

Chapter 10

Bonding Through Music: Music Therapy as Health Promotion for Mothers and Children at a Public Health Clinic



Tora Söderström Gaden and Gro Trondalen

Introduction

The birth of a child is normally associated with happiness and joyful circumstances. The baby represents hope for the future, and the parents are motivated to do their very best to provide their child with optimal conditions for development. Having a child has even been said to offer a psychological rebirth to the parents (Nugent 2014), though it is also a period of great vulnerability that is associated with an increased risk of depression and other mental health problems that can impact parents' capacity to care for their child (Slinning et al. 2010). This impact encompasses the parents' availability, presence, and sensitivity toward the child, all of which are crucial to a healthy development of the emotional bond between parent and child (Hansen 2012). A good start for both parents and their children thus has a big impact on the child's development and lifelong health:

Some have compared a child's evolving health status in the early years to the launching of a rocket, as small disruptions that occur shortly after take-off can have very large effects on its ultimate trajectory. Thus, "getting things right" and establishing strong biological systems in early childhood can help to avoid costly and less effective attempts to "fix" problems as they emerge later in life. (Harvard University 2010, p. 5)

The first 3 years of a child's life are significant for a wide range of biological, psychological, and social functioning. The child's environment, both literal and figurative, at this time can impact lifelong emotional health, stress regulation, immune system effectiveness, and health-related behaviors (Harvard University 2010, p. 5).

T. S. Gaden (✉)
Akershus University Hospital, Oslo, Norway
e-mail: Tora.Soderstrom.Gaden@ahus.no

G. Trondalen
Center for Research in Music and Health, the Norwegian Academy of Music, Oslo, Norway
e-mail: Gro.Trondalen@nmh.no

Supporting new parents and their children should therefore be an important aspect of public health work worldwide. The Norwegian Institute of Public Health (2011) ranked measures to help parents as sixth out of the ten most important areas within health promotion and prevention, noting that efforts to support and empower parents at this vulnerable time will have significant positive outcomes for public health even beyond the immediately involved families themselves. Nobel Prize winner and Professor of Economics James J. Heckman (2011) has demonstrated through his work that investing in childhood development at the earliest age—and preferably at birth—has the greatest value for future generations. Music therapy programs in neonatal intensive care have demonstrated how music therapy can meet complex needs of both parent and child at the very beginning of life, for instance, by reducing maternal anxiety and stabilizing infant vital signs (Bieleninik et al. 2016; Loewy et al. 2013; Loewy 2015).

The present text, however, is based on a research study carried out at a public health clinic (PHC) within the Norwegian primary child services.¹ Nine first-time mothers and their infants attended a weekly music therapy program for 2 months (Gaden 2015). The group of participants was non-clinical, meaning that neither mothers nor children were known to belong to any particular at-risk population or to have specific health challenges. “Sing & Grow” is an Australian music therapy initiative offered to families at risk. The primarily governmental funded program offers children aged from birth to five and their parents an “opportunity for shared music participation and reflective discussion that encouraged the celebration of daily parenting achievement, big and small” (Teggelove 2017, p. 153). Notably, services by this program include home visits and family sessions, in addition to group workshops, and programs lasting 8 weeks. “Sing & Grow” aims at offering a non-stigmatized music environment. A similar music therapy initiative, also Australian, is “The Music Together Program” available to all families with preschool children (0–4 years) within a community, not just those identified as “at risk” (MacKenzie and Hamlett 2005). The present study shares the focus of working with a non-clinical group but differs in other ways such as how the group was targeted at very young babies during their first year of life. In addition, the present initiative was performed at a public health clinic, and was free of charge, instead of in a congregational setting where participants payed to attend. Hence, the present initiative was offered within what could be called a “neutral and official” context, which might be of significance to the parents.

As mentioned, however, the present study relied on the underlying assumption that becoming a mother for the first time is a major life event that exposes psychological vulnerability and brings with it an increased need for support. This is in line with the infant researcher Daniel Stern’s (1995) description of the new mother’s complex psychological reorganization of the self as she enters the “motherhood constellation”—a new mind-set and self-system that depend on a host of new

¹The research study was approved by the Norwegian Social Science Data Services (NSD). The sessions were conducted in accordance with the code of ethics for Norwegian music therapists. The participants gave their informed consent.

cultural, personal, and contextual factors. The mother's sense of self primarily organizes around her baby and their mutual sharing of being together. The mother occupies with feeding and protecting her child while exploring and developing her maternal behavior and emotional bonding. It is also interesting to notice that recent literature points to the fact that a decrease in well-being surrounding the circumstances of the first birth influences parents' choice of having another child or not. Margolis and Myrskylä (2015) therefore argue that policy-makers worried about low fertility should be aware of factors that affect the well-being of new parents.

