MUSIC THERAPY FOR PREGNANCY: A PHENOMENOLOGICAL INQUIRY OF THE EXPERIENCES OF PREGNANT WOMEN ENGAGING IN MUSIC THERAPY

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KAMILA SWERDLOFF, B.M., MT-BC

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ABSTRACT

KAMILA SWERDLOFF

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The purpose of this qualitative phenomenological inquiry was to explore the lived experiences of expectant mothers engaging in music therapy for perinatal mental health and aimed to give voice to the experiences of pregnant women in a therapeutic setting participating in creative exploration through music. Data was collected and analyzed from five adult female participants who had engaged in music therapy during pregnancy. The participants were invited to share their experiences through semi-structured interviews. Four themes emerged through data analysis informed by the Interpretative Phenomenological Analysis (IPA) method (Biggerstaff & Thompson, 2008). These themes included bonding with the unborn child, managing pregnancy related stress, pain management during labor and delivery, and creating partner intimacy. This topic would benefit from further research studying the experiences of pregnant women participating in music therapy for perinatal mental health.

Keywords: Music Therapy, Pregnancy, Perinatal Mental Health

TABLE OF CONTENTS

ABSTRACT ii

LIST OF TABLES vii

I. INTRODUCTION 1

Pregnancy 1

Standard Care for Pregnancy 1

Benefits of Music Therapy 2

Music Therapy for Pregnancy 3

Reflexivity and Positionality Statement 4

Purpose Statement 5

Research Question 5

II. REVIEW OF LITERATURE 6

Definitions 6

Pregnancy 6

Perinatal Mental Health 6

Diagnosing and Symptoms 6

Postpartum Depression 6

Perinatal Depression 8

Pregnancy and Mental Health 8

Infant and Child Development 9

COVID-19 and Parental Well-Being 10

Non-Pharmacological Birth-Related Coping Strategies for Pain Management 11

Music Therapy 12

Music Therapy Techniques 12
Mental Health Benefits of Music Therapy 14
Music Therapy for Pregnancy-Related Mental Health 14
Call for Further Research 17
III. METHODOLOGY 18
Participant Information 18
Participant Recruitment 18
Consent 18
Research Design 19
Data Collection 20
Data Analysis 21
Trustworthiness 21
Risks and Benefits 22
Ethics 23
IV. RESULTS 24
Participant Demographics 24
Findings 25
Theme 1: Bonding With the Unborn Child 26
Subtheme: Facing Barriers to Prepare for Motherhood 27
Theme 2: Managing Pregnancy-Related Stress 30
Subtheme 1: Integrating Music Into Consistent Self-Care Routines 32
Subtheme 2: Coping With Loss 33
Theme 3: Pain Management During Labor and Delivery 35

Subtheme: Integrating Music Into a Birth Plan 37
Theme 4: Creating Partner Intimacy 38
Subtheme: Building Family Connections Through Music Making 40
V. DISCUSSION 42
Summary of Findings 42
Fostering a Connection With the Unborn Child 42
Finding an Outlet to Manage Pregnancy-Related Stress 45
Facilitating Pain Management Skills for Labor and Delivery 48
Nurturing Partner and Family Relationships 50
Limitations 51
Recommendations for Future Research 52
Conclusion 53
REFERENCES 54
APPENDICES
A. Approved Participant Recruitment Script 69
B. Consent Form 71
C. Interview Questions 73
D. Individual Participant Themes and Correlating Main Themes and Subthemes 74

LIST OF TABLES

1. Demographic Characteristics of Participants 24

2. Themes and Subthemes 25

CHAPTER I

INTRODUCTION

Pregnancy

During pregnancy, women can face many physiological and psychological challenges due to the emotional and physical changes that occur (Chang et al., 2008). Woods et al. (2010) found that around 78% of pregnant women in the US experience psychosocial stress during pregnancy. Prenatal stress may contribute to a higher chance of postnatal depression as well (Garcia-Gonzales et al., 2018). According to the American Pregnancy Association (2019), around 15% of mothers experience postpartum depression following the birth of their child. Stewart and Vigod (2016) reported that people who have a history of mood and anxiety disorders that go untreated during pregnancy are at the largest risk of developing postpartum depression.

La Marca-Ghaemmaghami and Ehlert (2015) reviewed the existing literature on the experienced stress women face during pregnancy. The authors found evidence suggesting that both neonatal, or newborn, birth outcomes as well as maternal mental health seem to be related to the maternal stress response during pregnancy. Chang et al. (2008) report on the negative outcomes of prenatal maternal stress on infant development and temperament. Wu et al. (2020) found associations between psychological distress in mothers and the brain development of babies born with congenital heart disease.

Standard Care for Pregnancy

According to Kendig et al. (2017), mood and anxiety disorders relating to perinatal mental health are commonly experienced by women who are of reproductive age. When these mental health conditions are left untreated, they are associated with many adverse effects on both women and their children, as well as the increased risk of both maternal and infant mortality

(Kendig et al., 2017). The American College of Obstetricians and Gynecologists, along with the American College of Nurse-Midwives note the importance of universal screening of depression in both pregnant and postpartum women (Kendig et al., 2017). McCauley et al. (2019) identified maternal mental health as an "international public health concern" (p. 279). Additionally, many low to middle income countries do not provide a mental health assessment to women as standard maternity care during or after pregnancy (McCauley et al., 2019).

Benefits of Music Therapy

The overall psychological benefits of music therapy have been well documented in the literature. Corbijn van Willenswaard et al. (2017) conducted a systematic review and meta-analysis on studies relating to the reduction of pregnancy-related anxiety and stress through music therapy interventions and found many studies suggesting that music therapy can help in the reduction of stress and anxiety in a variety of individuals. Listening to music has been effective in the reduction of depressive symptoms in adults (Chan et al., 2011). Federico and Whitwell (2001) noted that group music therapy "improves the quality of pregnancy, labor, and birth because it lowers the mother's level of anxiety as well as neonatal stress" and has the ability to help with the birthing process (p. 299).

Talley (2013) reported on stress management and pregnancy and indicated music therapy as being an effective strategy in supporting maternal well-being "by decreasing anxiety and providing tools to encourage bonding with her unborn baby" (p. 44). Carolan et al. (2012) found that pregnant women who sang lullabies during their pregnancy felt that it benefited them as well as their babies. Corey et al. (2019) conducted a mixed methods study evaluating the feasibility of implementing bedside music therapy interventions in order to reduce stress and anxiety in hospitalized antepartum and postpartum women. The soothing effect of music on newborns, as

well the positive effects that the interventions had on the emotional and physical states of the mothers emerged as salient themes in the qualitative results (Corey et al., 2019).

Music Therapy for Pregnancy

According to Dayyana et al. (2017), music therapy techniques have been used to minimize depressive symptoms and improve relaxation in adults. Scope et al. (2016) conducted a systematic review and qualitative evidence synthesis on experiences and perceptions of participants engaging in interventions in order to prevent postpartum depression. However, the researchers note that the inclusion of mainly low or moderate quality studies may "result in a lack of rich data consistently across all studies, limiting to some degree interpretations that can be made," and suggest that the validity of the findings be explored in further research in order to "ascertain their generalisability and importance in the development of future interventions" (p. 109).

Significantly less research exists specifically addressing the experiences of pregnant women utilizing music therapy techniques to improve pregnancy related well-being. Nwedube et al. (2017) call for further exploration of music listening for the reduction of pregnancy related stress and depression and note that "listening to music during pregnancy is a potentially enjoyable, inexpensive and non-stigmatizing intervention that may also be beneficial for the future child" (p. 256). Their preliminary findings indicate the existing opportunity to study coping with pregnancy related stress and that it is "essential for scientists and clinicians to cooperate closely" (La Marca-Ghaemmaghami & Ehlert, 2015, p. 115).

Since there are few studies specifically studying the effects of music therapy on the anxiety levels of pregnant women, further research is recommended (Garcia-Gonzales et al., 2018). Chang et al. (2008) called for further research in order to test and quantify the long-term

benefits of music therapy on psychological health benefits. The authors were also supportive of encouraging music therapy as a cost-effective treatment that could be used to help pregnant women decrease their stress, anxiety, and depression. I intend to use a qualitative approach in my research to gather information about the overlooked and yet to be explored experiences of pregnant women participating in music therapy in order to address those deficiencies in the literature.

Reflexivity and Positionality Statement

In order to engage in reflexivity, the researcher is asked to self-assess and question how their own views and biases might inform or influence all aspects of the research process. According to Holmes (2020), positionality "both describes an individual's world view and the position they adopt about a research task and its social and political context" (p. 1). This author also acknowledges the fluid nature of positionality, as research and life experience impact most people throughout the course of their research career. In this section, I will discuss my relationship and beliefs around the research topic as well as my identity in society in order to acknowledge the contexts that shape the research and/or the potential biases that arise concerning the outcomes of my research to my intended audience.

I was driven to conduct this particular topic of research primarily due to my curiosity about the subject of pregnancy and related maternal mental health. I have personally never been drawn to the idea of being pregnant or giving birth (although I do plan to have children), but I am fascinated by the unique and ubiquitous experience of pregnancy and birth in our society. As writer and feminist poet Adrienne Rich (1976) expressed in her historical overview of motherhood, "All human life on the planet is born of woman" (p. 1). I have always been interested in the societal expectation and my perceived imposition of women to become pregnant

and subsequently mothers. I find that because it is seen as such a "natural" and necessary experience for women, the risks associated with pregnancy and birth as well as women's mental health and well-being in relation to pregnancy and birth are often diminished and under researched. I am interested in both acknowledging and learning about the emotional and physical demands surrounding pregnancy and birth. As a board-certified music therapist, I am interested in researching my topic of interest as it relates to music therapy in order to contribute to the literature in my specific field. In terms of identity, I am a cisgender white heterosexual woman of middle socioeconomic status. I also acknowledge my status of having an "outsider perspective" within the topic of research as I have not been pregnant.

Purpose Statement

The purpose of this phenomenological inquiry is to explore the lived experiences of expectant mothers engaging in music therapy for perinatal mental health. This study aims to give voice to the experiences of pregnant women in a therapeutic setting participating in creative exploration through music.

Research Question

What are the experiences of pregnant women who participate in music therapy for perinatal mental health?

CHAPTER II

REVIEW OF LITERATURE

Definitions

Pregnancy

I will adhere to the US Department of Health and Human Services (2017) definition of *pregnancy* as "the period in which a fetus develops inside a woman's womb or uterus" (para. 1). Pregnancy is divided into three segments, which are referred to as trimesters. The period of pregnancy lasts for about 40 weeks. For the purpose of this thesis, *mother* will be defined as the person who has experienced pregnancy.

Perinatal Mental Health

Perinatal mental health refers to a woman's mental health during pregnancy and the postpartum period (Maternal Mental Health Task Force, n.d.). Approximately 10% of women are affected with mental health disorders during pregnancy, including depression, anxiety, post-traumatic stress disorder (PTSD), eating disorders, personality disorders, bipolar disorder, affective psychosis, and schizophrenia (Watson et al., 2019). After birth, 13% of women are affected with those same mental health disorders. According to Qiu (2020), a history of previous depression is the greatest risk factor in developing perinatal depression (PND).

