventions (Daverson & Kennelly, 2000; Edwards, 1998; Edwards & Kennelly, 2011; Loewy, 2011; Shoemark & Dearn, 2008; Stewart, 2009).

It is difficult to establish a precise starting point for music therapists' interest in providing supportive parent–infant interven-

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tions to vulnerable infant–caregiver dyads in non-medical settings. Promoting the use of music as a means to enjoy and explore parent infant relations is not new but the literature has perhaps lagged behind practice developments. The impact of music therapy interventions on the development of the bonds of attachment is reportedly of increasing interest within the music therapy community of practitioners working with vulnerable parents and infants, especially in the early intervention setting (Edwards, Scahill, & Phelan, 2007; Jonsdottir, 2002; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008), as well as in music therapy work with adults (Austin, 2008; Pavlicevic, 2000).

In a report of the development of the *Sing & Grow* program in Australia (Abad & Edwards, 2004), it was proposed that “the use of music therapy to assist parents to extend their repertory of successful and nurturing parental behaviours in interaction with their young children” was “under reported and researched” (p. 5), and a “relatively new” development (Abad & Edwards, 2004, p. 14). Oldfield and Bunce (2001) in the UK had also described that music therapy work with mothers and young children was unusual. However, some earlier examples of family-oriented music therapy practice can be found. A report of a family-centred music therapy program with early intervention goals was published some years earlier in Australia (Shoemark, 1996). Information and support for music making between parents and their children with special needs was published by a qualified music therapist in the UK (Streeter, 2001, 1993). Trollalden (1997) had also reported on a mother infant music therapy project in Norway.

The *Sing & Grow* music therapy program is offered through short-term weekly sessions for groups of up to 10 families (Abad & Williams, 2007). The purpose of music therapy offered through the program is to “strengthen parent–child relationships through increasing developmentally conducive interactions, by assisting parents to bond with their children, and by extending the repertory of parenting skills in relating to their child through interactive play” (Abad & Williams, 2007, p. 52). The benefits of supporting parents in these group music therapy programs to engage musically with their young children to promote attachment has been reported (Abad & Williams, 2007). Music therapy programs with mothers and their infants have shown benefits in the quality of interaction observed, and self reported satisfaction with participation in the sessions (Oldfield & Bunce, 2001; Oldfield, Bunce, & Adams, 2003). Observations in music therapy sessions with mothers and their infants from the asylum seeker community revealed that interactions and interpersonal engagement improved for these vulnerable, “preoccupied” mothers and their children (Edwards et al., 2007).

A music therapy pilot project sought to determine the effects of structured group music involvement with children between the age of 12 and 24 months and their parents (Standley, Walworth, Nguyen, 2009). Findings showed that children in the music group benefited in cognitive and musical development compared to matched controls. As the study included parents, it is of interest to this review. However, it focused on infants’ developmental skills rather than parent–infant interactions. By comparison, a report of a music therapy group program with self-referred well families showed benefits through offering social support in a group setting which led to self-report of learning additional ways to deal with parental challenges (Mackenzie & Hamlet, 2005).

Bargiel (2004) made a number of recommendations about the development of early intervention music therapy programs to support parents and their infants. Specifically she proposed that the first interaction be the therapist and dyad, with a group program only commencing after three weekly sessions for 10 weeks, and a follow-up assessment (Bargiel, 2004).

The first study to evaluate a short term early intervention music therapy parent–infant program using validated measures found that for 358 parents and infants, a number of significant benefits

impacted the parent and child in a range of areas including education in the home and parental mental health (Nicholson et al., 2008). Additionally, a series of case reports on the uses of music therapy in a range of contexts with parent–infant dyads has demonstrated the utility of music therapy in providing effective support to promote attachment (Edwards, 2011)

Parent–infant bonding

In a healthy relationship the caregiver “...affords emotional access to the child and responds appropriately and promptly to his or her positive and negative states.” (Schore, 2001, p. 205). This supports the adaptation of the infant towards internal regulation functions which relate to “the regulation of arousal, the maintenance of alertness, the capacity to dampen arousal in the face of overstimulation, the capacity to inhibit behavioral expression, and the capacity to develop predictable behavioral cycles.” (Beebe & Lachmann, 1998, p. 485). This interpersonal and intrapsychic regulation of the parent–infant dyad is considered interactive; “Interactive regulation flows in both directions, on a moment-to-moment basis, so that each experiences influencing, as well as being influenced by, the other’s behaviour.” (Beebe & Lachmann, 1998, p. 500).

A summary of the necessity for attachment can be found in the British psychiatrist John Bowlby’s report to the World Health Organization (Bowlby, 1951). He wrote that, “The infant and young child should experience a warm, intimate, and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment” (Bowlby, 1951, p. 13). Bowlby (1951) and his colleagues provided evidence that maternal deprivation caused significant stress for infants and young children with lifelong consequences (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby & Robertson, 1952; Robertson, 1953). Although it took decades to achieve, their research findings changed hospital practices to allow parents visiting rights (van der Horst & van der Veer, 2010), and became influential in how the needs of vulnerable children were perceived (Bretherton, 1992).

Throughout the 20th century, other influential figures gave further credence to the necessity for a secure parent–infant base to support the development of lifelong capacities for psychological stability and the capacity to form intimate relationships successfully with others (Beebe & Lachmann, 1998; Stern, 2000; Trevarthen, 2001; Winnicott, 1965). It is increasingly evident that attachment behaviours have specific purposes and require sensitivity and responsiveness on the part of the caregiver. The figure of the mother or other primary carer must behave in what Winnicott has described as a *good enough* way to contain the infant’s anxieties and fears of: 1. Going to pieces; 2. Falling forever; 3. Having no relationship to the body; 4. Having no orientation, and 5. Complete isolation because there is no way to communicate (Winnicott, 1965, p. 58).

The development of the ability to relate and communicate has been described as a series of building blocks or developmental phases of intrapsychic and interpersonal capacity (Stern, 2000). Stern (2000) has described these as having various *domains* that include the Emergent self, from birth until 2 months, Core self, from 2 to 6 months, the Subjective self, that emerges in the period from 7 to 15 months, the Verbal self, at 15–18 months, and then the Narrative self at around 3–3.5 years (Stern, 2000, p. xxv). When the ability to seek or maintain this communication is absent or impaired in the relationship urgent support and help is needed. A qualified music therapist can work in gentle non-intrusive ways to help parents and their infants discover and strengthen their capacity for relating through the musical play that is part of the usual repertory of parent infant interactions.

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