

Self-Care and Creativity: A Group Therapeutic Songwriting Intervention Protocol for Caregivers of People with Dementia

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Abstract

Introduction: Caregivers of people with dementia face important health challenges due to the natural progression of the disease. Self-care is associated with improvements in quality of life and well-being, however, the available evidence on self-care for caregivers is limited. This study aims to create a theoretical Group Therapeutic Songwriting (GTSW) intervention protocol for self-care of caregivers of people with dementia.

Method: This article is structured in three sections. First, we developed a new conceptual framework for self-care and its structures of support, in which we framed the different self-care strategies studied in the field of caregiving. Secondly, we developed a theoretical GTSW intervention protocol based on the experience-oriented approach, humanistic influences and the theory of the creative psyche, and proposed a GTSW process for self-care in caregivers of people with dementia. Finally, and with the aim of showing the applicability of this theoretical model, we designed an intervention programme in 12 sessions of 60 minutes conducted by a trained music therapist.

Results: The protocol presented in this article connects songwriting processes to conceptual framework for self-care for caregivers of people with dementia. The cornerstone of this protocol is the RETE process, which we define as having four distinct stages: Respite - Exploration/Expression - Transformation - Empowerment.

Discussion and Conclusion: Exploratory research has been conducted using the group therapeutic songwriting intervention protocol for self-care. Future studies for intervention refinement are warranted.

Keywords: music therapy; dementia; family caregivers; therapeutic songwriting; theoretical model; self-care.

Introduction

Dementia has become a public health problem affecting around 50 million people worldwide (Patterson, 2018), and its prevalence is expected to more than triple by 2050 due to population ageing (Prince et al., 2016).

Family members are often the primary caregivers for people with dementia (Prince et al., 2015). The effects of being a family caregiver, although sometimes positive, are generally negative, affecting the physical, psycho-emotional or social health of caregivers (Brodaty & Donkin, 2009). In this regard, a large literature base indicates that caregivers are at increased risk of health problems (Alzheimer's Association, 2020; Vitaliano et al., 2003), as well as higher levels of depression, stress, and anxiety (Joling et al., 2015; Ma et al., 2018). More than 70% of family caregivers have been concerned about maintaining their own health since becoming a caregiver (Alzheimer's Association, 2020).

The majority of research on family caregivers has focused on the concepts of burden and stress (Del Pino Casado et al., 2011; Lazarus & Folkman, 1984; Pearlin et al., 1990). However, there is a growing interest in the literature in another point of view: focusing on health promotion and self-care in caregivers of people with dementia (Acton, 2002; Furlong & Wuest, 2008; Oliveira et al., 2019; Sabo & Chin, 2020; Waligora et al., 2019). Lee and Miller (2013) developed a self-care framework aimed at social work practitioners, in which they stated that self-care not only helps to prevent stress and burnout, but is also a means of empowerment that enables people to actively improve their general health, well-being and resilience. This framework created by Lee and Miller (2013) could be particularly useful for identifying self-care strategies in the context of caregivers of people with dementia (Pope et al., 2017), and therefore, for guiding interventions that promote the health, self-care, and well-being of caregivers.

In this study we will focus on one of these types of intervention: music therapy, more specifically Therapeutic Songwriting (TSW), which has been defined as “the process of creating, notating and/or recording lyrics and music by the client or clients and therapist

within a therapeutic relationship to address the psychosocial, emotional, cognitive, and communication needs of the client” (Baker & Wigram, 2005, p.16).

In the field of caregivers of people with dementia, referring in this context to unpaid/family caregivers, there are few studies related to the songwriting method. Brotons and Marti (2003) used musical interventions, including songwriting with caregivers, to share experiences and life events, recognise and accept personal losses and learn self-care strategies. Klein and Silverman (2012), on the other hand, explored this from a psychoeducational orientation, observing that songwriting can promote the learning of coping skills in caregivers.

Baker and Yeates (2017) described the experience of a group of four caregivers in a four-session songwriting programme, concluding that the creative process had been meaningful to them, as it had allowed them to share their journey as caregivers and feel connected to each other. Baker et al. (2018) subsequently studied the effects of this intervention, observing a moderate effect on depression in a sample of 14 caregivers who participated in a six-session programme. In addition, qualitative analysis revealed that songwriting had enabled caregivers to share their whole caregiver journey, create a group identity, have a voice and feel empowered. The intervention was based on a combination of insight-oriented, strengths-oriented, narrative, and cognitive reframing therapeutic songwriting frameworks (Baker, 2016).

Baker (2017) developed a GTSW intervention protocol designed to address caregiver burden, coping, identity, and caregiver well-being. To create this theoretical protocol, Baker incorporated Transactional Stress Theory (Lazarus & Folkman, 1984) and Pearlin's Stress Process Model (Pearlin et al., 1990), thus providing a theoretical and methodological framework in which to explain the therapeutic process. Baker's (2017)

study has inspired the present work, in which we aim to advance the study of GTSW from a perspective distanced from the role of the caregiver, focusing on self-care and the promotion of caregiver health, through a process that promotes empowerment, resilience and personal growth, and psychological, emotional and social well-being.

