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"It's the Way You Sing It": Translating Music Therapy for Isolated Older Adults Affected by Covid-19 to the Television Screen

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“It’s the Way You Sing It”: Translating Music Therapy for Isolated Older Adults Affected by

Covid-19 to the Television Screen

Capstone Thesis

Lesley University

May 5, 2021

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Music Therapy

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Abstract

The current Covid-19 pandemic has increased the likelihood of loneliness and social isolation among older adults due to the restrictions on movement and visitations in care facilities. Loneliness and social isolation have consistently been identified as risk factors for poor mental and physical health in older people. Meanwhile, a growing number of older adults are utilizing technological resources to enhance their interpersonal relationships and overall quality of life. In the winter of 2020/2021, an innovative music therapy-informed television program was designed and produced for isolated older adults in need of mental and emotional support. This project, produced jointly by a senior living facility and a community television station in Haverhill, Massachusetts, resulted in a 6-episode television program which offered music, games, and discussions organized around thematic material. Results demonstrated that the use of music to engage older adults virtually through a television program was effective in decreasing symptoms of loneliness in participating individuals, increasing interest in musical engagement, and increasing self-confidence among residents of the senior living facility who were featured on the program. Operating from a resource-oriented framework and informed by community music therapy, this research project advocates for a strengths-based rather than a pathology-based approach to health and questions the traditional boundaries between a performance space and a therapeutic space. Through this capstone thesis, this author advocates for innovation and creativity in resourcing technology to meet the growing mental health needs of older adults.

Keywords: music, music therapy, television, technology, older adults, covid-19, pandemic, loneliness, isolation, health

“It’s the Way You Sing It”: Translating Music Therapy for Isolated Older Adults Affected by
Covid-19 to the Television Screen

Introduction

I have always believed that it is the so-called intangible things of life, like good times with friends, laughter, dignity, that contribute the most to a person’s well-being. These observations came from years of working with refugees and asylum seekers, yet they carry ramifications for my work with other populations. Take, for instance, the story of Amira. How is it that an Afghan mother of three, a fugitive from the Taliban with no material wealth of status, can have the courage to start a new life and business endeavour in a foreign land while welcoming a fourth child into the world? And how is it that another fugitive with more financial resources, physical ability and intellectual facility become incapable of caring for themselves, overwhelmed by the perceived injustices of life? Resilience, I have since come to learn, is not so easily quantifiable by the tangible things of life.

Early on in my music therapy program at Lesley University, I found myself drawn to “resource-oriented music therapy”, a theoretical framework for music therapy developed by Randi Rolvsjord (2010). According to Rolvsjord, the focus on evidence-based treatment in much of music therapy literature and research has led to a neglect of equally important aspects of music therapy such as the development of strengths, experiences of positive emotions and social participation, and the contribution of the client to therapeutic outcomes (Rolvsjord, 2010). She posits that the focus on “interventions”, which prizes the expertise of the therapist over the client’s agency and resources is indicative of the power imbalance and “illness ideology” inherited from the pathological medical practice. An alternative paradigm is needed, not just for the music therapy field but for all allied helping professions—a paradigm that defines health and wholeness as more than the absence of medical problems.

These discussions are especially pertinent in the context of caring for elderly adults in a pandemic context. The past year has brought into sharp focus the importance of mental health in maintaining physical well-being. A recent article by NBC (Khim, 2020) examined the increase of deaths in long term care facilities that have been attributed to social isolation – a cause of death that is still considered unusual. In a study of a Chicago-area nursing home, two-thirds of residents were found to have lost weight, in some cases dramatically, between December 2019 and the end of April 2020. Researchers attributed this change to reduced social interaction, the cessation of family visits, and schedule changes due to the pandemic. While social distancing and social isolation protect elderly adults from contracting diseases, they separate them from lifelines of physical, emotional, and mental support—the very things that have kept them alive. As will be demonstrated in the next section, the effects of loneliness and isolation can be as deadly as pathogens (Perissinotto et al., 2012; Holt-Lunstad et al., 2015). If there's anything this pandemic has brought to our attention, it is that we need human connections to survive and thrive.

Another key aspect of Rolvsjord's theoretical framework is the need for equality and mutuality in a therapist-client relationship (Rolvsjord, 2010). This requires nurturing the use of the client's resources so as to foster empowerment and autonomy in the therapeutic process (p.181). In terms of therapeutic service delivery, technology has enabled therapists to continue strengthening the very resources that have kept older adults alive and thriving, but it has also tilted the balance of power in favor of clients, who now have more control over their own participation. Teletherapy, as internet-enabled sessions are sometimes called, means that clients who are technologically capable can choose to “leave” the “room” at the click of a button or turn down the volume on their devices to avoid listening to the therapist. For a music therapist, this means no longer having the ability to insert ourselves into a client's physical and sonic space, demanding their immediate attention. These changes to traditional

formats of service delivery only serve to highlight how therapeutic transformation is ultimately enacted by the client, not the therapist, and that it is the client's active participation and decision-making that enable a therapeutic relationship to exist.

After a year of learning and mastering virtual music therapy for older adults during a pandemic, I have become convinced that an effective music therapy model is one that focuses on the empowerment of the client by making available resources—be it musical material, positive memories, interpersonal connections, technological platforms, or simply moments of fun and relaxation—that prioritize their psychosocial and emotional needs. At the end of the day, it is the client that knows best what they need and who should be in control over their own therapeutic process. Operating from this resource-oriented framework and motivated by a desire to create Covid-safe programming for isolated elders, I embarked on a project to bring music therapy to the television screen. Although wildly ambitious on paper, the premise was simple: How can a television program alleviate the negative effects of isolation and loneliness compounded by the Covid-19 pandemic? Additionally, how can music therapy ideas transfer to a television screen while still maintaining the essential elements of music therapy?

Review of the literature

Isolation among the elderly has become an increasingly discussed topic since the arrival of the novel coronavirus (SARS-COV-2), also known as Covid-19. Older adults were found to have a much higher risk of mortality (about 15%) than younger people, especially if they have comorbidities (Wilson et al., 2020). As a result, health recommendations suggested that older adults should be protected with social distance or, if necessary, social isolation (Wilson et al., 2020). For older adults living in care facilities, this enforced isolation has taken a toll on mental and emotional wellbeing. While music therapy, enrichment activities, and other forms of expressive and group therapies are often programmed into senior

community schedules the sudden removal of access to these activities that residents of these communities have relied on for routine, physical activity, and socialization has been traumatizing and disorienting.

Thus, the need for programming to stabilize mood and encourage physical activity and social connection has not dissipated as a result of the pandemic. In fact, it has grown more essential. Programming for older adults should therefore not be discontinued but rather, adapted to fit their diverse and evolving needs while safely managing health risks.