The goal of this mother-infant research project was to develop a low-threshold music therapy program to be carried out at the public health clinic in line with its official mandate, which, in addition to monitoring children's development, is to support pregnant women and parents of infants and toddlers and to observe and strengthen the interaction between parents and their children (Helsedirektoratet 2014). This new program was intended to support and facilitate positive parent-child interaction through songs and musical activities, similar to the examples of programs mentioned above. These are all informed by the hypothesis that participation in program would contribute to and promote good health for both mothers and children. Sharing musical experiences would contribute to the development of a positive relationship between mother and child. A music group consisting exclusively of first-time mothers was chosen in the interests of providing them with a social arena and network that would together establishing a safe space for sharing experiences and knowledge, including their worries and insecurities about motherhood, as well as the positive parenting experiences that were emerging in their everyday lives.²

This article consolidates knowledge regarding how music therapy may promote families' and parent-infant health and thereby how music therapy can contribute to public health in a broader sense. The questions it addresses are as follows: (1) How can music therapy contribute to supporting new parents and their children during the first year of life? (2) How can a carefully designed music therapy program for first-time mothers and their children promote health?

Theoretical Perspectives

Health Musicking

Over the last 20 years, authorities in the areas of both health and culture have become increasingly interested in using cultural resources for health promotion. Art forms and therapies including music and music therapy have, in fact, already been activated as health-promoting activities (Ansdell and DeNora 2016; MacDonald et al. 2012; Ruud 1998). While music has many aspects, it is in this case seen

²We invited only mothers to participate due to our previous experience from a pilot, where only mothers signed up to participate. A possible explanation would be that mothers in Norway as a rule take the first period of the parental leave, and the project included only very young babies.

primarily as a means of communication. In addition, it boasts therapeutic potential in that it attunes to human regulatory systems—both internal neurochemical, hormonal, and metabolic processes and external engagements with people and objects in the world (Trevvarthen and Malloch 2000).

Sometimes, mothers and children express themselves through music; other times, they listen to music together. Either way, music facilitates the contact, and the musical relationship is at the forefront of the joint creation, within a dyad or a group (Bjørkvold 1989; Trollidalen 1997). This musical process of relational bonding involves mutual affective exchange, including imitation, and cross-modal exchange³ of form and contour via face-to-face contact within a defined timeframe (Trevvarthen 1980). Through songs and other musical activities, mothers can express their feelings about and connection to their children (Jacobsen and Thompson 2016a, 2012): “Music, with dance and all the expressive arts, offers a direct way of engaging the human need to be sympathized with—to have what’s going on inside appreciated intuitively by another who may give aid and encouragement” (Trevvarthen and Malloch 2000, p. 11). Songs such as lullabies connect us to ourselves, including our bodies, minds, emotions, and memories (Bonnár 2014). Jacobsen and Thompson, for example, drew attention to emerging characteristics in working with families (Jacobsen and Thompson 2016b). As theory was concerned, resource-oriented and family-centered belief systems, with the resilience and flexibility of the family, were at the forefront. Core terms like affect attunement and attachment seem to be vital, as was communicative musicality. In the music therapy approaches, the music therapist focused on the quality of interactions between family members, as she respectfully focused on the family’s knowledge, wishes, and resources, in addition to promoting the sustainable use of music. The musical relationship in these settings is interactive in nature and emerges from improvisational activities; it is multilayered and unfolds in the here and now, though, paradoxically, it is not bounded by these qualities: “The phenomenal musical relationship then emerges as an art form—a field of relational lived experiences—emerging from an inborn, communicative musicality” (Trondalen 2016, p. 89).

Music therapy in Norway is rooted in a humanistic tradition (Ruud 2010) and values context and the power of the emergent musical relationship. User participation and a focus on personal resources are cornerstones of a music therapeutic approach (Trondalen et al. 2010) situated within the broader field of discourse known as “music and health,” which encompasses all of the ways people use music to promote health (see Chap. 8 by Stige and Chap. 9 by Stensæth). Bonde (2011) proposes a model for “health musicking” that views music as a social phenomenon and activity, in line with musicologist Small’s (1998) term “musicking.” Health musicking links music to concepts such as the formation of identity, body awareness, personal experience of meaning, interaction with other people, self-expression, and

³ Cross-modal perception involves interaction between two or more sensory modalities. For example, the mother says “aaahhh” to her baby, and the baby’s response is stretching her legs. There is an obvious correspondence in expressive exchange, however, in different modalities. It is a contact on the basis of form and contour within a time span (Hansen 2010).

meaning making. Bonde (2011) equates it with affirmative and corrective emotional and relational experiences that can be used to regulate one's state of mind or promote well-being.