The present study has three objectives: (1) to define a new conceptual framework for self-care and its support structures; (2) to develop a culturally appropriate self-care intervention drawing from the existing work on GTSW, and to relate it to the aforementioned conceptual framework of self-care for which it is intended; and (3) to demonstrate the applicability of the present theoretical protocol by designing a practical intervention programme.

A conceptual framework for self-care in caregivers of people with dementia.

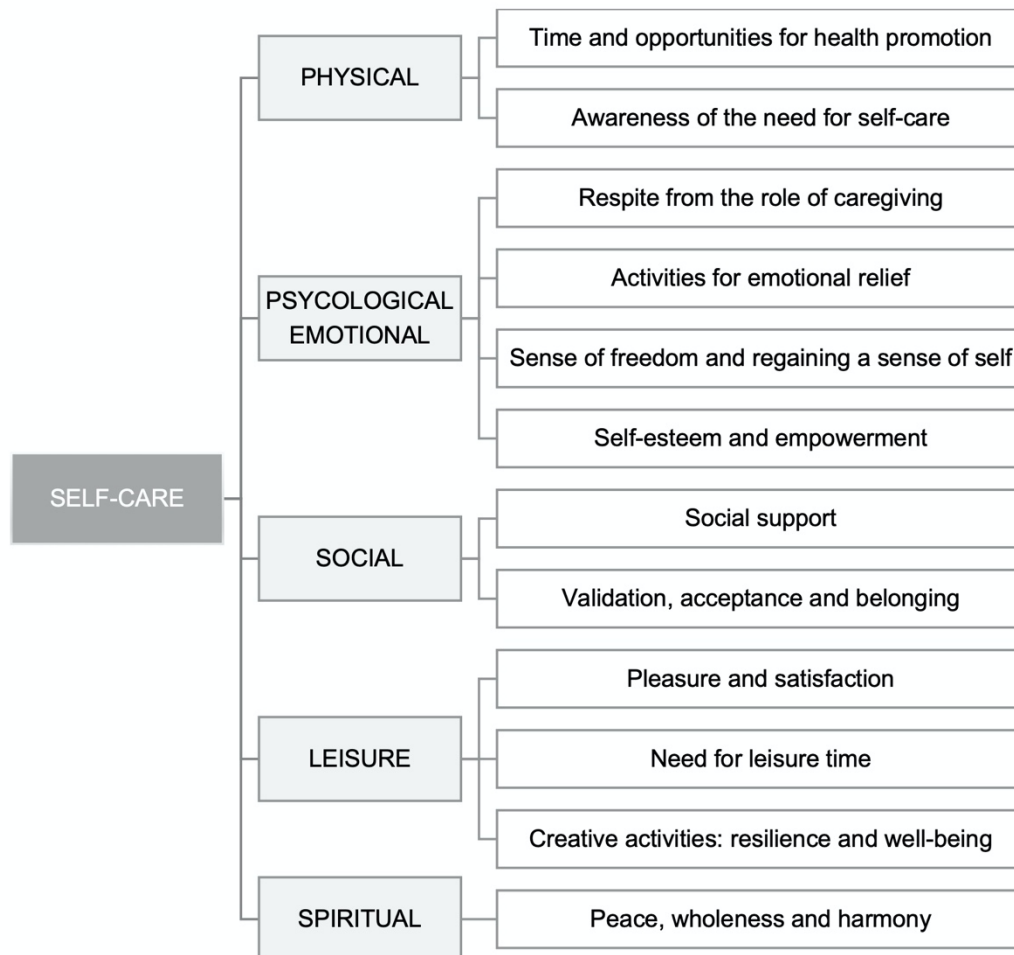
Before developing a specific theoretical model of songwriting to address caregivers' needs, in this section we will develop a conceptual framework that allows us not only to understand what self-care is and what its support structures are, but also to incorporate the different self-care strategies that have recently been studied in relation to caregivers.

Orem (1991) defines self-care as “the practice of activities that individuals initiate and perform on their own behalf in maintaining life, health, and well-being”. In her theory of self-care, Orem (1991) approaches the individual from a holistic perspective, as both the object and subject of their own care. Orem's (1991) concept of self-care reinforces the active participation of individuals in their own health care, presenting them as responsible for decisions that condition their situation. However, many of the subsequent definitions of self-care are remarkably different (Pincus, 2006; Richards et al., 2010), highlighting the breadth and complexity involved in this area of study. In Lee

and Miller (2013) a conceptual framework of self-care is set out, categorising this complex multidimensional phenomenon of self-care into five structures of support: (a) physical, (b) psychological and emotional, (c) social, (d) leisure, and (e) spiritual. In addition, within each of these parameters, they define objectives designed to identify and guide the appropriate strategies for achieving them. Pope et al. (2017) state that the support structures proposed by Lee and Miller (2013) may also provide a framework for identifying self-care needs and strategies in caregivers, thereby applying this theory of categorisation of self-care in relation to self-care in family caregivers.

