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Israeli Parents' Lived Experiences of Music Therapy With Their Preterm Infants Post Hospitalization

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Declaration of Conflict of Interests

None declared.

Abstract

In the current study we aimed to explore the lived experience of Israeli parents who engaged in musical dialogues with their preterm infants during music therapy (MT) after being discharged from the neonatal intensive care unit (NICU), as a part of the multinational LongSTEP RCT. Seven participants of the main trial were invited to engage in semi-structured in-depth interviews intertwining listening to audio recordings from their music therapy sessions in an adapted interpersonal process recall (IPR) procedure. The interviews were transcribed and analyzed using interpretative phenomenological analysis (IPA). We understood the participants' experiences to reflect two main themes: 1) Music therapy as a potential means of transformation in communication skills, resourcefulness and sense of agency; and 2) emotional and musical preconditions for parental engagement in MT. The findings illustrate how a specific group of Israeli parents experienced MT as offering them a means of expanding their relationship with their preterm infants after discharge. Based on our findings, we recommend that music therapists consider parents' musical and emotional resources during post-discharge MT to meet the individual needs of families.

Key words: music therapy; preterm birth; preterm infants; post discharge treatment; family centered care

Background

Preterm Infants and Parents

Preterm infants are born below the gestational age of 37 weeks (Richter et al., 2019) before reaching the average maturity of physiological, neurological and sensory systems inside the womb. Every 1 in 10 births is preterm, with increasing rates over time across the world (Howson et al., 2013). Preterm births account for most of the postnatal mortality cases and more than half of long-term morbidity cases (Goldenberg et al., 2008). Preterm birth causes parents symptoms consistent with post-traumatic stress (PTS), anxiety and depression (Pace et al., 2016; Trumello et al., 2018) and often compromises parental bonding with their infants (Trumello et al., 2018), impacting the development of the infant and the parent – infant relationship.

Music Therapy – a Family-Centred Early Intervention for Preterm Infants and Caregivers

MT is an evidence-based practice designed to support physiological and neurodevelopmental needs of preterm infants, address parents' emotional needs and enhance parent-infant relationship building in the NICU and post discharge. Experimental research in this field shows that MT positively impacts preterm infant's heart rate (Bieleninik et al., 2016; Loewy et al., 2013; Yue et al., 2021), respiratory rate (Loewy et al., 2013; Yue et al., 2021) and oral feeding volume (Loewy et al., 2013; Yue et al., 2021). MT also decreases preterm infants' stress levels (Yue et al., 2021) and maternal anxiety (Bieleninik et al., 2016). Recent studies in this field seek to measure MT's long-term impact on parent-infant bonding and infant development (Ghetti et al., 2019), as well as infant neurodevelopmental outcomes, with positive impact on short-term neurodevelopment demonstrated in a recent pilot study (Haslbeck et al., 2020). Post hospitalization parent–infant MT programs that focus on preterm infant development are associated with improvements in infants' social, cognitive and communicational skills (Hamm et al., 2017; Standley et al., 2009; Walworth, 2009), but are not yet established world-wide.

In the last two decades, enhancing parents' leading role in MT has become a main priority within NICU practice (Loewy, 2015; Shoemark & Dearn, 2008; Whipple, 2000), aligning with increasing evidence that parents' involvement in the care of their preterm infant from early stages in the NICU and

onward is of critical value for the infant's neurological, emotional and physiological outcomes (Als et al., 2004; Westrup, 2014). Within this approach, music therapists reinforce parents' involvement in MT and support parents to engage with their preterm infants musically in spontaneous and developmentally-appropriate use of voice through speech, singing or humming, to enhance early musical relationships (Ettenberger et al., 2017; Gooding & Trainor, 2018; Haslbeck & Bassler, 2018; Loewy, 2015; Shoemark, 2018). These interactions are encouraged through improvisational techniques (Haslbeck & Bassler, 2018), use of lullabies and *songs of kin* (Loewy, 2015), with a possible accompaniment of musical instruments (Loewy et al., 2013) and with regards to cultural context (Shoemark & Ettenberger, 2020).

Parents' experiences of MT in NICU have been documented in several qualitative research studies. The findings describe MT as empowering parents through the challenging journey with their preterm infants in the NICU and reinforcing the emergence of their parental identity (McLean, 2016; McLean et al., 2019). Parents have described a developing sensitivity to their babies' communicational cues through MT and a growing feeling of closeness towards their babies (Kehl et al., 2021; McLean et al., 2019). They experience MT as relaxing and distracting from the NICU noises and atmosphere (Ettenberger et al., 2017; Kehl et al., 2021). Using voice and songs within MT has been described by parents as a primary tool to promote intimacy and early communication with their baby (Ghetti et al., 2021; McLean et al., 2019). In a recent retrospective qualitative study, parents reported their experience of MT in the NICU as positively affecting their infant, themselves and their bonding process. The authors conclude that MT "may empower positive transformation in the parents through individualized, need and resource-based early nurturing musical interactions, capacity building, and positive reinforcement" (Haslbeck et al., 2021, pp.15).

Coming Home – Parents After Discharge From NICU

The journey of the preterm infant and parents' new relationship begins in the NICU and is further developed after they are discharged to home. Parental emotional stress may last for several years after discharge, jeopardizing the development of the well-being of the entire family (Lakshmanan et al., 2017). Qualitative studies suggest that although returning home is being longed for, parents face many

challenges of taking care of their preterm baby alone during this transition. Parents describe strains in learning their parental role in the home environment and adjusting to new and restricted lifestyles linked to fear of illness and health complications of prematurity (Adama et al., 2016; Boykova, 2016; Fowler et al., 2019). Some parents find that caregiving is physically demanding and suffer from feelings of isolation and being misunderstood by friends and family (Adama et al., 2016; Boykova, 2016). As parents' emotional state and mental health have a direct impact on the psychological and developmental outcomes of their infant (Erickson et al., 2019), it is important that parents receive adequate support during their transition to home, a period often associated with decreased availability of services (Fowler et al., 2019; Lakshmanan et al., 2017; Petty et al., 2018).