Older Adults and Loneliness

Even before the Covid-19 pandemic, research on loneliness and isolation among the elderly proliferated across disciplines and international borders (Victor et al., 2009). Older adults experience a higher likelihood of losing close ties such as partners, relatives, friends, or neighbors and entering into a new community (Prieto-Flores et al., 2011). Different forms of loneliness are experienced through the loss of close attachments and the absence of a network of friends and acquaintances with common interests that can provide a sense of belonging (De Jong Gierveld, et al., 2006; Dykstra, P., 2009). In a study of institutionalized older adults in Spain, Prieto-Flores et al., found that older adults in long-term care facilities experience more barriers in establishing close ties as they may have little in common with other residents and may experience limitations due to their own or others' declining physical and cognitive health (2011). In Hong Kong, older adults reported a correlation between loneliness, social alienation and feelings of vulnerability and anger among individuals age 60 and above (Wong, et al., 2017). Loneliness has also been associated with depression, generalized anxiety and suicidal ideation as well as higher rates of smoking and physician visits in German individuals (Beutel et al., 2017).

While loneliness and social isolation are easily linked to states of emotional ill-health, its correlation with physical and cognitive decline is equally stark. In a study of 800 older

adults from around the Chicago area, lonely individuals were found to be more than twice as likely to develop dementia than were those who were not lonely (Wilson et al., 2007).

Loneliness has been observed to have a greater impact on cardiovascular health and physiological self-regulation in older adults than in younger adults (Hawkley & Cacioppo, 2010). Moreover, a national survey funded by the National Institute on Aging found an increased risk of death and functional decline in older adults who were lonely (Perissinotto, et al., 2012). It also found also noted that a significant number of participants who reported feeling lonely were married or did not live alone, illustrating the difficulty of measuring loneliness through quantitative means (Perissinotto, et al., 2012).

The Effects of Technology and Covid-19

Over the last two decades, an increasing amount of research has begun to focus on the potential of technology in combating the negative effects of isolation and loneliness among older adults. For older adults who have been able to navigate technology, studies indicate a positive increase in wellbeing by enabling access to communication and information (von Humboldt, et al., 2020). The use of the Internet has been linked with reduced probability of depression and increased well-being (Cotton et al., 2012; Kim et al., 2020; Sum et al., 2008). At the same time, the digitalization of the healthcare industry has transformed many elements of elder care, leading to a new field of research – gerontechnology (Anderberg, 2020; Martel et al., 2018). “Gerontechnologies” range from medication reminders, vital signs monitoring and fall detection systems that enable older adults to age in place (Haufe et al., 2019) to robots that provide housekeeping support and social interaction (Pripfl et al., 2016). Gerontechnology has also been used to develop senior-friendly communication devices (Tannous & Quilty, 2021), memory-assistance for individuals with dementia (Karisto et al., 2010), and home-based exercise interventions (Martel et al., 2018).

The arrival of Covid-19 in 2020 has further accelerated this conversation by intensifying the isolation and digital gap already experienced by many older adults (Choi & Yang, 2020; Seifert et al., 2020; Tavares, 2020). In older adults, physical distancing and stay-at-home measures in response to Covid-19 were found to intensify feelings of loneliness (Savage et al., 2021) and psychological distress (Losada-Baltar et al., 2021). However, the pandemic has also allowed for more focused research demonstrating the efficacy of technology in combatting the negative effects of loneliness and isolation by facilitating medical care, meaningful relations, and mental health support (Atreya et al., 2020; Lam et al., 2020; Tavares, 2020). A cross-cultural survey of older adults from Italy, Portugal, Spain, and Mexico during the Covid-19 pandemic revealed that participants used smart technology to maintain social connections, listen to music, learn new recipes, enhance hobbies, access spiritual care and stay physically active (von Humboldt, et al., 2020). In New York City older adults experienced reduced loneliness, higher levels of social support, and higher life satisfaction as a result of a virtual arts-based programs (Finn, 2020).

In my own internship experience, I have observed the resourcefulness of older adults in using technology to maintain their rich social lives. An elderly grandmother living in Brookline, Massachusetts once related to me how every night she would read a book to her grandson, who lives in a different state, using an application on her iPad. “You can press a button and turn the pages just like a normal book,” she explained. This seemed to bring her great satisfaction because she could continue a cherished family activity despite their physical separation. Other residents at the same facility taught themselves to use Zoom and other new technologies so that they could continue a weekly music group while observing Covid-19 precautions. The above anecdotes serve to illustrate that with the right support and motivation, older adults are indeed capable of using technology for their needs.

Music Therapy in a Pandemic Context

The expressive arts hold untapped potential to amplify the positive effects of technology in reducing the effects of loneliness and isolation. The power of expressive arts to enhance socialization, emotional regulation and self-esteem has long been a subject of research. The expressive therapies, an umbrella term that covers music therapy, art therapy, dance/movement therapy, drama therapy, bibliotherapy, and phototherapy, has been used to facilitate socialization in children with attention deficits (Henley, 1999), treat attachment issues in children with trauma histories (Malchiodi, 2014), reduce suicidal behavior in young adults (Martin et al., 2013) and support life review in older adults (Caldwell, 2005).

Music therapists who have adopted telehealth into their delivery of music therapy have been able to reach populations that usually experience barriers to services, such as military personnel on active duty (Bronson, et al., 2018), parents of hospitalized infants in neonatal care units (Gooding & Trainor, 2018) and teens with Asperger's Syndrome in remote or rural communities (Baker & Krout, 2009). The recent pandemic has created opportunities for virtual music therapy to be used with even more populations. While many music therapists have bemoaned the loss of in-person contact, traditionally considered so fundamental to music therapy work, others have been quick to pivot to online platforms as a means of continuing emotional and mental support for clients from afar. At a children's hospital in San Francisco, a developmental music therapy program was delivered using a video-conference platform to support infant development, parent-infant interaction, and parent-to-parent connections in the neonatal intensive care unit (Negrete, 2020). Meanwhile in Italy, a remote music therapy intervention that utilized Guided Imagery and Music (GIM) helped to decrease the intensity of fatigue, sadness, fear and worry in frontline healthcare workers at the height of Italy's pandemic lockdown (Giordano, 2020).

Redefining Music Therapy

The movement of music therapy to the virtual space, facilitated in part by the pandemic, has transformed the landscape of music therapy delivery and called into question certain elements of service delivery that were traditionally considered to be fundamental—that is, in-person contact and synchronicity (Knott & Block, 2020). Music therapy sessions now take place on video conference platforms like Zoom or through pre-recorded videos that can be viewed multiple times by clients. With social distancing practice as the “new normal”, access into a person’s personal space has become a luxury. The kind of privacy and immediacy that music therapists can expect from in-person sessions have been replaced by struggles to engage clients through a screen while navigating technological barriers, connectivity issues and “Zoom” fatigue.

Many music therapists also fear that the loss of in-person and synchronous contact is threatening the field. After all, if music therapists no longer provide live, personalized music content, what difference is there between a music therapist and a music teacher or performing artiste? Is music therapy as a profession doomed?

What Makes Music Therapy “Music Therapy”?

