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Instrument Selection in Geriatric Residential Facilities

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Introduction

Music therapy is the use of music to address physical, emotional, cognitive, or social needs of a group or individual. It employs a variety of experiences, such as listening to music, playing instruments, and writing songs. Music therapy can be used with people of all ages and abilities.

The research question I have sought to answer is: How do music therapists select what instruments to use with geriatric clients, and do different instruments elicit different reactions in these clients? The first phase of my study aimed to answer the first part of the research question, and the second phase would have sought to address the second part. For the first phase of my study, I conducted Skype interviews with four board-certified music therapists who work with older adults. I asked the participants questions regarding the role of musical instruments in their sessions. They explained why they bring the instruments they do to sessions, as well as what reactions they observe in their clients with the use of certain instruments.

Due to unforeseen circumstances that are detailed at the end of this paper, I was only able to complete phase one of my study. For the second phase, I had planned to examine how the content of the interviews related to my clients' reactions to various instruments in a geriatric residential facility. Four group sessions, each one hour long, would have focused on a different instrument or type of instrument. The instruments would have been presented to the clients through improvisational and re-creative methods. Sessions would have been videotaped for data analysis, which will be done through an arts-based research design.

Literature Review

Existing literature regarding instrument selection with older adults is scarce. The topic is addressed in the literature, but primarily in relation to younger populations. According to Gilboa, Zilberberg, and Lavi (2011), the piano allows players to express emotions, but it also intimidates. There is abundant research on the use of guitar in music therapy that notes the instrument's distinctive timbre, various playing techniques, and portability (Soshensky, 2005). Matney (2016) discussed that percussion instruments in music therapy elicit unique responses in clients because all cultures have a connection to them. Orchestral instruments are not common in music therapy, but music therapists who used them found them highly beneficial in creating meaningful connections with their clients (Berends, 2014; Hadar & Amir, 2018). Non-western and digital instruments move beyond the confines of clients' disabilities (Sumrongthong & Aksaranukraw, 2004; Partesotti, Penalba, & Manzolli, 2018). Player piano music with the elderly was found to elicit higher levels of participation and improve overall affect (Olson, 1984).

Existing literature shows that different instruments have different effects on clients. However, there is a gap in the literature in relating this topic to older adults. The purpose of the current study is to gain insight into why therapists and clients choose the instruments they do in geriatric residential facilities.

Piano

Music therapists are required to be proficient in playing the piano, therefore it is a dominant instrument used in music therapy. Gilboa, Zilberberg, and Lavi (2011) discussed how each musical instrument has their own personality. Of course, this is not referring to personalities that people have, but rather musical personalities that draw people towards certain instruments. Their qualitative study examined how music therapists describe the "musical personality" of the piano, as it is regarded as one of the most dominant instruments in music therapy sessions. In an online forum, music therapists responded to questions of how they view the piano. The researchers found that the piano has the ability to encourage players and listeners to be authentic and real. They also found that the piano provides a container for negative emotions and allows the players to express their current emotions. However, the music therapists also discussed how the piano intimidates. They described how certain clients were afraid to go near the piano because of its size and magnitude. Gilboa and Almong (2017) discussed how the piano is often associated with feelings of self-criticism, as the mere presence of a piano in the room creates conversations of peoples' inabilities to play.

Amir and Yair (2006) examined the emotions that children who lived in residential care were able to express through creating freestyle piano improvisations. The researchers focused specifically on how the clients' musical decisions on the piano, such as notes, rhythms, and dynamics, reflected their current emotions and the meaning of the improvisations. Through observing and analyzing what the clients played, the researchers found that the clients' improvisations had common themes: anger, frustration, sadness, and helplessness. The researchers developed these themes based on the manner the clients played the piano. For instance, some of the clients forcefully played dissonant themes or minor intervals. The researchers concluded that the piano has a unique ability to allow people to express depth of emotion.

Guitar

Another dominant instrument in music therapy sessions is the guitar, as it is required in music therapy education and training. Krout (2007) analyzed the attraction of the guitar for clients and music therapists. He collected and compiled information from articles that discuss the use of the guitar and why clients and therapists choose it over other instruments. He found that children love to play big drums or guitars because of their appearance or because of the social aspects connected to these instruments. Music therapists who worked with institutionalized children with emotional impairments described how important the guitar was to their therapeutic process. They stated that the children's musical relationships with the guitar was an essential aspect of the therapeutic process. These reasons led Soshensky (2005) to use Nordoff-Robbins music therapy, which is known for its primary use of the piano, to examine a guitar-based approach in sessions. He discussed how the guitar has a distinctive timbre that responds to light or heavy touches produced by a pick or the direct action of fingers. It can be strummed or finger-picked and tuned to many specifications. The size of the guitar allows for portability and for the therapist to be closer to the client(s), whereas the piano can create a barrier. These characteristics of the guitar gives the instrument a completely different role in the therapeutic setting than the piano. In many settings, these unique qualities are important aspects of therapy. For example, to evoke an atmosphere of calmness or rest for an anxious client, soft finger picking on the guitar is often an effective tool, according to Gilboa and Almong (2017).