Although recent literature has described parents' experiences of MT during NICU hospitalization, qualitative exploration of parents' post hospitalization experiences of MT and musical interactions remains a gap in research. To the best of our knowledge, only one pilot study has interviewed parents on their experience of MT post-discharge (Ghetti et al., 2021). The current study aims to address this gap in knowledge by answering the following research questions: 1) What is the lived experience of Israeli parents who received MT with their preterm infants after being discharged to their homes? And 2) What elements do parents experience as supporting their musical interactions with their babies during MT?

Method

Study Design and Epistemological Orientation

In the present study we aimed to explore the lived experience of parents who participated in MT with their preterm infants after being discharged from NICU. Interpretative Phenomenological Analysis (IPA) (Smith et al., 2009) was chosen as the methodology for this study, as it enables exploration of participants' lived experience and interpretations of their experience. Choosing IPA as the guiding methodology for the present research is aligned with the research questions, an underlying constructionist epistemology, and the authors' social constructionist theoretical perspective, which assumes that knowledge is constructed in and through subjective interpretations and interactions with others (Alvesson & Skoldberg, 2009; Denzin & Lincoln, 2017). Using IPA enabled the creation of connections between the

participants' experiences, as a means of identifying shared experience and meaning making, while also maintaining a differentiation of individual voices, consistent with an idiographic approach (Denzin & Lincoln, 2017). Using IPA, we engaged in a "double hermeneutic" (Smith et al., 2009, p. 35), seeking to understand the unique lived experience of a particular group of parents in Israel and their meaning-making of such experience, through our interpretive lens. Interpretations occurred also in a constant back and forth movement between the particular details of a case and the wider contextual aspects in a hermeneutical circle (Smith et al., 2009). We regarded disclosing researcher pre-understandings, personal views and cultural background as a potential to increase transparency and reflexivity (Finlay, 2002; Gearing, 2004; Smith et al., 2009). A researcher's diary was used along with regular consultations with the research supervisors [the second and third authors] to engage in a critical process of reflexive bracketing (Gearing, 2004; Stige et al., 2009).

Study Participants and Setting

Seven parents who participated in MT sessions post discharge as a part of the LongSTEP (Ghetti et al., 2019) research at the Israeli site held at Meir Medical Center with the first author as a therapist were selected in a purposeful sampling process (Smith & Osborn, 2008) based on their ability to provide insights about this particular phenomenon. The eligibility criteria for parents and infants in the main study may be viewed in the research protocol (Ghetti et al., 2019). The inclusion criteria for the present study were chosen by the authors and were parents: 1) who had MT with the first author as a therapist post discharge as a part of the LongSTEP research, but did not have MT during their hospitalization, 2) who had language skills sufficient to be interviewed in Hebrew, and 3) whose infants had reached at least six months corrected age (CA) when the MT intervention period had ended, however, were no older than nine months CA to allow a relative closeness to the experience. Out of seven families who had MT post discharge with the first author as a music therapist, two families did not meet the inclusion criteria. A total of five families (four couples and one single parent) were approached. All families agreed to participate, but two fathers who did not participate in the intervention were excluded due to not meeting the inclusion

criteria. In order to maintain the idiographic nature of the study and allow a detailed case by case analysis, the sample size was kept small (Smith et al., 2009).

All of the included participants in this study were secular Jews. Their age ranged from 30 to 39 years. Two participants were male and five were female. Five participants were first time parents while two were second- and third-time parents. Their hospitalization days ranged between 20-88 days. Their baby's gestational age (GA) at birth ranged between 26 and 33 weeks. All participants experienced six to seven MT sessions lasting 50-60 minutes each with the first author as their therapist monthly post discharge in their homes.

Recruitment

Recruitment was performed by a third party who was a music therapist in the unit and was affiliated with the LongSTEP study, however, was not involved in direct care to the participants at any stage of the LongSTEP study. According to the eligibility criteria, the recruiting personnel contacted the parents by phone and explained the nature of the study, its goals, as well as the data collection process including the use of audio recordings from MT sessions. It was emphasized that participation is voluntary, and that declining participation will not impact their participation in the main study. The research procedure, purpose and anonymity were discussed thoroughly, and the parents were asked to sign a consent form.

Ethics

The Regional Committees for Medical and Health Research Ethics (2018/994/REK Nord, date of approval: 03 July 2018) approved of the main study, Longitudinal Study of music Therapy's Effectiveness for Premature infants and their caregivers (LongSTEP, Ghetti et al., 2019). The IRB approved a protocol for feasibility trials in Israel, approval no: 0172-18-MMC, date of approval: 15 November 2018. The current research was approved by the ethics committee for the Evaluation of Research with Human Subjects of the Faculty of Social Welfare & Health Sciences, University of Haifa, Israel, approval no: 076/20, date of approval: 5 December 2019.

Data Collection – Semi-Structured Interviews and Interpersonal Process Recall (IPR)

A semi-structured interview was the primary data collection tool for this research, allowing flexibility and bringing new questions as a result of the dialogue with the interviewees (Kvale, 2008). The interview guide was designed to explore the participants' experience of MT after being discharged to their homes and their experience of what supported them to engage in musical dialogues with their infants during MT (see Supplementary Tables 1 and 2).