Kenneth Bruscia (2013), in his seminal volume, “Defining Music Therapy”, describes music therapy as “a health-focused interaction between client and therapist—not just any experience that happens to be positive, beneficial or health-enhancing (p. 37).” He goes on to specify that “there must be an interaction between client and therapist specifically aimed at optimizing the client’s health” (p. 37). It is clear from Bruscia’s definition that many musical activities such as listening, performing, or composing can be inadvertently therapeutic. However, that does not make the activity “music therapy” unless there is an identified client and the activity is intended to optimize the client’s health. Intention is therefore the clarifying distinction between music therapy and a musical activity that is therapeutic. This distinction

is all the more relevant in a situation where music therapists have lost the indicators that once set them apart from the other musical professions.

In the project that I will examine in later sections, I return to this theme of “intention” as the most fundamental identifying factor of music therapy. Rather than extinguishing the music therapy industry, the pandemic situation has forced music therapists to adapt their methods of service delivery while staying true to the basics of the profession. Despite the novel challenges faced, music therapy has continued to flourish because the intended product continues to meet a never-ending demand for mental healthcare in troubled times.

Can Music Therapy Translate to the TV Screen?

In designing a television show that recreates music therapy through virtual means, it is helpful to reconceptualize several key aspects of the music therapy process. One of the most altered elements of music therapy in this format is the conception of space. The concept of space, first introduced into the field of psychotherapy by Bion (1962) and further developed by Cluckers in the context of the therapeutic relationship (1989), is often understood in music therapy in the context of the “containing space” (Salmon, 2001). This “containing space” is a metaphorical space formed by the presence of patient, therapist, and music where the patient can feel safe enough to engage in the therapeutic process. (Salmon, 2001). Music contributes to this space by allowing patient to project and bear uncontainable feelings while feeling accepted and accompanied (De Backer & Wigram, 1993, p. 36).

Music therapy theorist Carolyn Kenny likened the concept of “musical space” to an “intimate container, a safe space” that allowed the therapist and client to “explore this land together as it expanded into new territory.” This space is co-created through music, ritual, and transforms into a “field of play” when a patient feels secure enough to explore “new patterns of existence... new behaviors, new feelings and thoughts” (Kenny, 2014). According to

Kenny, the Field of Play is about “giving our attention to the spaces we create in music therapy through an intense focus on being.” (Kenny, 2014).

Although Kenny’s work was mostly centered around live improvisation, her writings acknowledged the role of the musical space in the music therapy process and the variety of ways it is constructed. The musical space is never purely physical, in fact it is a cognitive and emotional “attending” which allows a person to “be present” in the moment. This “attending” is what allows two people to be in the same room physically but in completely different headspaces, in the same way that a person can be transported to a different “place” simply by putting on a pair of headphones. This same “attending” also allows two persons who are physically separated by geography to “be together” through the use of technology.

This discussion also underscores the importance of recognizing client agency in the therapeutic process; the experience of space is a subjective experience that the client co-creates with the therapist through their participation. In applying these thoughts to virtual music therapy, it follows that when music therapists create a musical space virtually, they are not re-creating a past version of “being together” in person. Instead, they are co-creating a new space, using the unique resources that are available, just as every music session affords varying combinations of resources for the construction of a therapeutic space. Any resident at my internship site can create this space with me asynchronously and virtually by interacting with my recording and having a musical experience, unique to their current context.

The other key concept to unpack is that of performance – a word which usually implies the use of music for the purpose of entertainment and therefore eschewed by early music therapists (Aigen, 2013). However, community music therapists such as Aigen have noted that performance holds therapeutic benefit for “individuals with physical and communicative disabilities, who need the ‘artifice of a performance’ in order to demonstrate that they have something of value to offer their fellow human beings (Aigen, 2013, p. 160).

The introduction of a camera and a screen distance brought about by the virtual reality of asynchronous, virtual communication almost immediately brings to mind the social dynamics of a performance stage. A stage separates people physically and establishes two separate roles for those present – audience and performer. It is this very setup which music therapists have traditionally avoided in their work for valid reasons. However, there is a growing wealth of literature that points to its therapeutic value particularly in a community context. Aigen notes that in a performance framework, certain rules are suspended and the alteration of roles functions to change the community, particularly in the way that patients are perceived. When the patients perform in this venue, they come to experience themselves as successful and “as somebody who can captivate and engage others, and express themselves in a way that draws people in to them” (Aigen, 2004, p. 194). In the context of a television show, inviting residents who would usually fall into the category of the audience onto “the stage” by performing in front of a camera affords a newfound visibility and chance to alter how they are perceived by other residents. Again, this points to the value in empowering a client to effect their own therapeutic change.

Several other authors are worth noting for their contribution to this discussion on space and performance. Community music therapists Ansdell and Pavlicevic challenge the notion of the traditional “safe space” of the therapy room and the bounded therapeutic relationship by offering an alternate perspective of individuality within the context of culture and community (Ansdell & Pavlicevic, 2004, p. 23). Their reframing of the community as client is particularly relevant for a project like Musical Moments with Friends, where the intended client is not only individuals but an entire community of residents. Metell’s and Stige’s work with persons with disability is also relevant—their reframing of space as a loosely bounded construct that allows for various forms of participation is aimed at creating an inclusive environment for individuals with disabilities (Metell & Stige, 2016). In the

context of the pandemic, the older adults in long-term care facilities comprise a community of persons experiencing social exclusion and isolation to a degree that varying forms of participation, including virtual, are required to maintain community engagement.

While the effects of client-participation in performance is well noted, little has been written on the therapeutic value of performance by therapists. Bruscia's categorization of "receptive experiences" as one of the four methods of music therapy is perhaps the most well-known literature on this topic (Bruscia, 2013). In his description of "receptive methods" he lists several variations that may include music performances by the therapists, live or recorded. One of the most well-known forms of receptive methods is Guided Music and Imagery (GIM), in which clients are encouraged to freely image to music while in an altered state of consciousness and dialogue with the therapist. However, no literature has been found to date on the use of pre-recorded audiovisual material that is intended to simulate a live music therapy session. Perhaps it is thanks to Covid-19 that the practice of music therapy now has an opportunity to adopt such new methods into the field.

I conclude with the question: When the therapeutic space is also a performing space, can therapeutic intention still exist? My belief is that therapeutic intention can transcend the boundaries of time and space as long as there exists an ongoing therapeutic relationship between therapist and client. I now turn the discussion to the identified client in this project—the residents of Bethany Community Services.

Methods

Community Description and Participants

In the fall of 2020, Bethany Community Services, an independent living facility for low-income seniors, began a partnership with Haverhill Community Media (also known as HC Media or HCTV) to produce programming targeted towards residents who are isolated or affected by the Covid-19 crisis. The programs would air on one of HC Media's television

channels, easily accessed by residents, as well as the general public within Greater Haverhill. According to Beth Morrow, Director of Development and Community Relations at Bethany Community Services, who spearheaded the project, this programming would be especially welcome during the cold winter months when residents are increasingly trapped in their apartments.