Based on this idea, we will focus our study on the particular area of family caregivers of people with dementia, in which the theories of self-care and health promotion have recently been studied (Anderson et al., 2019; Furlong & Wuest, 2008; Waligora et al., 2019). We will detail its key elements below, framing them within the corresponding support structures of Lee and Miller (2013) and adapting them to the needs of our study. In this way, we intend to define a new conceptual framework of self-care in caregivers of people with dementia (see Figure 1).

Figure 1. Conceptual framework based on the self-care support structures of Lee and Miller (2013) and self-care strategies studied in the field of caregivers of people with dementia.



Five structures of self-care support

Physical. In this category the main objective in the self-care theory of Lee and Miller (2013) is “to optimise physical function and safety” (p.99). We highlight the following aspects in relation to self-care in caregivers of people with dementia: (a) creating time and opportunities for maintaining physical health; (b) creating awareness of the need for self-care.

We support this assertion on the basis of the following facts and findings. Caring for a family member with dementia has been associated with higher levels of stress and increased risk for poor psychological and physical health when compared to non-caregivers (Pinquart & Sörensen, 2003). Self-care goes beyond basic self-care activities (e.g. nutrition, rest, hygiene, etc.) in the sense that “it involves the active creation of time or opportunities for health maintenance and health promotion beyond what is expected for one’s survival.” (Oliveira et al., 2019, p.2). Caregivers are aware of the need to dedicate more time and care to themselves (Anderson et al., 2019; Lewis et al., 2000). However, they practice significantly fewer health promoting self-care behaviors than non-caregivers (Acton, 2002). It has been shown that it is caregivers’ health problems, such as physical symptoms indicating that their health status is at risk, that trigger a conscious movement towards self-care (Furlong & Wuest, 2008).

Psychological and Emotional. Caregivers’ psychological and emotional well-being may be challenged by a lack of time for themselves, a loss of autonomy, feelings of confinement and enclosure, and threats to their sense of identity (Hasselkus & Murray, 2007; O’Shaughnessy et al., 2010). Caregivers’ involvement in the care routines of their family members may impact their ability to make time for emotional connection and self-expression: “the more encapsulated by care-giving one’s life is, the more vulnerable one is to the loss of self” (De la Cuesta-Benjumea, 2011, p.2). Some of the barriers to health-promoting self-care actions in family caregivers of people with dementia could be a general lack of time for themselves, not prioritising this need and a lack of knowledge about psychological support options (Tatangelo et al., 2018). The impact of caregiving is related to an increased risk of developing depressive symptoms (Cooper et al., 2007; Schoenmakers et al., 2010). Consequently, in relation to caregivers of people

with dementia, we may also observe the main objective of the psychological and emotional support structure of Lee and Miller (2013): to “maintain a positive and compassionate view of the self, which pointed out that self-care is a tool that fosters a sense of empowerment and emotional well-being” (p.99). Within this structure of support, we would highlight the following key aspects: (a) providing respite and distancing oneself from the role of caregiving; (b) creating activities that provide disconnection and emotional relief; (c) fostering a sense of freedom and regaining a sense of self; (d) promoting self-esteem and empowerment.

Personal self-care of the caregiver is strongly associated with emotional well-being, and is very difficult to achieve if family members do not have space for themselves away from their caregiving role (De la Cuesta-Benjumea, 2011; Furlong & Wuest, 2008; Sabo & Chin, 2020; Waligora et al., 2019). Respite from the caregiving role is reportedly achieved through experiences of cognitive and emotional freedom from caregiving concerns. Any personally meaningful, absorbing activity may have the power to allow caregivers a mental escape (Teitelman & Watts, 2004). A qualitative study conducted by Ashworth and Baker (2000) found that respite from caregiving promotes a sense of freedom and helps to restore a sense of self.

Social. Social participation is an essential need for the promotion of self-care in caregivers of people with dementia (Anderson et al., 2019; Furlong & Wuest, 2008; Waligora et al., 2019). In this sphere, Lee and Miller (2013) point to the aim of “building and sustaining meaningful, supportive relationships, related to social structure” (p.99).

Family caregivers often find it difficult to maintain their social support network, resulting in feelings of loneliness and isolation (Brodaty & Donkin, 2009; Kovaleva et

al., 2018). Social support can have a direct impact on improving caregivers' self-esteem (Tatangelo et al., 2018), as well as on their health (Mittelman et al., 2007). Participation in caregiver-led support groups, where caregivers share similar circumstances, provides an experience of emotional validation that fosters the emergence of feelings of belonging, safety and understanding (O'Shaughnessy et al., 2010).

Accordingly, we would draw attention to the following aspects: (a) creating opportunities to foster caregivers' social support and self-esteem; (b) helping to generate feelings of validation, acceptance, and belonging.