A secondary research tool used during the interviews was the Interpersonal Process Recall (IPR) procedure. IPR is a data collection tool used in psychotherapy research, aiming to understand change processes as perceived by clients and therapists (Elliott, Robert & Slatick & Urman, 2001; Elliott & Timulak, 2015; Rennie, 2000). IPR is typically used on conversational events, while tapes of therapy sessions, or parts of sessions, are played back to the interviewees. The participant is encouraged to return to the moment of the interaction, rather than using his recollection to gather his thoughts. In the MT literature, there has been one study to our knowledge using IPR during interviews with clients (Rolvsjord, 2016). In the present study we have used an adaptive form of IPR to encourage a recollection that is closer to participants' lived experience and creates a more complete and vibrant representation of the participants' descriptions, strengthening the trustworthiness of the collected data (Denzin & Lincoln, 2017; Elliott & Timulak, 2015; Heale & Forbes, 2013). While the original IPR relied on conversational psychotherapy sessions, in the current research, the therapy segments were purely musical, and were chosen by the participants.

Procedure

The participants were interviewed by the first author in a central data collection meeting consisting of a single interview with two parts. In the first part of the interview, the researcher explored the main research questions using a semi-structured interview guide. In the second part the participants listened to two audio-recorded segments consisting of musical moments from their previous MT sessions, and were asked to recall their corresponding feelings of the heard segment and reflect again on their experience of MT (Rennie, 2000; Rolvsjord, 2016). The participants were interviewed for both parts of the meeting for 60-90 minutes (interview and IPR), in a convenient location of their choices, in all cases

but one – in their homes. One interview occurred through Zoom videoconferencing program due to COVID-19 quarantine in Israel at the time of the interview. Two of the 5 participating families had both parents present for the interview, leading to a total of five interviews of seven participants.

IPR Procedure. Before commencing interviews, the main researcher performed a preliminary analysis of the audio recordings that included two steps: 1) tracking the sequences of events and activities in the session; and 2) tagging all musical parts: music deliverer (parent, therapist), musical content (song, improvisation), infant's state (sleep, awake etc.), length. From the indexed recordings, participants were invited to choose two musical events they would like to explore during the interview. If they did not opt to select a segment beforehand, during the interview the researcher would present the indexed musical parts and ask the participant to choose two preferred events from them.

Data Analysis

Data analysis was based on recommended steps of analysis according to IPA method (Smith et al., 2009; Smith & Osborn, 2008), which included engaging in descriptive and interpretive processing of the text and aiming to understand the phenomenon by developing recurring themes across cases. The data collected from the IPR section was analyzed separately using IPA principles and later compared and integrated with findings from the semi-structured interviews as a form of triangulation (Elliott & Timulak, 2015; Heale & Forbes, 2013; Stige et al., 2009). The analysis steps were as follows: 1) the interviews were first transcribed and read several times in full to maintain the idiographic nature of each participant (Tuffour, 2017). 2) A detailed exploratory commenting process occurred with descriptive, linguistic and conceptual annotations (Smith et al., 2009). 3) The researchers analyzed the exploratory comments within a case to identify emerging themes and compared these with the analysis of the IPR of the same case as a form of triangulation. These three steps of analysis were repeated for each transcript before moving to a cross-case overview. 4) In the final step, similarities and relationships were searched for across cases to create shared super-ordinate themes representing the group as a whole. A distilled essence of each individual participant's transcript was sent to the participants to collect their feedback and further reflections on the analysis to improve validity of the interpretation and trustworthiness (Tong et al., 2007).

We followed the Consolidated Criteria for Reporting Qualitative Research (COREQ, Tong et al., 2007) for reporting qualitative research to increase the credibility and validity of the findings. According to the suggested COREQ recommendations, we have elaborated on three domains of our study: 1) research team and reflexivity (including discussion on first author's relationship to participants); 2) study design (elaborations on theoretical framework, recruitment method, participants and data collection methods). And 3) analysis and findings (providing supporting quotations and obtaining participants' feedback on our findings).

MT Intervention in LongSTEP Study

The present research explored the experience of parents who participated in the LongSTEP (Ghetti et al., 2019) study and received MT post discharge in their homes during a 6-month period. The MT approach in the study emphasized parents' involvement to promote musical dialogues as a form of family -centered and developmentally-appropriate care with their preterm infant. Main elements of the MT intervention in the NICU and post discharge included observing infants' current behavioral state and needs, discussing parent and infant strengths and challenges, and then discussing and trying out forms of attuned parental singing matched to infant responses and developmental stage (Gaden et al., 2021). Parental voice was positioned as the preferred way to musically interact with the infant, and musical repertoire was chosen by the parents and adapted to infant responses. While the MT intervention in the NICU was provided three times a week bedside, during the post discharge phase of the main study, MT was provided monthly (and twice in the first month) in the participants' homes. To bridge the longer gaps between sessions, the music therapist discussed at the beginning of each session with the parents the needs of the family at the specific period of their lives. Then, musical applications were considered to match the family's needs. The type of music as well as length of the musical interactions at the post discharge phase were longer compared to MT in the NICU, matching the infants' increased tolerance for musical stimulation and their expanded ability to express and respond to the interactions. The music therapist supported the parent-infant interactions by modeling musical applications (singing, humming, creating repetitions within songs, etc.), offering musical modifications (slowing down, increasing or

decreasing complexity of singing, emphasizing the beat, pausing, etc.) according to the infant's responses and developmental stage, and in some cases by using her voice and accompanying songs with a guitar to support parents' musical engagement. At the end of each post discharge session, the music therapist and parents discussed possible musical applications that the parents would like to continue to practice with their infants until the next session.