People, then, may sing, participate in a choir, dance to music, compose songs, play precomposed music, or join a band as part of a reflexive strategy to improve their health and well-being. Ruud even suggests that "musicking" may serve as a "cultural immunogen" (Ruud 2013a). It is therefore relevant to elaborate upon the unique health potential that can be found in musical experiences as tools for developing one's agency and empowerment and as a resource or form of social capital (Bourdieu 1998) in building one's social network and locating meaning and coherence in life. Health musicking involves the whole human being and has both social and individual aspects (Bonde 2011). Bonde's model illustrates both the complexity and the richness that underpin the many ways that people use music to promote health in their daily lives. Using music to "perform" health positions it as a productive or generative concept as well as an "added-value" experience.

Health Promotion and Prevention

In 1948, the World Health Organization (WHO) presented their infamous definition of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (Huber et al. 2011, p. 235). This groundbreaking gesture overrode the negative definition of health as the "absence of disease" and also expanded it to encompass both mental and social health. Ultimately, that definition faced criticism for making health an almost unachievable state; nevertheless, it remains unchanged to this day.

Health experts have since introduced nuance to the definition based on certain dynamic factors such as resiliency, mastery, and the ability to manage, maintain, and restore one's well-being, aligning health with "the ability to adapt and to self-manage" (Huber et al. 2011, p. 343). Within this understanding, health promotion is all about contributing to the experience of positive health. The priorities are to feel good, to master daily life, to be able to cope with challenges, and to experience well-being (Huber et al. 2011). Health is also now a relationship rather than a condition and one that involves both physical and mental aspects, as well as existential well-being. Physical and mental health are not discrete entities but instead continuous, so that bodily functions influence one's mental state and vice versa (Sigurdson 2008). Likewise, health is now understood in relation to one's experience rather than the objective measurement of one's bodily functions. All of this context implies that the music therapist will downplay the pathological aspects of one's life in favor of its healthy dimensions, in order to allow for self-actualization and the search for meaning within a relational context (Trondalen 2011). Ideas about health are also culturally informed and vary widely across societies: "If the role of cultural systems of value in health is ignored, biological wellness can be focused on as the sole measure of wellbeing, and the potential of culture to become a key component in

health maintenance and promotion can be eroded” (Napier et al. 2014, p. 1607). WHO (2016), in addition, emphasizes that health promotion is a process that enables people to increase control over and access means of improving their health, moving this work beyond a focus on individual behavior to encompass a wider range of both social and environmental interventions and factors.

The terms “health promotion” and “prevention” are often used somewhat interchangeably, but they are different. According to the Bureau of Norwegian Health and Social Affairs (2004), health promotion includes efforts to improve the conditions for good health and promote prosperity, well-being, and mastery of daily challenges and stresses. Prevention, however, includes efforts aimed at reducing illness or death and their associated risk factors. Improving one’s health-related conditions and practices, then, may also mitigate the possibility of ill health. For this reason, we propose that the practice of music therapy groups within the context of a primary health service center qualifies as a clear example of public health work focused on health promotion.

Method

Design

The research study was performed with a non-clinical group of nine first-time mothers between 27 and 36 years old, and their infants between 12 and 18 weeks old, who attended weekly music therapy group sessions at their local public health clinic (PHC). The PHC is a municipal service administered by Norwegian primary child services that offer families free health-care services emphasizing health promotion and prevention. The service has a very high attendance rate across the population. Its three divisions address children from 0 to 5 years old and their families, primary schools, and adolescents, respectively (Helsestasjonstjenesten 2017). This project was realized in collaboration with the first division.

The research design was qualitative. After completing a program of eight sessions over a 2-month period, the mothers participated in individual semi-structured interviews (Kvale and Brinkmann 2009). The individual interviews were carried out either at the PHC or in the participants’ homes, with a semi-structured interview guide as an outline. Accordingly, the interviews also included themes that arose from the group, both through the participants’ shared reflections and observations made by the music therapist. The participants were invited to share their expectations prior to participation, why they had signed up, and their anticipated outcome. Furthermore, they were asked to describe their children’s experiences of being a part of the group, the musical experiences, as well as their personal experiences. Examples would be what they enjoyed the most and whether anything had been difficult or challenging. They were also encouraged to reflect upon if, and if so how, what it meant to them that the group consisted solely of first-time mothers. In addition, they were asked if gathering at the public health clinic had any special

significance to them. The questions also included the mothers' use of music with their child in their daily lives, both before, during, and after participation in the program. Finally, the mothers were asked if, eventually how, they shared their experiences with their partners and/or family and friends.

The interviews were recorded and transcribed, before the transcripts were analyzed in accordance to interpretative phenomenological analysis (IPA) (Smith et al. 2009). IPA is an approach to qualitative research rooted in phenomenology and hermeneutics, with an ideographic focus where each participant's individual experiences situated in a given time and context are explored. IPA presents with a stepwise procedure where interview transcripts are repeatedly read and interpreted and then coded in detail into various themes to grasp the richness of the participants' experiences. Eventually themes are grouped in broader categories which still aim to capture the variety of patterns of experience. In IPA, research is viewed as a collaboration between participant and researcher, as both the participants themselves reflect upon and interpret their own experiences during the interview, before the researcher continues the interpretation process. Hence, the analysis can be seen as a collaborative product, reflecting both the participant's original statements, reflections and interpretation, as well as the researcher's interpretation and contextualization of these (Smith et al. 2009).