Diagnosing and Symptoms

Postpartum Depression

Postpartum depression (PDD) is defined as a subgroup of depression within the *Diagnostic and Statistical Manual of Mental Disorders,* fifth edition (*DSM-5*) and includes symptoms of depression during pregnancy or 4 to 6 weeks following pregnancy (American Psychiatric Association, 2013). According to the American Psychological Association (2022),

PDD is a mood disorder affecting up to one in seven women. Unlike "baby blues," a common experience for women following the birth of their baby, which involves feelings of stress, sadness, anxiety, loneliness, and fatigue, PDD does not disappear without treatment. PDD can affect anyone regardless of marital status, race or ethnicity, socioeconomic status, age, or education. However, Watson et al. (2019) note that the development of mental health problems affects women from ethnic minority groups at a greater rate, which affects maternal morbidity and mortality in turn. Segre et al. (2007) also report the significant link between poverty and increased stress and depressive symptoms, concluding that women with lower incomes can also be at a higher risk for PDD. Stewart and Vigod (2016) found that PDD can occur in people who go untreated for mood and anxiety disorders while pregnant, and that those with a history of mood and anxiety disorders are at the highest risk of developing PDD. In addition, the authors found that negative life events, previous abuse, partner violence, lack of social support, and marital difficulties all contribute to the disorder. Several variables of social status, including education and income, are also significant predictors of PDD (Segre et al., 2007). PDD pervasiveness ranges from 6.5 to 12.9% in low to middle income countries (Stewart & Vigod, 2016).

The American Pregnancy Association (2019) notes that "approximately 15% of new mothers will experience what is classified as postpartum depression (PPD)" (para. 2). In a controversial decision, PDD was omitted during the fourth revision of the *DSM* (Godderis, 2013). However, the fifth edition of the *DSM* describes PDD as a subgroup of Unspecified Depressive Disorders (American Psychiatric Association, 2013).

According to Yang et al. (2019), people with PDD can experience a variety of symptoms, including unstable emotions, loss of appetite, sleep disorders, weight loss, and in extreme cases,

suicidal thoughts. PDD can be diagnosed when a depressive mood and a loss of interest in daily activities occurs along with three of the following symptoms for at least 2 weeks: appetite changes/weight loss, insomnia, apathy, lack of energy, feelings of guilt/futility, decision making/concentration difficulties, and suicidal thoughts (Stanescu et al., 2018). Stanescu et al. (2018) also describe three existing postpartum affective disorders classified based on their intensity. Postpartum sadness, or "baby blues," has the mildest intensity, and is characterized by worry, fear, and fatigue, and can last for 1-2 weeks after childbirth. PDD, which belongs to the mild/moderate intensity variety, can last anywhere from 1 to 12 months following the birth, and can include feelings of irritability, anxiety, loneliness, and loss of a sense of self. Puerperal psychosis has the highest intensity and presents with an onset within the first 3-4 weeks after birth.

Perinatal Depression

According to Osborne and Monk (2013), PND is defined as the "depression during pregnancy or the immediate postpartum period," and that it affects about 15% of women in developed countries (p. 1930). PND is the main cause of maternal perinatal morbidity as well as mortality. Gavin et al. (2005) state that PND affects both the woman as well as her child and other family members. Due to a lack of large and representative studies about the disorder, the estimation of the prevalence of PND varies considerably, affecting 5%-25% of pregnant women and new mothers. Prenatal depression is experienced in 40%-50% of women in economically underprivileged populations (Apter et al., 2011).

Pregnancy and Mental Health

Physiological, psychological, and social changes are all stressors brought about in women's lives due to pregnancy and childbirth (Onoye et al., 2013). These stressors can both

cause mental health issues to develop or exacerbate existing mental health issues. Many women often go undiagnosed and untreated for mental health issues during pregnancy due to the underestimation of mental illness leading to a lack of assessment, diagnosis, and treatment (Apter et al., 2011). In the United States, pregnancy-related complications account for 700 deaths each year (Trost et al., 2021). According to the Maternal Mortality Review Committees (MMRCs), approximately 9% of those deaths are mental health related. Between 2000 and 2015, delivery hospitalization depressive disorder diagnosis rates have increased by 600% (Trost et al., 2021). There is also a high likelihood of co-occurring disorders, such as depression, anxiety, and substance use disorders, in women of reproductive age.

Gourounti et al. (2012) identified a range of variables, such as psychosocial, medical, and demographic, that influenced the psychological well-being of pregnant women. In their study, they sought to identify how certain coping strategies could be psychological risk factors for anxiety and depression. Coping strategies were both positive (seeking emotional support), and negative (self-blame, substance use, denial), and were found to be significantly correlated with antenatal anxiety, worries, and depression. Boudou et al. (2007) found a positive correlation between pain during childbirth and mood disorders. Through this study, the authors also found that postpartum depression was best predicted by the intensity of the immediate maternity blues (or baby blues) experienced.

Infant and Child Development

Infants are negatively affected when their mothers experience prenatal mood disorders (Apter et al., 2011). A risk of preterm birth is doubled in pregnant women reporting high levels of stress. In addition, low birth weight of infants is associated with high levels of depression in populations with lower socioeconomic status. The birth of a child comes with both sudden and

enormous changes in responsibilities for the mother, and consequently poses an increased risk of PDD (Slomian et al., 2019). The authors stated that when PDD goes untreated, both infants and mothers can be negatively affected. Some of the risks that children face associated with mothers with untreated PDD include emotional and behavioral problems (such as violence), psychiatric and medical disorders in adolescence, and lower cognitive functioning (Slomian et al., 2019). The authors noted that maternal risks of untreated PDD include substance and alcohol use, relationship issues, weight problems, breastfeeding difficulty, and continuous depression.

COVID-19 and Parental Well-Being

COVID-19 is regarded as the largest public health crisis in over a century, and some of the secondary consequences of the pandemic included the rise of caregiving demands, increased isolation due to social distancing, relationship violence, financial hardships and loss of employment (Aydin et al. 2022). The pandemic also contributed to additional challenges for new and expecting parents. Aydin et al. (2022) state that the general well-being of parents was impacted due to the added stress of raising and delivering children during a pandemic, and periods of disease and social unrest can often impact infant development and contribute to higher chances of chronic medical conditions for children. The authors also noted that access to healthcare and the capacity for practitioners to assist expectant mothers also became limited, which resulted in a lack of advice and decreased support for expectant mothers (Aydin et al. 2022). Parental mental health was impacted as well, with 30% of women reported feeling both pandemic related birthing stress and fear of perinatal infection (Preis et al., 2020). Other stressors included food insecurity, increased domestic conflict, loss of income, and loss of childcare (Moyer et al., 2020). Solis et al. (2021) studied the impact of COVID-19 on pregnancy related mental health (depression specifically) and noted the immense challenge of pregnancy during a

health crisis and the necessity for both the development and implementation of mental health resources for the pregnant population.

Non-Pharmacological Birth-Related Coping Strategies for Pain Management

As a common pain intervention, it is estimated that around 75% of women opt to undergo neuraxial analgesia (also known as an epidural) in order to manage childbirth and labor pain (Reproductive and Maternal Health, 2022). However, 70% of women also utilize nonmedical methods to manage labor pain (Kozhimannil et al., 2013). The authors stated that complementary and alternative medicines (CAM), often used by women between 30-65, are associated with higher socioeconomic status and private insurance.

Doulas are trained, nonmedical labor companion professionals who can help women reduce their need for epidural analgesic intervention during labor (Kozhimannil et al., 2013). The continuous support given by doulas throughout labor has resulted in clinical benefits including "shorter labors, higher reported levels of patient satisfaction, higher rates of spontaneous vaginal birth, lower rates of cesarean delivery and instrument-assisted vaginal delivery, and lower rates of regional (i.e., epidural) analgesia" (Kozhimannil et al., 2013, p. 228). Medical organizations have also internationally recognized hypnosis as a clinically effective non-pharmacological tool for pain management during labor (Madden et al., 2016).

Lamaze is another method of preparation for childbirth in which participants do not rely on pharmaceutical interventions to relieve pain (Encyclopædia Britannica Online, n.d.). Lamaze was introduced in the 1950s by Fernand Lamaze as a distraction method to suppress pain and decrease anxiety during and about childbirth. In the weeks prior to giving birth, pregnant women repeatedly practice breathing techniques as well as distraction and relaxation exercises specific to Lamaze in order to prepare for birth. The Lamaze method is recognized internationally as an

effective way to decrease and relieve childbirth pain (Wu et al., 2021). Along with nursing intervention, the Lamaze method has also been associated with increased positive delivery outcomes of pain relief, reduction of postpartum hemorrhage, shortened labor, and increased natural delivery rate.

Music Therapy

The American Music Therapy Association (2005) defines music therapy as "the clinical & evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program" (para. 1). While this definition is the most well-known and utilized definition of music therapy, there is a plethora of definitions that clinicians have produced to attempt to encompass and fully describe the many facets of music therapy. One of the educational milestones in a music therapy student's career, in fact, is to write a unique and personal definition of music therapy. The music therapist Bruscia published the third edition of *Defining Music Therapy* in 2013, where he provides a working definition of music therapy as follows:

> Music therapy is a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research. (p. 36)

Music Therapy Techniques

Clinical music therapy practice usually consists of utilizing one or more of the four main methods, which include receptive music therapy, re-creative music therapy, improvisation, and composition (Bruscia, 2013). These methods, or techniques, are utilized during the assessment,

treatment, and evaluation portions of the client's music therapy process. Receptive music therapy involves listening experiences, re-creative music therapy involves playing or singing music by other artists and composers, improvisation involves making and playing impromptu music, and composition involves composing original pieces of music or songs (Bruscia, 2013).

Bruscia (2013) states that receptive music therapy involves the client listening to pre-recorded or live music and responding in a variety of ways. Receptive music therapy also includes relaxation techniques. Common goals for a receptive music therapy intervention within a mental health setting might include evoking imagery, promoting relaxation and reminiscence, exploring thoughts and ideas, facilitating group connection, and having spiritual experiences (Bruscia, 2013).

During a re-creative music therapy intervention or session, the client might learn to reproduce a previously composed piece of music (Bruscia, 2013). Mental health specific goals for a re-creative music therapy session might include fostering a sense of community, improving interactional skills, finding solace in identifying with a specific group value, experiencing catharsis through being in a safe space, and improving communication skills (Bruscia, 2013).