Leisure. Within this support structure the main aim of self-care theory is “to encourage participation in enjoyable activities that typically promote rest and relaxation or encourage creativity” (Lee & Miller, 2013, p.100). Research on self-care in caregivers has similarly showed that leisure activities are associated with spontaneity, pleasure, and satisfaction, and are therefore part of caregivers' self-care (Pope et al., 2017).

In relation to family caregivers of people with dementia, we also find the following evidence. Reducing leisure time is linked to a deterioration of caregivers' mental health and lower life satisfaction (Ineu de Oliveira et al., 2017; Schüz et al., 2015). Engaging in leisure activities meant to be enjoyed by oneself provides a “break” from caregiving roles and has a positive impact on the caregivers' psychological well-being (Furlong & Wuest, 2008; Losada et al., 2010). In addition, creative activities offer a temporary escape from caregiving, and promote caregivers' sense of identity and resilience, thus contributing to protecting their psychological well-being (Hunt et al., 2018).

We would include the following aspects in this framework: (a) encouraging activities that provide pleasure and satisfaction; (b) valuing the need for leisure time; (c) engaging in creative activities to enhance resilience and protect psychological well-being.

Spiritual. Finally, self-care is related to spirituality, a structure that is much more intangible and difficult to quantify than those listed above and whose main objective, according to the theory of Lee and Miller (2013), is that it “fosters connectedness, faith, and peace” (p.100). Within self-care in caregivers of people with cancer, Kim et al. (2015) associate the ability to find a sense of peace, wholeness or harmony with the improvement of caregivers’ mental health. To our knowledge, there are few studies that relate this support structure to caregivers of people with dementia; in this connection we highlight the work of Waligora et al. (2019), in which spirituality is presented as a force of provision and emotional support for caregivers of people with dementia. Anderson et al., (2019) state that spirituality played an important role in the self-care. The key aspect we would highlight is promoting feelings of peace, wholeness, and harmony as a supportive force.

A theoretical group therapeutic songwriting intervention protocol for self-care of caregivers of people with dementia

Theoretical underpinnings and influences of the intervention protocol

Our therapeutic perspective is framed within the experience-oriented approach, which is part of Bruscia’s (2011) “Ways of Thinking in Music Therapy” and is also included by Baker (2016) among the three main orientations of therapeutic songwriting. In terms of objectives, the basic music strategies of experience-oriented thinking aim to engage the

client in a musical experience that is intrinsically pleasurable, empowering, and meaningful. In regard to the function of the music, it is an experiential medium through which the client explores their inner world. In relation to the client, the active participation of individuals in their process allows the client to gain an awareness of their personal resources. According to Bruscia (2011), psychological orientations of the experience-oriented approach include psychodynamic, humanistic, and Gestalt. Our theoretical GTSW intervention protocol focuses specifically on humanistic influences, described by Abraham Maslow (1962), Carl Rogers (1961), and Rollo May (1994). Humanistic psychology is based on concepts such as freedom, individuality, creativity, and spirituality, as they emerge in personal, interpersonal, social, and cultural contexts (Angus et al., 2015). We will thus place caregivers at the centre of the therapy, as protagonists of their own self-care process, in which opportunities for greater self-awareness and self-understanding are promoted, and their capacity for growth is enhanced.

Our approach, in addition to the orientations already mentioned, includes aspects of Fiorini's (2010) theory of the creative psyche. Fiorini explains the creative processes starting from "the given", from what we already know about the world, which threatens the creative psyche by capturing and enclosing it. However, there is a drive that produces a movement from the given to new spaces: "the unknown". Established forms are destabilised, provoking a chaos in which, and only in which, we can find new movements and forms that will allow us to create new possibles. Thus, the person is nourished by the creative processes related to a state of possibility, which lead to experiencing transformations in the psyche that give rise to different levels of consciousness.

Fiorini (2010) indicates that creative therapies allow creative impulses to emerge from words, sound, movement, painting, poetry, or images, to “create and grow” (Wigram et al., 2005, p.136). The process of artistic creation, therefore, provides a therapeutic framework from this perspective, in which people can find new relationships, meanings, and transformations.

Protocol intervention process: RETE

Having commented on the theoretical aspects and influences of our therapeutic perspective (experience-oriented approach with humanistic influences and parameters of the theory of the creative psyche), we shall now describe the GTSW protocol by identifying the factors that support the use of therapeutic songwriting, as specified in other existing therapeutic songwriting protocols (Baker, 2017; Myers-Coffman et al., 2020; Tamplin et al., 2016). From the intervention point of view, the cornerstone of this protocol is the RETE process, which we define as having four distinct stages: (a) Respite or distancing from the caregiver’s identity; (b) Exploration/Expression of feelings and emotions; (c) Transformation and new meanings; (d) Empowerment and sense of achievement.