As a music intern under the Residential Life Department of Bethany Community Services (henceforth Bethany), I was presented with the opportunity to help design one of the television programs. In discussions with both Bethany and HC Media, we explored the possibility of a program that could address the need for social connectivity, physical well-being and intellectual stimulation at the same time. It quickly became apparent that music would be effective as anchoring material to meet all these needs simultaneously. Music's facility to be "performed" provided a suitable medium for the delivery of musical and non-musical content, such as educational and community messaging. Furthermore, watching a performance of music on television has become such a familiar form of music consumption that viewers were unlikely to experience the mental barriers that sometimes accompany the word "therapy".

Method Development

The original script for this television program was first written in March 2020 during my previous internship at the memory care unit of Goddard House Assisted Living. At that time, the first shelter-in-place order had just been put in place by Governor Baker. My fellow interns and I were informed that we were no longer allowed back on-site at Goddard House. Unsure of how we would meet the requirements for our internship hours, we began developing ideas for virtual programming that would allow us to continue music therapy services to our elderly clients. The result of these brainstorming sessions was the draft for a series of weekly videos featuring pre-recorded content that would then be uploaded to the

YouTube video sharing platform. Each week's video would focus on a theme relevant to experiences older adults may be facing acutely because of the pandemic—such as loneliness, anxiety, or loss.

Although this original script was later shelved in favor of synchronous music sessions on Zoom, it found a second chance of life when I was approached by Bethany to design a television program. I was able to expand on the ideas conceptualized during my first internship and adapt it for a television program titled “Musical Moments with Friends.” The finalized script featured a combination of music, poetry, trivia questions and interviews with Bethany staff and special guests. The first episode, in which the CEO of Bethany, Jered Stewart, delivered Christmas greetings to residents also featured video clips of residents who had participated in music therapy sessions with me. In the following episodes, a different theme was addressed and residents were encouraged to stay positive and socially connected. Residents were also reminded that Bethany's services remained available to them.

Procedure

The script was designed as a weekly 30-minute program consisting of 6 episodes. Each episode would consist of the following three segments:

- A. Introduction by show host and introduction of the theme of the week
- B. 3 songs performed by the music therapy intern, including one song from a different language/cultural origin
- C. Trivia question and poetry/quote of the day

Overview of Themes Addressed

The main segment of the show was the musical segment performed by me, the music therapy intern. To provide an overview of the musical content, below is an overview of the themes, goals, and musical numbers by episode. A script of the musical segments is attached in the Appendix.

Episode 1.

Theme: Christmas Special

Goal: Showcasing residents' music and promoting music/art activities

Summary: The musical segment consists of a video montage of music-making moments from the first three months of my internship, followed by a rendition of "Feliz Navidad". These video clips, which were recorded with the consent of residents involved, featured sessions that had taken place virtually on Zoom or in-person at Bethany in accordance social distancing protocols.

Episode 2.

Theme: Friendship

Goal: Encouraging a healthy response to isolation and loneliness

Songs: You've got a friend in me (From Toy story), Side by side, Shalom chaverim

(Hebrew song)

Episode 3.

Theme: Self-care

Goal: Encouraging a healthy response to stress

Songs: Misty, Button up your overcoat, Burung Kakak Tua (Malay song)

Episode 4.

Theme: Gratitude

Goal: Encouraging a healthy response to frustration

Songs: Hey good looking, I've got the sun in the morning, Des Colores (Spanish song)

Episode 5.

Theme: Believing in yourself

Goal: Encouraging a healthy response to discouragement

Songs: Hey Good Looking, The Climb, Woyaya (Ghanaian song)

Episode 6.

Theme: Acceptance and letting go

Goal: Encouraging a healthy response to change/endings

Songs: Can't take that away from me, Glory of love, Shalom Chaverim (Hebrew song)

Data

My documentation process took the form of personal observations gleaned from process notes, journals, and conversations with Bethany staff and residents. These were further broken down into:

- a. Observations about myself as therapist/performer
- b. Observations about residents who participated in filming
- c. Observations about residents who were not involved in the filming but who watched the show
- d. Observations about staff and other individuals

Audio-visual content produced as part of the intervention were also used in the documentation process of this project.

Results

In this section, I will discuss the data in the order described above. The thematic order serves to provide a flow that reflects my personal experience as artist/therapist. The data that is presented takes the form of journal entries, my personal impressions of conversations and interactions, and a hyperlink to audio-visual content.

Observations About Myself as Therapist/Performer

I noticed in myself a strong confidence and excitement during the conceptualization phase of this project. Armed with a background in musical performance and a budding

therapeutic mind, I found myself easily connecting songs, stories and ideas together. I felt trusted with big ideas—and enamoured by the opportunity to pursue a novel idea. Most importantly, I felt recognized as more than just “the music person”. Because the project allowed me to draw from the many diverse aspects of myself including my cultural background and experiences, I felt a sense of integration and wholeness that I had not felt since moving to the United States. For a brief moment, this project allowed me to live my dream of stepping outside the box of traditional Western-centric music therapy and instead bring more of my authentic self into the world. This opportunity had very positive impact on my overall internship experience; I felt recognized and appreciated for what I could contribute as a whole person.

I also felt my past and present musical selves colliding in a beautiful way as I embraced my “performer” self in order to fulfil a therapeutic role. It was surprisingly easy to translate many of music therapy concepts onto the camera. I found myself planning a musical segment as I would a session, using the same concepts to organize song choice, song flow, and dialogue. Interactions that would happen in a group session were mimicked through well-timed questions and pauses. Eye contact, a fundamental aspect of establishing presence, was maintained by constantly looking at the camera. However, there are other aspects of performing and recording on camera that music therapy training may not prepare an intern for – such as the mental stamina needed to maintain stage presence on camera, the ability to memorize large portions of music, and working with microphones. For these, I found myself drawing from years of performing and recording experience, thankful that these skills were now being used in a meaningful way.

I also experienced a powerful moment of receiving therapy from my virtual self, a phenomenon that is surely only possible with technology. About two months after I had filmed the musical segments of the show, I found myself feeling discouraged about several

things including what I perceived to be a dissatisfactory “performance” during my recordings for the show. I had been able to watch the first two episodes of the recordings on Haverhill Community Media’s website in the weeks following the premiere. However, because I had watched them alone, my old performer instincts had kicked in and I found myself cringing at how I looked and sounded on camera. It was only much later when watching the fourth episode with my supervisor that I was able to enjoy the show. To my supervisor’s amusement, I repeatedly explained “Wow, that was pretty good!” while listening to myself speak. I found myself mirroring my virtual recorded self—singing along, agreeing, and laughing. Over the course of 15 minutes, my virtual self brought my present self to a place of calmness by reminding her of the beauty in the world and of her own resilience. I was left feeling overwhelmed with gratefulness but also a little stunned that I had therapized myself.

Observations About Residents Who Participated in Filming

I was not able to gather much data from residents due to a lack of access to my internship site during the two months immediately after the television program began airing. However, I was able to observe the interactions of several residents with me later on as well as to reflect on the experiences of some residents while recording their performances for the program.