The Music Therapy Sessions

The music therapy program was carefully designed to meet the needs of the mothers and infants (Robb et al. 2010; Schwartz 2013; Edwards 2011). The sessions lasted approximately 60–90 min. Prior to the music activities, the participants were invited to arrive early to talk and take care of their babies' immediate needs, such as feeding and changing diapers, so that they would be in the best condition possible for participating in the music. The content of the sessions consisted of improvised musical activities with an emphasis on song, touch, and movement. A music therapist participated in all the activities, mainly by modeling them using a teddy bear rather than offering verbal directions. This allowed the mothers to focus on the interaction with their children and the music rather than on the instructions. During the sessions, the music therapist and the mothers also reflected upon the experience in the here and now. The mothers were encouraged to share their own early childhood memories of music, along with their uses of music in their daily routines with their children. This was to increase awareness of how music could impact both mothers and children while also highlighting significance of early musical memories to add meaning to the act of musicking together with their child. Further on, research demonstrates that practices of care are passed on to subsequent generations (Slade et al. 2005), and hence it is probable that being sung to as a child increases chances of using song and music as part of parenthood and practice of care as parents later on. Early childhood memories of music are often related to bodily experiences and feelings of intimacy and safety, and they very often involve the presence of family members or caregivers (Bonnár 2014; Ruud 2013b).

Results and Reflections

In the semi-structured interviews, analysis showed that the mothers described several ways in which participation in the music therapy program had a positive impact on a personal level, on their relationships with their children, and on their everyday lives. In the following results are presented and followed by some reflections. The headings refer to the four subordinate themes resulting from data analysis, namely, personal outcomes, relationship with the child, social outcomes, and transferability to everyday life.

Personal Outcomes

The mothers' personal outcomes relate both to experiences of well-being during the musical interaction in the group and to personal growth through an extended repertoire, both musically and in their new role as mothers.

They described that their musical experiences affected them immediately in the here and now and made them feel connected to their inner selves and their bodies. One observed how the music experiences brought out a strong feeling of presence:

I forgot everything else. We were supposed to switch off our phones and all that ... So yes, I was completely present. I felt really good. Almost like a meditative state of mind. Yes, it was just a time to take a break from it all. Everything is just put aside, right? All the disturbing elements.

Several of the mothers experienced the weekly music therapy sessions as a valuable contrast to their hectic everyday lives and to "disturbing elements" such as cell-phones, technology, and social media. Shared musical experiences offer points of intersection that connect the participants to one another and to different parts of themselves. The program focused on song and the use of voice, an instrument that has the unique quality of being part of the body. No other musical expression is as effective as singing in regulating the body at a physiological level. When one sings, one breathes more deeply, one's heart rate slows, and one's central nervous system is calmed (Austin 2008).

The voice is deeply personal, as well, as it connects to our identity and the audible realization of who we are. Sounds and especially music effectively connect to our bodily emotions and memories (Trondalen 2016). In the present program, the musical repertoire mainly consisted of well-known children songs. Singing these songs offered the mothers a way to revisit their own pasts:

Everything comes right back to you when you have your first child. You keep thinking: "Wow, yes, I remember *that* song."

As they reflected upon and explored their own early musical memories, the mothers discovered a sense of purpose and meaningfulness that motivated them to keep singing to their children:

It makes you realize how important the songs from your childhood have been ... with all the memories they bring back now. And then you think of how you yourself really should sing for them [your children] too, having all these good memories about it yourself.

For some of the mothers, it had been a long time since they had sung, and they expressed a lack of confidence or dislike of their own voices. It felt good, then, to find that one does not need a perfect singing voice to have a meaningful musical moment with a baby:

It's really nice to see her respond, because I don't have a particularly nice singing voice. I just sing with the voice I've been given, but still it's nice to experience that my baby doesn't care about how my voice sounds. She is just fascinated by me doing something else or making sounds.

When I sing, she goes completely calm ... It made me feel more like a mother. The kind of mother that you are used to from your childhood – one who sings for you.

Their children's responses to their voices thus gave these women renewed confidence in their abilities as both mothers and singers.

Relationship with the Child

These outcomes were related to how shared musical experiences between mother and child led to them discovering new sides of their child, as well as providing mother and child with a different way of being together that facilitated communication and bonding.