Effects of guitar accompaniment styles on organ transplant patients were analyzed by Haack and Silverman (2017). The researchers investigated the presence of differences in simple guitar accompaniment and complex guitar accompaniment (CGA) during patient preferred live music. The guitar accompaniment in the CGA group was intended to accurately represent the songs' original musical style. The accompaniment in the simple guitar accompaniment (SGA) group was reflective of a music therapist who has met basic guitar competencies in guitar might perform. It is possible that the accompaniment style influenced patients' perceptions of the therapist's competency, which in turn affected their outcomes. There were significant between-group differences in measures of positivity and arousal. Participants in the complex guitar accompaniment (CGA) group scored significantly higher in these areas. An implication of this study is that therapists should be aware of how their playing techniques on certain instruments affect clients.

Halstead and Rolvsjord (2017) examined the idea that certain genders are drawn to certain instruments. The researchers found that, while the guitar is a primary instrument in music therapy sessions, the majority of all electric guitars are bought by or for males. In society, electric guitars have been stereotyped to have a male persona. Society doesn't see it as normal when a female plays an electric guitar. The researcher stated that it is important for music therapists to be aware of these stereotypes, and to not let them influence their use in clinical settings.

Percussion

Percussion instruments are also primary instruments in music therapy, as they are used frequently throughout education and training. Matney (2016) conducted an analysis of peer-reviewed literature that focused on the use of percussion in music therapy. For thousands of years, healers and musicians have used many types of percussion instruments in therapeutic practices, as it has been called a "focusing device" (p. 373). Frame drums and sistrums have been used as far back as 5600 B.C.E. Percussion's prevalent use throughout history has shown that people of all cultures have connections to these instruments. Matney noted that music therapists view percussion instruments as providing auditory and vibrational responses, expressive potentials, and movement facilitation. Percussion instruments also do not require musical training prior to playing them, at least not to the extent that complex instruments such as the guitar and piano do. Overall, they are simple to play. Other unique functions of percussion instruments include accessibility, rhythmic expression, sensory stimulation/tactile feedback, and physicality.

Percussion instruments can also have indirect effects on clients when they are played to accompany them. Solli (2008) studied preferred music used with a client diagnosed with schizophrenia. However, the sessions did not involve the client and/or therapist playing by themselves. The client's favorite instrument to play was the electric guitar, as he had grown up taking lessons and had a part in a rock band. During all sessions, the client, Paul, improvised on his electric guitar in his chosen style of music while the music therapist supported him by playing the drum set. At the start of each session, Paul would begin playing in whatever style he wanted. He chose all the musical elements and parameters, such as tempo and rhythm. After a few minutes, Solli would join in on the drums, trying to establish a pulse. Paul began to play in the exact same tempo as the music therapist. Sessions consisted of Paul going in and out of musical focus, and the therapist would follow him. The role of the music therapist was to support what Paul was playing by reflecting his musical choices and providing rhythmic grounding.

Percussion instruments provide numerous benefits in music therapy, including auditory cues, interest and enjoyment, social cohesion, accessibility, and movement (Matney, 2008).

Orchestral Instruments

Since orchestral instruments are not required in music therapy training, they are rarely used in sessions. Berends (2014) performed a qualitative study on the use of the oboe and English horn in music therapy. Both the oboe and English horn were the music therapist's primary instruments. The researcher noted that orchestral instrumentalists almost never or barely utilize their own instruments in music therapy sessions. When adolescent clients described their perception of the oboe in the session, they used words such as "happy" and "peaceful" (Berends, 20). They compared the English horn to movies that were "creepy" or "suspenseful" (Berends, 21). Interventions with these instruments revolved around the therapist playing one or the other, while the clients played the xylophone. The music therapist also noted that the oboe may have been too intense at times; however, intensity can be therapeutic at the right times. Overall, the presence of the oboe and English horn in sessions influenced the therapist's approach with the client and enhanced the musical collaboration. The therapist realized that her primary instrument was effective in addressing multiple goals in music therapy.

Burns (2019) analyzed music therapists' use of the flute in sessions. Music therapists responded to a survey that asked them questions about their usage of the flute in therapeutic contexts. Results indicated that the majority of the respondents had learned to play the flute to some extent, but less of them reported it as their primary instrument. However, 19.3% of the participants reported they use the flute on a regular basis in sessions. Interventions with the flute included relaxation and music listening. The most common goals were to increase relaxation and increase quality of life. Therapists who could play the flute but did not use it in sessions reported their fears of infection control and the instrument's piercing sound.

Musicians and their primary instruments have special relationships, as they are usually present beginning in childhood. A qualitative study examined the effects of a music therapist using her primary instrument, the flute, in sessions (Hadar & Amir, 2018). Hadar stated that she rarely uses her flute in clinical settings. Surprisingly, she admitted that when she does play her flute in sessions, she feels a resounding connection with her clients. It is through the musicians' primary instrument that they express their inner world. The researcher discovered that music therapists feel playing their primary instrument in clinical settings allows them to explore a greater range of musical possibilities with their clients. The flute, in particular, elicits responses from clients that may not be reached otherwise. Breathing and blowing through the flute increases clients' awareness of their own breathing and vocal production, and the flute's size and portability creates little to no barrier between clients.