Researcher Reflexivity

The following section will be used to situate the first author, who was the primary researcher, and reflect upon her preunderstandings (Stige et al., 2009), and will therefore be presented in first person:

Professional Background. At the time of conducting this research, I had been a music therapist for eight years and was working as the music therapist and the research assistant of LongSTEP study at the Meir Medical Center for one and a half years. I have been trained as a Neonatal Intensive Care Music Therapist according to the RBL model (Loewy, 2015; Loewy et al., 2013), and received additional training in the LongSTEP protocol guidelines (Ghetti et al., 2019) for MT informed in part by both creative MT (CMT, Haslbeck & Bassler, 2018, 2020) and RBL.

Dual Role. In the present study I have had a dual role as the primary researcher and the music therapist who had worked with the families as part of their participation in the main study. This dual role may have formed an advantage in this particular qualitative research, as my previous relationship with the participants may have assisted in bringing back mutual moments in the therapy sessions and allowed to reach in-depth discussion of the experience. However, being the therapist of the parents may have increased the potential that parents felt coerced into participating in the study due to their previous relationship with me. This obstacle was handled by using a third party to approach the parents and complete informed consent. Additionally, the participants were recruited after the treatment period had ended to ensure that the therapy process was not affected by their decision regarding participation in the current study. Nonetheless, I acknowledge that my previous relationships with the participants may have influenced their levels of comfort while being interviewed.

Personal preunderstandings. Being the researcher- therapist has also influenced the process of analyzing the transcripts, as my preunderstandings of the therapeutic potential of MT may have shaped this process. I addressed this potential bias by maintaining the idiographic nature of the study and actively seeking out diverse experiences. I specifically guided the participants to reflect on their “negative” experiences to allow them to be as critical as they could be under these circumstances. Additionally, during the analysis I consulted regularly with my research supervisors (second and third authors) in order to distinguish my preunderstandings from the experiences of my participants. However so, I acknowledge that my preunderstandings have impacted the way I conducted the study and analyzed the data such that the knowledge offered in this study is a co-construction of the participants’ meaning making and that of my own.

Findings

Our analysis resulted in the construction of two super ordinate themes, tying the participants’ experiences of engaging in MT and musical dialogues with their preterm infants at home post hospitalization: 1) Music therapy as a potential means of transformation in communication skills, resourcefulness and sense of agency, and 2) emotional and musical preconditions for parental engagement in MT.

Music Therapy as a Potential Means of Transformation

All but one participant described experiencing MT as enabling change in their relationships with their babies. We interpreted the participants’ expressions as describing different manifestations of change processes they experienced through MT. These were divided during the analysis into five sub themes representing main manifestations of change: 1) Increasing levels of awareness and comfort in singing and use of voice; 2) expanding parents’ musical skills ; 3) enhancing communication skills with baby; 4) expanding resourcefulness with baby and, lastly, 5) increasing sense of musical and parental agency. We understand these manifestations of change to be indicative of an experience of a potential transformation with varying depths. Figure 1 summarizes these manifestations and locates them on a pivot from more apparent and behavioral manifestations of change, to profound transformation processes in their parental

resourcefulness and sense of agency. We present sub-themes integrated with examples from the participants' interviews. While most of the participants in this study described these processes of change, one participant did not express experiencing change, therefore we suggest transformation be seen as a potential that does not manifest for all parents. Table 1 offers an example of one case's analysis of the first theme.

Increasing Levels of Awareness and Comfort in Singing and Use of Voice. For most participants (5 of 7), singing was not a natural activity with their baby before MT. Through participating in MT, singing and using their voices has become a natural way for them to communicate with their baby, as expressed by Ohara: "I always [refers to relationships with her older children] used to play music on my mobile and every now and then [sing]... but now I do more.. singing, just singing". Mia described her experience: "I remember not feeling comfortable to sing in the beginning and then, gradually, I **really** [word emphasized by Mia] connected to it". While being doubtful of the scope of the change she went through, Neomi explained how MT increased her awareness of the availability of humming: "I think it's [humming] something that comes natural but I'm more aware of it due to MT".

Expanding Parents' Musical Skills. The participants gave examples of specific musical skills they have gained through the sessions which they have implemented while singing with their babies later on, such as intentional repetitions, playing with voice and songs, and increasing their musical repertoire by learning new songs. Hanna pointed to the importance of broadening her musical skills through learning the value of repetitions with music: "The [deliberate] repetitions of songs and sounds within songs really impact her [refers to her baby], and these are things we established long ago [in MT]. We keep repeating songs and melodies all the time." Elliot described how expanding his musical skills by learning to play with his voice has affected his baby: "I can see that she is more engaged when we read the story in a playful [tone of voice]". For six participants, their new musical skills have transformed into their daily lives: "The things I learnt from you during sessions, I took them to daily life and they really worked" (Ohara).

Enhancing Communication Skills with Baby. Five participants spoke about enhancing their communication skills with their infants through engaging in musical dialogues. For some of them, MT has been an opportunity to learn how to be with their baby, a new ability that has transitioned into their daily life, such as Hanna describes:

I think it [refers to participating in MT post discharge] gave me a lot of tools to communicate with her [baby], tools for... it made me realize certain things and I used them and... it really... [pauses] stayed with us [after sessions].

Elliot explained the value he sees in being able to listen and search for musical communications with his baby: "I don't know what would have happened if we didn't have MT but I think, probably, we would have let these things [baby's responses] go away unnoticed". Olly explained that MT offered him a new way of behaving with his baby: "It [MT] was a directing [experience] of how to behave with her".