Clinical improvisation is a music therapy intervention consisting of spontaneous music making involving a board-certified music therapist (Gardstrom, 2007). The client can improvise alone, with the therapist, or in a group setting. Improvising musically can either be done purely for the purpose of musical enjoyment, where it does not serve a therapeutic service, or it can be used to address a specific therapeutic outcome (Wigram, 2004). In a music therapy context, "therapist and client(s) improvise together for purposes of therapeutic assessment, treatment, and/or evaluation," and "client and therapist relate to one another through the music, and the improvisation results in a musical product that varies in aesthetic, expressive, and interpersonal

significance" (Gardstrom, 2007, p. 19). Improvisation has been shown to have a significant impact on health and well-being, as well as having many positive benefits, among them improvements in mental health conditions such as depression and low mood (MacDonald et al., 2014). In depressed patients, improvisation has contributed to the reduction in feelings of guilt, shame, and despair, and improved self-esteem and self-confidence (MacDonald et al., 2014).

Composition experiences within music therapy involve the creation of an original or revised musical product, including songs, lyrics, and instrumental pieces (Bruscia, 2013). In a mental health setting, composition can help clients develop coping skills, increase communication, foster creativity, develop the ability to make decisions, and increase ways to express thoughts and feelings (Bruscia, 2013).

Mental Health Benefits of Music Therapy

Music therapy acts as an alternate form of treatment by providing opportunities for improving creativity, stress relief, self-esteem, expression, motivation, and emotional expression (Hohmann et al., 2017). About 24% of music therapists who responded to a 2020 study by the American Music Therapy Association responded to working with patients under the mental health umbrella, which includes substance abuse and depression (American Music Therapy Association, 2020). Music therapy can be a beneficial addition to standard mental health care by providing opportunities for patients with mental illnesses to develop a sense of identity, hope, and positive stimulation (McCaffrey & Edwards, 2016).

Music Therapy for Pregnancy-Related Mental Health

Prenatal

Many women experience heightened instances of stress during pregnancy due to both emotional and physical changes taking place (Chan et al., 2011). Because of the side effects

associated with pharmacological intervention, Chan et al. (2011) state that complementary and alternative therapies are often an option for pregnant women with mental health concerns. After participating in a music therapy study involving 30 minutes of daily music listening for 2 weeks, pregnant women experienced significantly decreased stress and anxiety as well as aid in pain management during childbirth. The music for the study consisted of four pre-recorded CDs containing lullabies, classical music, nature sounds, and children's songs within the tempo range of the human heartbeat were utilized to facilitate relaxation in the participants (Chan et al., 2011).

Participating in music therapy significantly decreased the stress, anxiety, and depression of pregnant women after 2 weeks of sessions (Chang et al., 2008). Women undergoing in vitro fertilization-embryo transfer showed decreased anxiety levels and increased pregnancy rates after two sessions (Aba et al., 2017). A 12-week study involving daily listening of specially composed songs reduced symptoms of prenatal anxiety and depression in pregnant women (Nwebube et al., 2017). Music therapy participation was associated with decreased maternal anxiety rates in mothers as well as increased birth size of newborns (Garcia-Gonzalez et al., 2018). Fancourt and Perkins (2018) found a correlation between listening to music during the last trimester of pregnancy and a reduction of symptoms of postnatal depression and increased levels of well-being in mothers. Wulff et al. (2021) found that prenatal music interventions, particularly singing, positively affected maternal mental health in terms of reducing stress and increasing bonding capability between the mother and the unborn infant.

Postpartum

Music therapy can alleviate depression and pain, as well as improve the sleep of postpartum mothers (Yang et al., 2019). Creative music therapy can be effective in supporting

parent-infant bonding, as well as reducing anxiety, stress, and depression in parents attempting to bond with their prematurely born babies (Kehl et al., 2020). In certain lively atmospheres where music was utilized "as a tool to create moments of repair and vitality," mothers and infants were able to "reexperience particular feelings of liveliness, vitality, and finally joyfulness" (Puyvelde et al., 2014, p. 230). Support groups specifically designed for women with postnatal depression significantly decreased their symptoms of postpartum depression and increased their feelings of perceived support (Tseng et al., 2010).

Roa and Ettenberger (2018) researched the effects of implementing a music therapy self-care group in the neonatal intensive care unit (NICU) at a hospital in Bogota, Colombia in order to address parent's separate needs from their babies' treatment. Music interventions included relaxation, breathing and self-expression techniques, and resulted in a significant reduction in anxiety and stress levels, as well as improvements in motivation, mood, and restfulness. Coombes and Muzaffar (2020) reported a significant improvement in parental well-being following the implementation of a singing workshop in a neonatal unit. While not specifically targeting PDD, one of the aims of this study was to use music therapy in order to help parents to "support the reduction of anxiety and depression resulting from the hospitalisation of their babies and improve wellbeing" (p. 47). Ettenberger et al. (2016) reported statistically significant improvements in anxiety levels in mothers following music therapy interventions in the NICU.

Music Therapy During Labor and Specialties

Music therapy-assisted childbirth (MTACB) has been reported to have positive outcomes for mothers during pregnancy, labor, and delivery (Schenk & Kershner, 1991). The technique includes an assessment approximately 6 months into the pregnancy, an individualized treatment plan based on the assessment, several sessions leading up to delivery, and music therapy during

delivery. Simavli et al. (2013) studied how music therapy during labor and delivery affected the rate of early PDD and postpartum pain. Through statistically significant evidence, the researchers concluded the positive impact that engaging in music therapy during labor and delivery had on maternal mental health. DiCamillo (1999) created a pilot program to propose a new bio-psycho-social model of MTACB. The program findings described effectiveness of music during labor in delivery in terms of participants' ability to manage pain, remain calm, stay focused, and support breathing. The program was also effective in increasing family bonding with the baby following the birth.

Call for Further Research

Chan et al. (2011) consider the safety risks for both mothers and the fetus when mental health issues are treated pharmacologically, and note that "non-pharmacological preventive intervention for antenatal stress, anxiety and depression should be considered of significant importance" (p. 2581). Most music therapy studies consist of sample sizes of less than 100 participants and could benefit from research involving a higher sample size in order to adequately study how music therapy can affect women's mental health during pregnancy. The significant psychological health benefits of participating in music therapy for pregnancy after only 2 weeks calls for a more robust study and investigation into the long-term effects of music therapy for birth outcomes and postnatal well-being. Aba et al. (2017) note the significant gap in the current literature on the use of both complementary and alternative medicine to address reproduction. Roa and Ettenberger (2018) suggest that a music therapy self-care group grounded in a family centered approach in the NICU "may be an appropriate intervention to help parents with stress reception, coping, and relaxation" (p. 134).

CHAPTER III

METHODOLOGY

Participant Information

Participants were female, English speaking, and over the age of 18. Additional criteria included having participated in music therapy while pregnant within the last 5 years. All participants were consenting adults. Although not a required criterion, all participants were also practicing music therapists.

Participant Recruitment

Two methods were used for the recruitment process of this study. The first method included recruiting former music therapy clients through private practice. The researcher contacted several music therapists with former clients who had participated in music therapy for perinatal mental health. The music therapists sent a scripted email to possible participants, who were encouraged to reply to the researcher if they were intercepted in being a part of the study. The music therapists were also asked to share the recruitment email with other music therapists working with prenatal and postpartum clients.

The second method was social media. A recruitment message was posted in the Facebook groups, “Music Therapists Unite” and “Music Therapists in Mental Health” using Institutional Review Board (IRB) approved material. A total of five people participated in this research.

Consent

The qualifications for participation in the research were included in the recruitment email as well as the social media posts. Participants participated in a 30-minute consent session where they were given an informed consent form to read over and sign prior to the interview portion of the study. Participants were reminded of the ability to withdraw from the study at any time.

Research Design

Interpretive phenomenological analysis (IPA) is an approach to qualitative research that draws from the philosophical underpinnings of phenomenology, hermeneutics and idiography (Smith et al., 2009). Phenomenology refers to the study of what the human experience and all its aspects are like, and "originated with [philosopher] Husserl's attempts to construct a philosophical science of consciousness" (Biggerstaff & Thompson, 2008, p. 4). Other leading philosophers in the development of phenomenological philosophy include Heidegger, Merleau-Ponty, and Sartre (Smith et al., 2009). Understanding the concept of "experience" is complex, and "invokes a lived process, an unfurling of perspectives and meanings, which are unique to the person's embodied and situated relationship to the world" (Smith et al., 2009, p. 25). Due to the complex nature of attempting to understand people's experiences, IPA also draws from hermeneutics, which involves the theory of interpretation. Heidegger, Gadamer, and Shleiermacher are three notable hermeneutic philosophers. An important idea to come out of hermeneutic philosophy is the *hermeneutic circle*, which is "concerned with the dynamic relationship between the part and the whole" (p. 34) and explores the concept of understanding particular parts by looking at the whole (Smith et al., 2009). Idiography places importance on focusing on details as well as single case studies in order to gain in-depth understanding.

This qualitative phenomenological study was conducted with semi-structured interview questions. Participants were former music therapy clients who had taken part in music therapy sessions for perinatal mental health while pregnant. Data was coded using IPA as the central methodology. The key component of IPA includes understanding the lived experiences of participants and the subsequent meanings derived from those experiences (Smith et al., 2009). Essentially, IPA is utilized in order to glean "how people make sense of their major life

experiences" (Smith et al., 2009, p. 1). The aim of engaging in IPA as a method of research is to "highlight the shared and unique features of the experience across the contributing participants" (Smith et al., 2022, p. 100).

Data Collection

Data was collected from the recorded Zoom interviews. The participants spent up to a maximum of 2 hours in the research process, including a 30-minute consent session, a 1-hour interview, and a 30-minute member checking session. Interviews were captured from the Zoom recording audio files and then cleaned up by the researcher. The duration to enroll the participants was approximately 3 months. The study procedure and data analysis portion of the study took approximately one month. The semi-structured interview questions utilized in the data collection portion of the study can be found below as well as in Appendix A.

1. How many music therapy sessions did you participate in during pregnancy?
2. Can you tell me about your experience participating in music therapy for perinatal mental health?
3. Were there any benefits for you, your infant, or anyone else? If so, can you expand on those benefits?
4. Were there any challenges? If so, can you expand on those challenges?
5. What was your experience like with the music utilized during your sessions?
6. How do you think participating in music therapy for perinatal mental health impacted your pregnancy?
7. How (if at all) do you think it impacted your relationship (if applicable) or your baby?
8. Are there any other comments you would like to make?

Data Analysis

Data analysis was informed by the IPA method (Biggerstaff & Thompson, 2008).

Stage 1: First encounter with the text

Interview data transcribed

Transcripts read and reread several times

Highlighting important statements

Reading over statements

Stage 2: Preliminary themes identified

Discover themes within highlighted statements

Stage 3: Grouping themes together as clusters

Classify themes

Member checking - for changes

Make requested changes

Read over new transcription

Reliability of analysis addressed by advisor

Make changes requested by advisor

Stage 4: Tabulating themes in a summary table

Read over statements/themes and create essence of experiences (summary)

Create chart to reflect interactions between themes/categories

Trustworthiness

In order to address the inherently subjective nature of qualitative research, it is important to incorporate reflexive processes into all aspects of the research process. In this study, trustworthiness was established and maintained throughout the research design, implementation,

and data analysis portion of the research. In order to do so, the following steps were utilized: developing semi-structured interview questions, member checking with participants, and seeking guidance and insight from the thesis advisor. Semi-structured interview questions were developed with the intent of allowing the participants and the researcher to converse in real time with the flexibility to leave room for any unanticipated problems. Member checking was offered to every participant from the transcription. Two participants participated in the initial transcription member checking process. One participant requested minor changes. One participant requested no changes. Two participants participated in the member checking process to confirm themes. Two participants requested no changes. All changes were implemented. Throughout the course of the study, advisor feedback was also continuously sought regarding different aspects of the research and data analysis process, including member checking, reliability analysis of themes, and general guidance and insight sought by the researcher.