Non-Western Instruments

Music therapists often use common western instruments in sessions, but non-western instruments also provide unique benefits to clients. Sumrongthong and Aksaranukraw (2004) analyzed the use of Thai musical instruments in music therapy settings. These instruments have been utilized throughout Japan to rehabilitate the handicapped. The instruments come in a variety of sizes, are portable, and are simple to play. With the instruments, clients use hand movements in opposite directions with hands together and separately. The instruments are also used to regulate breathing and rhythm.

The use of digital instruments in music therapy was examined in a qualitative study (Partesotti, Penalba, & Manzolli, 2018). The researchers found that technology motivates clients and allows them to access a variety of timbres and instruments. It also empowers and facilitates the clients' participation. Many clients are unable to play certain instruments because of their disabilities, but music technology moves beyond the confines of clients' disabilities.

Geriatrics

Most existing, recent literature on instrument selection focused on younger populations. Two articles exist regarding instrument selection with geriatrics; however, they are several decades old. Olson (1984) researched the effects of therapeutic player piano music with the elderly. Player piano music differs from regular piano music because it involves a therapeutic component. She played the patients' preferred live music on the piano and observed the effects. She found that, when the music started, the patients attempted to tap the rhythm with their body parts, dance, sing along, and smile. Their entire affect changed from blank to positive and upbeat. Brotons and Pickett-Cooper (1994) studied how patients with Alzheimer's' disease respond to instruments. The researchers found that the patients were more engaged and attentive to the therapeutic process when instruments were involved, either actively or receptively. The patients were also more eager to participate when they were able to play instruments themselves. These results showed that playing instruments is an effective therapeutic tool that elicits higher levels of participation.

Conclusion

Existing literature supports the claim that understanding clients' instrument selection is important to the therapeutic process. It also suggests that music therapists should be intentional in their instrument selection in sessions (Amir & Yair, 2006; Berends, 2014; Krout, 2007; Solli, 2008). The instruments used in sessions can greatly affect the therapeutic outcome. While existing literature supports these points, there is little recent research relating this topic to geriatric clients. It also does not fully address why clients and music therapists select certain instruments for certain interventions. The research question guiding this study is: *How do music therapists select what instruments to use with geriatric clients, and do different instruments elicit different reactions in these clients?*

Method: Phase 1

Epoché

As a music therapy student, I have often wondered about the importance of instruments in the therapeutic setting. I have always thought that instruments were more than just therapeutic tools – they are therapy in themselves. One of my recent practicum placements was with a minimally conscious patient diagnosed with anoxic brain damage. He was nonverbal and bedridden, so I had to closely observe his subtle reactions, which included changes in facial expressions, body language, and vocalizations. Throughout my sessions with him, I brought a variety of instruments for active and receptive interventions. I noticed his affect greatly changed as I would play different instruments and assist him in playing them. I realized that he probably liked and disliked certain instruments, and he was trying to communicate that to me. Of course, I did not want to bring instruments to sessions that he did not like, so I had to figure out which of his reactions were positive and negative. This practicum placement sparked an interest in me about the importance of instruments to the therapeutic process. I realized that music therapists

should be intentional in their instrument selection, and they should seek to find out how their clients respond to certain instruments, as they greatly affect the therapeutic outcome. I decided to focus the current study on my preferred population and a population that is underrepresented in existing literature of this nature – geriatrics.

My clinical work with geriatric clients has also sparked my interest in researching this topic. I have witnessed first-hand how the residents' affects drastically change based on what instrument they are playing. When they play instruments they enjoy, they exhibit increased participation, socialization, and self-esteem. This is all true for my current practicum setting at a geriatric residential facility. I aim to further this research by observing how the content of the interviews relates to my clients' reactions to various instruments.

Participants

There was a total of four participants in this study. Participants had to be board-certified, currently practicing in a nursing home or assisted living facility for any amount of time, and have the ability to speak, read, and write in English. Through the AMTA website and a research advisor, the researcher obtained the contact information of four music therapists who were currently practicing in a nursing home or assisted living facility at the time of the study. The participants were from various cities in the United States. The researcher sent them a recruitment email that explained the topic of the research and what it would require of participants. The email asked them if they would be interested in participating in the study by completing up to a one-hour online interview (Appendix A). If they responded that they were interested, they were sent a follow-up email with an informed consent form to complete (Appendix C). The researcher then set up mutual times to interview and record them.

Design

A phenomenological research design was used in order to ask music therapists about their personal experiences throughout their careers.

Procedure

Participants were interviewed about instrument selection using Skype. A semi-structured interview format was used (Appendix B). After recording and downloading the interviews to a flash drive, they were transcribed. The transcriptions were emailed back to the participants for member checking.

Data Analysis

Upon revision, the transcriptions were read multiple times in order to gain a thorough understanding of the content. Reoccurring themes were outlined and recorded. The themes were then grouped into meaning units. The meaning units were then categorized into more broad, overarching themes. The themes were then grouped into four categories.