In the first stage of respite or distancing from the caregiver’s identity, it is meaningful and absorbing experiences that help to achieve respite and emotional relief (Teitelman & Watts, 2004). Songwriting is an experience that fosters this mental escape, as it involves strong experiences of flow and meaningfulness (Baker & MacDonald, 2013). Flow, a term coined by Csikszentmihalyi (1975), is a positive state of consciousness that can be experienced when one is immersed in an activity that is intrinsically rewarding. The person experiences a sense of control and empowerment

and has a stronger positive self-perception; high levels of flow have been linked to promoting health and well-being (Asakawa, 2010).

We refer to the second stage as exploration/expression since therapeutic songwriting is an intervention that allows people to explore and express their emotions, to feel listened to and acknowledged by others (O'Callaghan, 1997). In this regard, studies on caregivers of people with dementia have noted that creating a song allows caregivers to tell their stories, reflect on their identity, and experience a sense of emotional release and relief (Baker & Yeates, 2017). Music, lyrics, and combinations with other arts (which we include in our intervention programme in the next section) have the potential to be vehicles for emotional expression, and this range of symbolic languages multiplies the communicative possibilities. Songs can contain complex, ambiguous emotions that are difficult to express through spoken language, which makes song creations as a tool for communicative freedom (Baker, 2017). This is an important aspect in interventions, as many caregivers do not have opportunities to express their feelings and, moreover, are used to telling their story through verbal language and may be trapped in the same discourse (García-Valverde et al., 2021). Furthermore, if we take into consideration that this opportunity for self-exploration and emotional expression takes place in a group context comprising caregivers who share similar circumstances, we find that, according to the experience of caregivers, GTSW generates group identity and feelings of belonging, reducing caregivers' sense of isolation and loneliness (Baker et al., 2018). This is a relevant aspect if we consider that the social component is key in the promotion of health and self-care in caregivers of people with dementia (Anderson et al., 2019; Furlong & Wuest, 2008).

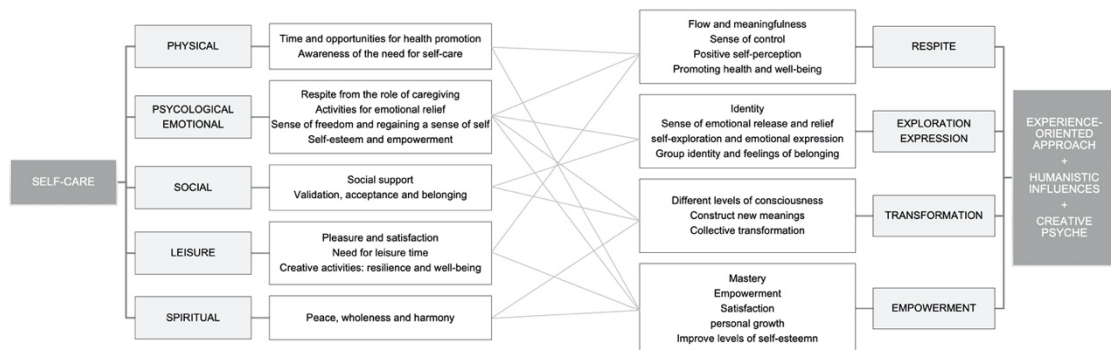
As can be observed, in order for the RETE process to develop, it is key to take into account the creative facet of this intervention, as the process of composing a song

generates internal feelings that can be externalised, released, and then processed at the cognitive level (Baker, 2016). It is through creative processes that a rupture of established forms is experienced, which allows for a transformation in the psyche that gives rise to different levels of consciousness (Fiorini, 2010). Moreover, therapeutic songwriting allows caregivers of people with dementia to distance themselves from their usual contexts and construct new meanings (Baker, 2016; Baker & Yeates 2017; García-Valverde et al., 2021). It is important to highlight, within the transformation stage, the fact that the creative process takes place in a group context, which involves “a shared process, shared ownership, inclusivity, reciprocity, and relationality” (Zeilig et al., 2019, p. 17). Therefore, co-creativity creates a space not only for individual transformation, but for collective transformation.

To support the fourth and final stage of the process, we wish to point out that creative processes allow new feelings of control and mastery to be experienced, giving the person a sense of satisfaction and empowerment (Cohen, 2006). This issue is significant in the context of working with caregivers of people with dementia, as creative challenges promote in people a strong sense of self and a sense of accomplishment (Baker & MacDonald, 2013). In the same way, other research indicates that the creative process of songwriting provides a sense of inner strength, self-improvement, and personal growth in caregivers (Baker et al., 2018). Moreover, as supported by quantitative research evidence in García-Valverde et al. (2020), there is quantitative evidence that GTSW is an intervention that significantly improves levels of self-esteem and quality of life, and significantly reduces levels of depression, in family caregivers of people with dementia.

In this way, we have further justified the relationship between this new theoretical GTSW intervention protocol and the conceptual framework for caregiver self-care referred to in the previous section (see Figure 2).

Figure 2. Relationship between the conceptual framework of self-care in caregivers and the GTSW theoretical protocol.