Risks and Benefits

This research included a variety of risks, including emotional discomfort, Zoom hacking, loss of confidentiality, and coercion. These risks were stated in the informed consent form. In order to minimize emotional discomfort, the participants had the option to skip any interview questions they felt uncomfortable answering. In order to minimize hacking within Zoom, the researcher sent an individual Zoom link to the participant, created a password, and set a waiting room. In order to minimize the loss of confidentiality, all data was stored in a password protected file on a password protected computer using the FileVault encryption method on Mac. FileVault encrypts all data on the hard drive, requiring a password in order to decrypt the files. When not in use, the computer was stored in a locked room at the researcher's residency. After 3 years, all data stored on the computer will be destroyed electronically, emptied permanently from the

trash, and wiped from the hard drive. Because the files have been encrypted with FileVault, they will be inaccessible to anyone without the password even if recovered.

In order to minimize coercion, participants had the ability to withdraw from the study at any time. Participation was voluntary and deciding whether to participate in the study had no impact on their current availability of care. The nature of the study aimed to interview participants who participated in music therapy for perinatal mental health during pregnancy. If the participant was pregnant at the time of the interview, the research questions only pertained to the former pregnancy. Participants were also given sufficient time to reflect on the implications of participating in the study.

Participants were reminded that their participation was completely voluntary and that they could withdraw at any time. Participants who wanted to withdraw could email the student researcher stating that they were withdrawing from the study. There were no direct benefits to the participant. However, the benefits of this study included a contribution to knowledge in the field of music therapy as it pertains to pregnancy. Participants were emailed the results from the study.

Ethics

This research was approved by Texas Woman's University IRB as well as the researcher's thesis committee.

CHAPTER IV

RESULTS

Participant Demographics

The purpose of this qualitative, phenomenological study was to explore the lived experiences of expectant mothers engaging in music therapy for perinatal mental health and aimed to give voice to the experiences of pregnant women in a therapeutic setting participating in creative exploration through music. A total of five participants were interviewed for this study. Due to the phenomenological nature of the study, the only demographic data that was collected included the number of music therapy sessions the participants took part in during pregnancy. All the participants were also working music therapists, which is reflected in the table. See Table 1 for the participant chosen pseudonyms and demographic information. Pseudo-initials and/or names were chosen by each participant to protect their anonymity.

Table 1

Demographic Characteristics of Participants

Women's Pseudonyms	Music Therapy Sessions Attended	Occupation
S.L.G.	~8 sessions	Music Therapist
V.E.C.	~27 sessions	Music Therapist
K.C.	~5 sessions	Music Therapist

Women's Pseudonyms	Music Therapy Sessions Attended	Occupation
Mariah	~4 sessions	Music Therapist
K.E.	~7 sessions	Music Therapist

Findings

The findings of this study are presented through the themes and subthemes that were uncovered relating to the experiences of pregnant women participating in music therapy. The analysis of this study identified four themes through the process of repeated data examination. The four themes identified include (1) Bonding with the unborn child, (2) Managing pregnancy related stress, (3) Pain management during labor and delivery, and (4) Creating partner intimacy. Subthemes were identified within each theme.

Table 2

Themes and Subthemes

Themes	Subthemes
Bonding with the unborn child	• Facing barriers to prepare for motherhood
Managing pregnancy-related stress	• Integrating music into consistent self-care routines • Coping with loss

Themes	Subthemes
Pain management during labor and delivery Creating partner intimacy	• Integrating music into a birth plan • Building family connections through music making

Theme 1: Bonding With the Unborn Child

All five participants spoke about finding ways to connect with their babies during pregnancy through music. One of the ways to facilitate bonding with their unborn children involved writing and singing bonding songs and lullabies. Sometimes the songs were referred to as "womb songs" or "songs of kin."

S.L.G. spoke about bringing overtone singing into her music therapy sessions along with singing and writing songs. Singing helped her connect to what was changing, or "growing" inside of her. VE.C. spoke about her music therapist encouraging her to find or write a lullaby to sing to her child, which she ended up adapting from her own childhood. She also credited her music therapist with helping her bond with her child in ways she did not think of on her own and found the process very beneficial. The lullaby writing process helped her find a meaningful way to bond with her child. It also felt like a preparation for the arrival of her child.

Several of the participants, like K.C., referred to the lullaby songwriting process as a "womb song." K.C. spoke about being able to connect with her baby though writing a womb song. She felt that creating the womb song was one of the most beneficial ways to facilitate prenatal bonding during pregnancy. She noted the difficulty that some pregnant women find in

connecting with their unborn babies. She realized that music could be the catalyst for promoting bonding in cases where initial feelings of connection were absent.

Mariah found that writing a song for her baby felt like a “loving act” and helped prepare for early bonding opportunities. She also noted the experience of writing the womb song with her partner, and aspects of her family values that the process helped elucidate.

> I think it gave me some peace, relaxing bonding with my baby. Some clarity on like, there was a way to follow my partner too, like writing the womb song and a shared experience of like kind of a love letter to her. Like, what, what do we wanna say? What, what is, how do we see our baby? How do we see our family? (Mariah)

Subtheme: Facing Barriers to Prepare for Motherhood

Several participants spoke about personal barriers that emerged during pregnancy. Barriers included musical confidence, childhood and hospital trauma, breastfeeding issues, fear regarding pregnancy challenges, and inability to find connection with an unplanned child. The participants confronted their individual barriers through various music therapy techniques, including therapeutic lessons, songwriting, guided imagery, and music listening.

S.L.G. initially started music therapy sessions to explore her vocal capabilities. She expressed primarily identifying as a drummer and finding difficulty in using her voice. At first, she wanted to improve her voice in order to sing a song she wrote for her husband at her wedding. Once she became pregnant, she began writing songs and singing to her fetus. She also realized that her self-described vocal difficulties came from her childhood. She felt that her pregnancy was a reason to acknowledge and work through some of those past traumas.

> I think from childhood, um, I went through a lot of things and I think like that my voice was silenced. Uh, as I grew up, and I think that it has, now that I'm pregnant, I haven't

worked on my voice and I know that it was an issue and I knew it was an issue all these years. (S.L.G.)

Once she got married and started trying to become pregnant, she felt that something inside of her wanted to face that part of her that she felt had been silenced in her childhood. She found that music, using her voice, and creating things would help her deal with herself as well as becoming a mother to her child to come.

K.C. utilized one of her music therapy sessions to deal with feelings from a difficult previous pregnancy. One of her music therapy sessions involved talking through trauma from a previous pregnancy and delivery that didn't go as expected. She felt that the session helped "clear" through some of the apprehensions she was experiencing.

Mariah was able to gather insight through the use of guided imagery. Guided imagery and music (GIM) is a method of music therapy with psychotherapeutic attributes in which clients endeavor to find inner transformation and meaning through guided deep relaxation and specific music selections (*Guided Imagery in Music*, 2023). She found that the guided imagery offered her perspective and "revealed some truth" regarding fears she ended up needing to face in real life. She felt appreciative for the way in which guided imagery helped prepare her for those challenges.

Mariah worked with two music therapists during her pregnancy. One of the music therapists acted as her birth doula and helped her with birthing and pain management techniques. The other music therapist assisted her in confronting previous trauma that she wanted to address through the use of creative arts-based therapy and guided imagery. She felt the need to address her previously experienced hospital trauma in order to feel assured before going into labor.

K.E. did not plan on getting pregnant with her third child, and along with struggling with the idea of being a mother of three, she also struggled to find connection with the baby in the same way as her previous pregnancies. She said it felt "very foreign and it was something that just was not something that I had any interest in at all.**"** Her music therapist offered to specialize her sessions to work through those feelings. One of the ways K.E. and her music therapist approached finding connection was through learning the ukulele as a creative outlet for herself, as well as an indirect way to communicate with her baby. Together, they found and learned songs that focused on nurturing, loving, and bonding. This helped K.E. find ways to indirectly feel and find connection with her baby. Along with learning to play the ukulele, they also utilized the instrument to facilitate songwriting.

After giving birth, K.E. experienced breastfeeding issues with her baby and sought consultation from her music therapist. Her music therapist encouraged her to use the same playlists she used during pregnancy to help her feel supported on her "breastfeeding journey." They revised her labor and delivery playlists to facilitate relaxation, which in turn helped with her breastfeeding challenges. K.E. found her therapist's reminder that the music that worked to assist with relaxation and bonding during pregnancy to be especially helpful. She noted the positive effects of creating a relaxing atmosphere to release oxytocin and prolactin hormones.

V.E.C. found that engaging in music therapy sessions challenged her musical confidence in some ways. She reported that she was "pretty resistant music therapy patient" and realized that her resistance was related to the lack of confidence she had in her own musicianship. She found that engaging in music therapy sessions, although difficult, challenged her to address those issues.

Theme 2: Managing Pregnancy-Related Stress

The second theme that emerged through data analysis was pregnancy-related stress management through the use of music therapy. Participants experienced high-risk pregnancy, COVID-19-related work stress, general pregnancy stress and pregnancy-related challenges, difficulty expressing emotions, and challenges related to partner understanding of pregnancy. The music therapy techniques and related therapeutic techniques utilized by the participants to manage these stressors included mindfulness, relaxation, playlist making, music listening, and mandalas.

V.E.C was experiencing work-related stress due to the presence of COVID-19 and a high-risk pregnancy. She resorted to increasing the frequency of her sessions during that time to cope with the stress. Because her sessions were virtual, the type of music therapy techniques that could be utilized were limited. Her music therapist mostly engaged in receptive music therapy, including listening, relaxations, and mindfulness techniques.

By engaging in music therapy sessions and being encouraged to make efforts to honor herself musically, V.E.C. was able to find a way to channel some of the anxiety caused by her work and health related stress. Something that she appreciated from her music therapist was the constant reminder to take care of her musical self. She acknowledged that her mental health would have declined if she had not been able to find ways to express and process what she was experiencing through connecting with herself musically.

K.C. expressed how music assisted in alleviating some of the stress and fear she was experiencing relating to pregnancy. Although she reported feeling calm for most of her pregnancy, she would also turn to her playlists in moments when she was feeling stressed or overwhelmed. She spoke about music having the ability to take away feelings of stress and fear.

“We get so tied up in our heads and I, the music has a wonderful way of working to kind of take you out of your head space.”