In total, six residents were featured in the first Christmas episode of “Musical Moments with Friends”. At the time of this writing, five of them had seen the episode they were featured in while the other two had not seen it due to technological barriers. Of the five who had seen the episode, two provided a positive verbal response, describing the experience as “fun” and “excellent” while the others did not provide answers that could be construed as positive or negative. For example, one commented several times that the camera angle accentuated her gray hair but did not provide any other feedback.

However, I was able to watch the episode with several residents who had been unable to access the show on their own. One resident, J., a single man in his 90s, did not provide any direct verbal feedback; however, a vignette from my journal might prove illustrative of his experience while watching the episode.

Although this episode had first aired 9 weeks prior, J. had not been able to successfully navigate technology to be able to watch it. When I asked if he had seen himself on TV, J. replied, “No but when I was getting my mail one time, this lady told me she had seen me on Channel on 22!” My supervisor and I were able to access a recording of the episode that featured J. on the Haverhill Community Media website. We proceeded to watch it with him.

I noticed a physical response in J. while we watched a video that showed him playing the banjo and singing “Oh when the saints”. J. began tapping his foot and moving his wrist as if he was playing an imaginary banjo. He did not seem aware that his body was moving as the rest of his body remained very still and his eyes never left the screen. Even though I was not able to read his facial expression, I was able to tell that he was fully engaged with the musical activity happening on screen.

When the video ended, J. turned to me and said, “We are going to be TV stars!” My supervisor said, “You already are!” He then eagerly asked when our next music session would be. This surprised me as we had not met for 2 months and he had seemed reluctant to resume music sessions right before we watched the TV episode together. As a result of our mini watch party, his affect had brightened and he was now eager to engage with music again.

Another resident, L., a woman in her 70s with a vision disability, agreed to watch the first episode with me. What seemed to pique her interest was the opportunity to see other residents making music with me. At first her usually stoic face remained impassive but as

soon as the montage of musical performances began, her affect brightened dramatically. Each time a different resident appeared on the screen, she would ask “Who’s that?” and would then sing along. Upon seeing one of my other clients that she knew personally, she explained, “I haven’t seen her in ages! We used to sing together. Did you know she can sing in French?” Although L. did not seem to react to her own performance, she had a positive reaction to watching the performance of the other residents. She also made an unexpected comment about the guest appearance of CEO of Bethany Communities in which he shared his childhood memories of Christmas. “Sometimes we feel like these people are so high up and far away. This is good because it will help us get to know them better. It makes us feel like they are just like us.” Just before we parted, L. shared her weekly schedule with me and asked about starting music sessions again. This was a significant moment as I had repeatedly tried to reach her about continuing music sessions but had been unsuccessful.

J. and L. also seemed to have already benefited from their participation in the production phase of the project. In preparing for his performance, J. solicited the help of his niece to look presentable on the day of filming. He showed up that afternoon, dressed in a coat and shirt, with his usually awry hair combed smartly. My supervisor informed me that he had also taken a bath, which was no small feat for him. J. appeared hyper aware of the camera throughout our filming session and required some redirection in order to engage with me and the music as he normally did. Nevertheless, it was clear that he took this recording seriously and was keen to perform the best version of himself.

For L., the filming process served as an opportunity to consolidate and express her identity. In preparing for her performance, she had selected a song that she said captured a strong sense of who she was—“One Day at a Time” by gospel singer Christy Lane. On the day of the recording, she showed up dressed beautifully and proceeded to sing with her head held high, carrying herself and her notes with incredible poise. When asked if she would like

another take, she replied, “No, that was it” and bid me a gentle but firm goodbye. I felt a deep sense of awareness that she had put her heart and soul into that one performance and that the experience was so deep that it needed no repetition.

From my interactions with J. and L. mentioned above, I could see that both enjoyed the process of being filmed and experienced a positive boost of self-esteem as a result. In J.’s case, the knowledge that other peers had watched him do what he loves best encouraged him to continue engaging with me musically. For J., watching the video actually reminded him—as well as his fingers and toes—how enjoyable it was to engage in music. In L.’s case, the process helped her select a song that “defined” herself and provided her a platform to share it with others. Furthermore, watching the final product encouraged a response towards increased socialization and music making.

Observations About Other Residents

To date, I have only received feedback from three residents who watched the TV show and with whom I was not familiar. One was a lady who approached me while I was in my supervisor’s office and proceeded to tell me that she thought I was “very good, very talented.” She was someone I had never met before and who, according to my supervisor, tends to isolate.

While not all residents have managed to catch the TV show, I noticed a renewed interest in engaging with me musically as a result of the buzz around production. Two residents in particular, B., and Jr., have met with me recently to play music together in some form. Below is a journal entry from the first day of filming, dated December 7th, 2020.

Already at this stage, the project has created quite a bit of buzz among residents. At least 4 residents have walked into the dining room for non-existent reasons while we were setting up the cameras and lights. This was despite clear signs informing them that the room is in use. One man, B., my former client who terminated our sessions abruptly and had not

spoken more than 5 words to me since, stopped by and engaged in conversation with me and the HC Media producer. He asked me about my upcoming travels and then told the camera lady, “make sure you get her to sing one of her songs from Malaysia”. Another man, J, cut a comical figure as he glued his face to the windows in the doors, fixated by the lights and cameras. Every time Beth opened the door, he would startle and ask innocently, “Oh, how are you?” Interestingly, I had my first musical interaction with him later that day after months of touch-and-go moments. He actually approached me and asked if I would be playing music. When I began to play the piano a few minutes later, he ran – yes, ran! – to the sofa behind me and seated himself with fixated attention. He then requested for a song, which I played and sang while he “conducted” me theatrically with his fingers. He later said it was his mother’s favourite song and therefore his favourite too. At this point, it seems like this recording – which took place in full view of residents and which featured only me – has helped to highlight what I offer a bit more prominently to residents who were already aware of my presence but not fully engaging. It’s really interesting to see what a little hype can do.

Since this journal entry, I have had sustained musical interactions with both individuals mentioned above. Of special interest is the fact that, B., who had terminated our sessions in the fall of 2020, initiated our next musical interaction and agreed to resume music sessions with me.

Observations About Staff and Other Individuals

Although staff of Bethany were not the intended audience of the show, some of them watched it out of interest. The general feedback was positive. Some had been featured in some of the video montages in which staff members were asked questions related to the theme, for example, “what is one thing you are grateful for” during the episode on gratefulness. They expressed a range of expressions from dissatisfaction over their presentation to amusement. Several focused their comments on my musical talent, the most

common comment being “You have a great voice!” while others expressed a sense of pride that Bethany’s brand was being broadcast positively. There was unfortunately little indication that they had noticed residents watching the show or discussing it.