Several of the mothers described how their children's unique personalities and competences revealed themselves during the musical experiences. Seeing their children actively participating in both musical and social interactions was indeed exciting to the mothers, who enjoyed watching these babies grow, develop, thrive, and enjoy music throughout the program:

I see that she uses her voice and has rhythm and movement in her body. I see that she's here, *participating*—and that's been extremely nice. I've discovered things about her that I might not have seen if we hadn't participated in the program.

Infants are born with a sensitivity and an inner motivation to engage and interact with other human beings. Each infant is unique in its personality, temperament, and inner rhythm (Stern 1985). Musical experiences can also provide new means of communicating for both mother and baby, which is welcome:

When they are that young, it can be so hard to reach them, to find a way of communicating together. But when it comes to music, it feels like it provides you with something different. Music is easy, playful, and positive.

Mothers noted that they had been told that it was good to talk to a baby. At the same time, some of them found it hard to continue talking and trying to connect when they were alone with their baby and felt they were not getting any response.

As opposed to this, song and music provided them with another means of communication:

Sometimes it is hard. When you don't get any response from them ... That's why songs and riddles are so helpful ... It's such a nice way to communicate with her, and through singing I also get more used to hearing my own voice.

Through shared musical experiences, both mother and child developed a mutual language, experienced and mastered adequate interplay, and created joint memories together. Participating in music therapy brought them closer together and strengthened their attachment and general feelings of belonging:

All of a sudden, you get eye contact, she starts smiling if you're playing around a little bit... In the end, I really feel that it has strengthened our relationship a lot.

Mothers found that positive experiences shared with their children fortified the bond between them while also enhancing the feeling of belonging to one another. They were astonished that their babies preferred their voices, which also contributed to a feeling that they were special to their own children.

Social Outcomes

Social outcomes concern how having a social activity to look forward to during the week—where they usually spent much time alone with their baby—was experienced as particularly meaningful by the mothers. Also, the group provided an arena where they could share experiences, exchange advice, and provide support for each other.

As mentioned, the group consisted exclusively of first-time mothers, whose shared life situation seemed to promote a sense of a safe space and a feeling of community. The mothers found that the group gave them a social and supportive network and a feeling of belonging, which was very important, as isolation, loneliness, and the lack of a support network can pose a big threat to one's sense of well-being and quality of life. It was valuable to the mothers to meet others who were struggling with the same things, in order to share experiences and offer advice and support:

When you are a first-time mother, everything is completely new. I feel so vulnerable. One is afraid—and everything should be done in certain ways ... there is so little pressure here in the group, which affects the whole atmosphere. It is nice to know I do something good for my child.

Transferability to Everyday Life

Lastly, the content of the sessions—the musical activities and the songs—was transferable to their everyday lives and became part of daily routines with their children. The mothers described using songs to soothe and calm, as well as to distract and help out in challenging situations:

I sing for her in situations where she gets upset or unhappy. For example, while I'm dressing her I sing, and through this I'm able to kind of distract her. Instead of her getting fussy or starting to cry, she's attentive to my singing ... I know how to make her happy.

Clearly, the music therapy group supported personal self-agency (Stern 2000), which empowered families, when the mothers related and transferred their experiences to their spouses and partners at home.

After I started singing more for her I've also heard her daddy sing some of the same songs. He gets inspired, because he has seen her giving so much response when I sing, so I guess it's fun for him to try it out himself too.

Song and music became a way of being together for the whole family, as well as a helpful tool for both parents in challenging situations.

Discussion

Parenthood and practices of care are constantly changing as a result of new knowledge, family constellations, social and cultural conditions, and values. Nevertheless, one principle seems to be a constant: one's appreciation of oneself and one's child as uniquely present to one another at a personal level. The music therapy program supported and strengthened an emergent motherhood for these first-time mothers. Such support of a sustainable "motherhood constellation" is linked to healthy and creative personal development (Stern 1995).

Today's parents have unlimited access to information via the internet, where parenting blogs, apps, and various fora supply them with advice that is only a click away. On one hand, we believe that this can enhance parental confidence and independence. On the other hand, we argue that this can encourage the passive consumption of other people's competence, experience, and advice while one's own innate capacities and resources may remain unrealized.

In all cultures, at all times, crying babies have prompted both rhythmic rocking movements and the use of the voice in the adult (Björkvold 1985; Malloch and Trevarthen 2009). Many parents in today's Western societies, on the other hand, tend to replace their own singing with recorded music and, in general, sing less for their children than ever before (Creighton 2011). The mothers in this study reported that they limited their singing due to lack of experience and/or shyness, and this inclination would impact whether and how parents integrate health musicking into their daily parenting practice. In the music therapy group, of course, the mothers introduced preverbal communication and musical elements into their interaction with their children without necessarily being aware of how important this humming, singing, rocking, and general playfulness were to the babies (Bonnár 2014; Dissanayake 2008). The mothers also reported sharing these experiences with their spouses and partners, hence, transferring their personal experiences into these families' daily lives.