K.E. spoke about making mandalas as one of the creative ways to manage the surprise of expecting a third child. Mandalas are circular visual meditation tools that can also represent universal emblems for spiritual development and can be utilized in both art and music therapy settings as a way to promote self-discovery (Noor et al., 2017). Channeling her shock and stress into making mandalas helped her look forward to having her baby. K.E. felt that approaching her music therapy sessions creatively helped her express herself by putting her feelings into words and turning the words into songs. For K.E., working with a music therapist also helped in alleviating her partner of some of the stress of being her sole support during birth. By seeking extra support, K.E. had an additional source of help for direction during birth.

V.E.C. expressed having trouble navigating the somewhat difficult nature of the non-pregnant partner relating to the pregnant partner. She spoke about the non-birthing partner’s difficulty and impossibility of conceptualizing the experience and process of pregnancy and birth in the same way. She noted that music therapy aided in both being able to process some of what she was feeling as the pregnant person as well as relieving him of feeling all the responsibility to be her main source of support.

Mariah found that her music therapist was able to give her partner information pertaining to the upcoming changes related to pregnancy and helped him know what to expect. Mariah also expressed some of the emotional difficulties that her partner faced upon losing their birth center and having the added stress of needing to figure out a backup plan. While attending music therapy sessions together, their music therapist was able to help him navigate his feelings

relating to that change. The sessions provided her partner with a processing opportunity when he felt like

> He was able to process that with her and like his need to want to give me what I needed and make me happy and felt like he was failing. So that control. And so it acted as like a, a processing opportunity as well. (Mariah)

Subtheme 1: Integrating Music Into Consistent Self-Care Routines

Several participants expressed the importance of integrating music therapy techniques into consistent routines. Making an effort to prioritize self-care contributed to the participants' overall reduction of pregnancy and birth related anxiety and helped in the preparation for childbirth. Self-care was practiced in the form of taking voice lessons, engaging in nightly rituals, creating schedules and building playlists, and incorporating partner support.

V.E.C. emphasized the importance of prioritizing her musical self during pregnancy, despite sometimes feeling guilt about being financially irresponsible. She continued to take voice lessons until the day before she was induced. She felt that "it was like a, a validation of, you know, like the importance of that and like reconnecting with myself and my body in that way."

K.C. emphasized the importance of engaging in daily practice to be best prepared for birth and to evoke a calming effect. She also noted that creating a schedule during pregnancy could help in getting the baby on a schedule once they were born. She expressed that many people have a misconception of how to prepare for music therapy assisted birth, in that they only turn to the support of their playlists once they get to the hospital. She stated that the most effective way to use the playlists is to practice them ahead of time. In doing so, she was practicing calming her nervous system consistently and directly affecting her baby as well.

Mariah found that the early music therapy preparation work of building playlists and writing a womb song to facilitate bonding also helped her establish a self-care routine. The consistency of a routine helped manage the overall stress of pregnancy. She was able to relax and relieve herself of some of the stress she was experiencing as a result of engaging in the routine.

K.E. used her first music therapy session to establish a nightly routine to prepare for the rest of her pregnancy as well as postpartum. The session functioned as a way to practice the structure and plan for the routine. During this initial meeting, K.E. and her music therapist chose songs for her nightly playlist practice with a focus on facilitating communication with her baby. The music therapist worked with K.E. to "plug into the music" and helped her partner figure out how the chosen music would fit into the routine as well. By helping her partner understand how the music would be used for the nightly practice sessions, her music therapist helped them both gain clarity in terms of the pregnancy and birth plan. The nightly practice became a form of self-care for K.E., where she was able to channel the stress of pregnancy into a positive environment. "Pregnancy in general I think is stressful and just having something in the evening to look forward to or a moment, to kind of get all of that out of you."

Subtheme 2: Coping With Loss

Two of the interviewed participants experienced a prior miscarriage. In one case, music therapy contributed to the healing process of coming to terms with the loss. In the other case, music therapy helped to face unexplored loss-related emotions to make space for a new pregnancy. In both cases, music therapy aided with emotional processing related to grief.

S.L.G initially began music therapy to confront her personal barriers and practice singing. When she became pregnant, she began writing and singing songs for her baby during pregnancy. Music therapy also helped her navigate the unexpected outcome of her first pregnancy. S.L.G.

had a miscarriage about 3 months into her pregnancy, and she expressed how music therapy helped her cope with the loss. She wrote a song to help her say goodbye to her baby and deal with the loss of the pregnancy. Singing the song that she wrote for the loss helped her face the reality of the miscarriage.

When she was a child, she had a babysitter who would sing the song "You Are My Sunshine" to her, and she developed a connection with the song. At the beginning of her pregnancy, she decided to use that same song to connect with her unborn child. The same music that she chose to help her connect and bond with her unborn child was also the same thing that helped her come to terms with the loss. At the beginning of the pregnancy, the song helped her connect to what was growing inside of her, and after her miscarriage, the song helped her to let go. She changed the original lyrics to the song to relate to her new situation. "We changed the words and, uh, to, to how I miss you and how, uh, I won't meet my sunshine again or taking my sunshine away."

V.E.C. also reported a miscarriage some months prior to her next pregnancy. She noted the anxiety she experienced caused by the difficulty she felt in bringing it up and felt that her music therapy sessions offered her a safe space to explore her feelings around the loss. She wanted to feel like she could process any emotions whenever they came to the surface. She felt that it was important to acknowledge the emotions that were surfacing as a result of the miscarriage. For V.E.C., it was helpful to find a way to navigate her emotional state related to the miscarriage at the beginning of her next pregnancy. By acknowledging and facing her feelings related to the loss, she was able to manage other difficulties that came up throughout the rest of her pregnancy. "That was really important because, you know, I mean, regardless of how it happens, loss is traumatic."

Theme 3: Pain Management During Labor and Delivery

The third theme that emerged through data analysis involved using music therapy to manage pain during labor and delivery. Participants primarily used custom made, labor specific playlists and music listening techniques. These methods assisted in facilitating relaxation and managing pain during labor and childbirth.

K.C. used her carefully curated playlists to assist in her planned cesarean delivery experience. She expressed how the music helped to create a safe place for her despite the eerie and panic-like sensation she described around the cesarean. Her hyper focus on the music allowed her to feel present for the birth of her baby instead of worrying about what was happening to her medically. Altogether, K.C. created four playlists together with her music therapist for her birthing and delivery experience. The first playlist was used for the preoperative stage. This included taking vitals and getting acquainted with the room. The second playlist was used for administering the anesthesia and spinal block. “I had a playlist that I used specifically to like, keep calm and keep focused and breathe so that I didn't like over-focus on a very large needle getting inserted into my spine.” The next playlist was utilized for the delivery of the baby, and the last playlist was used for the birth of the baby. K.C.’s music therapist was present in the operation room and was able to facilitate changing the playlist during the corresponding stages. K.C. noted the importance of listening to and familiarizing herself with the playlists well ahead of time. She also spoke passionately about wishing for a wider acceptance and knowledge of music therapy as a birth and delivery tool. She found comfort, safety, and security in her birthing environment because of the presence of music and music therapy and felt that it had an extremely positive impact both on her and her baby. The music caused her to feel more relaxed, and the relaxation helped her labor progress faster. She also noted the calm nature of both her

vitals and everyone else in the room. She expressed wishing that music therapy for pregnancy and birth was a more widely known and accepted tool and seen as a viable and way "to help a new little person come into the world." She spoke about music having the ability to create a safe space, as well as a different environment, no matter the location of the birth.

Mariah expressed her passion for research and advocacy for the use of music therapy for pregnancy and childbirth. She noted the inherent beauty in using music, as well as the cost effectiveness and lack of side effects. She created playlists with one of her two music therapists to assist with pain management during birth as well. The playlists addressed different positioning for birth, music for empowerment, bonding with the baby, and pain management.

K.E. utilized music and music therapy for all three of her births and reported that it kept her calm. Music acted as her main pain management tool, as she did not utilize any medical pain relief options. She was able to use music to manage her pain and contractions during labor and mentioned that it remained a focal point for her throughout the birthing experience.

K.E. expressed that much of the music she initially thought she would want to use for labor and birth was not the music she chose. For her first birth, she began labor listening to slow jazz in her living room, and she shifted into an unplanned visualization. Although she had not practiced the visualization specifically for labor and birth, she took a birth class with a doula sometime during pregnancy who mentioned different labor techniques, and it "just kind of organically happened" during her labor.

> I remember kind of rolling my hips in the darkness in my living room listening to this and I was just going so slowly and then I remember just saying to myself the more I rolled my hips and I'm opening, just open and I remember just visualizing, I'm sorry seeing myself or seeing not seeing myself but remembering seeing this flower. Just

slowly opening all the time and once that would open, I would focus on another flowering opening. (K.E.)

Although her subsequent two births did not involve the same visualization, she still utilized music to support her through the pain. She noted that she would not have been able to undergo three medically free births without music.

Subtheme: Integrating Music Into a Birth Plan

Some of the participants expressed the necessity of planning for childbirth. In creating birth plans, the participants felt equipped with various resources to help in feeling a sense of preparedness as they approached their due dates. Birth plans were constructed and practiced with the help of music therapists, doulas, and partners.

K.C. noted the importance of approaching birth in a systematic way by practicing and preparing for it every day. “Would you go out and run the New York marathon without training for like, yeah, several months or a year ahead of time?” By approaching the process in this way, she found that she had given herself the necessary tools to face the birthing experience head on.

Mariah actively prepared for birth through nightly practice of listening to the playlist she collaboratively made with her husband and one of her music therapists. Her music therapist, who also acted as a birthing doula, also helped with general birth preparation, such as exploring different birthing positions. Although her birth experience did not go to plan, she was still able to sing the womb song she had written with her husband and music therapist. She noted the flexible nature of music, and how it was one of the only things she was able to carry over from her birth plan. She enjoyed the nature of music allowing her to sing in any scenario.

K.E. practiced getting her birth plan ready with her partner through their nightly sessions. She expressed how helpful it was to facilitate understanding from her partner in terms of how the

music would be utilized during birth. Although she also expressed the increased challenge for each subsequent pregnancy of finding the time for nightly sessions, she also knew that training her body to respond to the music beforehand would be an indicator for the potential smoothness of her labor and birth. She reported that it became more difficult with each pregnancy to connect not only with her body and mind, but also sometimes with her partner. Because she had already been through the experience before, she struggled with feeling like she needed to allocate as much time participating on a regular basis.

Theme 4: Creating Partner Intimacy

The fourth theme that emerged through data analysis was the creation of partner intimacy during pregnancy through music therapy sessions and practice. Several of the participants were able to create meaningful connections with their partners in the pursuit of bonding with their unborn babies. The experience of spending quality time together helped both partners stay connected during pregnancy and positively impacted their relationships.

V.E.C. and her husband were able to create meaningful connections with each other through the lullaby writing process. She stated that the ability to engage in the process of songwriting was incredibly meaningful for their family unit. V.E.C. and her husband took part in a program called the rhythm, breath and lullaby program, wherein a "song of kin" is composed for the baby. She described the song of kin as having significance for the parents or the family and being used as a lullaby for the child. She felt like she was able to bring her husband into her pregnancy experience by taking the time to teach him. She also felt like their increased time together had a positive impact on their relationship. She suggested the reality of some couples experiencing difficulty in their relationships during pregnancy, and the music therapy process helped her stay connected with her husband.