A particularly interesting feedback was received from the Executive Director of Haverhill Community Television, Darlene Beal. The conversation took place in the waiting area of the HCTV studio while I was waiting to film the final episode. Darlene, on her way out, recognized me and expressed admiration at my work, adding, “You’re just like a celebrity. I know you but you don’t know me!” When I expressed surprise, she responded, “It’s not just what you say, but the *way* you say it”. I was unable to follow up on her comments as she was in a hurry to leave. However, her comments were the first indication to me that a significant part of the show’s appeal was not the music but the way the music was presented. In other words, someone had recognized that it was the intention behind the music and not just the music that made my performance effective. It appeared that to at least one person, I had made music therapy happen on a television screen. Even her joke comparing our interaction with the celebrity-fan relationships seemed to bring home the point that technology can indeed curate emotional connections despite the absence of synchronous in-person contact.

Audio-visual Content

As I do not yet have the right to use copies of the footage, they are not included in this paper. However, all available recordings can be accessed online through the following link: <http://haverhillcommunitytv.org/category/community/series/bethany-communities-musical-moments-with-friends> (HC Media, 2021)

Discussion

Performance as Community Music Therapy – Authenticity and Beyond

What appeared to be the most definitive success of this project was its effect on participants who were directly involvement with the production. Of the six residents who had existing relationships with me, most of them experienced a boost in self-confidence as a result of the filming process. It appears that even if they were not able to watch the final product, the experience of making music on the camera achieved a positive effect on their well-being and on our therapeutic relationship. Although these goals were not part of the original design of this paper, they are nonetheless related to the social and emotional wellbeing of the residents involved.

These outcomes very much echo the research of community music therapists who have long championed the validity of performance for therapeutic purposes (Aigen, 2013; Ansdell, 2004; Turino, 2008). Aigen, who noted that performance provides an “artifice” for marginalized individuals to challenge the labels imposed on them (2013), also believed that the process is sometimes more meaningful than the product—“For music therapy clients who follow their musicing desires from a private, closed session room to a more public sphere, it can be the act of moving into the public realm that is of significance more than any particular audience reaction” (2013). In lieu of a physical audience, the focus of a camera provides that movement into the public sphere for an individual who is rarely given the spotlight. It is a chance to be witnessed, and potentially, welcomed into another person’s circle of friendship.

One unexpected feedback by a resident, who experiences a physical disability, was the feeling of affinity with the CEO of Bethany, whom she described as appearing distant and “high up”. The fact that she and the CEO were featured on the same episode seemed to remove, if only temporarily, the lines that define her as resident and him as “management”. This disruption of the “patient” vs. “doctor” trope calls to mind Rolvsjord’s criticism of the medical model that pathologizes clients and her emphasis on the need for equality and mutuality in a therapist-client relationship (Rolvsjord, 2010). An invitation to “the stage”

inadvertently allows for a “levelling of institutional dynamics” (Mitchell 2019), and highlight’s music’s role in affording self-determination and decision-making to clients.

Performance as Receptive Music Therapy – Aesthetics and Beyond

When the first episode of the program aired, I was surprised to see that the banner with my name and position read “Eunice Wong: Musical Intern”. My immediate question was – what happened to the word “therapy”? Was it an intentional omission? If so, whose decision was it? While I never found out the answers to those questions, it has continued to intrigue me that the omission of the word “therapy” accurately reflected my masked role as a music therapist in the guise of a performer. Aigen traces the music therapy profession’s conflicted relationship to performance with “our struggle to be recognized as a valid medium for in-depth treatment within healthcare settings. Music therapists, perhaps rightfully so, fear that facilitation of community-oriented events and performances could undermine our place on the treatment team (2012).” My own experience serves to illustrate the difficulty that many people have in perceiving a therapist and performer as anything but separate roles.

Despite my efforts to educate residents and staff on my role as a music therapy intern, I found myself repeatedly perceived as a performer because of the camera and lights. I was constantly annoyed and uncomfortable whenever focus was placed on me or my musical talent, as I considered it an unwanted distraction from the more important aspects of my music. However, it later dawned on me that perhaps mention of talent was not just an acknowledgement of musical skills but also that of therapeutic effect, a testament that the music had moved people emotionally. Bearing in mind that I was delivering music therapy through a medium usually reserved for the utmost talented, it was perhaps unsurprising that people showed me appreciation the only way they knew how—by praising the skills of the performer rather than focusing on how they were affected emotionally. Perhaps, if they had the right words, they might tell me, “It’s not just what you sing but the *way* you sing it”.

Although aesthetics was key in maximizing connection through an asynchronous virtual format, I believe that my presence on a television screen promoted other “positive, beneficial and health-enhancing effects (Bruscia, 2013) besides the appreciation for art and beauty. My smile, which would have become a familiar, welcoming sight after several weeks of reruns and new episodes, was perhaps a reminder that someone cared—even from a distance. The educational aspects of the show such as the new songs and stories were intended to spark curiosity and remind viewers of their own capability for discovery and knowledge. The music choices were well complemented by discussions about the weekly topic, a weekly trivia quiz in which residents could phone in with answers, and interesting guest speakers. The ultimate focus was always to engage residents around the theme of the week, whether it was friendship, self-care, self-determination, gratefulness, or letting go.

From a resource-oriented framework, these were not just fun topics, they are indeed intangible things of life which are vital to well-being. Music, along with these themes would be absent from a medical model of treatment. However, in a setting like Bethany, where older adults are experiencing loss, anxiety and frustration as a result of isolation, they are the perfect combination of agents to promote self-healing and resilience.

Cultural and Musical Reflexivity

Reflexivity, a term borrowed from ethnomusicology and its roots in anthropology studies, describes the ability to reflect on one’s own position in relation to client, culture, and community (Stige, 2002). The residents of Bethany are predominantly White with a significant Spanish-speaking population; I am a Malaysian national of Chinese ethnicity. Besides the obvious differences in ethnic and nationality, there also existed a technological gap as a result of globalization and a time lapse of two generations. Many of my clients probably remember the early development and commercialization of the television. They did not grow up with computers, smart phones, and are not constantly wondering how they are

perceived on social media platforms. For older adults, levels of technological capability can vary wildly and I found that whenever I engaged residents at Bethany around this topic, it was helpful to be sensitive regarding possible anxieties around their relationship with technology and the media as well as to offer technological support.

Generational differences also had a direct impact on music choices. Most of the songs selected were songs intended to be familiar to this age group—songs from the 1930s to 1950s. Songs from more recent decades such as “You’ve Got A Friend in Me” and “The Climb”, were kept to a minimum. Yet, they were also selected as well-known songs that could potentially contribute to intergenerational. Amidst all these considerations was the need for the songs to fit each episode thematically and to hold therapeutic value.

Cultural considerations were also necessary when introducing songs from cultures to which I cannot officially claim a “belonging” to. Efforts were made to introduce song origins in a culturally respectful manner, ascribing correct acknowledgement to song writers wherever possible. Extra care was given to songs from non-Western, non-White origins as such songs have a history of being misappropriated without proper attribution. As much as was possible, correct pronunciations of non-English words in Hebrew and Spanish was attempted, all the while acknowledging that as a non-native speaker my attempt at accuracy is driven by respect more than a need for perfection.

