

SUPPORTING SOCIAL WELL-BEING THROUGH RESOURCE-ORIENTED MUSIC  
THERAPY: A CONTENT ANALYSIS OF SEMI-STRUCTURED INTERVIEWS

A THESIS

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## DEDICATION

First and foremost, I dedicate this work to my grandparents who selflessly raised me to be the person I am today. Without them, I would not have been instilled with the personal values and gifted with the financial means needed to accomplish all of my academic/professional achievements to date. Although they left this physical world years ago, I hope to continue making them proud by “reaching for the stars”.

I would also like to dedicate this thesis to my younger sister and close friends. You all have always encouraged me through life’s challenges – and finding the motivation to complete this research was a huge one! Thanks for being so persistent and holding space for a good laugh or cry (sometimes both). I aim to bring inspiration to others just as you all continue to inspire me.

Lastly, I dedicate this to everyone who felt isolated, lost, and hopeless during the COVID-19 pandemic. It was this uncertain and solitary time that influenced me to focus my research on social well-being. After experiencing this traumatic event together, I hope that our social well-being is better realized and supported through both musical and nonmusical ways.

“I’d like to think the best of me is still hiding up my sleeve” – John Mayer

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## ABSTRACT

HEATHER LEANNE MOCK

### SUPPORTING SOCIAL WELL-BEING THROUGH RESOURCE-ORIENTED MUSIC THERAPY: A CONTENT ANALYSIS OF SEMI-STRUCTURED INTERVIEWS

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Although social well-being has gone relatively unnoticed in the past, researchers and health professionals have become more sensitive to the importance of social well-being. Social well-being is especially important considering the isolation resulting from the worldwide coronavirus pandemic of 2020. The purpose of this content analysis study was to understand the experiences of music therapists who practice from a resource-oriented approach who have experience supporting social well-being with their clients. The researcher conducted and transcribed semi-structured interviews with three resource-oriented music therapists with various clinical experiences. Following a six-phase protocol for thematic analysis presented by Braun and Clarke (2006), the researcher found that three major themes emerged: music as a social connection, using the therapeutic relationship as a model for social well-being, and the role resource-oriented music therapy has in supporting clients' social well-being. Clinical implications are made for music therapists who want to support social well-being with their clients.

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## CHAPTER I

### INTRODUCTION

Social well-being is an individual's ability to develop and maintain meaningful relationships, feel a sense of belonging, experience interpersonal support, and participate in society in an authentic way (Haslam et al., 2018). This paper discusses the significance of social well-being in relation to a resource-oriented music therapy (ROMT) approach. To better understand how this approach can support social needs of clients, the researcher examined perspectives of resource-oriented, board-certified music therapists.

#### **Importance of Social Well-Being**

The importance of social factors of health have historically been overlooked due to the dominance of biomedical and psychological health approaches (Haslam et al., 2018). On one hand, the biomedical approach focuses on pathology and physiological health, while the psychological approach is concerned with psychiatric and behavioral health. Psychiatrist George Engel (1977) proposed a blending of these two approaches while adding a social component. This new biopsychosocial approach gave equal importance to each factor of health. Nearly 30 years later, Haslam et al. (2018) reconceived Engel's proposal as a *sociopsychobiological* health approach – better known as the social identity approach (Haslam et al., 2009). This redevelopment stresses the central value of social factors to the overall health of an individual.

In the social identity approach, one's social identity serves as a health resource in the form of connectedness, existential meaning, interpersonal support, and personal efficacy (Haslam et al., 2018). This aligns with other literature surrounding social health factors and well-being. Keyes (1998) proposed that components of social well-being such as social connection,



social acceptance, and social contribution provide individuals with a lens to perceive life challenges and skills to overcome them.

Social well-being impacts one's perception of life challenges by altering how they appraise their stress, trauma, aging, depression, or other related experiences (Haslam et al., 2018; Haslam et al., 2009; House et al., 1988; Keyes, 1998; Umberson & Montez, 2010; Williams et al., 2018). Aside from receiving social support that acts as a buffer to life's challenges, social relationships may also influence health by exposing an individual to behaviors that promote or jeopardize health (House et al., 1988). For example, having a spouse who runs marathons may promote exercise behaviors that may improve one's physical health. On the other hand, socializing with a peer group that consumes excessive amounts of drugs and alcohol may promote risky behaviors that can jeopardize several domains of health.

Another vital aspect of social well-being involves one's self-authenticity. Performing social roles (e.g., romantic partner, student, musician) can affect one's experience of being authentically or inauthentically themselves (Liu et al., 2021). For example, a social role that requires significant compromise of personal values may feel inauthentic. Additionally, a social role that is dissatisfying or unfulfilling, like that of an unpaid and overworked intern, may also contribute to inauthenticity. Inauthenticity may also rise when there is a lack of integration between social roles (Liu et al., 2021).

In summation, social well-being plays an important role in one's perception of challenging circumstances, how they respond to these circumstances whether that be positive or negative, and their state of self-authenticity. Social well-being also has a bidirectional relationship to all domains of health. In other words, one's social state may both influence and react to physical, mental, emotional, and spiritual health.

## **Impact of COVID-19 on Social Well-Being**

The World Health Organization (WHO, 2020) declared COVID-19 a global pandemic on March 11, 2020. Over the last 2 years we have experienced worldwide uncertainty, lack of resources, panic, grief, and social isolation. For many, COVID-19 and the safety protocols that followed compromised basic human needs (Matias et al., 2020). People began “panic buying” daily necessities like drinking water, toilet paper, and nonperishable food items to ensure their immediate physiological needs. In accordance with safety procedures, people wore face masks, practiced social distancing, and followed stay-at-home and quarantine mandates to meet their safety needs. Therefore, COVID-19 threatened the two foundational levels of Maslow’s (1943) hierarchy of human needs. As a result, our higher human needs such as achieving a sense of belonging, self-esteem, and self-actualization became less obtainable or went unmet altogether.

With this need in mind, it is important to note the impact of COVID-19 on social well-being and related wellness. Stay-at-home and social distancing mandates limited the frequency and types of social interactions possible. This limitation likely caused many social roles to shift or become nonexistent. For example, friend hangouts might have been limited to synchronous online conference platforms such as Zoom. Other social roles such as those in the nonessential workforce (e.g., entertainment industry) became indefinitely unemployed. COVID-19’s harsh changes to social roles threatened people’s social identity and ultimately their self-authenticity (Liu et al., 2021).

Findings based upon United Kingdom residents during a COVID-19 lockdown demonstrated that those who had higher perceived social support and more frequent social interaction reported having fewer depressive symptoms and were overall at a lower risk for depression when compared to their counterparts (Sommerland et al., 2021). In fact, social

isolation may have had the most adverse effects on the mental health of people who were typically more socially involved prior to the pandemic (Sommerland et al., 2021).