Results

Through in-depth analysis of the interviews, many commonalities and differences emerged from the research question: *How do music therapists select what instruments to use with geriatric clients, and do different instruments elicit different reactions in these clients?*

Analysis of the participants' answers resulted in recurring content which was sorted into four overarching themes: role of instruments, clients' instrument preference, therapist's choice, and familiar versus unfamiliar instruments.

Theme One: Role of Instruments

All participants stated that when instruments are involved in sessions, the clients exhibit increased participation and engagement in the therapeutic process. They noted that instruments help clients with reality orientation, as active music making brings them into the present moment. Instruments provide unique opportunities for clients to improve social skills, as they interact with others through playing. Participants also noted that instrument diversity is important to maintain, as it is vital to give clients the opportunity to play as many instruments as possible.

Benefit of Instruments

Participants used words such as "motivating" and "empowering" when describing the effect that instruments have on clients. As John noted, "Instruments are pretty crucial in being able to create music or co-create music with participants." Karen stated, "So many times the clients prefer to just stay within themselves and they don't want to interact with each other, or they don't want to answer questions. When I bring out the instruments, it gives them a chance to socialize a little bit more." Lisa echoed this: "It gives the clients a chance to engage in the actual music making process. It brings them more into the moment." John noted that using different instruments in a variety of ways can "provide novel experiences" for the clients and "allow them to engage in a different way." Susan explained that active instrument play in sessions is unique from other interventions because "it stimulates their interactions more. If we're doing a sing-along, I'm going to lose a few just because they might sing one song and doze off or something." Karen mentioned a benefit of therapists using instruments by discussing how engaging clients in instrument play is what sets music therapy apart: "It separates me more from an entertainer."

Instrument Diversity

Another commonality found among interviewees is that instrument diversity is important. Having instruments available is necessary, but the types of instruments that are available is a crucial component to consider. John noted that it is important to "provide that opportunity for the clients to play an instrument they've never played before." As Karen stated, "Give clients the opportunity to play different instruments instead of always playing the same thing." Both John and Karen explained that instrument diversity is important because it further engages the clients and exposes them to various sensory stimulations.

Theme Two: Clients' Instrument Preference

While there were some instruments that all participants stated were beneficial with their clients, other instruments created differing opinions. All participants stated that their clients gravitated towards large drums, because they are instruments the clients are familiar with. Participants held various opinions about instruments such as shakers and boomwhackers. For instance, some said that these instruments are too difficult for older adults to hear, while others credited the instruments to helping the clients accomplish crucial goals. They noted that client autonomy is an important factor of preference, as clients should be able to make many of their own decisions. Participants also discussed the impact of cultural identities on clients' instrument preference. Some said this impact was heavy, while others believed there was little relation. Furthermore, they highlighted the importance of the therapist's knowledge of client preference.

All participants acknowledged that it is crucial for therapists to be aware of what instruments their clients like and dislike.

Drums

All participants noted that their clients enjoyed playing big drums, such as tubanos and djembes. John explained that "my clients gravitate towards drums, because they're familiar with them, and I have the most of those." Susan mentioned that "when I do a drumming group with my assisted living residents, they love the table drum." She also noted that perhaps "the more independent they are the more comfortable they are to play a bigger instrument." Lisa added that her long-term care and memory care groups enjoy the paddle drums because "they are easier for them to play."

Shakers

The use of shakers had varying opinions among the participants. John and Susan discussed how their clients enjoy playing shakers, such as egg shakers, tambourines, and maracas; therefore, these instruments are brought into sessions frequently. John noted, "Lots of times we'll employ the egg shakers to get more range of motion and get them exercising a little bit more." Susan noted that her groups "seem to choose the oversized, bright red shakers. They also tend to really like the tambourine, woodblocks, and the rhythm sticks." On the contrary, Karen's clients "usually avoid metallic sounds, such as tambourines, cymbals, and bells." Karen and Lisa both shared that their clients are often confused about how to play shakers. They discussed how it can be hard to get a clear enough beat to be rewarding.

Participants also described how clients' hearing impairments affect which instruments they gravitate towards. Lisa stated that her clients "don't choose a lot of like tambourine type sounds. I think sometimes that can hurt their ears, especially if someone's hearing aid is turned up too loud." A similar issue was echoed in Karen's statement:

> *I am anti-egg shaker with geriatric populations. A lot of people can't hear egg shakers very well. I would say leave those and choose the rest of the instruments based on how unusual or interesting they are, how easy they are to play to make music with, how easy they are to hear.*

Boomwhackers

Participants also had differing opinions regarding the use of boomwhackers. Susan stated that it is too difficult for her clients to get sound out appropriately. John and Lisa do not use boomwhackers in the traditional manner but developed unconventional ways to use them. John described how he employs boomwhackers creatively: "I've actually used the boomwhackers and put egg shakers in them and we move them side to side, so I use them as a tube instead of an instrument." Lisa uses short boomwhackers as drumsticks instead of pitched instruments. Karen stated that her clients enjoy playing the boomwhackers because they pick up on the various sounds and enjoy the colors. Participants noted that it was difficult for clients to hear boomwhackers when played in the traditional manner, but they each developed creative ways to use them effectively with their clients.