Expanding Resourcefulness with Baby. We understood from some of the participants' descriptions, that they have not only learned new skills, but felt as if they transformed by becoming more resourceful in their parenting. Four participants gave examples of how music has become an available resource during challenging times with their baby, as seen in Mia's following example of a simple daily event: "When I put her on the changing table she constantly struggles, she doesn't want to be changed, so I sing to her to help her focus". Elliot offered another example: "She really doesn't like to put the sleeve on, so I made a song about it". Ohara expressed a resourceful moment of using music by the entire family:

He used to cry badly in the car, and once we sang to him, all of us, he gradually became calmer. Pacifier didn't help, nothing [helped], but when he heard me, his siblings and his father [sing], he gradually calmed down.

Increasing Sense of Musical and Parental Agency. We identified an emerging sense of parental agency in the experiences of five participants through their choice of language and expressions when describing their experiences of MT. We regarded parental agency according to Moore (2016) as the sense of owning their parenting role and being in control of their parental actions. Interestingly, musical and

parental agency were inseparable within cases. The sense of parental and musical agency was expressed in the transcripts through a rich description of use of music with the baby, a sense of having a lot of knowledge and confidence while handling the baby, offering many examples and an enthusiastic tone of voice across the interview, such as in Elliot's words: "Many times if I want to bring a smile out of her I sing her songs that I know she loves and she simply smiles to me, so excited by the familiarity of the song." Ohara's parental and musical agency were expressed by her ability to adjust the type of musical stimulation to her baby's age:

This [refers to a song without lyrics] I used to play him when he was much younger, when he was very little. Now I play it with the words, which feels to me more... [age] appropriate, something he can understand and respond to.

Mia's sense of musical and parental agency was expressed through a clear sense of knowing her baby:

She [the baby] has a sound for everything and everyone in the house. For example, she sees the cat and she makes the same sound each time. And we [the parents] know that this is her way of calling it [the cat] because it's the same sound and the same tune each time. It's amazing! 'weeeee, weeeee' [Mia demonstrates the sound and bursts in laughter], and it's only when she sees the cat. When she sees the dog it's a whole different tune.

In Neomi's case, she does not attribute any particular significance to music's role in her parenting, nor does she identify with having unique parenting skills tied to her musical resources.

They [her twin babies] are exposed to music and being sung to, but it's just like any normal child, nothing out of the ordinary. I'm just like any mom I guess... There are probably millions of moments where the girls react to me, but I guess you don't give too much attention to it.

Neomi did not seem to experience transformation in MT. Her perspective brings to fore the divergence between the participants in their experience of transformation, that will be further explored in the second super ordinate theme.

Emotional and Musical Preconditions for Parental Engagement in MT

While five of the participants experienced a meaningful transformation in their relationships with their babies, two described experiencing some or no transformation. We found it important to further explore the participants' experience of the conditions that facilitated their ability to engage in musical dialogues with their babies during MT and the barriers that prevented them from engaging more easily in MT. We understood the participants' descriptions as illustrating emotional and musical preconditions for their engagement in MT. The conditions illustrated by the participants are: 1) parental emotional availability; 2) degree of comfort when first introduced to MT and invitation to musically dialogue with baby; 3) musical instruments and music therapists' accompaniment in MT; and 4) baby's responses. In agreement with McLean and colleagues (2019), all of these conditions may be seen in some cases as barriers and in others as fosterers for engaging in MT and musical dialogues, as will be elaborated below with examples from the participants' words. Figure 2 summarizes these conditions and their dual function.

Parental Emotional Availability. Four participants expressed their need for emotional support before engaging musically with their babies during MT and perceived conversations as important during sessions. Although not all of the participants spoke about this particular need, this sub theme seemed essential in understanding the fragility some parents may experience after returning to their homes, sometimes preventing them from engaging musically with their baby. Mia expressed her need to converse with someone who knows what she has been going through: "I felt that I can finally speak to someone who knew what the NICU experience was". Rebecca expressed other emotional gains from conversations during MT: "I have learnt [in MT] that I don't need to compare myself to others [parents], this is something that I no longer do."

Degree of Comfort When First Introduced to MT and Invitation to Musically Dialogue With Baby. All of the participants spoke about embarrassment and reluctance towards singing while

being first introduced to music therapy. The embarrassment has been experienced in one case as a barrier to singing: "Singing one on one is embarrassing [to me]. It embarrassed me, that's all...I think I still am [embarrassed]" (Neomi). In all other cases, this perspective has changed in time as is apparent through Mia's words: "I think in the beginning I didn't feel comfortable singing, however, as we got to know each other better and as sessions [progressed], I connected to it more and more and felt more open". Their levels of comfort appeared through the participants' expressions as a challenge that was necessary to overcome in order to engage and transform in MT.

Musical Instruments and Music Therapists' Accompaniment in MT. All of the participants spoke with appreciation and enthusiasm about the exposure to musical instruments (guitar and ocean disc): "I'm really connected to the guitar, there is something so pleasant about it, and so is the ocean disc that I love so dearly. Generally speaking, I love musical instruments" (Rebecca). For some, the use of musical instruments and singing together with the music therapist reduced their feelings of being exposed while singing alone, however some participants have also raised the possibility that using musical instruments may have formed a barrier for them in gaining confidence in singing, such as expressed in Elliot's words:

I suppose, at least in the beginning, we could have used the guitar more, because especially for us [refers to him and his wife Mia], who don't know how to play, and don't own a guitar, it was an added value that we [Elliot and his wife] couldn't offer [to our baby] outside of MT. However, I believe that in these incidents [when we had to sing without a guitar] it forced us to sing, and it exposed our [ability to sing].