To conclude this section, we would point out that the effects of the present theoretical GTSW intervention protocol for self-care in caregivers of people with dementia have been measured both quantitatively and qualitatively. García-Valverde et al. (2020) used non-randomised quasi-experimental design with repeated measures (pre-post intervention) was used to observe the effects of this intervention with a sample of 21 caregivers of people with dementia, divided into three groups. The results showed a significant decrease in anxiety-state and depression scores, and an increase in self-esteem scores, after the intervention. In terms of quality of life, post-intervention scores on the Mental Component Summary and Mental Health were significantly higher. Subsequently, García-Valverde et al. (2021) explored caregivers' experiences of the GTSW program using an inductive thematic analysis, in which four themes were identified: (1) GTSW generates a sense of connection, (2) it is a motivating,

empowering, and meaningful experience, (3) it promotes emotional connection in a personal space, and (4) it increases well-being. The findings of both studies suggest that this theoretical intervention protocol we have designed may be effective in promoting self-care, health promotion, as well as greater well-being and quality of life for caregivers of people with dementia. In the following section we shall detail the intervention programme followed in both studies.

Intervention programme

In order to apply a theoretical GTSW intervention protocol for self-care GTSW, we have designed a programme of twelve 60-minute sessions, led by a trained music therapist, and comprising four phases:

1. Preparatory phase (sessions 1-4)
2. Exploration and transformation phase (sessions 5-7)
3. Creation of lyrics and music (sessions 8-10)
4. Instrumentation, recording, and conclusion (sessions 11 and 12)

Before detailing each of the phases, we shall explain methodological aspects such as the structure and duration of the process, the songwriting method applied and the role of the music therapist. These methodological aspects have also been gleaned from other songwriting protocols, which have inspired and guided the development of the present study (Baker, 2017; Myers-Coffman et al., 2020; Tamplin et al., 2016).

Prior to creation of lyrics and music we have added two phases for our study: a preparatory phase and a phase of exploration and transformation, designed to create a space for emotional exploration, acceptance and empathy to develop the therapeutic bond and group cohesion among the group members. These phases are important in promoting self-care, as one of the goals of Lee and Miller's (2013, p.99) social support

structure is to "build and maintain meaningful and supportive relationships". In addition, spending an extended time in the process of creating the song allows caregivers, on the one hand, to "sit with their feelings" in order to process and reprocess complex issues (Baker, 2017, p.5). On the other hand, it also allows them to establish a strong sense of belonging, trust, and safety within the group, which is an opportunity to open up emotionally, reveal themselves, and trust in the group process, thus being authentic in their contributions to the song creation (Day et al., 2009).

This protocol follows the original songwriting method (Baker, 2016) in which the lyrics and music are created by the participants. This contributes to making the process more meaningful for the songwriters, as they achieve higher levels of self-esteem, satisfaction, and accomplishment than with other songwriting methods (Baker & MacDonald, 2013; Baker & Yeates, 2017). In addition, original songwriting promotes creativity and encourages high levels of flow, as it requires time and deep engagement in the therapeutic process from the outset (Baker, 2016).

The role of the music therapist in this protocol is to create a warm therapeutic relationship that engages group members in meaningful self-exploration (Baker, 2016). The therapist accompanies and stimulates the transition from creative chaos to the perception of possibilities and meanings (Fiorini, 2010). The process may include asking questions, encouraging reflection, offering feedback and inviting caregivers to explore and search for meaning. The subjective experience of each person is of central importance, but also the fact that it is framed in a group context, as the safer, more intimate and trusting the group, the more people are willing to open up with authenticity and honesty (Baker & MacDonald, 2013). The therapist supports and validates the decisions the group makes about the content of lyrics and music, and ensures that all

members have a voice and are heard. The development of the therapeutic alliance based on unconditional acceptance is important in creating an environment of trust and safety (Rogers, 1961).

Phases and sessions of the intervention programme

Following the structure of existing therapeutic songwriting protocols (Baker, 2017; Myers-Coffman et al., 2020; Tamplin et al., 2016), the present intervention protocol also includes an articulated intervention programme in its different phases and sessions.

In all sessions except the first one (in which the necessary time will be set aside for introductions and first contact with the group), there will be a welcome procedure and an oral conclusion procedure, which will entail each person in turn expressing with a phrase or a word how they feel at the beginning and at the end of each session. In addition, each session will include a warm-up exercise using strategies that promote stimulation (such as music and movement activities or body percussion) or interaction between group members (dynamic group work or pair work).

Preparatory phase (sessions 1-4)

The first phase will be an initial introduction to the RETE process, focusing mainly, but not exclusively, on the respite and exploration/expression stages. This phase aims to build the initial foundations based on trust and connection between group members. A supportive listening environment will be created for the expression of feelings, emotional release, and the exploration of conscious and unconscious aspects of the self. The main strategy is to introduce different methods of music therapy (such as therapeutic improvisation, therapeutic singing, visualisations, etc.), which will be used in a flexible way taking into account both the needs of the group members and the

different structures of self-care (physical, psychological-emotional, social, leisure, and spiritual).