### **What is Music Therapy?**

Music therapy is an evidence-based, allied health profession in which musical experiences are designed and implemented by a board-certified music therapist (American Music Therapy Association [AMTA], 2005). Health domains addressed in music therapy treatment include physical, mental, emotional, developmental, social, or spiritual health. Within the therapeutic relationship, musical experiences function as a catalyst for change to optimize the health of clients (Bruscia, 2014). These musical experiences may be receptive, recreative, improvisational, or compositional and are modified for each client's background and treatment needs.

### **A Resource-Oriented Approach**

ROMT is a specific approach derived from strengths-based and positive psychology (Rolvsjord, 2009). The ROMT approach focuses on nurturing the strengths and resources of individuals with respect to their sociocultural contexts. A key concept of ROMT is the relationship dynamic between the music therapist and client. In traditional therapeutic settings, the therapist holds some degree of power of the client whether that be intellectual or social. However, ROMT stresses the importance of equality between the therapist and client; the client is seen as an active – rather than passive – element to the therapeutic process (Rolvsjord, 2009; Schwabe, 2005). As a result of this relationship equality, music experiences are typically not labeled as “interventions” but collaborations (Rolvsjord, 2009). Lastly, this approach realizes music as a health resource that results in the actualizing of clients untapped or blocked potentials and resources (Rolvsjord, 2009; Schwabe, 2005).

## **Purpose Statement**

The purpose of this content analysis study was to understand the experiences of resource-oriented music therapists who support social well-being with their clients. The research question was: what are the experiences of resource-oriented music therapists who address clients' social well-being?

## CHAPTER II

### LITERATURE REVIEW

This section presents existing literature connecting music therapy and aspects of social well-being such as facilitating meaningful relationships or interactions, a sense of belonging, interpersonal support, and authentic participation in society. It is important to note that not all literature mentioned below uses a resource-oriented approach. Additionally, literature concerning interviews with ROMT clinicians and social well-being was not found.

#### **Social Well-Being and Music Therapy**

Experiencing music through listening, improvisation, recreation, or composition is often referred to as “musicing/musicking” in various music therapy literature (Potvin et al., 2018; Procter, 2011; Rolvsjord, 2010). Procter (2011) proposed that music is “inherently social” in nature and that music actually facilitates the generation of social capital (p. 253). Facets of music that support this claim: 1) music is culturally constructed, 2) music can alter sense of time and presence, and 3) musical participation is a fundamental capacity present at birth (Procter, 2011). Through musicing a client is able to practice “repairing communicative musicality;” this is essentially the process of enabling social capital generation via music to overcome socially isolating circumstances such as illness, trauma, or oppression (Procter, 2011, p. 254). Although musicing can certainly occur outside of a music therapy session, the training and compassion of a music therapist allows them to modify or design musical experiences that are both feasible and effective to improve quality of life and well-being.

As music therapy is a shared experience that cultivates a therapeutic relationship, it provides an opportunity to develop a model for healthy attachments, which can be applied to contexts beyond therapy (Pasiali, 2014). However, it is important to highlight how music

experiences can also address *dysfunctional* social behaviors. For example, when someone carries unresolved personal or relational issues this can influence their ability to understand and connect with others – ultimately affecting their social well-being. In music therapy, music experiences such as vocal or instrumental improvisation, songwriting, and lyric analysis can function as an avenue for projecting and exploring emotions and memories surrounding relationships and society as a whole (Pasiali, 2014). The resulting insight can be utilized to unlearn unhealthy attachment behaviors and relearn healthy ones (Pasiali, 2014).

The following study serves as a context example to understand how social needs of clients are addressed in music therapy. Bensimon (2020) conducted and analyzed semi-structured interviews with music therapists who have clinical experience working with trauma survivors. Relational needs, that correlate to this paper’s working definition of social well-being, emerged from the data including acceptance from others, interpersonal support via emotional witnessing/respondiveness, and developing meaningful relationships through the establishment of safety and trust (Bensimon, 2020). To address these relational needs, music therapists identified the following processes: musical validation, musical witnessing, attuned musical involvement (Bensimon, 2020).

Musical validation is best explained through an improvisatory experience in which the music therapist musically validates a client – where the client is emotionally in that moment (Bensimon, 2020). For example, if during an improvisation a client is playing loudly on their drum and visibly demonstrating anger with their body, a music therapist can validate that client’s anger by matching the intensity of the client’s playing. When a client reflects their inner selves through a music experience (e.g., songwriting), this reflection can be described as musical witnessing as they are both the owner and witness to their music (Bensimon, 2020). Lastly,

attuned musical involvement is a process in which the music therapist strengthens the therapeutic relationship by being emotionally present in a music experience (Bensimon, 2020). For example, if during a recreative music experience a client vocally stresses an emotionally charged lyric, the music therapist may respond by vamping that section of the song and musically emphasizing what the client is doing and feeling. Through these processes a client is likely to feel a sense of belonging, experience interpersonal support, and develop a meaningful relationship with their music therapist.

To further explore the influence of music therapy on social well-being of clients, it is noteworthy to look at the lived experiences of adolescents in residential care who participated in a community music therapy choir (Van Rooyen & Dos Santos, 2020). Music experiences within the choir included vocal exercises, musical games, free and referential vocal improvisations, and rehearsal preparation for a performance (Van Rooyen & Dos Santos, 2020). After participating in the choir for 16 weeks, the adolescents shared their experiences in semi-structured interviews in which intrapersonal and interpersonal themes became apparent (Van Rooyen & Dos Santos, 2020). Interpersonal themes included developing and maintaining meaningful relationships within the choir, feeling accepted and having a sense of belonging, and connecting with a wider society (Van Rooyen & Dos Santos, 2020). The choir's performance was attended by members of the community which cultivated a feeling of support and significance for the adolescents (Van Rooyen & Dos Santos, 2020).

### **Social Well-Being and Resource-Oriented Music Therapy**

Considering the fact that ROMT philosophy focuses on client empowerment and viewing clients within their sociocultural contexts, it seems natural that this approach would encourage and connect clients with social resources to improve their social well-being (Rolvsjord, 2009).

Social resources are sensitive to each client and can take on various forms. Examples of social resources may be the therapist-client relationship, a support network of family and friends, treatment team members, communities, or other social systems that are meaningful to clients. Key ROMT literature relating to social well-being is highlighted below.

The following study serves as an example of ROMT philosophy application to a specific clinical setting. To understand the relevance and implications of ROMT in pediatric oncology, Brault (2019) conducted a systematic review of literature. Brault (2019) used the following ROMT principles as lenses to explore health domains: 1) nurturing strengths, resources, and potential, 2) collaboration over intervention, 3) viewing clients within their sociocultural contexts, and 4) music itself as a resource (Rolvjord, 2009). Using the aforementioned lenses, themes emerged in the social health domain. The main themes observed how music can maintain and expand social networks, challenge relationship dynamics in medical settings (i.e., doctor to patient) to engender a holistic environment for interactions, influence and be influenced by outside social contexts, and empower clients in identity development and experience a sense of belonging to peers/subcultures (Brault, 2019).