Elliot describes how he and his partner realized their ability to sing, after the music therapist purposefully left musical space for them to do so.

Baby's Responses. All of the participants expressed the centrality of their baby's responses in increasing their motivation to participate and engage in musical dialogues. As Neomi explained: "There's something about children that makes you... [sing]!" Mia elaborated on her baby's response to her singing: "She loves it, she looks at me so thrilled, she's really giving feedback". It seemed that while other sub

themes were more dual, their baby's responses were perceived as purely supporter for the participants' engagement in musical dialogues.

Discussion

Our study aimed to explore how a specific group of Israeli parents experience the potential of music therapy and musical dialogues with their preterm infants after being discharged from NICU. In the discussion we wish to elaborate on three topics based on our main findings: 1) Post discharge as an important period for MT; 2) post discharge MT's potential in supporting parental sense of agency; and 3) emotional and musical preconditions for parental engagement in MT.

Post Discharge as an Important Period for Musical Dialogues and MT

In this study we focused on preterm parents' lives when returning home after being discharged from the hospital. Although there has been documentation of developmental and education-behavioral programs that support preterm families post discharge (Lakshmanan et al., 2017), as well as MT parent-infant programs that support preterm infants' development (Hamm et al., 2017; Standley et al., 2009; Walworth, 2009), parents of preterm infants continue to face challenges after returning to their homes (Boykova, 2016; Petty et al., 2018). These challenges are entirely different than those faced in NICU, involving isolation, financial burdens and need for support (Lakshmanan et al., 2017). Many parents return home with an "incomplete sense of parenting" (Adama et al., 2016, p. 46) and decreased parental confidence due to their attenuated role in caring for their infant while hospitalized in the NICU. Our findings suggest that engaging in musical dialogues with their babies in MT may support some parents in coping with some of these challenges at home: Our analysis portrays that most of the participants experienced gaining resources, confidence and communication skills during this complicated time with their babies. These findings correspond with previous research that demonstrates improved positive parenting behaviors as a result of engaging in a post discharge MT program (Walworth, 2009), and also with broader post-partum social practices for families of term babies supporting mothers in singing to their babies as a tool to enhance their bonding, feelings of closeness, communication skills and maternal confidence (Fancourt & Perkins, 2018; Perkins et al., 2018). Based on our findings, we propose that for

some parents, supporting them to engage musically with their babies mainly by singing during MT post discharge, may be a means to compensate their former NICU parenting experience by connecting them to a natural parenting behaviour (Trehub et al., 2015).

MT's Potential in Supporting a Sense of Parental Agency

We interpreted some of the participants' descriptions as demonstrating how they experienced MT as offering them a means to transform in different ways and intensities in their relationships with their babies. We interpreted the parental and musical sense of agency as a potential peak point of their transformation post discharge. The sense of agency is the "feeling of being in the driving seat when it comes to our actions" (Moore, 2016, p. 1). According to Pacherie (2007), sense of agency is seen as comprised of different elements such as the experience of intentional causation, the sense of initiation and the sense of control. Musical agency means "having ownership and being aware of our own musical resources and being able to utilize resources in the immediate environment" (Ruud, 2020, p. 106). In the present research we have interpreted the participants' sense of agency as being tied to their musical agency with their babies. Strong parental agency was expressed in descriptive, initiative, enthusiastic and resourceful reports, representing a feeling that the parents were confident that their musical actions would lead to a certain reaction from their baby, and that they are in control of their musical choices. Ruud (2020) proposes that music on its own offers humans agency and may be therefore used in supporting the emergence of other forms of agency, such as the parental agency suggested in our analysis. Most of the participants in the present study expressed increased degree of ownership of music in their relationships with their preterm infants through their descriptions and examples of using music.

McLean and colleagues (2019) described how parental identity emerges through parents' engagement in musical dialogues with their babies in the NICU. Our findings concur with this perspective and portray the continuous development of the parental identity through musical interactions during post discharge MT. Returning to Adama's (2016) notion that parents return home from the NICU with an "incomplete sense of parenting" (p. 46), the concept of parental sense of agency as emerged from our interpretation of the participants' experiences may place MT and engaging in musical dialogues as one

possible practice to support a growing sense of parental identity. However, our findings reflect our understandings of the experiences of seven parents in an Israeli context, two of whom did not express such meaningful transformation. We propose that MT and musical dialogues may not be an available path to increase parental agency for everybody in the same manner. It is therefore essential to discuss what conditions enhance their engagement and affordance in musical dialogues and MT.

Emotional and Musical Preconditions for Parental Engagement in MT

The conditions to participating in MT in the NICU have been previously constructed by Mclean and colleagues' (2019) analysis of Australian parents' interviews, emphasizing NICU related conditions such as environment and relationship to staff, along with parents' preexisting musical culture. In the present study the participants offered a perspective on post discharge conditions for engaging in musical dialogues and participating in MT. Our analysis pointed to the need for emotional and musical preconditions in order to facilitate parental engagement in musical dialogues in MT.

The parents' reports differed in the emotional support they needed, raising the possibility that when their emotional or physical struggle are intense, there is less room for musical dialogues. In these cases, some parents shared that engaging in a dialogue about their emotional state and daily struggles was essential in supporting their availability to communicate with their infant. Their perspective aligns with some MT intervention models in the NICU that emphasize the importance of offering parents emotional support through conversation and music (Haslbeck & Bassler, 2018; Loewy, 2015).