For example, in García-Valverde et al. (2020) a first oral presentation session was conducted to explain the intervention process based on the creation of their own song, as well as to share the musical identity of each person in the group and to collect the first impressions and expectations they had of the therapy. A therapeutic improvisation was also performed to “break the ice” and establish first contact with the musical self and the collective aural experience.

In sessions 2, 3 and 4, therapeutic improvisation, therapeutic singing, guided visualisations and the integration of the arts (music-drawing, music-movement) were introduced with the intention of providing a space for sharing experiences and feelings that would promote greater caregiver well-being (Brotons & Marti, 2003).

Exploration and transformation phase (sessions 5-7)

The exploration and transformation phase replaces the brainstorming, empathic listening or interviews used in previous studies and from which the songwriting process begins (Baker & MacDonald, 2013; Baker & Yeates, 2017). The aim of this phase is to engage the group in a process of exploration that allows them to identify significant themes for their song. This exploration process will be carried out through different music therapy experiences, such as therapeutic singing or therapeutic improvisation. The reflections, thoughts and feelings that emerge from these experiences will be visually captured in a large physical canvas through phrases, drawings, metaphors, or symbolic images. The common canvas will be created throughout these sessions and will be culminated using the receptive technique of musical collage (Grocke & Wigram, 2007). In this way, the personal and group process that the caregivers are experiencing

is also captured on a visual level. From this visual guide, caregivers will identify the underlying themes and discuss which of these are the most significant in constructing the message of their song. Therefore, caregivers will freely determine the theme of their song, through a creative process of self-exploration. Consequently, this phase focuses mainly on the exploration/expression and transformation stages of the RETE process.

Creation of lyrics and music (sessions 8-10).

With the caregivers having created the two canvases to guide the songwriting process, the group begins to develop the lyrics of their song. This is a useful time to reflect upon, analyse, and explore the key themes and throw more light on them. A common space of dialogue opens up for the expression of emotions, which can lead to new insights allowing them to form fresh perspectives on themselves (Baker, 2016). The music therapist guides the group by asking questions, reflecting, offering stimulation, and ensuring that all members make their contributions and feel involved in the creation process. After discussing and reviewing the finalised lyrics, the participants define the lyrical structure (chorus and verses) and thus see the first major part of their song take shape.

As far as composition is concerned, if the composers have a clear idea of the musical style they will be able to guide this musical creation process from the beginning.

However, group members may not have had previous opportunities to create music. As such, the role of the music therapist is to facilitate this process, ensuring that the group members have control over the song's creation and feel that they have ownership of it. In relation to the melody, the composers can use their voices and improvise a first melodic proposal, while the music therapist helps them to reflect and consolidate the

proposals which they find most convincing. Subsequently, the music therapist accompanies the melody harmonically, offering different options for them to guide and direct the process of creating the music. The therapist can ask questions about the song's character, message or feel, so that the composers can use their answers to decide upon the song's rhythm, genre or dynamics.

At this point, we would highlight two fundamental aspects: on the one hand, by being actively involved in this creative process, caregivers can establish new viewpoints on their own circumstances and construct new meanings that give way to transformations in the psyche (Fiorini, 2010); on the other hand, the fact of successfully completing this creative challenge, which culminates in generating the bulk of their own song, can provoke a sense of achievement and satisfaction (Cohen, 2006; Baker & MacDonald, 2013; Baker et al., 2018). Consequently, although this phase provides respite (through carrying out the proposed therapeutic activities) and exploration/expression (through expressing the intended meaning of the participants' lyrics and music), it fundamentally emphasises the transformation and empowerment stages of the RETE process.

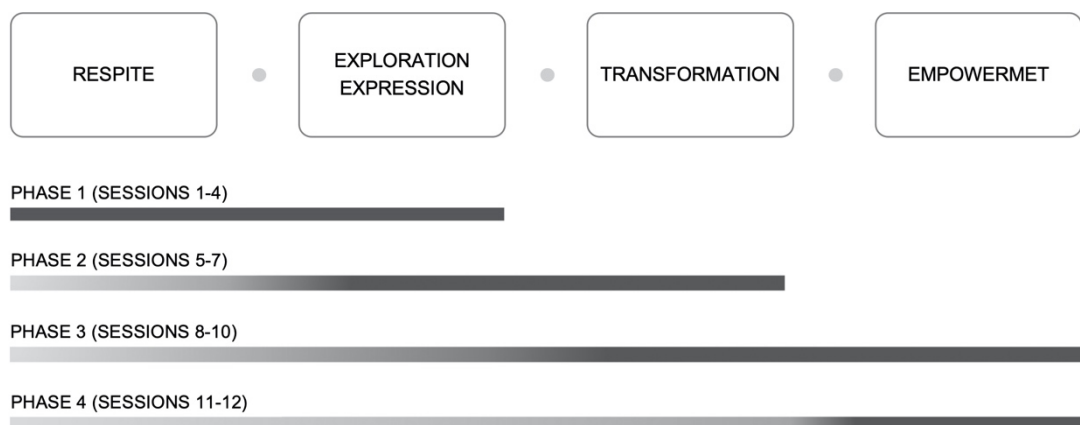
Instrumentation, recording, and conclusion (sessions 11-12)