As music therapy can include more than a single individual, it is important to explore how ROMT pertains to a group session format. One researcher developed a community-based music therapy support group for people with dementia and their caregivers from a resource-oriented theoretical framework (Rio, 2018). Social well-being needs of the group identified by the researcher included: social support, opportunities for reminiscing and meaningful interactions, networking with other caregivers, connecting with their loved one, and supporting their changing roles/identities in their caregiver-recipient relationships (Rio, 2018). Music experiences designed for the music therapy support group consisted of receptive music listening,



music and movement, recreating music via song singing, and instrument playing. Through clinical observations and caregivers' self-reports, it was determined that the group was indeed meeting the needs of its members (Rio, 2018). The group itself functioned as a crucial *resource* for the caregivers and people with dementia. When the formal group entered a seasonal hiatus, members felt empowered to host their own informal music group without a music therapist facilitator; this served as an anecdote for the impact of interpersonal support and the sense of belonging cultivated by the group music therapy sessions (Rio, 2018).

Using ROMT, researchers explored the role and process of music therapy with informal hospice caregivers who participated in sessions with their care recipients (Potvin et al., 2018). Sessions facilitated “collaborative musicking” in which the therapist, caregiver, and care recipient engaged in recreating precomposed music, connecting with people outside of the trio, and creating legacy projects. Through these musical experiences, the pre-illness identities of the care recipients surfaced – which resulted in the caregivers' pre-illness identities to return as well (Potvin et al., 2018). Researchers identified that the needed *resource* for caregivers was the stable caregiver-recipient relationship via pre-illness identities (Potvin et al., 2018). In other words, not perceiving themselves as a caregiver with a cancer patient but as a loving wife with their husband. Collaborative musicking unlocked and enhanced this resource that allowed caregivers to rediscover their meaningful relationships with their care recipients. This resulted in the caregivers restoring intentionality into their caregiving (Potvin et al., 2018).

Music therapists practicing this approach inform every stage of treatment with ROMT philosophy. Therefore, an ROMT clinician and researcher developed an assessment tool to be applied in a skilled nursing facility. In designing this ROMT assessment tool, the researcher wanted to assess the client's internal and external resources (Economos et al., 2017). The client's

external resources included environmental and sociocultural factors. In accordance with ROMT philosophy, the assessment tool was intended to be collaborative in nature in which the client and music therapist contributed observations (Economos et al., 2017). The social observations in the assessment tool provided opportunity to identify and briefly explore the presence or lack of loved ones, the qualities of relationships, musical backgrounds of loved ones, potential spiritual communities, and general resources for social support. The pilot participant for this assessment, an older man with Parkinson's disease, identified loved ones and nursing home staff as social resources. The participant determined that music therapy could combat social isolation through building a meaningful relationship with the music therapist (Economos et al., 2017). As the participant's disease progressed, they focused more on songwriting reflecting on their external resources in the facility. The participant shared his song with facility staff and administrators in an "emotional performance" (Economos et al., 2017, p. 178). This literature is a clear example of ROMT supporting a client's social well-being via relationship development, identifying interpersonal support available, and participating in their residential facility in an authentic and meaningful way.

### **Literature Summary and Further Needs**

This section highlighted literature relating social well-being to music therapy and ROMT. Music therapy is considered to have the potential of aiding clients in generating social capital (Procter, 2011). The literature also indicated that social well-being can be modeled through the client-therapist relationship (Pasioli, 2014). A study involving music therapists, not identifying with ROMT, identified relational needs of clients and how they are addressed through various musical experiences (Bensimon, 2020). Additionally, the literature presented context examples for applying ROMT philosophy to the assessment process (Economos et al., 2017), clinical

settings (Brault, 2019), and group and dyadic session formats (Potvin et al., 2018; Rio, 2018). In review of the related literature, research regarding interviews with ROMT clinicians and social well-being was not found. Therefore, this study contributes to the need for music therapy literature connecting the ROMT approach with social well-being and interview analyses.

## CHAPTER III

### METHODOLOGY

The researcher conducted a content analysis of semi-structured interviews with eligible participants. The interviews were audio and video recorded and transcribed. To analyze the data, the researcher followed a six-phase protocol for thematic analysis using inductive reasoning to identify and discuss themes within and across the data (Braun & Clarke, 2006).

#### **Ethical Considerations**

This study was reviewed and approved by the Texas Woman's University Institutional Review Board, the researcher's thesis committee, and the researcher's chair. The study's purpose, recruitment method, data collection, and data analysis protocols were authorized by all relevant parties. Data collection did not begin until approval was given. During recruitment, participants were informed of the study's intent, procedures, potential risks, and that their participation was completely voluntary. Written informed consent was obtained from all participants before interviews were conducted. After interviews, participants completed a member checking process to assure information was captured accurately.

#### **Role of Researcher**

The researcher is a board-certified music therapist finishing her master's degree requirements at Texas Woman's University. The researcher first discovered ROMT in a graduate theories class; the philosophy of empowerment and the emphasis on an egalitarian therapeutic relationship truly resonated with her. She has since incorporated aspects of ROMT philosophy into her practice with adolescents in mental health and disabled persons in home health. It was not until the COVID-19 pandemic that the researcher refined their study to focus on social well-being. The researcher held bias in their research by trusting that ROMT would naturally cultivate

social well-being. This bias was held accountable through a reflexive journaling process and monitored by the student's advisor. The researcher had no potential conflicts of interest.

### **Participants**

The researcher aimed to recruit five participants. Ultimately, three participants were recruited who are board-certified music therapists or hold its equivalent. All participants were a part of the healthcare profession of board-certified music therapists to assure quality of music therapy and the emphasis music therapists place on a therapeutic relationship. Participants self-identified as using a ROMT approach in their clinical work and had experience addressing social well-being with their clients. Participants have practiced ROMT for at least 1 year full-time or 2 years part-time prior to COVID-19 to assure experience implementing this philosophy in their clinical work.

### **Recruitment**

The researcher utilized Facebook's "Music Therapists Unite!" page for recruitment. The researcher also employed the snowball method with their committee members for potential participants. A reminder post and email occurred 2 weeks after the original post on "Music Therapists Unite!" and email recruitment. Interested participants contacted the student researcher through the email provided in the recruitment message. The student researcher then shared the consent form for the participants to review. Participants were scheduled for a consent session.