Shared musical experiences provide a framework within which both mothers' and infants' communicative musicality can be put into play. Song, movement, and

touch are musical forms of expression that align with an infant's mode of communication (Malloch and Trevarthen 2009; Stern 2000). When interaction and communication take place on the infant's terms, parents are better able to recognize and applaud the infant's social competence and initiative. In our opinion, parents should be provided with a nuanced picture of what music can offer their child, within which music's relational qualities—its unique way of connecting us to ourselves and others while also promoting immediate contact and unique moments of communication—should be acknowledged and emphasized.

The music therapy program did not seek to achieve specific goals but rather to explore the process of musicking itself. Its shared musical experiences empowered the relationship between mother and infant, because the music provided a framework that fostered intimacy, communication, and interplay, in turn offering meaning and support to an emergent motherhood. In each group session, the mothers and babies made music together by attuning themselves to music and their participation in it. Parental singing represents a unique form of communication that conveys emotional content in a way that is completely unlike recorded music. The attendant joy and laughter were visible and audible to each mother-baby pair and to the other participants. The group as such, that is, offered both support and fun, but also meaning, because meaning constitutes itself in one's phenomenal musical experiences within a culture, including the present music therapy program. In short, playing is for real (Trondalen 2016, p. 120).

This research project was carried out in a Norwegian cultural context, within which there resides a rich tradition and repertoire of both folk music and children's songs and nursery rhymes (Ruud 2015). Prompting parents to use song and music in the care of their children might serve to counteract what we see as a negative trend where many parents tend to sing less to their children or even replace their own singing with recorded music with the result that valuable practices of health musicking as part of the child's care and expression of parental love might get lost. The PHC is an important arena in this work that could evolve from a place where health is biologically "measured" and "controlled" to a place where parents find support in establishing a foundation for their child's health, development, and quality of life using music as an important health-promoting factor (Ruud 2015). Low-threshold music programs led by music therapists at local public health clinics represent a useful form of introducing parents and their children to an enjoyable, accessible, and low-cost means of promoting their health.

Limitations, Implications, and Ethics

The present study is based on a qualitative research methodology, with a small and homogenous sample of participants, within the context of a Norwegian public health clinic. Consequently, the result might not be directly transferable toward the population at a general level. Nevertheless, the study highlights the public health clinic as a suitable context for music therapy work with parents and infants, and the

participants' experiences provide in depth knowledge on what kind of health benefits participation in such a group may provide.

The results of the present music therapy study at the public health clinic has shown potential to support mother-infant interaction and bonding, as well as empowering first-time mothers in their new role. Accordingly, such a supporting health initiative should be further investigated, not least in a larger scale. In future research, it would be useful to look at a similar music therapy group using a quantitative or mixed-method research design, such as a randomized controlled study or a multi-site study, including a bigger number of public health clinics participating. It would also be useful to develop music therapy guidelines for interventions, in addition to a broad range of research methodology, while also actively involving participating parents in the research process.

There are also ethical considerations to be made when working with parents and their newborn children. In this case, there should be a particular focus and awareness toward the formation of intuitive parenting and development of the intimate caregiving relationship. The music therapist should be especially aware to attune herself toward the parents in a way that support and empower a good enough parenthood. It might, however, be argued that supporting and encouraging the discovery of the child and the building on their relationship through the nonverbal and active interaction of musicking might be less intrusive than other forms of parent support and guidance. Supporting parenthood through the power of musicking is an investment for life.

Conclusion

This chapter presents perspectives on how music therapy groups at local public health clinics can serve to promote parents' and infants' health practices and consequently contribute to public health in a broader sense. Research has shown that efforts to support and empower new parents have significant positive impacts on public health both within and beyond the families in question (Harvard University 2010; Heckman 2011). In addition, both health and cultural authorities have become increasingly interested in using cultural resources for health promotion. With the music therapy program presented here, music was a means of communication between mothers and children, as well as a regulator of both the mother's and the infant's physiological, psychosocial, and emotional states of being.

The mothers in this study found that the carefully selected program at the PHC enabled them to uncover new aspects of their baby's individual personality, competences, and preferences. When parents discovered themselves able to use songs and music to soothe, calm, and distract these children in otherwise fraught situations, they became more confident, both musically and with regard to motherhood and parenting. Their experiences in the group were then transmitted to spouses and partners, hence, becoming part of their daily life activities.

The group of first-time mothers soon built a social, supportive network that contributed to the sense of belonging and acceptance. On basis of their feedback, we conclude that participating in the music therapy program contributes to promoting the health of both mother and child. The mothers said that music-making allowed for good feelings and an experience of well-being while providing them with tools to cope with the challenges and stresses of daily life (Huber et al. 2011). We believe that offering music therapy programs to new parents and their children at public health clinics is an investment in Norwegian public health for generations to come.