The non-Western songs were sourced from my own collection of music collected from my international travels and complemented by information found online. In choosing songs, care was taken to balance the desire to educate with therapeutic needs. Songs were selected based on facility for participation; that is—they either had few words or a simple chorus. Next, priority was given to songs from cultures which the population would be familiar with; namely Hebrew and Spanish songs, which were performed more than once. The Malay song was selected for the purpose of building rapport with the music therapist

through disclosure of national origin (Burung Kakak Tua) and the Ghanaian song was selected for thematic value (Woyaya). Several songs that did not make it into the final script were a Hindi musical number, an Arabic children's song, and a Taiwanese ballad. They were not selected simply because these languages were not represented among Bethany's residents, to my knowledge.

My push for a multicultural component on the show was a result of my own self-constructed identity as a global citizen and, by extension, my own multicultural musical identity. As a result, it was impossible not to reflect on how the presentation of non-American songs as "from a different culture" played into existing tropes of non-Western music as exotic and "other". While my intended audience was primarily White, working-class Americans, a number of residents at Bethany comprised of immigrants who may have grown up with very different music in their childhood and youth. My awareness of cultural subjectivity, informed by my own multi-cultural and multi-national experiences, at times felt at odds with the oversimplified presentation of songs on the show as American/mainstream vs. non-American/non-mainstream. It was helpful for me to revisit my own personal need to educate and examine it in light of the clients' need for therapeutic engagement. To that end, I came to a place of resolution in realizing that the inclusion of a non-American, non-mainstream music could still provide an opportunity for connection and feelings of inclusion for the ethnic minorities represented at Bethany; meanwhile the majority of viewers would still remain engaged through the presentation of such material as opportunities for intellectual and cultural expansion.

Limitations

This was an innovative project that utilized technology, institutional resources, and community outreach efforts to support older adults experiencing increased isolation as a result of the pandemic. It also allowed my work as a music intern to reach a much larger

audience that would a traditional internship. However, there were some pieces lacking that may have prevented the project from fully reaching its potential. These pieces mainly have to do with technological and communication barriers. Although all residents received fliers informing them of the television show, many did not seem aware of it. Those who did know about it either did not have enough interest to watch it or did not have the necessary knowledge to know how to access it. In addition, watching the archived recordings on the Haverhill Community Media website took a good amount of online searching. This process could easily discourage a resident who is not technologically savvy and prevent them from enjoying the show or sharing it with others.

Conclusion

Since the end of the documentation process, I have received feedback from three other residents who were previously unknown to me. These individuals mentioned either the television show or my role on television spontaneously while in a conversation with me or when beginning a conversation with me. One lady, D., expressed admiration and enjoyment, “You’re really talented. I really enjoy the show. Yes, I really enjoyed it.” while another named S., recognized me while we were chatting. “Oh, are you the one on the TV?” she asked when I mentioned that I play music. When I replied that I was, she then asked about J., who lived in the same building as her, “Where’s J.?” The third person, R., a single woman her 60s who struggles with making friends, told me one day “I always watch your show. They haven’t had any episodes in a while, though.” While she did not express any further thoughts about it, she proceeded to disclose a significant amount of personal information despite our location in a public space. This surprised me as up until then our conversations had been relatively superficial, brief and infrequent—our paths crossed once a month on average. I later wondered if watching the television show had built a sense of trust in me as a confidante despite our limited in-person interaction. If this is so, it provides evidence of the efficacy of

virtual music therapy to create the perception of therapeutic space and a therapeutic relationship—albeit asynchronously.

Another unexpected feedback came from a staff member who approached me a few weeks after the last episode had aired. He confided that his wife was a musician and that she loved watching the show. As someone with performing experience, she understood the effect of music on people and therefore, “she could *see* what you were doing.” When I asked what he meant, he explained, “It’s not just about your talent. It’s what you have to say and how you use the music to say it. The music is just the vehicle, but it’s a powerful one.”

As a music therapist in training, this project has challenged my thinking around service delivery and the endless possibilities shaped by present challenges. The pandemic has forced many music therapists like myself to wonder if such technology-enabled music sessions can still constitute as music therapy. My conclusion, based on the discussions above is that the format of a television show can indeed deliver the important aspects of music therapy as long as there exists an ongoing therapeutic relationship and technological and logistical supports are in place.

Returning to the opening question of resilience and the intangible things of life, I believe that technology is a resource that can indeed strengthen “the little things of life” that promote wellbeing and longevity in all of us, but especially older adults. Life is too short, and the world is changing too quickly for our health-oriented fields to stay within the traditional boxes of service delivery. My hope is that more projects like these will continue to be designed with the needs of older adults in mind and that more innovative research on this topic will be added to the literature on music therapy.

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Appendix:**Script of Musical Segments from “Musical Moment with Friends”****Episode 1 – Christmas Special**

Eunice: Hello everyone! My name is Eunice and I am the music intern at Bethany Communities. As a music intern, what I offer is an opportunity for you to connect with me and others using music. It always amazes me how music can help us in difficult times - when we're anxious, lonely, bored. We all like to listen to sad music when we're feeling sad, right? It's one of the ways we cope and feel better. But music also helps us in the good times. It makes us feel connected, empowered, alive, capable of joy and creativity. Over the past few months, I have had so much fun making music with residents here. I'd like to share some of these moments with you.

[10-minute video montage]

I hope you enjoyed those musical moments. Before I wrap up this segment of the show, I have for one more song for you. Every week we will be introducing a song from a different part of the world. Today we have Feliz Navidad, written by singer-songwriter José Feliciano. I'm sure you've heard this song a million times and so have I. What I didn't realise until recently is that this was the first song written in Spanish to become mainstream Christmas song sung all over the world. That's pretty cool, considering how Christmas is

celebrated by millions of people around the world who do not speak English as their first language. Who knows, you could be the next person to write a holiday song in your own preferred language. If you ever do, I wanna hear it. In the mean time please enjoy my wishes to you for a Feliz Navidad.

[Feliz Navidad – 2X]

Episode 2 - Friendship

Eunice: Hello again! You may not recognise this song from your childhood but your grandkids probably know this song well. It's from the opening scene of Toy Story, where we first meet Andy and his toy, a cowboy called Woody. Andy and Woody were the best of friends and did everything together. Was there a friend you had growing up? Maybe this song will remind you of them.

[Song 1: You've got a friend in me – Piano] 1x

Now you can sing this song with the grandkids the next time you see them. Another great song that comes to mind when I think about friendship a song made famous by Patsy Cline. It has a great line that says, "Through all kinds of weather, what if the sky should fall, as long as we're together... [pause]" If you finished that line, it means you know the song I'm talking about!

[Song 2: Side by side - Guitar] 2x

Some of you may be surrounded by friends and family. If that's you, great! Stay connected to all those people! Some of you may not have that special someone by your side. But you know what? There are probably some people in your life who do care for you. Why not reach out to them this week? Give them a call. Ask how they're doing. Maybe sing a song together.