### **Data Collection**

During this consent session, the participants were able to ask any questions they had regarding the research and interview process. The student researcher reviewed the consent form section by section and answered any questions or concerns of the participants. After the consent

session, participants signed the consent form and sent it via email. Consent forms were given to the faculty advisor for secure storage and keeping.

For each interview, the student researcher used Zoom video conferencing software with live transcription and audio video recordings. These files were stored on the student researcher's password-protected computer to restrict outside access. The participants were given pseudonyms and all identifying information was removed from the collected data.

### **Interview Questions**

The following demographic information questions were asked:

1. Tell me about your educational background.
2. How many years have you been a practicing board-certified music therapist?
3. What clinical settings/clientele do you mainly serve in?

In addition, the student researcher asked questions about the participants' experiences in practicing ROMT with social well-being. The semi-structured interview consisted of the following questions:

1. How did you come to practice ROMT?
2. What are your thoughts on how ROMT relates to social well-being?
3. How has the COVID-19 pandemic impacted your professional perception of social well-being and the role of ROMT?
4. How have you used ROMT to support social well-being?
5. Can you please share a specific case example in which you collaborated with a client to support their social well-being?
6. What advice would you share with a music therapist who wants to begin incorporating ROMT principles into their practice?

7. What advice would you share with a music therapist in regard to supporting social well-being of clients?
8. Is there anything else you want me to know about yourself in relation to ROMT and social well-being?

### **Data Analysis**

At the end of the interviews, the student researcher completed a member checking process with the participants. The participants were asked to read the transcripts, request any revisions, and make any clarifying statements. After data collection, the following procedures for data analysis were used and adapted from previously published structures presented in Braun and Clarke's (2006) six phases of thematic analysis using inductive reasoning: 1) familiarize oneself with data, 2) generate initial codes, 3) search for themes, 4) review themes, 5), define and name themes, and 6) produce the report. The researcher generated mind maps to sort interview data into potential themes and justify them (see Appendix A).

## CHAPTER IV

### RESULTS

The purpose of this content analysis study was to understand the experiences of resource-oriented music therapists who support social well-being with their clients. In using Braun and Clarke's (2006) six-phase protocol for thematic analysis, this study yielded three major themes: music as a social connection, using the therapeutic relationship as a model for social well-being, and the role of ROMT philosophy in supporting clients' social well-being. The major themes are interconnected by four subthemes listed below. Quotes and case examples from the interviews are included to further support the results.

The participants for this study used the pseudonyms Zoey, Ruth, and Jade. All participants were English-speakers, White, appeared able-bodied, and currently practice music therapy in North America. Two of the participants identified as women while the remaining participant identified as nonbinary. Participants had varying degrees of education and years of clinical experience. The majority of the participants serve clients in hospice settings. Figure 1 below outlines the participants' demographic information which includes their level of education, number of years they have been practicing, and their clinical settings.



**Figure 1**

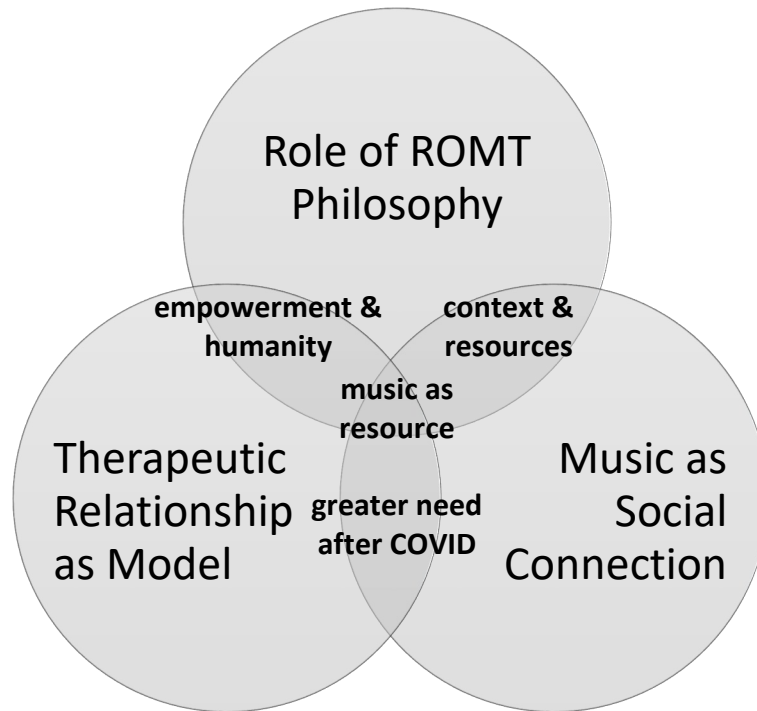
*Participant Demographics*



Figure 2 below is a Venn diagram that displays the three major themes (role of ROMT philosophy, music as a social connection, therapeutic relationship as a model) and interconnecting subthemes (context and resources, greater need after COVID, empowerment and humanity, and music as a resource) that emerged from this study. The overlapped sections denote shared properties.

**Figure 2**

*Theme Representations*



### **Key Themes**

#### **Music as Social Connection**

The concept of music acting as a social link between people was a common theme among the interview participants. They spoke of music nurturing the social connection between the music therapist and the client *and* music socially connecting the client to people beyond the therapeutic relationship. Jade shared the following response on how music is innately social: “Music can’t exist in a vacuum. You can play music all by yourself... but [music] is meant to be heard. It can’t not be a social experience.”

The simple process of witnessing and validating clients’ musical preferences, strengths, and interests was discussed as a way of building the therapeutic relationship. Likewise,

participants talked about encouraging clients to also use “music as a social connection” outside of music therapy sessions. Ruth shared, “People come to us because they love music, and they want to be engaged in music in a way that’s meaningful.”

A case example from an oncology unit: Jade played music to provide environmental support during treatment for a room of patients. Jade approached a patient who was singing along and engaged her in conversation related to the music – initiating a therapeutic connection. During her next treatment, the patient had an allergic reaction that left her in distress. Jade sat with the patient and played harp through her reaction. Jade provided harp music as an auditory distraction from the patient’s pain and aimed to entrain with the patient's breath to gradually decrease her biophysical reactions. Jade noted: “I was there with her. There was that social link – she wasn’t in isolation. The music as a social [connection] was really important to [the patient] at that time.” Through that music experience and the social connection that followed, the patient was able to experience a meaningful relationship with Jade as well as receive interpersonal support in a time of need.

### **Therapeutic Relationship as Model**

The idea of the therapist-client relationship modeling social well-being presented itself in various ways. As a reminder, social well-being involves developing and maintaining meaningful relationships, feeling a sense of belonging, experiencing interpersonal support, and participating in society in an authentic way (Haslam et al., 2018). Below are participants’ experiences that will further demonstrate this theme.