Importance of Client Autonomy

Participants noted that, when engaging in instrument play, it is crucial for the clients to maintain autonomy. Karen describes how she creates a balance of structure and autonomy:

"Whether it's individual or groups I try to come with certain things prepared, but then I give the opportunity for the client to make their own choices within that same session." John summarized the importance of autonomy by saying, "As much autonomy as you can provide a client the better." Participants explained that some level of autonomy is vital for older adults, as they are often limited in the decisions they can make for themselves. Choosing their own instrument can improve their self-esteem and self-awareness.

Impact of Cultural Identity

John, Karen, and Lisa discussed the role of cultural identities on clients' instrument preference. They explained that their clients associate certain types of instruments with certain types of music. John mentioned that "some of the life experiences, the cultural experiences, and the culture of music that the client has grown up in affects how they participate and what they think it should be like." Lisa described an example of this: "I have had a few residents over the years who crinkle their nose when I bring out instruments from Africa because of their prejudice from years ago and even current prejudice, it's interesting to see that." Karen had a similar experience with a client:

> *I've had one resident react negatively to Asian sounds, using the pentatonic scale on a xylophone because he was in World War II, he fought the Japanese, and that had an oriental sound to the music, so I see a lot of that. It's not necessarily cultural, it's more of that cultural prejudice.*

While John, Karen, and Lisa discussed at length how strong of an impact cultural identity has on instrument preference, Susan stated, "We don't have a wide mix of cultural diversity with the facility I'm at, so I don't think that factors in really."

Therapist's Knowledge of Client Preference

All participants recognized the importance of the therapist's knowledge of client preference. John said this: "I think it's important to remember what instruments each resident prefers. Change it up with them every once in a while, so they can try something new, but always bring in the fact that you remembered what they liked." Karen added, "I have some clients who have a strong preference for one instrument or another, so when I learn that, I give them that instrument." While Susan acknowledged the importance of learning client preference, she stated this was not relevant to her practice, as "most clients don't express a strong preference."

Theme Three: Therapist's Choice

How participants choose their instruments during sessions depends on a variety of factors, such as the client, group size, or intervention. They stated that the instrument they play is a mix of both what they want to do and what the clients want to do. They noted that they select their instruments based on the needs and abilities of the client, as well as portability and accessibility. Participants explained that their personal preference often plays a role in the instruments they bring to sessions. They also described how they use clinical judgment to decide whether to assign instruments or give clients choice.

Specific to the Needs of the Client

John provided this example of how the instrument he plays depends on the intervention: "With my large groups, we'll listen to a song, I'll play a song, then I use the rhythm sticks and they have to match my rhythmic pattern with the rhythm sticks while we're going along in a

song." The instrument the therapist plays may also depend on ability, as Karen explained: "A time I used the keyboard, this is pretty common, is when somebody asks me for a song that I don't know very well. I can sight read a lot better on keyboard than I can on guitar or voice." Participants were open to the idea of clients choosing what they, the therapist, plays. Lisa stated, "If they want to choose what I play I will go with it and do what needs to be done because I think that would be wonderful. If they say 'Hey, you need to play that,' I'd pick it up in a minute." Susan agreed that this can be beneficial:

> *I don't specifically ask my clients very often what they want me to play, but I do sometimes. Especially if I'm going to do something besides guitar, if it's not accompanied singing but if we're improvising together then I'll ask them what they want to hear.*

Participants agreed that they regularly decide what instruments to bring based on what best helps the clients accomplish their goals. John gave this example: "When it comes to my independent clients it depends on the clients' physical functional status and what my goals are. It depends on who I'm working with at that moment in time." Lisa explained, regarding clients' physical abilities, "I think you need to be aware of instruments that people can play who have different physical abilities. Some people may not be able to grasp a drum or mallet, so that's something to consider."

Portability and Accessibility

Portability and accessibility are also significant factors that influence therapists' instrument choice. Participants reported that they are less likely to bring an instrument to sessions if it is difficult to transport – at least on a regular basis.

Therapist choice can be greatly affected by the idea that certain instruments are less of a barrier between clients, as Lisa mentioned: "I choose guitar a lot because it allows me to sit down and play or stand up and walk around to each person, that kind of thing." Therapist choice can also be impacted by the accessibility to instruments, as John described: "Primarily in my setting I don't have a large variety of instruments, so I mainly use handheld percussion instruments."

Impact of Therapist's Preference

Participants discussed the impact of the therapist's own preference on the instruments they select for themselves to play. They described that their comfort in playing certain instruments has a direct effect on what instruments they bring to sessions. For example, John stated, "With accompaniment sessions, I'm going to pick instruments that I can play better, that I have more versatility on." Susan commented, "If I'm more comfortable playing the song on guitar versus keyboard, I'll bring the guitar in."