Reluctance towards singing was mentioned by all the participants as their first response while being invited to sing and vocalize with their babies. Although considered to be ancient, natural and evolutionary behavior for parents and babies, designed to support mother–infant bonding (Fancourt & Perkins, 2018; Trehub et al., 2015), this activity was perceived by all of our participants as embarrassing or unnatural at first. The participants have shared that coping with embarrassment was essential to their growth and opened them up for transformation. This was similarly described in Ghetti and Colleagues' (2021) findings, where parents experienced embarrassment as not necessarily negative in nature.

Moreover, it seems that for some of the participants coping with this challenge enabled them to acquire

new behaviors and skills with their babies. The participants differed in their ability to overcome their reluctance towards singing. In one case, embarrassment was experienced throughout the course of music therapy, offering a perspective on parents whose relationship to singing and music making differs. This case calls attention to the importance of discussing other conditions such as cultural and social structures and attitudes towards music when musical dialogues are offered post discharge (Shoemark & Ettenberger, 2020), as well as power relationships within MT (Rolvjord, 2006). Although most of the participants explained that experiencing embarrassment had eased over time, it is possible that for some of them, the embarrassment occurred due to the presence of the music therapist. She may have been perceived as a musical expert compared to their own perception of being “non-experts”, increasing their reluctance to sing.

While the use of musical instruments was mostly mentioned as supportive in coping with embarrassment, the participants also mentioned its potential in jeopardizing their ability to experience musical dialogues independently. This notion of allowing parents independence and freedom in choice making and handling their baby corresponds with principles of individualized care and family centered care in the NICU, that have been shown to enhance bonding and support developmental outcomes (Westrup, 2014). As their baby’s reactions were mentioned as prominent in motivating the participants to engage in musical dialogues, allowing parents to lead interactions with their baby independently is therefore important and an advantage in post discharge care, when babies’ communication abilities thrive.

Clinical Implications of the Study

The participants’ experiences expressed in our study may be used to adjust post-discharge MT to meet the individual needs of families. In light of our analysis, we suggest that music therapists should pay extra attention to parents’ relation to music and emotional state while working with families post discharge. More specifically, music therapists should firstly assess and support the emotional needs of parents and actively work with the potential embarrassment and reluctant feelings towards singing parents may experience in this delicate situation. The use of musical instruments should be carefully examined with each family to meet the parents’ needs on the one hand, without reducing the parents’ role as the

main musical agents on the other hand. When this intervention approach is used in clinical practice, we believe music therapists should flexibly adjust its use to best meet the individual needs of families. For example, when parents demonstrate a strong need for psychosocial support as a pre-requisite to engaging musically, it may be that very little musical engagement occurs during a session.

Critical Reflection on Methodology

Our findings reflect the lived experiences of a selected group of parents in an Israeli context as interpreted by the authors. As we suggested, other parents in this context, and parents in differing cultural contexts might have other experiences. For example, in countries without socialized medicine enormous financial burdens may be associated with NICU care, and parental leave policies following discharge home may be limited. Additionally, the findings of this study reflect parents' experiences of a particular MT intervention that may differ from interventions described in other studies discussing MT in the NICU and post discharge. Through this study we wished to empower parents as essential agents in the care of their infants, and as significant influencers on future research and resource prioritizing in this field. We relied on the intimate relationship with the main researcher, their former music therapist, as an advantage in fulfilling our aim. However, while encouraging the participants to be critical and open, we acknowledge that a total openness in such circumstances is not always possible. The research findings should be therefore read with the notion that the analysis was shaped by the first authors' beliefs and professional experience as portrayed above. Four of the participants were couples and interviewed together on their experience. Although during the interviews each participant was encouraged to explore his/ her individual experience, it is likely that being interviewed together may have influenced each participant's' responses that would not necessarily be expressed similarly in an individual interview. We acknowledge that this difference between single interviews and dyadic interviews during data collection may have influenced the results of our research. In our analysis, we have integrated the participants' recollections of MT after listening to their recordings from MT sessions with their interviews to form themes. This was done within each case as a form of triangulation to increase trustworthiness of findings. However, parents' reactions to the recordings may have reflected more than just their experience of MT.

Their recollections may have also reflected a reaction to being reminded of a vulnerable period in their lives and may represent the phenomenon that many people dislike hearing their voices on recordings.

Conclusion

Our findings suggest that Israeli parents who received MT with their preterm infants after being discharged from hospital experienced MT as a potential means to transform in parent-infant communication skills, resourcefulness and sense of parental agency. The participating parents also perceived their musical and emotional resources as important to consider before engaging in MT and musical dialogues with their babies. Based on our findings, we recommend that music therapists consider parental emotional availability and degree of comfort when adapting music therapy to the specific needs of each family within the post-discharge context. Our findings may be used to inform future practice and MT interventions designed to enhance musical interactions between parents and preterm infants post discharge. Further research is required in this field, discussing cultural and social influence on parental engagement in MT; practical aspects such as frequency and duration of post discharge MT and differentiating types of MT services such as groups or individual care to optimize care quality.