In addition to empowering the client through directing their own goals and sessions, participants specifically mentioned allowing the client to define the therapeutic relationship they wish to develop. This empowers the client to define their expectations of a meaningful

therapeutic relationship and the degree of interpersonal support they need from their music therapist. One participant described the therapeutic relationship possibilities on a spectrum of involvement and control.

Ruth said the following to communicate the importance of the therapeutic relationship and how it can foster social well-being:

It is the relationship in addition to the power of music that really brings things to [a] deeper level... it's the way people experience relationship(s) in the therapy setting that carries into their lives in a very deep and profound way.

Therefore, by developing a healthy and strong relationship inside a music therapy session, it can serve as a model for clients to compare and contrast with their relationships beyond sessions. It can also provide a tangible example for building relationships with others using music – connecting back to music as a social connection and deriving elements of ROMT philosophy mentioned below.

### **Role of ROMT Philosophy**

The clinical foundations of ROMT were evident across all participants. The participants spoke of focusing on the strengths and resources of clients, being sensitive to their sociocultural contexts, allowing the clients to be active partners in the therapeutic process, and referring to music itself as a resource. Through analysis of the interviews, these facets of ROMT philosophy emerged as subthemes, which interconnected with major themes; subthemes are presented in the next section.

The participants also spoke about the influence of ROMT philosophy on their perception of their clinical efficacy and value. Ruth shared that ROMT helped to reorient their clinical practice in a way that felt more ethical and meaningful. Ruth described feeling dissatisfied when

significant breakthroughs with clients only seemed to be contained in therapy sessions. Ruth said, “[ROMT] helped me to figure out how to help [clients] take [experiences] beyond the hospital walls.” By connecting clients with community resources, it helped to ease clinical dissatisfaction. Drawing these connections aided in generalizing and externalizing goals of music therapy. Ruth concluded: “If we’re not helping people to connect with music in a meaningful way when they leave us – I don’t think we’ve done our job.. It has to extend into life.”

After reading Rolvsjord’s book on ROMT, Zoey shared that they experienced a paradigm shift that would sustain their interest and career in the field. Having discussed the empowerment component of ROMT, Zoey said, “I’m assessing [clients] with questions – that for me is powerful. It’s just a more humble approach and... you end up with a really cool process!” By empowering the client in the therapeutic process, participants expressed that it empowered them as clinicians and provided a more unique and profound experience overall. The following section will break down facets of ROMT philosophy, which emerged as subthemes, and illustrate how they address social well-being.

### **Interconnecting Subthemes**

#### **Client Empowerment & Humanity**

The client empowerment and humanity facets interconnect the themes of ROMT philosophy and the therapeutic relationship as a social model. The following quotes and case examples represent the influence of this humanistic philosophy. Ruth said the following on humanity in regard to why therapeutic relationships are so important in this process: “The *what* of what we do is important, but I... think it’s the *how* – the way we relate to our clients. We need to relate to them as people... and not forget that.”

By validating clients' identities and authenticity as humans, this builds a sense of connection between the therapist and client that then encourages connections beyond the session. Ruth said the following relating client empowerment and emphasis on humanity to social well-being: "[When] you really honor a client's humanness... I think they feel more connected with life in general... When you help to engender that sense of empowerment that can translate into... social well-being."

A case example of caregiver empowerment: After entering their own remission, a woman's husband was diagnosed with cancer and thus she returned to see Ruth as their music therapist. Ruth inquired weekly about the woman's weekly musical engagement. Through collaborating, the woman reconnected with her music outside of sessions via playlist compilations (e.g., Spotify, YouTube). She even rejoined her church choir. After reconnecting with her music, the woman found that she was better able to support her husband in a meaningful way due to a greater overall sense of well-being. She also recognized the importance of connecting with her community (i.e., her church). Ruth said, "I really do feel like through our work together she developed some of the confidence and... awareness of the need for social connection." The woman was empowered through her musical engagement outside of sessions both as an individual and through her church choir community.

A family case example in palliative care: Jade shared about seeing a family in which one of the parents was in palliative care. The family was experiencing issues with communicating and this resulted in increased tension between the family members. Jade facilitated songwriting with the family in which each member contributed to the process. One of the parents brought in their original poetry, the other parent played auxiliary percussion, and the children helped edit the lyrics and played additional instruments such as ukulele. Jade described the songwriting as

“organic.” Jade explained: “I have no idea what kind of ripple effect it had... but it was at least [improving] social well-being for that family for that half hour.” In this case example, each member of the family had a meaningful and authentic role to play in their songwriting process. Jade modeled social well-being through their group sessions by cultivating a sense of belonging and demonstrating how each member can collaborate to their social unit – their family.

### **Context Sensitivity & Resources**

The client’s sociocultural contexts and resources facets interconnect the themes of ROMT philosophy and music as a social connection. This subtheme emphasizes how to address social well-being via connecting clients with external contexts and resources. Ruth commented on the importance of capitalizing on these external networks by saying: “What we do... can have long-lasting effects outside of the music therapy session.. and shouldn’t just exist in the therapy room... ROMT is really poised to be able to [connect outside of sessions] in a full way.” By being not only aware but sensitive to clients’ sociocultural contexts and resources, ROMT provides an advantage to externalizing therapeutic gains.

When considering ROMT philosophy and music as a social connection, participants mostly discussed encouraging clients to use music for improving social well-being *outside* of music therapy sessions. In other words, using music to connect with family, friends, communities, and other social resources. Zoey shared the following response relating ROMT with external social opportunities: “Music always has been an integral way of how we connect with our communities... I think we do a disservice if we ignore opportunities for [community connections].” The following cases serve as excellent representations of ROMT philosophy capitalizing on external opportunities through music.

A case example of bereavement client and community support: At the beginning of Zoey's music therapy career, they worked with a bereavement client who spoke Swahili. Zoey helped the client connect with her church band. Through collaboration with the client, three hymns were translated into Swahili for the church to perform. Zoey witnessed the church community performing these songs in Swahili and testified that they felt the support for her client in that religious environment. The client experienced interpersonal support and likely felt a deeper sense of belonging after her church provided cultural validation through song. Zoey said: "That was probably my first time [collaborating] with somebody outside of the session... It was so beautiful – that symbolism of them singing in her language."

A case example of a pediatric patient during Christmas: For 4 years, Zoey held an annual tradition with a pediatric patient that included their neighborhood. Just before Christmas, the patient's entire neighborhood visited to sing Christmas carols together. The patient was too ill to attend church, therefore the church came to her. Zoey facilitated these experiences by directing the music – which became a point of connection for the patient and her family; they connected through holiday music recreation. Zoey described the experience by saying, "It was magic. It doesn't have to necessarily [be] complicated or groundbreaking. All opportunities to do that are so important."