Assigning Instruments vs. Giving Clients Choice

Participants noted that whether they assign instruments or invite clients to choose depends on a variety of factors, such as goals and functioning levels of the group. A commonality among the participants was that with geriatric clients, choosing instruments can create anxiety. Karen explained,

> *I used to think that it was a pretty firm rule that you needed to let your clients pick their instrument every single time. I don't think that's true anymore. Sometimes, especially*

with people with dementia, sometimes offering a choice creates anxiety and confusion because they don't know.

Susan added, "A lot of times with my population, especially with the more advanced dementia, making that decision becomes a little bit more difficult for them." John suggested putting a limit on how many instruments clients can choose from: "Generally I would give them a choice of maybe two. I don't go much more than that because they're just overwhelmed." Participants also discussed how choosing instruments can take a considerable amount of time, causing the group to lose focus. Additionally, choosing instruments can be intimidating to clients, because they're not sure what they're getting themselves into.

On the other hand, Lisa noted the value of the clients choosing their own instruments:

Occasionally I've let a resident root through my bin of instruments I keep on my cart and just let them choose what they want to play because it gives them the sense that they've made their own personal choice, and they don't get a lot of personal choice, so I give them that as much as I can.

Theme Four: Familiar Versus Unfamiliar Instruments

This theme incorporated participants' statements about clients' reactions to familiar and unfamiliar instruments. Familiar instruments include commonly used instruments in music therapy, such as the piano, guitar, and unpitched percussion instruments. Participants identified unfamiliar instruments as unique instruments that are not typically used in music therapy, such as wind instruments. Participants also noted how clients' reactions differ when given familiar instruments. Furthermore, participants discussed the importance of the therapist being familiar with instruments they bring to sessions. Participants gave examples of some of the unique instruments they bring to their sessions.

Clients' Reactions to Unfamiliar Instruments

Lisa brings in unique instruments to stimulate the clients' curiosity and spark conversation. She mentioned, "It's fun to see their faces when I bring out something weird. They laugh, they laugh a lot when they see these strange instruments that I bring out. It's really kind of funny." John discussed how every time he brings in the frog rasp or the rain stick, they get a lot of comments because of the construction of the instrument and the uncertainty of how to play it. Karen discussed the clients' reactions to a wind instrument:

When I bring in my oboe, that always gets a different kind of attention and focus. Lots of people haven't even seen an oboe up close before, so I bring it around, show them my reed, the tiny hole I breathe through. So I would say there's a lot of intellectual curiosity about my oboe when I bring it in, as opposed to familiarity.

Susan mentioned, "If I use a keyboard, it's probably a little different because it's a change up for them. It may be something that catches their attention a little bit more, just the novelty of it because I don't use it that much."

While participants primarily discussed the benefits of bringing in unfamiliar instruments, they noted that there can be challenges. For instance, John suggested, "There's a tendency to be afraid or intimidated by an instrument that you don't know how to play." Karen gave this example: "If I hand someone a drum and they don't know how to play it that's a little distracting for them."

Clients' Reactions to Familiar Instruments

Susan noted that, regarding clients' reactions to familiar instruments, they "really don't get too much variation on reactions, especially with things like the guitar and the piano." John shared a similar perspective, saying, "When I bring out the guitar, they seem really comfortable with it, they're used to it. And we use the unpitched percussion instruments all the time, so they're kind of used to them." Karen gave this explanation: "Everybody's familiar with the guitar. People will make jokes about it, like 'Oh, is that your geetar…' You know, they'll say things in an accent or something and people will tell me about when they played it, if their kids played it, something like that… Everybody's pretty familiar with the keyboard, that one they're more likely to say, 'Oh that was really pretty." Lisa noted that when playing the tambourine, "People act like a rockstar and shake and dance with that one more often. That's the instrument that tends to get people dancing."

Importance of Therapist's Familiarity with Instruments

Participants also explained that it is crucial for therapists to select instruments that they are familiar with. It is important for them to know how to play the instrument, know how to explain it, and know the musical techniques that go into playing it, so they can "fully explore the types of adaptations that can be made for that person and to the instrument so that you can really get the most out of using that instrument," as Lisa stated. Karen gave an example of this process:

> *So I have a pentatonic marimba that I bring out occasionally, so it's not part of what I have every session. When I bring that in, I show it to them, I talk about how it was constructed, where it came from, how this instrument came to be. And then I bring it around and let each person play it.*

Discussion

The results of phase one provided me with an abundance of information that will heavily influence my actions in phase two. My findings support existing research, because they support the idea of music therapists being intentional with instrument selection, and that instruments are an important component of the therapeutic process. All participants acknowledged that the benefits of instruments with older adults include increased socialization and participation. They emphasized the importance of giving clients the opportunity to play as many instruments as possible. Participants had various opinions on certain instruments, such as shakers and boomwhackers, but all discussed their clients' enjoyment of playing the drums. When selecting instruments for their clients to play, all participants discussed factors such as group size or intervention. When it comes to deciding whether or not to give clients a choice, participants described how they must use their clinical judgment. Participants also noted the difference of the clients' reactions to familiar versus unfamiliar instruments.