References

- Ansdell, G., & DeNora, T. (2016). *Musical pathways in recovery: Community music therapy and mental wellbeing*. Farnham: Ashgate.
- Austin, D. (2008). *The theory and practice of vocal psychotherapy: Songs of the self*. London: Jessica Kingsley Publishers.
- Bieleninik, L., Ghetti, C., & Gold, C. (2016). Music therapy for preterm infants and their parents: A meta-analysis. *Pediatrics*, 138, e20160971.
- Bjørkvold, J. R. (1985). *Den spontane barnesangen—vårt nye morsmål*. Oslo: J. W. Cappelens Forlag AS.
- Bjørkvold, J. R. (1989). *Det musiske menneske*. Oslo: Freidig Forlag.
- Bonde, L. O. (2011). Health musicking—music therapy or music and health? A model, empirical examples and personal reflections. *Music and Arts in Action*, 3(2), 120–140.
- Bonnár, L. (2014). *Life and lullabies: Exploring the basis of parents' lullaby singing*. PhD dissertation. Oslo: Norges musikkhøgskole.
- Bourdieu, P. (1998). *Practical reason. On the theory of action*. Cambridge: Stanford University Press.
- Creighton, A. (2011). Mother-infant musical interaction and emotional communication: A literature review. *Australian Journal of Music Therapy*, 22, 37–56.
- Dissanayake, E. (2008). If music is the food of love, what about survival and reproductive success? *Musicae Scientiae*, 12, 169–195.
- Edwards, J. (2011). *Music therapy and parent-infant bonding*. Oxford: Oxford University Press.
- Gaden, T. S. (2015). *Samspill, sang og trygge bånd. En gruppe førstegangsmødres opplevelser av et musikkterapitilbud på helsestasjonen sammen med barna sine*. MA thesis. Oslo: Norges musikkhøgskole.
- Hansen, B. R. (2010). Affektive dialoger. Fra regulering til mentalisering. In V. Moe, K. Slinning, & M. Bergum (Eds.), *Håndbok i sped-og småbarns psykiske helse* (pp. 116–136). Oslo: Gyldendal Norsk Forlag.
- Hansen, B. R. (2012). *I dialog med barnet. Intersubjektivitet i utvikling og psykoterapi*. Oslo: Gyldendal Norsk Forlag AS.
- Harvard University, Center on The Developing Child. (2010). *The foundations of lifelong health are built in early childhood*. Retrieved from <http://www.developingchild.harvard.edu>
- Heckman, J. J. (2011). The economics of inequality: The value of early childhood education. *American Educator*, 35(1), 31.
- Helsedirektoratet. (2014). *Samfunnsutvikling for god folkehelse*. Retrieved from www.helsedirektoratet.no
- Helsestasjonstjenesten. (2017). *Helsestasjonens oppgaver*. Retrieved from <http://www.helsestasjonstjenesten.no/helsestasjonens-oppgaver/>
- Huber, M., Knottnerus, J. A., Green, L., Van Der Horst, H., Jadad, A. R., Kromhout, D., et al. (2011). How should we define health? *BMJ: British Medical Journal*, 343 (Jul 26 2), 235–237:d4163.