Two case examples of songwriting & community connection: Zoey shared their experience working with a pediatric patient who had terminal brain cancer. Zoey described this girl as intelligent and very musical. Through collaborative songwriting, Zoey and this patient composed and notated all of her original songs. Then, to extend their songwriting process beyond music therapy sessions, Zoey modified the patient's music into choral arrangements for her Catholic church choir. After the patient passed, their elementary school choir sang her songs in



memoriam. Zoey argued: “We could stop at songwriting, but once you’ve done something that you can connect with the greater community it’s a true effort.”

Another songwriting case example that Zoey shared included a young adult male with muscular dystrophy. The patient had extremely weak motor function but could manipulate a mouse using his finger and he also had a love for writing poetry. Therefore, Zoey introduced the patient to Garage Band, a musical production software program. For one of their sessions, the patient’s church friend who played drums attended and recorded a drum track – this blossomed into producing five praise songs. Over the following years, the patient’s songs were performed at their church. At his funeral, people reflected on his beautiful songwriting and involvement with the church. Zoey concluded saying, “He had this gift and through that community engagement he was able to make it fly and sing and become something.”

### **Greater Need for Social Well-Being After COVID-19**

A unique aspect to this study was collecting data from music therapists after the COVID-19 pandemic. Since all participants had clinical experience prior to the pandemic, the researcher was able to explore how the pandemic influenced the participants’ practice overall. Participants were asked if the pandemic impacted their perception of social well-being and the role of ROMT.

In reflecting on the ROMT approach during the pandemic, Ruth believes that the approach might have been a clinical strength. Especially when considering the intense need for “accessing inner and outer resources” and needing more assistance in their situations/contexts during COVID-19. Ruth concluded that the pandemic encouraged people to be “more adept at technology.” In the role of a music therapist, many had to learn the logistics of telehealth and how to virtually engage a client in music experiences. On the other hand, clients were more

likely to use technology to increase their “musical engagement outside of music therapy” (e.g., Spotify, YouTube).

Continuing the dialogue of ROMT and COVID-19, Zoey explained the strains placed on their clinical process during the pandemic. Zoey claimed: “It’s more difficult in the sense that I don’t see tangible results of our [therapeutic] process together when it’s followed by some kind of community engagement.” Zoey clarified that the pandemic did not make sessions any less meaningful, but she found it challenging to evaluate the impact of therapy in the real-life context of clients’ outside of therapy.

In reflecting on their hospice/palliative clinical experience during the pandemic, Jade shared how clients’ families endured socioemotional hardships due to facilities enforcing visitation restrictions. Many people missed the opportunity for closure surrounding the imminent death of their loved ones. When considering their perception of social well-being post-pandemic, Jade stated, “The closeness of the family matters more now. The nuances of... interactions between the family unit are more significant now.” Similarly, Zoey indicated that clients are experiencing a greater need for social well-being as a result of the pandemic. Zoey reported, “There’s been so many fractures now in family systems and community connections. There’s less [social well-being] at baseline now after the pandemic.”

Participants discussed being more sensitive to clients’ sociocultural contexts due to the pandemic. Additionally, participants were more mindful of interacting with others through music and how much more meaningful it felt to both parties. Through the lens of ROMT, participants found that most clients need to rebuild those external resources as a result of the pandemic. The greater need for social well-being after COVID-19 interconnects the themes of therapeutic relationship as a social model and music as a social connection.

## **Music as a Resource**

Lastly, music itself as a resource exists as a fundamental element of all major themes and subthemes that emerged from this study. This seems especially evident as it is a key component of ROMT philosophy. Music acts as a common ground for social connections inside and outside of therapy. Music can serve as a resource for expressing one's authentic self, developing meaningful relationships, fostering a sense of belonging, and establishing or accessing other resources beyond music. Ruth communicates the role of music itself as a resource: "That whole idea of music as a resource – and how do you then connect and bring that more fully into their lives so that it isn't just this experience in the music therapy space."

Analysis of the data resulted in three major themes and four interconnecting subthemes. All themes and subthemes were supported by quotes and case examples shared by the interview participants. It is noteworthy that the subthemes included facets of ROMT philosophy, and that one subtheme was a direct result from the COVID-19 pandemic. Music itself being a resource was a profound concept that held every major theme and subtheme.

## CHAPTER V

### DISCUSSION

The researcher analyzed interviews of music therapists who practice from a resource-oriented approach who have addressed social well-being with their clients to better understand their experiences. This final section relates the study findings to the research question as well as compare the results to existing literature. The researcher draws clinical implications, notes of limitations, and offers concluding thoughts based upon the findings.

#### **Implications**

##### **Regarding Research**

Results from this study supported existing literature stating that music is “inherently social” (Procter, 2011, p. 253). Music as a social connection was a major theme that emerged from the data which applied both within and beyond music therapy sessions. Another theme, therapeutic relationship as a social model, supports existing literature claiming that the therapeutic relationship can serve as a model to unlearn unhealthy social behaviors and relearn healthy ones (Pasiali, 2014). The key themes of this study were facilitated and further supported by focusing on client empowerment and humanity, being sensitive to the sociocultural contexts and resources of clients, and music itself acting as a resource during the therapy process to support social well-being. All in all, the findings of this study were not controversial with existing literature.

##### **For Education and Understanding**

As several ROMT aspects such as giving clients power, viewing clients as experts, and focusing on the strengths of clients rather than deficits are derived from humanistic philosophies, many music therapists often claim that they are “resource-oriented” clinicians. Most of this

study's participants encountered ROMT in graduate level coursework; notwithstanding, they expressed a need for genuine understanding of the ROMT approach across the field of music therapy. A resource-oriented music therapist concerns themselves with cultivating resources both within and outside of sessions (Rolvjord, 2009). The focus of clients' resources is closely related to their sociocultural contexts – which may provide or restrict access to said resources. Therefore, when considering clients' resources and their sociocultural contexts, the ROMT approach does not exist without addressing accessibility for these resources.

Considering accessibility of resources, it is worth mentioning music itself as a resource. Resource-oriented music therapists aim to understand clients' use and relationship with music in their everyday life (Rolvjord, 2009). From this understanding, resource-oriented music therapists can better facilitate the generalization of musical experiences from sessions to clients' contextual life outside of therapy (Rolvjord, 2009). In reflecting upon the findings of this study, the ROMT approach is poised to translate and develop social well-being within and beyond therapy using music as a resource.

### **For Clinical Practice**

This study focused on the importance of humanizing, empowering, and connecting clients to others via music. It is important to discuss how the findings relate to different phases of clinical practice. The researcher explores how the findings impact assessment, treatment, and termination in music therapy. Please be mindful that these clinical recommendations are sensitive to the context and ability of clients and that empowerment is unique to each individual and setting.