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Figure 1

Differing Manifestations of the Potential for Transformation in MT

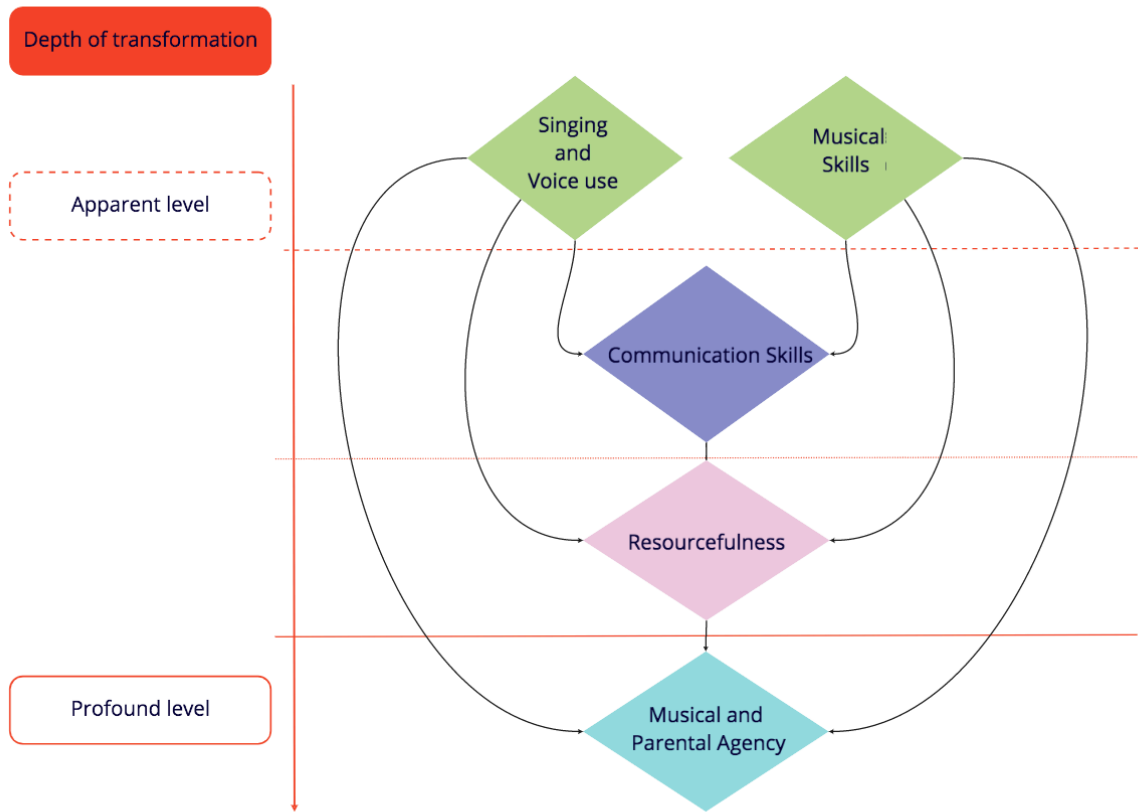
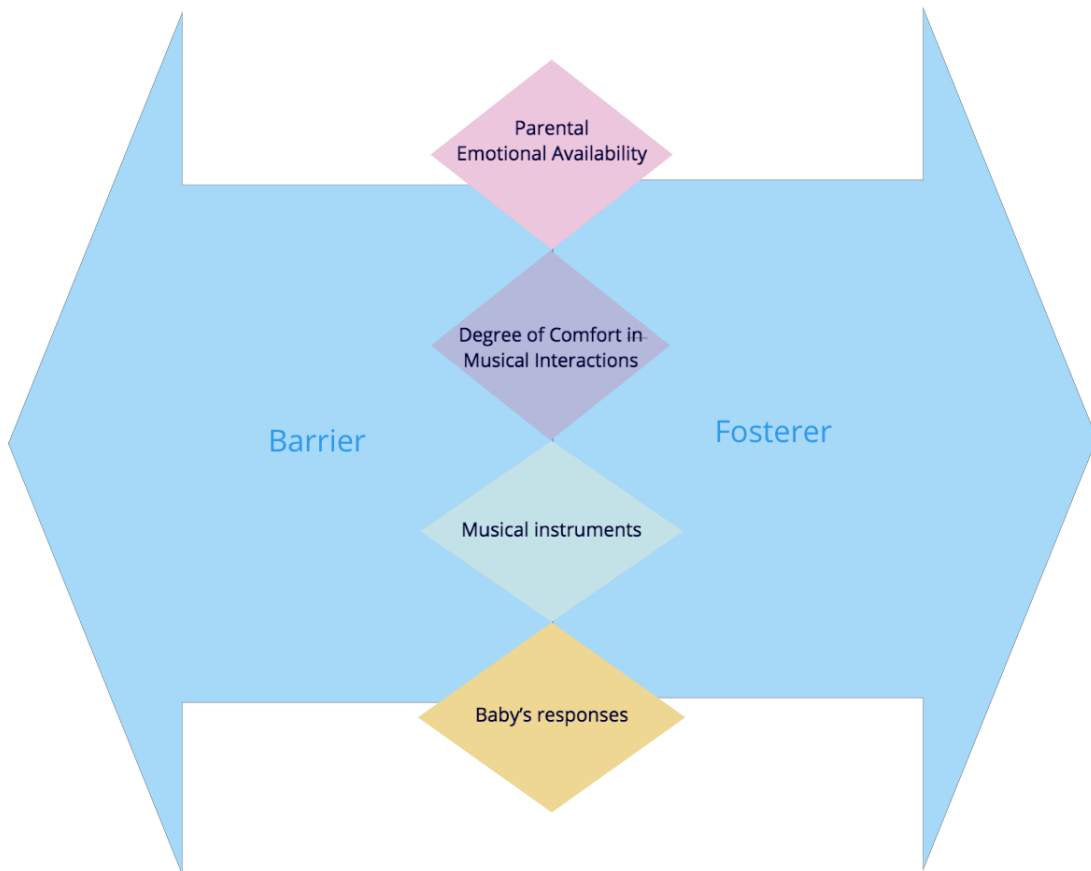


Figure 2

Emotional and Musical Preconditions for Parental Engagement in MT



Note. This figure takes inspiration from McLean and colleagues' (2019) representation of fosterers and barriers of parental musical engagement.