K.E. was able to bond with her partner through writing a womb song for each of her three pregnancies. She found that the utilization of the birth song created a sort of intimacy with each birth. Although she is a music therapist and her husband is a musician, they had not spent time making music together until the pregnancy:

> It was really nice to have those moments of intimacy and connection with him to think about words for our babies and songs and to have him sing to my stomach and things. For us, it definitely created some intimacy that was just really nice that you don't necessarily get outside of pregnancy. (K.E.)

Mariah expressed the wish to have done more partner bonding during her pregnancy. However, she noted the benefits of incorporating touch and massage into her nightly practice. When her partner would give her a massage to a particular song, a positive association was created with that song. She also indicated the prevalence of oxytocin release through their practice. She also noted that the practice sessions and bonding during pregnancy helped in the moment of birth as well. The songs that she used with her partner to facilitate bonding during pregnancy evoked special, romantic, and intimate feelings between her and her partner. She expressed the benefits of using music therapy as a means for connection with her partner as well and the ability to provide a space to focus on each other.

K.C. found that creating playlists during her pregnancy with her partner allowed them to spend quality time with each other and facilitated bonding. She indicated “out of the norm” method of preparing for parenthood that music therapy provided. She also found it acted as a helpful time to prepare for the “upcoming event.” She expressed the importance of writing a prenatal bonding song together to allow her partner to feel a sense of connection with the baby as well. By exploring their thoughts and feelings around the pregnancy and the baby in order to

write the bonding song, they were able to create an intimate and special experience that benefited their relationship.

Subtheme: Building Family Connections Through Music Making

Two of the participants noticed that engaging in music therapy practices during pregnancy had a positive effect on their children after birth in terms of communication, musicality, music appreciation, and feelings of closeness within the family. In one case, the enhanced communication practices cultivated during pregnancy carried over to inform a supportive and open style of communication between the entire family. In both cases, participants mentioned the apparent musical affinities in their children who had experienced music therapy during pregnancy.

K.E. found that practicing her nightly routine during pregnancy helped her in areas of communication with her children after their birth. Part of her routine included choosing one or two songs to communicate, or "unload" about how her day had gone. Sometimes she experienced more exhausting or difficult days, and she used the nightly routine to communicate those feelings to her unborn child. "Hey, Mommy has had a really stressful day. This is not you, this is me." By practicing this kind of communication in a musical and supportive environment while her children were in the womb, she expressed becoming comfortable with communication outside of the womb as well:

> I think that it's very beneficial for my kids that we're very comfortable with talking about our emotions or very comfortable with using music to express those emotions as well, and I think that that's something that we're just so used to, because this is where they started from. Listening to me do that with music and just being in that environment even before they were born. (K.E.)

K.E. continued working as a music therapist after giving birth, which enabled her children to hear her singing quite often. However, she expressed that significance for her children to have their own songs to sing as well. She noted that bonding songs are still sung, and that they always create a sweet bonding moment between the children and their parents. She expressed that her children enjoy making music together as well. She suggested the possibility that the absence of music therapy during pregnancy could have prevented her children from finding joy through music making. K.E. felt that the exposure to music from inside the womb and during birth had a profound impact on her children's music appreciation.

K.C. felt that the bonding song created a positive family bonding experience and a way in which to welcome their new child into the world. She felt that it provided her family with a sense of peace and connectivity. K.E. and her partner taught their bonding song to their older son as well. Together, they would sing to the baby at night and her son would sing to her belly as well. She was also able to take videos from those instances to give other people a sense of how music has the ability to create a bond between siblings before birth.

K.C. noted how much utilizing music therapy during pregnancy appeared to have impacted her baby musically after he was born. "He's very musical, so I think, you know, getting all that exposure in a very, like, in an almost very specific way, has definitely, um, impacted his musicality and just his general awareness of music." She indicated that the exposure to an eclectic selection of music seemed to have a large impact on how he responds to music. K.C. sees him respond to music in various ways and makes note of which songs or music selections were utilized during her pregnancy.

CHAPTER V

DISCUSSION

Summary of Findings

The purpose of this study was to gain a deeper understanding of the experiences of women who participated in music therapy during pregnancy. Five adult women participated in the study, and interpretive phenomenological analysis was utilized to inform the results. Four main themes were found from the analysis of interviews, which included (1) Bonding with the unborn child, (2) Managing pregnancy related stress, (3) Pain management during labor and delivery, and (4) Creating partner intimacy. Subthemes emerged within each main theme, including facing barriers to prepare for motherhood, integrating music into daily self-care routines, coping with loss, integrating music into a birth plan, and building family connections through music making. The following discussion aims to discover the ways in which the findings relate to existing literature as well as to the research question: What are the experiences of pregnant women who participate in music therapy for perinatal mental health?

Fostering a Connection With the Unborn Child

All the participants found ways to connect with their babies during pregnancy through music. The experience of involvement with the unborn child is consistent with the idea and importance of prenatal bonding, which begins during pregnancy but develops further following birth (Condon, 1993; Laxton-Kane & Slade, 2002). Specifically, the participants wrote bonding songs and lullabies, which were sometimes referred to as “womb songs” or “songs of kin.” The participants found the process of creating songs to be a beneficial approach in facilitating prenatal bonding. The songs were created with help from both their music therapists and their

partners. The songs provided their partners, and in some case their other children, with a means to connect with the unborn child as well.

Music acted as a main source of assistance in promoting connection and bonding for many of the participants. For some, music offered an approach to bonding that may have otherwise not been possible. S.L.G. used music, and specifically singing, to connect to what was happening inside of her. In general, maternal singing during pregnancy contributes positively to maternal infant attachment (Cevasco, 2008; Milligan et al., 2003; Nakata & Trehub, 2004). V.E.C. felt that her music therapist helped her find ways to bond with her baby in ways she would not have thought of on her own. Learning to sing lullabies during pregnancy can positively affect the mother-infant bond (Carolan, 2012). K.C. felt that the lullaby songwriting process proved to be one of the most helpful ways to bond with her baby prenatally. Mariah felt that writing a song for her baby helped her prepare for her baby as well as bond during pregnancy. Maternal songwriting to support bonding can promote connection with the unborn child during pregnancy (O'Reilly et al., 2023). The process of creating and writing songs in order to facilitate bonding also created a shared experience with the participant's partners, which is evident and expounded upon in the fourth theme. Bonding with the unborn baby can be enhanced through maternal and paternal singing (Carolan, 2012; Loewy, 2015; Wulff et al., 2021). The findings are consistent with the research that supports parent-infant bonding through music therapy (Carolan et al., 2012; Kehl et al., 2020).

Personal barriers that emerged for the participants during pregnancy emerged as a subtheme within the theme of bonding with the unborn child. In these cases, music therapy sessions helped the participants work through these barriers in preparation for motherhood. Barriers included past traumas, difficult pregnancies, unplanned pregnancies, lacking confidence

in musicianship, and struggling to find connection with the baby. While engaging in music therapy sessions, participants found a supportive and safe space to confront and work through their barriers.

For S.L.G., music therapy provided an outlet to explore and work on her vocal capabilities. She faced and defined childhood trauma of feeling silenced that she felt impacted her singing capability. It was important for her to address her voice in order to feel prepared for motherhood, and she felt that pregnancy was a catalyst in her need to face those traumas. K.C. experienced a difficult delivery in a previous pregnancy and felt that music therapy sessions allowed her to process the resulting trauma. She was able to find ways to work through some of her fear and apprehension for her current pregnancy and upcoming delivery through music therapy. Mariah used guided imagery in her music therapy sessions to address previous hospital trauma as well as finding ways to cope with real life fears she ended up having to face. She felt prepared in facing the difficulties she later experienced from the perspective and insight she gained through music therapy. K.E. experienced immense difficulty in connecting with her unborn child as she had not planned on having a third child. Learning to play the ukulele offered her an outlet to connect with herself, which became an indirect path of communication with her baby. Her inability to bond with her baby at first resulted from the shock of the unplanned nature of the pregnancy. Where going about bonding in the same way as her previous children (by writing bonding songs) felt foreign and forced, learning a new instrument provided K.E. with an outlet to nurture herself first. The ukulele was used to both learn and write songs about bonding which would eventually present her with the capability of fostering a connection with her child. The same songs that helped her prenatally bond with her child also assisted her with breastfeeding difficulties she experienced postpartum. V.E.C. noted her resistance as a music

therapy client as a result of her lack of confidence in her musicianship. By experiencing the challenge of acknowledging a lack of self confidence in an area that directly tied to her profession, she was able gain insight about herself and grow in her self-confidence.

Music therapy sessions provided an opportunity for the participants to confront past traumas, face some of their fears, and support postpartum difficulties. Some of the techniques included vocalizing, guided imagery, learning to play new instruments, and songwriting. Music therapy can provide a safe space for clients to explore thoughts, evoke imagery, reduce feelings of guilt, and improve self-confidence (Bruscia, 2013; Gardstrom, 2007; Wigram, 2004). Through the utilization of music therapy, participants were able to work through personal barriers and gain confidence in themselves as they prepared for their upcoming deliveries and motherhood. These findings are consistent with the research that supports utilizing music therapy to foster a sense of identity and hope, improve self-esteem, foster creativity, increase expression, and improve overall mental health conditions (Bruscia, 2013; Hohmann et al., 2017; MacDonald et al., 2014; McCaffrey & Edwards, 2016).

Finding an Outlet to Manage Pregnancy-Related Stress

All the participants experienced some form of pregnancy related stress. Using music therapy techniques, the participants found different ways to cope with their stressors. Music therapy techniques have been used to effectively decrease the prominence of pregnancy specific stress and anxiety in pregnant individuals (Corbijn van Willenswaard et al., 2017). V.E.C. opted to increase the frequency of her sessions due to her increase in work related stress brought on by COVID-19 and a high-risk pregnancy. Although her sessions were virtual, which impacted the type of music therapy techniques she could engage in, V.E.C. found ways to honor her musical self. The attributed the reminder from her music therapist to constantly find ways to keep music

active in her life helped with keeping her mental health from declining. The lack of support and constant changes in her work environment, along with the feelings of guilt that surfaced once she made the decision to take a leave of absence and stop serving her own music therapy clients added to her overall stress. The COVID-19 pandemic added challenges for expecting parents which resulted in an increase in birthing stress and an overall negative impact on parental mental health (Aydin et al., 2022; Moyer et al., 2020; Preis et al., 2020; Solis et al., 2021). Engaging in music therapy sessions offered her an outlet to process the emotions brought on by the turbulence of her pregnancy.

K.C. found music to be helpful in times of stress and overwhelm. She noticed how listening to music had the ability to recenter her when she felt unable to calm down. The knowledge and realization of the effect that music had on her in times of stress offered her a tangible resource for stressful situations. Listening to pleasurable music can improve emotional regulation by impacting areas of the brain associated with dopamine production (i.e., reward and pleasure; Koelsch, 2010).