## *Assessment*

When assessing clients for services, it was recommended by participants to assess with questions to engender empowerment and to encourage clients to embrace an active role in the therapy process. This assessment process may be an appropriate time to ask clients to describe their expectations of a meaningful therapeutic relationship and the degree of interpersonal support they need from their music therapist. In other words, assess how active or inactive they wish the client and therapist roles to be.

The assessment phase should also identify clients' musical and non-musical resources. Musical resources may be the music itself, musical preferences and interests, musical background or knowledge, ways to access music, music's role in their social or spiritual life, etc. (Rolvjord, 2009). For example, interview participant, Jade, advised assessing clients' musical connections with relationships of significance. With regard to social well-being, non-musical resources may be clients' support networks of family and friends, communities, or other social systems that are meaningful to clients.

In light of the recent pandemic, it is important to note the impact it had on socioemotional health. Participants unanimously agreed that clients need more social well-being support than before COVID-19. Moving forward, music therapists should be mindful of the need for rebuilding and strengthening external resources with clients. To better support clients during this time of recovery it is important to assess and understand the sociocultural contexts in which they lived during the course of the pandemic. It may be helpful to ask the following questions: Did they have a support system despite the lack of in-person connections? Did they maintain any relationships with communities that they participated in before the pandemic? How can these

aspects of their social well-being reach a fuller potential through music now that things are returning to normal?

### ***Treatment***

Rolvjord (2009) characterizes the therapeutic relationship in ROMT using the following mutually dependent attributes: “equality, mutuality, and participation” (p. 92). Essentially, being conscious of power distribution, being respectful and responsive to one another, and the therapist and client each participating at the predetermined levels of involvement. A strong clinical recommendation is to prioritize being truly present with clients occurred. By being more present, the music therapist is more likely to develop rapport and therefore form a deeper and more profound connection with their clients. This kind of therapeutic relationship sets the foundation for social well-being by means of modeling.

One way to be authentically present with clients is through being more relational in music experiences. To achieve this, interview participant, Ruth, recommended that music therapists shift from a transactional mentality to a relational mentality. On the one hand, a transactional mentality implies an outcome-oriented method and detracts from the humanity of clients and therapists. While on the other hand, a music experience from a relational mentality is more process-oriented and is likely to foster a sense of belonging between the client and music therapist due to emphasis on humanity and relationship. Trondalen (2016) wrote on relational music therapy and stated that music itself comprises both interpersonal and intrapersonal characteristics. Furthermore, Bruscia (2014) wrote of music as “a relational art” (p. 148).

In addition to prioritizing the therapeutic relationship, it seems equally important that music should be acknowledged for its innate power to connect people. In music therapy, music itself fosters the therapeutic relationship. When thinking contextually about music, it provides

social connections outside of therapy sessions as well. Music as a resource interconnected all themes and subthemes that emerged from the experiences of music therapists practicing from a resource-oriented approach to support social well-being with their clients.

Drawing from ROMT literature and the clinical recommendations shared by participants regarding ROMT and social well-being, it is fair to imply that music therapists from all approaches should explore connection opportunities beyond the session to support clients' social well-being (Rolvsvjord, 2009). Several case examples from the interviews demonstrated connecting clients with their spiritual and educational communities through music experiences such as songwriting. With external opportunities in mind, it is important to involve the client in determining what external connections are of importance. Furthermore, when acting on these opportunities it is essential to be ethical and mindful of boundaries so that dual relationships are not formed and that the needs of the client remain at the forefront.

### ***Termination***

The termination process in any therapy should provide clients with transitional support. By identifying and establishing clients' external resources during treatment – a key facet of ROMT philosophy – this can provide clients with a smoother transition out of services. Additionally, interview participant, Ruth, expressed that this facet of ROMT helped her feel more ethical as a clinician knowing her clients have the resources and potential to generalize their therapy experiences. External connections that were encouraged to support social well-being may be especially valuable in this time of reconnection after COVID-19.

### **Limitations**

The research design and results of this study had several limitations. Firstly, the sample size was quite small and only represented the experiences of three music therapists. Additionally,



the study only represented the experiences of English-speaking music therapists in North America. Had the researcher included non-English speakers and expanded recruitment to other parts of the world, such as South America and Europe, the data might have been very different due to their sociocultural contexts. The participants did not capture a wide range of identities such as age, race, sex, gender, ability, etc. All participants worked in medical settings such as hospice facilities; experiences of music therapists working in diverse clinical settings (e.g., schools, retirement homes, forensics) were not captured.

The interviews were conducted virtually, which may have limited accessibility for some music therapists. The virtual platform may also have limited the quality of participation by both participants and the researcher. For example, screen fatigue and social disconnection as a result of not meeting in person might have inhibited the quality of interactions during the interviews. Another potential limitation of this study is the personal biases of the researcher which might have skewed the data analysis process.

### **Recommendations for Future Research**

Recommendations for future research include collecting data from larger and more diverse sample size. Perhaps an objectivist survey study could satisfy the need for diversity and a larger data collection. To continue with the core tenets of ROMT, it would be interesting and useful to collect data directly from clients who collaborate in ROMT. Since this study encompassed experiences of music therapists, it would be interesting to explore the post-pandemic experiences of clients who address their social well-being through music therapy.

### **Conclusion**

In order to better understand the experiences of resource-oriented music therapists who address social well-being with clients the researcher conducted and analyzed semi-structured

interviews. Through thematic analysis, three major themes emerged including music as a social connection, using the therapeutic relationship as a model for social well-being, and the role of ROMT philosophy in supporting clients' social well-being. The major themes are interconnected by four subthemes of client empowerment and emphasis on humanity, being sensitive to the sociocultural contexts and resources of clients, music itself functioning as a resource, and discovering a greater need for social well-being after the COVID-19 pandemic. The role of ROMT philosophy existed as a major theme and in part as subthemes. Empowerment equipped clients to connect with their music therapists as well as make meaningful connections outside of therapy. This study made a small contribution to the need for music therapy literature connecting the ROMT approach with social well-being through interview analyses. Considering the findings of this study, it is valuable to remember that without music and the relationships formed through music, there would be no "impetus for change" in music therapy (Bruscia, 2014).