Connections to Existing Literature

Many of the results are closely connected to my findings from existing literature. In theme one, the role of instruments, participants described instruments as "motivating" and "empowering." They stated that, overall, clients are more engaged in the therapeutic process when instruments are involved. This directly relates to the findings of Amir and Yair (2006) who studied the use of piano improvisations with children in residential care. Their study showed that the children demonstrated increased levels of awareness and engagement when they were able to participate in instrument play. They also described how the children expressed deeper levels of

emotion through playing the piano, something that the participants also credited to the use of instruments.

In theme two, clients' instrument preference, all participants stated their clients gravitated towards large drums. Krout (2007) analyzed the attraction of the guitar in music therapy, and he found that children enjoy playing big drums because of their appearance or because of the social aspects connected to drums. This connects to the participants' statements that the reason they believe their clients enjoy playing drums is because of the instruments' familiarity and size, making them more approachable instruments to play. Krout's (2007) study also showed that children in music therapy prefer hearing the guitar instead of the piano, which differs from the current study's findings regarding older adults. Participants stated that when given a choice between hearing the guitar or the piano, their clients do not show a strong preference. Gilboa, Zilberberg, and Lavi (2011) discussed how each instrument has their own musical personality. Participants also touched on this idea, stating that many of their clients often have pre-conceived notions of the qualities of certain instruments, which affect their preference.

Participants explained how their clients also enjoy playing unpitched percussion instruments, primarily maracas, tambourines, and hand drums. Participants credited this to the unique functions of percussion instruments, such as rhythmic expression and sensory stimulation, both benefits of percussion mentioned by Matney (2016). Matney (2016) also discussed how percussion's use throughout history has shown that people from all cultures and backgrounds have connections to these instruments – another factor that participants discussed regarding the impact of cultural identity on their clients' enjoyment of percussion.

In theme three, therapist's choice, participants discussed the various factors that determine the instruments they play during sessions. They described how they select their instruments based on the needs and abilities of the client, as well as portability and accessibility. This directly relates to the findings of Solli (2008), who chose to support their client's musical improvisations by playing a drum. Solli (2008) selected a drum to play with the client in order to reflect his musical choices and provide rhythmic grounding – reasons the participants also stated as to why they select certain instruments to play. Participants also stated that, due to portability, they are sometimes limited to what instruments they choose to bring to sessions, which is something Gilboa and Almong (2017) found in their study. For instance, the size of the guitar allows for portability and for the therapist to be closer to the clients (Gilboa & Almong, 2017).

Theme four, familiar versus unfamiliar instruments, incorporated participants' statements about the use of a variety of instruments. One participant, whose primary instrument is the oboe, discussed how her clients react to this instrument not commonly used in music therapy. She described how her clients show a different type of attention and focus they do not exhibit with familiar instruments. Berends' (2014) study echoes these statements. Their study of orchestral instruments in music therapy showed that the presence of the oboe in sessions influenced the therapist's approach with clients and enhanced their musical collaboration. Hadar and Amir (2018) studied music therapists whose primary instrument was the flute. They found that the therapist's use of their primary instrument, even though it may be unique and unfamiliar to clients, allows for deeper levels of therapeutic connection. Burns' (2019) study showed that unique instruments stimulate the clients' intellectual curiosity, a benefit that participants of the current study discussed. Participants discussed how, regarding clients' reactions to familiar instruments, conversation is often sparked about the stories they have of the instrument, such as the piano and the guitar. Haack and Silverman (2017) had similar findings in their study about the effects of guitar accompaniment styles on organ transplant patients. They found that the

familiarity of the guitar was an important factor in the patients' measures of positivity and arousal.

Implications

The content of the interviews greatly enhanced my work in my clinical settings, and it will continue to do so in the future. While there were differences among the participants' content, there was one common factor in every interview: it is vital for music therapists to be intentional in their instrument selection. All participants made it clear that instrument selection greatly effects the therapeutic outcome. These interviews gave me great insight into not only my geriatric clinical setting, but my other clinical settings. I became more aware and observant of my clients' reactions to instruments, and I asked myself why I was bringing in certain instruments to sessions. I strived to recognize and remember my clients' instrument preferences.

This research also filled a gap in existing literature, as this line of research is underrepresented. It has the potential to provide meaningful information regarding instrument selection to students and music therapists working not only with older adults, but with any population. A similar format of this research could be done with music therapists who work with other populations.

Proposed Method: Phase Two

Participants

Participants for phase two of my study are nursing home residents who attend my music therapy group sessions. I have been leading music therapy sessions there for one hour once a week all school year, so I have developed rapport with the residents. They are all 65 years of age and older. There are generally four to eight residents in my music therapy sessions.

I have gained consent from the nursing home administrator to conduct the research. I have also provided an informed consent form for each participant (Appendix D). If a resident has a power of attorney, they signed the consent forms, but I will still obtain the residents' assent. I received seven informed consent forms from the nursing home administrator.