K.E. struggled to find excitement and joy in welcoming her unplanned third child. Instead of trying to create a feeling of connectedness through writing a bonding song, she first took up learning a new instrument. In this way, she acknowledged the need to find a way to first connect with herself before attempting to connect with her baby. Going about bonding in the same way as her previous two planned pregnancies might have felt slightly disingenuous and forced. Instead, she found meaning, growth, and self-discovery through learning the ukulele. This experience also eventually helped her find the tools she needed in order to write a bonding song for her baby and find the connection she was lacking. Songwriting, or

composition experiences within music therapy, can assist clients to increase creativity, improve communication, and develop a wider range of emotional expression (Bruscia, 2013).

Establishing a daily or nightly music therapy practice routine proved to be beneficial for the participants in preparing for birth and postpartum. K.E. found that her routine helped in alleviating the general stress caused by pregnancy and even turned her evenings into a welcome respite where she could release the stressors of her day. Listening to music during pregnancy has resulted in an increase in well-being and a decrease in stress and anxiety in women (Aba et al., 2017; Chan et al., 2011; Chang et al., 2008; Fancourt & Perkins, 2018; Nwebube et al., 2017). Mariah also found that a nightly routine of listening to her prepared playlists facilitated stress reduction and helped her relax throughout her pregnancy. The act of routinely engaging in acts of self-care alleviated some of the stress she was feeling and allowed her to feel prepared for the upcoming change in her life that having a baby would cause. Non-pharmacological interventions, including music therapy, can reduce anxiety brought on by pregnancy and help in the transition into parenthood (Chang et al, 2008; Domínguez-Solís et al., 2021; Garcia-Gonzalez et al., 2018; Kafali et al., 2011).

Music therapy also had a profound and healing effect in the cases of loss. V.E.C. faced difficulties in acknowledging a previous miscarriage during her subsequent pregnancy. However, she felt that it was important to work through the difficult emotions tied to her loss in order to avoid negatively impacting her next pregnancy. She found the safety she needed in the space created by her music therapy sessions to both process and reprocess the emotions she felt around the miscarriage as well as the fear it caused her to feel regarding her next pregnancy. Music can help to decrease fear and facilitate the expression of difficult emotions (Ready, 2010).

After her miscarriage, S.L.G. changed the words of her womb song to reflect the knowledge and realization that she would never meet or get to know her baby. The same song that was used early in the pregnancy to facilitate bonding with the unborn baby also functioned as a means to let go of the fetus and the hope or idea of having a child. Miscarriage can impact the development of maternal identity and profoundly affect a woman's psychological and emotional well-being (Trepal et al., 2005). S.L.G. acknowledged and worked to come to terms with her loss in a meaningful and creative way.

Music therapy sessions provided a space for the participants to process their pregnancy related stress where they felt safe, supported, and validated. The sessions helped in relieving the participants' partners of feeling the responsibility to provide most of the support during pregnancy and birth as well. Through nurturing and self-discovery practices, the participants who experienced loss were also able to use music as a tool for expressing grief and saying goodbye.

Facilitating Pain Management Skills for Labor and Delivery

A significant aspect of the use of music therapy for pregnancy involved using music as a tool for pain management during labor and delivery. The use of music therapy during labor has been effective in reducing postpartum anxiety and pain (Chang & Chen, 2005; Ebneshahidi & Mohseni, 2008; Şen et al., 2010; Simavli et al., 2013). Music therapy has also been effective in reducing pain during childbirth (Browning, 2001; Siedliecki & Good, 2006; Simavli et al., 2013; Tabarro et al., 2010). K.C., Mariah, and K.E. all described using music therapy during childbirth as a pain management tool. The use of music therapy techniques allowed the participants to feel calm, relaxed, and present during their birthing experience. The participants who described using music during childbirth often applied playlists tailored to different stages of the delivery process. An important facet of using music to manage childbirth pain involved the planned use of music

through daily or nightly practice routines. In addition to using previously decided on and practiced playlists, K.C. was able to include her music therapist in the operating room where the birth of her baby took place. The presence of her music therapist provided a valuable asset in aiding in seamless playlist transitions as well as allowing her partner to focus on supporting her. K.C. integrated four playlists into her birthing experiencing, utilizing the last one after the baby was born. Listening to music postoperatively can reduce stress as well as the need for analgesia (Nilsson et al., 2005). K.E. did not use any medication during her childbirth experience, and completely relied on music therapy assisted childbirth techniques. Using music therapy techniques combined with visual imagery provided K.E. with a non-invasive option to forego medical pain relief options during childbirth. Imagery and music listening can elicit emotions such as pleasure or relaxation (Juslin & Västfjäll, 2008). Listening to music during labor can also positively impact postpartum maternal well-being and reduce early postpartum depression (Simavli et al., 2013).

Multiple participants mentioned the important aspect of preparing for music therapy assisted childbirth by familiarizing themselves with the playlists and techniques ahead of time. Feeling secure in their carefully curated musical choices allowed them to feel calmer and more relaxed during the birth experience. The participants also expressed the wish for a greater acceptance of the use of music therapy as a pain management tool for childbirth. The participants who used music therapy during childbirth were able to create a safer and more relaxing environment to welcome their children into the world. By advocating for the necessity and use of music therapy during her childbirth, participants like Mariah empowered herself to create the most beneficial environment for the birth of her baby. For her, music was one of the few parts of her birth that went according to plan. The ability to sing her womb song, which she wrote with

her husband and music therapist, gave her the solace and sense of calm that she needed amidst the stressful and unpredictable nature of the birth environment. These findings are consistent with research on the positive outcomes of utilizing a music therapy assisted childbirth approach during labor and delivery (DiCamillo, 1999; Schenck & Kershner, 1991). Mariah also made note of the cost effectiveness of utilizing music therapy techniques for childbirth. Previous studies have noted the cost effectiveness and efficiency of utilizing music therapy for pain management and stress reduction during pregnancy, delivery, and postpartum (Nwebube et al., 2017; Şen et al., 2010).

Nurturing Partner and Family Relationships

Each of the participants found ways to create intimacy with their partners through music therapy practices during pregnancy. Relationship satisfaction is a predictor of increased postpartum mental health (Beck, 2001; Robertson et al., 2004; Whisman et al., 2011). V.E.C and her partner were able to bond over the lullaby composing process for their baby. Close partner relationships and parental intimacy during pregnancy are an indicator of improved psychological well-being into parenthood (Dunkel-Schetter et al., 1996, Michałek-Kwiecień et al., 2022).

K.E. found an unexpected and new way to connect with her husband through music in a previously unexplored manner. The experience of crafting a song for their unborn baby gave them a sense of connectedness that could not be found outside of pregnancy. Parental relationships can be strengthened though the occurrence of pregnancy (Delicate et al., 2018). Mariah incorporated touch and massage into her music therapy practices with her partner. The songs that were utilized during that time became associated with feelings of intimacy and allowed Mariah and her partner to connect and focus on each other later during childbirth. K.C.'s partner was able to find a sense of connection with the unborn baby through the process of

writing a prenatal bonding song. By the agency of songwriting, K.C. and her partner were able to develop a previously unexplored avenue for intimacy. Maternal stress can be reduced as a result of partner support and connection during pregnancy (Kumar et al., 2022; Stapleton et al., 2012).

K.E. noticed that being honest in her communication during pregnancy benefitted her communication style with her children after they were born as well. These findings are supported by previous studies indicating that parent-child bonds are impacted by the quality of partner support during pregnancy (Bicking Kinsey et al., 2014; Cuijlits et al., 2020; Yarcheski et al., 2009). K.E. had the ability to feel comfortable expressing her needs in the supportive environment that she began honing during pregnancy. Her children are comfortable expressing their needs to their parents as well. The womb songs written during pregnancy offered an opportunity for the children and their parents to create special moments of connection.

Music therapy use during pregnancy was not only beneficial for developing partner intimacy, but also potentially impacted the baby's musical development and emotional communication ability. Previous research suggests that children's cognitive and emotional development may be significantly impacted by exposure to maternal music and singing during infancy and early childhood (Longhi, 2008; Trehub, 2003). Other research supports the relation between musical exposure in early childhood with language and speech development (Koelsh & Siebel, 2005). Infants also have the ability to recognize and be soothed with the same music they heard in utero (James et al., 2002; Tabarro et al., 2010). The fetus can hear music at 25 weeks in gestation (Graven & Browne, 2008).

Limitations

A significant limitation for this study included a lack of diversity in participant occupations (all participants were practicing music therapists). This limitation most likely caused

considerable bias in the participants decision to utilize music therapy during their pregnancy as well as their preconceived notions regarding the effectiveness of music therapy. Other limitations include the lack of collected demographic data. Although all participants were women and reported domestic partnership of some kind, participant's age, race, ethnicity, and socioeconomic status were not explicitly gathered by me. The small number of participants also represented an aspect of limitation. A larger sample size could have increased the available data and increased insight that was ascertained through the study. I also took a passive interviewing role and may have gathered more data by taking an active role during the interview process by asking more follow-up questions as opposed to staying true to the scripted and approved interview questions. I utilized the Biggerstaff and Thompson's (2008) IPA protocol for data analysis. This qualitative research methodology was originally informed by Smith et al. (1999), which was updated in Smith et al. (2009) and Smith et al. (2022). While the Biggerstaff and Thompson (2008) protocol was chosen for this study due to its focus on using IPA in healthcare research, the Smith et al. (2022) method of data analysis provided a more robust overview and in-depth understanding of how to use the IPA method and may have provided a more effective approach in the data analysis portion of this study.

Recommendations for Future Research

Based on the resulting themes that emerged from this study, future investigations around this topic could include conducting larger scale studies with more diverse samples in order to explore how music therapy affects maternal mental health during pregnancy. Based on the first theme, which involved bonding with the unborn child, future studies might examine a more in-depth examination of the facets of writing and practicing bonding songs. Due to the cost-effective nature and medication free possibility of utilizing music therapy to manage pain during

childbirth, future research in this area is warranted. The investigation of different types of music therapy interventions and how they relate to managing pregnancy related stress may be warranted based on the second theme. Another recommendation for future research includes the exploration of the benefits of music therapy on postnatal child development. Lastly, further research could also examine the various cultural and contextual elements that might affect the application and efficiency of music therapy use during pregnancy among a variety of socioeconomically and ethnically diverse backgrounds.

Conclusion

The purpose of this phenomenological study was to explore the lived experiences of formerly pregnant women who engaged in music therapy for perinatal mental health. The research question asked: What are the experiences of pregnant women who participate in music therapy for perinatal mental health? Five participants took part in the study. Four themes and various related subthemes emerged through data analysis from semi-structured interview questions. The four themes were bonding with the unborn child, managing pregnancy related stress, pain management during labor and delivery, and creating partner intimacy. The subthemes that emerged within each main theme included facing barriers to prepare for motherhood, integrating music into daily self-care routines, coping with loss, integrating music into a birth plan, and building family connections through music making. This study aimed to give voice to women who engaged in music therapy for pregnancy by extracting meaning from the personal accounts of their self-described experiences. The findings from this study ultimately support the use of music therapy during and around pregnancy as a cost effective and non-pharmacological intervention to promote prenatal bonding, support mental health and maintain well-being, manage pain during labor and childbirth, and facilitate partner and family connection.