## REFERENCES

- American Music Therapy Association. (2005). *What is music therapy?*  
<https://www.musictherapy.org/about/musictherapy/>
- Bensimon, M. (2020). Relational needs in music therapy with trauma victims: The perspective of music therapists. *Nordic Journal of Music Therapy*, 29(3), 240-254.  
<https://doi.org/10.1080/08098131.2019.1703209>
- Brault, A. (2019). Resource-oriented music therapy in pediatric oncology: A philosophical inquiry. *Qualitative Inquiries in Music Therapy*, 15(2), 34-67.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101. <https://doi.org/10.1191/1478088706qp063oa>
- Bruscia, K. E. (2014). *Defining music therapy* (3rd ed.). Barcelona Publishers.
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129-136. <https://www.jstor.org/stable/1743658>
- Economos, A. D., O’Keefe, T., & Schwantes, M. (2017). A resource-oriented music therapy assessment tool for use in a skilled nursing facility: Development and case example. *Music Therapy Perspectives*, 35(2), 175-181. <https://doi.org/10.1093/mtp/miw031>
- Haslam, C., Jetten, J., Cruwys, T., Dingle, G. A., & Haslam, S. A. (2018). *The new psychology of health: Unlocking the social cure*. Routledge.
- Haslam, S. A., Jetten, J., Postmes, T., & Haslam, C. (2009). Social identity, health, and well-being: An emerging agenda for applied psychology. *Applied Psychology: An International Review*, 58(1), 1-23. <https://doi.org/10.1111/j.1464-0597.2008.00379.x>

- House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, 241, 540-545. <https://www.jstor.org/stable/1701736>
- Keyes, C. L. M. (1998). Social well-being. *Social Psychology Quarterly*, 61(2), 121-140. <https://www.jstor.org/stable/2787065>
- Liu, J., Dalton, A. N., & Lee, J. (2021). The “Self” under COVID-19: Social role disruptions, self-authenticity and present-focused coping. *PLoS ONE*, 16(9). <https://doi.org/10.1371/journal.pone.0256939>
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370-396. <https://doi.org/10.1037/h0054346>
- Matias, T., Dominski, F. H., & Marks, D. F. (2020). Human needs in COVID-19 isolation. *Journal of Health Psychology*, 25(7), 871-882. <https://doi.org/10.1177/1359105320925149>
- Pasiali, V. (2014). Music therapy and attachment relationships across the life span. *Nordic Journal of Music Therapy*, 23(3), 202-223. <https://doi.org/10.1080/08098131.2013.829863>
- Potvin, N., Bradt, J., & Ghetti, C. (2018). A theoretical model of resource-oriented music therapy with informal hospice caregivers during pre-bereavement. *Journal of Music Therapy*, 55(1), 27-61. <https://doi.org/10.1093/jmt/thx019>
- Procter, S. (2011). Reparative musicing: Thinking on the usefulness of social capital theory within music therapy. *Nordic Journal of Music Therapy*, 20(3), 242-262. <https://doi.org/10.1080/08098131.2010.489998>

- Rio, R. (2018). A community-based music therapy support group for people with Alzheimer's disease and their caregivers: A sustainable partnership model. *Frontiers in Medicine*, 5, 1-7. <https://doi.org/10.3389/fmed.2018.00293>
- Rolvjord, R. (2009). *Resource-oriented music therapy in mental health care*. Barcelona Publishers.
- Schwabe, C. (2005). Resource-oriented music therapy – The development of a concept. *Nordic Journal of Music Therapy*, 14(1), 49-56. <https://doi.org/10.1080/08098130509478125>
- Sommerlad, A., Marston, L., Huntley, J., Livingston, G., Lewis, G., Steptoe, A., & Fancourt, D. (2021). Social relationships and depression during the COVID-19 lockdown: Longitudinal analysis of the COVID-19 Social Study. *Psychology Medicine*, 1-10. <https://doi.org/10.1017/S0033291721000039>
- Trondalen, G. (2016). *Relational music therapy: An intersubjective perspective*. Barcelona Publishers.
- Umberson, D., & Montez, J. K. (2010). Social relationships and health: A flashpoint for health policy. *Journal of Health and Social Behavior*, 51, 554-566. <https://www.jstor.org/stable/20798316>
- Van Rooyen, A., & Dos Santos, A. (2020). Exploring the lived experience of teenagers in a children's home participating in a choir: A community music therapy perspective. *International Journal of Community Music*, 13(1), 81-101. [https://doi.org/10.1386/ijcm\\_00011\\_1](https://doi.org/10.1386/ijcm_00011_1)

World Health Organization. (2020, March 11). *WHO Director-General's opening remarks at the media briefing on COVID-19*. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

Williams, W. C., Morelli, S. A., Ong, D. C., & Zaki, J. (2018). Interpersonal emotion regulation: Implications for affiliation, perceived support, relationships, and well-being. *Journal of Personality and Social Psychology, 115*(2), 224-254.

<https://doi.org/10.1037/pspi0000132>

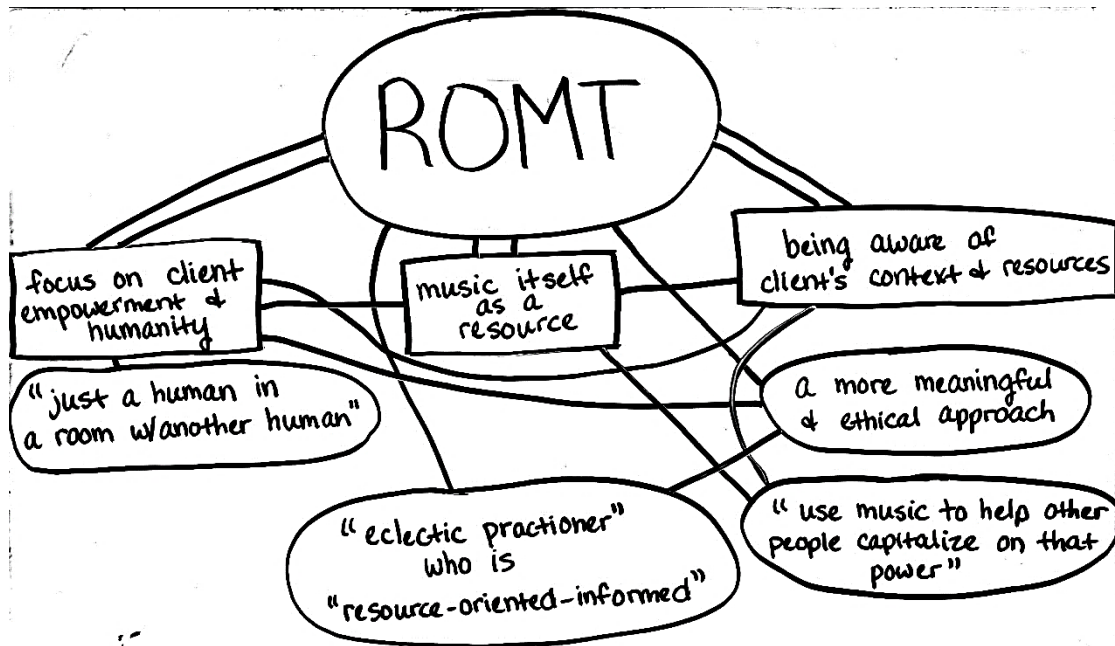
APPENDIX A

VISUALS IN DATA ANALYSIS

Conceptualizing Social Well-Being



Conceptualizing ROMT Philosophy



## Organizing Themes & Potential Subthemes