Design

The design is taking an arts-based research approach. This design was chosen for this study because the study doesn't fit directly into another research design. Viega and Forinash (2016) define arts-based research as "an innovative approach to research that uses art forms, including music, in the research process" (p. 1). In this research design, art forms – primarily music – are central in generating data, analyzing data, and presenting the research results. Instead of art being a part of the research process, art informs and leads the research process as the primary method, as it plays a role in all steps of the research. I am employing the use of a pragmatic approach, as I select which artistic method to use based on the best way to express my clients' reactions. Therefore, the data is emergent, as I am creating artistic responses to construct meaning from my clients' reactions to instruments. The data I am collecting more closely aligns with an arts-based research design, since it is music-based. Since I am observing my clients' reactions to certain instruments, I believe the most meaningful way to analyze this data is through music itself.

Procedure

Data is being collected over the course of four one-hour long music therapy sessions. I had originally planned for six sessions, as I had planned on starting towards the beginning of this semester. However, research doesn't always go as planned, as it took much longer for the nursing home administrator to get the informed consent forms signed. So after speaking with my research committee, we decided to reduce the number of sessions to four. I will lead two sessions a week for two weeks. Each session will focus on one instrument group. Instruments are primarily handheld percussion instruments. A variety of instruments were selected based on them being mentioned throughout the interviews, as well as their common use in music therapy sessions.

I grouped my instruments based on Bill Matney's classifications of percussion instruments (Matney, 2008). In session one, I will bring shakers and ambient percussion, which will include egg shakers, maracas, the ocean drum, and the rainstick. In session two, I will bring hand and frame drums, such as djembes, tubanos, and handheld drums. Session three will incorporate concussion instruments, which include the boomwhackers, rhythm sticks, and claves. In session four, I will bring in the scrapers, which are the tambourine, cabasa, and frog rasp.

Session Format

Sessions will follow the format of a typical music therapy session. With these sessions, I will strive to keep them as close to all our other sessions as possible. Each session will begin with a hello song to orient the clients to the session. Next, I will go into a music and movement intervention to stimulate the clients, followed by a light cognitive intervention. After this, I will go into the main instrument interventions. I will begin with the improvisational experience, which will give the residents the opportunity to create their own rhythms. The improvisation experience will be followed by a re-creative intervention, which will consist of the residents playing or singing a song through active music making. Alternative instruments will be provided if any residents do not like the chosen instrument. If they select an alternative instrument, that will be noted as their preference. Before the goodbye song, I will reintroduce the instrument and ask simple follow-up questions to the group about their experience playing it.

Data Analysis

Each session will be video recorded. I will watch the videos of the sessions closely, and I will take notes on observed behaviors of the residents towards the instruments. I will observe the residents' facial expressions, duration playing the instruments, overall enjoyment, and musical elements used to play the instruments.

Based on my clients' reactions to each of the instruments, I will create a musical response. The response may be different for each session – it will depend on how I connect with my clients' responses. For instance, I may create song lyrics that represent the clients' reactions to an instrument. Then I would write a song that interprets their responses from the video. Or I may want to express my clients' reactions through an instrumental improvisation with no words. My intuitive responses will not be limited to the instruments the clients choose. The data will be emergent, as it will depend on my response to each of the videos.

Limitations

I experienced initial problems that made it difficult to begin phase two of this study. In order to get the informed consent forms signed, I had to contact the activities director of the nursing home. It took several weeks to get in touch with the director and get the forms to her,

putting me behind my planned schedule. It then took longer than expected to receive the signed consent forms so that I could begin my study. At this point, my project advisor and I came to a decision to decrease the amount of data collection sessions from six to four so that I would have time to collect and analyze the data. It was going to be a short amount of time to get everything done, but I was going to complete the study by the end of my spring semester. However, I was soon faced with the most unforeseen obstacle of this entire process.

Unfortunately, due to the COVID-19 outbreak, I was unable to carry out phase two of my study. At the beginning of my spring break, I was notified that, because of the Coronavirus, the nursing home was closing to all volunteers and visitors until April. After speaking with my project advisor, I made the decision to end my research. It was not guaranteed I would be able to start back sessions before the end of the semester, and even if I did, I would have limited time to collect and analyze data. Just a few days after I made the decision, my university cancelled in-person classes for the rest of the semester and required all students to move home, which made it completely impossible for me to complete my research.

At first, I was very disheartened by this news. I had spent a year working on this study, leading up to the final data collection. I was heartbroken and even angry I could not complete something I had put so much time and effort into. This research has truly become something very special to me – it is my very own study that I created and that I completed (almost). A couple of months have passed since I first received the news, and while I am still disappointed that my study didn't turn out the way I planned, my bitterness has turned into gratitude – gratitude that I had the opportunity to research something I am so passionate about, and that I got to complete a research study. I had the chance to enhance my knowledge of music therapy through interviewing four tremendous music therapists. They gave me insight that influenced my current clinical settings, and that I will carry with me into the future. This process showed me that the line of research I pursued is valid, and I am honored to have filled even a small gap in the literature. I also realize that this study doesn't have to remain incomplete, as I can still carry out a study with a similar format to phase two during internship or beyond.

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