Our last song for today is Hebrew song called Shalom, Chaverim which can be translated as “Peace, Friends”. Here are the words [speak lyrics slowly]. Now sing it with me.

[Song 3: Shalom Chaverim - Guitar] 2x Hebrew 2x English

This song may remind you of a man called Yitzhak Rabin, the Prime Minister of Israel who was assassinated in 1995. He was part of the historic Oslo Accords which brought Israeli and Palestinian leaders together for the first time in peace negotiations. In 1994, he won the Nobel Peace Prize for his courageous work. A year later, he was killed by someone who didn't agree with his peace efforts. His funeral was attended by hundreds of thousands of Israelis, and many world leaders, including former enemies of Israel. Bill Clinton, who worked closely with Rabin in the Oslo Accords, ended his eulogy with the words “Shalom, Chaver”. Peace, Friend.

Mr. Rabin wasn't perfect. But he did something no one else was able to do—he brought sworn enemies together to the negotiation table. And his legacy lives on today. Choosing peace is hard. It's so much easier to hate, gossip, and distance ourselves from the people we don't agree with. But all of us can be peacemakers. It starts with being a friend to those around us.

Episode 3 – Self-care

B. Music (15 minutes)

Eunice: We are sometimes so busy taking care of others that we forget to take care of ourselves. Before we start today's music, I'd like you to take a deep breath with me ... and breathe out. Let's do it again. Now I'm going to invite you to continue taking these breaths as I play Misty by Erroll Garner. You can also close your eyes or find something that is relaxing to look at. Take this moment for yourself. Just to breathe and just listen.

[Misty - Piano]

I hope that was helpful. Now I'm gonna move into a song that is very appropriate for the season we are in. Button Up Your Overcoat.

[Button Up Your Overcoat – Guitar]

Now I'd like you to help me rewrite this song... for you. Think about three things that you want to do differently this year. For me, I want to worry less, laugh more, sing more. So for me the song would sound like this.

I'm gonna worry less (Oo oo)

Laugh more (Oh oh)

Sing more (Mmm mm)

Now it's your turn!

[Button Up Your Overcoat reprise with the following changes]

This is now your self-care song

That you wrote with me, take good care of yourself

You belong to me.

I'd now like to take you metaphorically from a winter of New England to the eternal summer of South East Asia. This week, I've got a fun song for you from my own country, Malaysia. Malaysia is a tropical country near the equator. It's warm, it's rainy, and has beautiful rainforests and wildlife. One of our indigenous birds, the cockatoo, even has its own song. In Malay it's called Burung Kakak Tua - the old sister bird. Don't ask me why it got that name. But I'm pretty sure that's where the word cockatoo came from. Feel free to sway along as you're listening and imagine that you are in the warm, tropical rainforests of Malaysia.

[Burung Kakak Tua – Ukelele]

Episode 4 - Gratitude

Eunice: Our first song comes from the musical Annie Get Your Gun. There's a phrase that you hear repeatedly throughout the song – I've got the sun in the morning and in the moon at night. Every time you hear this phrase, you're supposed to echo it back to me. Let's try it.

[Demo call and response]

Alright, I think we're ready!

[I've got the sun in the morning – Guitar]

It's so easy to focus on what we don't have. This year has been rough for so many of us. I'm sure you've had to deal with change, anxiety, maybe even loss. Sometimes it's hard to feel grateful. If that's you, I hear you. I hope that rather than forcing yourself to be okay, you take the time to look around you and ask, what do I see? Maybe nothing much. That's ok. Just like Louis Armstrong, who lived in a very imperfect world at the time he first sang this song, perhaps we'll be able to see some beauty still in our broken world.

[What a wonderful world – Guitar]

Today we're going to bring you a folk song from Mexico called Des Colores, which is about the colors of spring. There's a phrase which

you will hear repeated throughout the song, “Me Gustan a Mi”. My Spanish speaking friends tell me it means “I like it” or “it’s pleasing to me”. What is something you really like? Or that you are grateful for? I can tell you something I like. I really like the fact that even though I’m far away from home, I have people here who care for me. When I arrived in Boston, I didn’t know a single soul. I didn’t think I would be able to find any friendships as great as the ones I already had. But I was wrong - I have met so many wonderful people here in the US, including some of you watching this show. And my life is so much more colorful than it was before!

[Des Colores - Guitar]

Episode 5 – Believing in Yourself

B. Music (15 minutes)

Eunice: Do you remember what it felt like to have someone give you a compliment? It could have been - great job today. Or even... hey beautiful. I remember the one time a stranger paid me a compliment. I was having such a bad day but it lifted my mood instantly. It made me wonder how many people I could cheer up if I just took the trouble to notice good things about them and tell them about it. Well, whatever your mood is today, I hope you feel a little cheered up hearing this song.

[Hey Good Looking - Guitar]

Not all of us have people around us who are dripping with affirmation. So what happens when we cannot depend on others to get that confidence boost we all need? Sometimes we need to find that strength within ourselves, or something beyond ourselves. There's a story of a songwriter who had had so many record labels shut the door in her face that she considered quitting the music industry altogether. She ended up channeling all her frustration and disappointment into a spiritual song called - "The Climb". Your grandchildren might know it today as the Hannah Montana song, or the song that launched Miley Cyrus music career. Needless to say, Jessi Alexander got the break she needed and is still writing beautiful, powerful songs today.

[It's the Climb - Piano]

This last song is called Woyaya. It was written by a band of musicians from Ghana and Caribbean in the 1970s. This song was really popular first in the UK, and then in African continent where it became a rallying cry against racism during the Anti-Apartheid Movement. Why is this song so symbolic of the worldwide struggle for freedom and equality? I think it's because this word Woyaya captures a feeling that you cannot fully explain in English. From what I have learned, it's something like "We are in this together, and we're going."

[Woyaya – Drum]

The next time you go through something pretty daunting I hope that you can be reminded of our Black brothers and sisters who are still fighting their uphill battle against injustice. And say if they can still dream of a better tomorrow, despite all that the world has given them, I think I can too.

Episode 6 – Acceptance and Letting Go

B. Music (15 minutes)

Eunice: One of my favourite songs by the great George Gershwin is the one I'm about to play. It's about two lovers who are going to separate ways but who know they will always remain together in spirit.

[Can't take that away from me – Guitar]

You know, goodbyes can be miserable. We've all had to let go of something at some point. How do you deal with these moments? I'm still learning. But one thing that really helps me is to not avoid my feelings. If I can acknowledge how I'm feeling in the moment and maybe talk to someone about it, I usually feel a lot better after that! I also realize that life is never gonna be free from pain. And that's part and parcel of living a rich, full life.

[Glory of Love – Piano]

We have almost come to the end of our program for today. Thank you for engaging with me. It has been so fun putting this show together and we want to hear from you about what was good, or not so good about it. With that I want to say goodbye with a song we learned in the first week of the show. Shalom Chaverim.

[Shalom Chaverim - Guitar]

THESIS APPROVAL FORM

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Student's Name: Eunice Wong

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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