- Jacobsen, S. L., & Thompson, G. (Eds.). (2016a). *Music therapy with families: Therapeutic approaches and theoretical perspectives*. London: Jessica Kingsley Publishers.
- Jacobsen, S. L., & Thompson, G. (2016b). Working with families. Emerging characteristics. In S. L. Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical perspectives* (pp. 309–326). London: Jessica Kingsley Publishers.
- Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing*. Los Angeles: Sage.
- Loewy, J. (2015). NICU music therapy: Song of kin as critical lullaby in research and practice. *Annals of the New York Academy of Sciences*, 1337(1), 178–185.
- Loewy, J. V., Stewart, K., Dassler, A. M., Telsey, A., & Homel, P. (2013). The effects of music therapy on vital signs, feeding, and sleep in premature infants. *Pediatrics*, 131(5), 902–918. <https://doi.org/10.1542/peds.2012-1367>.
- Macdonald, R., Kreutz, G., & Mitchell, L. (Eds.). (2012). *Music, health, wellbeing*. Oxford: Oxford University Press.
- MacKenzie, J., & Hamlett, K. (2005). The music together program: Addressing the needs of ‘well’ families with young children. *Australian Journal of Music Therapy*, 16, 43–59.
- Malloch, S., & Trevarthen, C. (2009). *Communicative musicality: Exploring the basis of human companionship*. Oxford: Oxford University Press.
- Margolis, R., & Myrskylä, M. (2015). Parental well-being surrounding first birth as a determinant of further parity progression. *Demography*, 52, 1147–1166. <https://doi.org/10.1007/s13524-015-0413-2>.
- Napier, A. D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H., et al. (2014). Culture and health. *The Lancet*, 384, 1607–1639.
- Norwegian Health and Social Affairs. (2004). *Kommunenes helsefremmende og forebyggende arbeid i helsestasjons- og skolehelsetjenesten*. Veileder til forskrift av 3 April 2003 nr. 450.
- Norwegian Institute of Public Health. (2011). “Bedre føre var...” *Psykisk helse: Helsefremmende og forebyggende tiltak og anbefalinger* (Report 2011:1). Retrieved from <http://www.fhi.no/dokumenter/1b2e13863a.pdf>
- Nugent, J. K. (2014). The newborn period: Where hope and happiness meet. In J. Gomes-Pedro (Ed.), *Working with infants and families: Towards a science of happiness*. Canterbury: Gulbenkian Press.
- Robb, S. L., Carpenter, J. S., & Burns, D. S. (2010). Reporting guidelines for music-based interventions. *Journal of Health Psychology*, 16(2), 342–252.
- Ruud, E. (1998). *Music therapy: Improvisation, communication and culture*. Gilsum: Barcelona Publishers.
- Ruud, E. (2010). *Music therapy. A perspective from the humanities*. Gilsum: Barcelona Publishers.
- Ruud, E. (2013a). Can music serve as a “Cultural Immunogen”? An explorative study. *International Journal of Qualitative Studies of Health and Well-Being*, 8, 20597. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23930988>.
- Ruud, E. (2013b). *Musikk og identitet*. Oslo: Universitetsforlaget.
- Ruud, E. (2015). Musikkterapi—Fra antikkens tenkning til moderne helseprofesjon. In E. Ruud (Ed.), *Fra musikkterapi til musikk og helse: Artikler 1973–2014. Bind 1* (pp. 107–133). Oslo: NMH-Publikasjoner.
- Schwartz, E. K. (2013). Early intervention. In M. R. Hintz (Ed.), *Guidelines for music therapy practice in developmental health (chapter 2)*. Gilsum: Barcelona Publishers.
- Sigurdson, O. (2008). Vil du bli frisk? In G. Bjursell & L. V. Westerhäll (Eds.), *Kulturen och hälsan. Essäer om sambandet mellan kulturens ytringar och hälsans tillstånd* (pp. 189–218). Stockholm: Santérus Förlag.
- Slade, A., Grienberger, J., Bernbach, E., Levy, D., & Locker, A. (2005). Maternal reflective functioning, attachment, and the transmission gap: A preliminary study. *Attachment and Human Development*, 7(3), 283–298.
- Slinning, K., Hansen, M., Moe, V., & Smith, E. (2010). *Håndbok i sped-og småbarns psykiske helse*. Oslo: Gyldendal akademisk.

- Small, C. (1998). *Musicking. The Meanings of Performing and Listening*. Hanover: Wesleyan University Press.
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: Sage Publications
- Stern, D. N. (1985). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Karnac Books.
- Stern, D. N. (1995). *The motherhood constellation*. New York: Basic Books.
- Stern, D. N. (2000). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York: Basic Books.
- Teggelove, K. (2017). Building stronger families through music. Sing&Grow Groups Programs for families at risk. In S. L. Jacobsen & G. Thompson (Eds.), *Music therapy with families. Therapeutic approaches and theoretical perspective* (pp. 152–172). London: Jessica Kingsley Publishers.
- Trevarthen, C. (1980). The foundations of intersubjectivity: Development of interpersonal and cooperative understanding in infants. In D. R. Olson (Ed.), *The social foundations of language and thought* (pp. 316–342). New York: Norton.
- Trevarthen, C., & Malloch, S. N. (2000). The dance of wellbeing: Defining the musical therapeutic effect. *Nordic Journal of Music Therapy*, 9(2), 3–17.
- Trolldalen, G. (1997). Music therapy and interplay: A music therapy project with mothers and children elucidated through the concept of “Appreciative Recognition”. *Nordic Journal of Music Therapy*, 6(1), 14–27.
- Trondalen, G. (2011). Music is about feelings: Music therapy with a young man suffering from anorexia nervosa. In T. Meadows (Ed.), *Developments in music therapy practice: Case study perspectives* (pp. 434–453). Gilsum: Barcelona Publishers.
- Trondalen, G. (2016). *Relational music therapy: An intersubjective perspective*. Dallas: Barcelona Publishers.
- Trondalen, G., & Stensæth, K. (Eds.). (2012). *Barn, musikk og helse* (Vol. 2013:1). Oslo: Norges musikkhøgskole.
- Trondalen, G., Rolvsjord, R., Stige, B. (2010). Music therapy in Norway: Approaching a new decade. In *Voices: A world forum for music therapy*. Retrieved from <http://www.voices.no/?q=country-of-the-month/2010-music-therapy-norway-approaching-new-decade>
- World Health Organization. (2016). *What is Health Promotion?* Retrieved from <http://www.who.int/features/qa/health-promotion/en/>