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APPENDIX A

APPROVED PARTICIPANT RECRUITMENT SCRIPT

Dear potential participant,

My name is Kamila Swerdloff, and I am conducting a study to explore the lived experiences of formerly pregnant clients who have engaged in music therapy for perinatal mental health. This study will aim to give voice to the experiences of pregnant women in a therapeutic setting participating in creative exploration through music. The title of the study is "Music Therapy for Pregnancy - A Phenomenological Inquiry of the Experiences of Pregnant Women Engaging in Music Therapy".

It should be noted that those eligible for the study are 18 years or older and have participated in music therapy during pregnancy within the last 5 years. Because the study will be conducted through email and Zoom, there is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.

Participation in this study is completely voluntary. You are welcome to withdraw at any time by contacting the student researcher, Kamila Swerdloff. In addition, participants will decide on their pseudonym and will be virtually interviewed (via Zoom) from their own private location. The interview will be video and audio recorded and transcribed. The time commitment for the interview will be approximately 2 hours and will consist of a 30-minute consent session, an hour interview, and approximately 30 minutes for member checking (to be done via email).

The interview question will consist of the following:

- How many music therapy sessions did you participate in during pregnancy?

- Can you tell me about your experience participating in music therapy for perinatal mental health?
- Were there any benefits for you, your infant, or anyone else? If so, can you expand on those benefits?
- Were there any challenges? If so, can you expand on those challenges?
- What was your experience like with the music utilized during your sessions?
- How do you think participating in music therapy for perinatal mental health impacted your pregnancy?
- How (if at all) do you think it impacted your relationship (if applicable) or your baby?
- Are there any other comments you would like to make?

The research has been approved by Texas Woman's University IRB. If you are interested in sharing your personal experiences with participating in music therapy for perinatal mental health during pregnancy, please contact Kamila Swerdloff at kswerdloff@twu.edu to set up a time for the initial consent meeting and to receive the informed consent form.

APPENDIX B

CONSENT FORM

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Music Therapy for Pregnancy: A Phenomenological Inquiry of the Experiences of Pregnant Women Engaging in Music Therapy

Principal Investigator: Kamila Swerdloff, B.M. kswerdloff@twu.edu (503) 298-7117
Faculty Advisor: Lauren DiMaio, PhD ldimaio@twu.edu (940) 898-2494

Summary and Key Information about the Study

You are being asked to participate in a research study conducted by Kamila Swerdloff, a graduate student at Texas Woman's University, as a part of her thesis. The purpose of this phenomenological inquiry will be to explore the lived experiences of expectant mothers who engaged in music therapy for perinatal mental health. This study will aim to give voice to the experiences of pregnant women in a therapeutic setting participating in creative exploration through music. You have been invited to participate in this study because you are female and have participated in music therapy while pregnant within the last 5 years. As a participant, you will be asked to take part in a Zoom interview regarding your experiences of engaging in music therapy during pregnancy. This interview will be audio and video recorded, we will use a code name to protect your confidentiality. The total time commitment for this study will be about 2 hours. The greatest risks of this study include potential loss of confidentiality and emotional discomfort. We will discuss these risks and the rest of the study procedures in greater detail below. It should be noted that the study is being conducted for the purpose of research.

Your participation in this study is completely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether or not you want to participate. Please feel free to ask the researcher any questions you have about the study at any time.

Description of Procedures

As a participant in this study you will be asked to spend one hour of your time in a virtual Zoom interview with the researcher. An additional time of approximately 30 minutes will be needed for a consent session prior to the interview as well as approximately 30 minutes to verify information after the interview. The researcher will ask you 8 semi structured interview questions about your experience of engaging in music therapy while pregnant. You and the researcher will decide together on a private location where and when the interview will happen. You and the researcher will decide on a code name for you to use during the interview. The interview will be audio and video recorded and then transcribed so that the researcher can be accurate when studying what you have said. In order to be a participant in this study, you must be at least 18 years of age or older and have participated in music therapy while pregnant within the last 5 years.

Potential Risks

Potential risks include emotional discomfort, Zoom hacking, loss of confidentiality in all email, downloading, electronic meetings and internet transactions, and coercion. If you become tired or upset you may take breaks as needed. You may also stop answering questions at any time and end the interview.

Confidentiality will be protected to the extent that is allowed by law. The interview will be held over Zoom. A code name, not your real name, will be used during the interview. No one but the researcher will know your real name.

_____
Initials

The audio and video recording and the written interview will be stored on the student researcher's password protected computer in a password protected file using the FileVault encryption method on Mac. Only the student will have access to the files. Only the researcher and her advisor will hear and see the audio and video recording or read the written interview. The audio and video recordings and the written interview will be destroyed within three years after the study is finished. The signed consent form will be stored separately from all collected information and will be destroyed three years after the study is closed. The results of the study may be reported in scientific magazines or journals but your name or any other identifying information will not be included. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

Your audio and video recording and/or any personal information collected for this study will not be used or distributed for future research even after the researchers remove your personal or identifiable information (e.g. your name, date of birth, contact information).

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Please note that there is an increased risk of loss of confidentiality due to emailing the consent form. There is also an increased risk of confidentiality due to emailing the transcript during the member checking process.

Participation and Benefits

There are no direct benefits to the participant. However, the benefits of this study include a contribution to knowledge in the field of music therapy as it pertains to pregnancy.

Your involvement in this study is completely voluntary and you may withdraw from the study at any time. If you would like to know the results of this study we will email or mail them to you.*

Questions Regarding the Study

You may print a copy of this consent page to keep. If you have any questions about the research study you should ask the researcher; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the TWU Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

_____ _____

Signature of Participant Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____

APPENDIX C

INTERVIEW QUESTIONS

1. How many music therapy sessions did you participate in during pregnancy?
2. Can you tell me about your experience participating in music therapy for perinatal mental health?
3. Were there any benefits for you, your infant, or anyone else? If so, can you expand on those benefits?
4. Were there any challenges? If so, can you expand on those challenges?
5. What was your experience like with the music utilized during your sessions?
6. How do you think participating in music therapy for perinatal mental health impacted your pregnancy?
7. How (if at all) do you think it impacted your relationship (if applicable) or your baby?
8. Are there any other comments you would like to make?

APPENDIX D

INDIVIDUAL PARTICIPANT THEMES AND CORRELATING MAIN THEMES AND SUBTHEMES

Participant	**Individual Themes**	**Main Themes and Subthemes present**
S.L.G.	● Overcoming personal barriers /Facing and acknowledging insecurities ● Coping with loss ● Preparation and connection ● Preparing to be a mother ● Facing difficult aspect of childhood in preparation for becoming a mother ● Finding the courage to access the previously accessed places ● Letting go and being free ● Reduction of tension through singing ● Finding hope despite difficult circumstances	*Theme 1:* Bonding with the unborn child ● *Subtheme 1:* Facing barriers to prepare for motherhood *Theme 2:* Managing pregnancy related stress ● *Subtheme 2:* Coping with loss *Theme 4:* Creating partner intimacy

	• Finding and feeling a purpose larger than self • Fostering connection to unborn child • Using music to help let go	
V.E.C	• Taking care of the musical self through difficult and stressful situations/times • Music as an outlet to express emotions, channel anxiety, and keep mental health from declining • Validating the importance of reconnecting with self and body through music (singing) • Bonding and connecting through lullaby process • Finding intimate partner	*Theme 1:* Bonding with the unborn child *Theme 2:* Managing pregnancy related stress • *Subtheme 1:* Integrating music into daily self care routines • *Subtheme 2:* Coping with loss *Theme 4:* Creating partner intimacy

	moments thru vocalization ● Finding ways to bond as a family unit through lullaby (song of kin) ● MT as a way to empathize with birthing partner ● Processing previous loss to manage emotions in a safe space	
K.C.	● Gaining a sense of peace and control ● Music to help facilitate relaxation, focus, and staying present ● Helping non birthing partner developing a sense of connection with baby ● Cultivating a sense of peace and connectivity as a family ● Music for focus during delivery ● Music as a distraction during delivery preparation ● Music to find a calm space	*Theme 1:* Bonding with the unborn child *Theme 2:* Managing pregnancy related stress ● *Subtheme 1:* Integrating music into daily self care routines *Theme 3:* Pain management during labor and delivery ● *Subtheme 1:* Integrating music into a birth plan *Theme 4:* Creating partner intimacy ● *Subtheme 1:* Building family connections through music making

	before delivery ● Daily practice resulting in benefits for both delivery and after birth ● The importance of having a birth plan and engaging in daily practice	
Mariah	● Music for empowerment and bonding with baby ● Music for pain management ● Providing spousal support ● Music to hold safe space for baby ● Self care through regular music making ● Finding perspective through imagery ● Relaxation and stress management through nightly routine ● Clarifying family values through songwriting/creating womb song	*Theme 1:* Bonding with the unborn child ● *Subtheme 1:* Facing barriers to prepare for motherhood *Theme 2:* Managing pregnancy related stress ● *Subtheme 1:* Integrating music into daily self care routines *Theme 3:* Pain management during labor and delivery ● *Subtheme 1:* Integrating music into a birth plan *Theme 4:* Creating partner intimacy ● *Subtheme 1:* Building family connections through music

	• Mt helped w/ breastfeeding challenges • Building intimacy through nightly practice • Music therapy sessions allowed processing with difficulties	making
K.E.	• Communication with baby and partner through nightly practice and routine setting • Finding postpartum relaxation and solutions through revision of pregnancy practices • Utilizing songwriting and instrument play to deal with feelings of disinterest and shock • Learning an instrument to nurture creativity, bonding, and loving • Engaging in instrument play as a creative outlet • Songwriting to communicate with baby	*Theme 1:* Bonding with the unborn child • *Subtheme 1:* Facing barriers to prepare for motherhood *Theme 2:* Managing pregnancy related stress • *Subtheme 1:* Integrating music into daily self care routines *Theme 3:* Pain management during labor and delivery • *Subtheme 1:* Integrating music into a birth plan *Theme 4:* Creating partner intimacy • *Subtheme 1:* Building family connections through music making

	• Finding unexpected ways to express feelings and feel connections • Finding safe ways to process feelings of shock and stress • Music for pain management during labor and birth • Looking forward to nightly routine for stress relief • Using music to foster communication with children postpartum • Using music to discuss and feel comfortable with expression of emotions with children • Alleviating partner of needing to be main support during pregnancy and birth • Creating a habitual practice • Using visualization to navigate labor • Using music therapy to facilitate medically free births	

	● Creating intimacy with partner ● Finding pregnancy specific intimacy with partner ● Creating special bond with children thru song ● Fostering music making throughout daily life ● Music therapy as a tool for pregnancy and birth and postpartum	