The final decisions before recording are aimed at defining the instrumentation for the song; the music therapist will offer different options on timbres and on harmonic and melodic instruments that dress and nuance the song's tones. It can be useful to test different instruments so that the composers can decide which sounds best suit the feel of their song. Based on the group's decisions, the music therapist develops a musical base over which the caregivers record voices and/or instruments that they choose to play themselves. The recording is produced and given to each participant in the last session.

The process culminates with the group listening to the recording, followed by an oral conclusion in which they express what they will take away from the process as a whole. In other words, this last phase gives meaning and overall significance to the entire therapeutic process, and can help to reinforce the caregivers' feelings of empowerment as well as the connection between them.

It can be observed that the RETE process is present in each and every phase, as they all include therapeutic tools that offer participants opportunities for respite, exploration, expression, transformation, and empowerment. However, as we have seen, each phase focuses mainly on one or two stages of the RETE process (see Figure 3), and the possibility of progressing in the process throughout the intervention is based on the fact that, session by session, it is the caregivers themselves who feed back into the RETE process, making it more and more meaningful.

Figure 3. RETE process in the different phases of the intervention programme.



Conclusion

We have developed a theoretical GTSW intervention protocol for self-care in caregivers of people with dementia, based on the experience-oriented approach (Bruscia, 2011) and influenced by humanistic and creative psychism theory (Fiorini, 2010). We have also framed it within a new conceptual framework of self-care in caregivers using the

support structures of Lee and Miller (2013). Furthermore, we have illustrated this theoretical model by designing an intervention programme, which follows a RETE therapeutic process in four stages: Respite - Exploration/Expression - Transformation – Empowerment, and consists of twelve 60-minute sessions led by a trained music therapist. Lastly, it should be noted that the effects of this theoretical GTSW intervention protocol for self-care in caregivers of people with dementia have been measured both quantitatively (García-Valverde et al., 2020) and qualitatively (García-Valverde et al., 2021), as a result of which it is observed that this protocol can have a positive impact on the quality of life, well-being and health promotion of caregivers. It should be noted that we have linked two fields of research: self-care in family caregivers of people with dementia and GTSW. To date, this method of music therapy had been studied from theoretical models of caregiver burden and stress. Both are recent fields and their current relevance is justified by the incipient and growing attention they are receiving from scientists from different disciplines. Therefore, we hope to have contributed to create a theoretical basis for the development of music therapy protocols, as well as to promote empirical analyses that substantiate their real effects from the perspective of self-care and health promotion for caregivers of people with dementia.

References

- Acton, G. J. (2002). Health-promoting self-care in family caregivers. *Western Journal of Nursing Research, 24*(1), 73-86. <https://doi.org/10.1177/01939450222045716>
- Alzheimer's Association. (2020). 2020 Alzheimer's disease facts and figures. *Alzheimer's & Dementia, 16*, 391-460. <https://doi.org/10.1002/alz.12068>
- Anderson, J. G., Hundt, E., Dean, M., & Rose, K. M. (2019). "A fine line that we walk every day": Self-care approaches used by family caregivers of persons with dementia. *Issues in Mental Health Nursing, 40*(3), 252-259. <https://doi.org/10.1080/01612840.2018.1499156>
- Angus, L., Watson, J. C., Elliott, R., Schneider, K., & Timulak, L. (2015). Humanistic psychotherapy research 1990–2015: From methodological innovation to evidence-supported treatment outcomes and beyond. *Psychotherapy Research, 25*(3), 330-347. <https://doi.org/10.1080/10503307.2014.989290>
- Asakawa, K. (2010). Flow experience, culture, and well-being: How do autotelic Japanese college students feel, behave, and think in their daily lives? *Journal of Happiness Studies, 11*(2), 205-223. <https://doi.org/10.1007/s10902-008-9132-3>
- Ashworth, M., & Baker, A. H. (2000). 'Time and space': carers' views about respite care. *Health & Social Care in the Community, 8* (1), 50-56. <https://doi.org/10.1046/j.1365-2524.2000.00221.x>
- Baker, F. A. (2016). *Therapeutic songwriting: Developments in theory, methods, and practice*. Springer.
- Baker, F. A. (2017). A theoretical framework and group therapeutic songwriting protocol designed to address burden of care, coping, identity, and wellbeing in caregivers of people living with dementia. *Australian Journal of Music Therapy,*

28. Available online at: <https://www.austmta.org.au/journal/article/theoretical-frameworkand-group-therapeutic-songwriting-protocol-designed-address-0>

Baker, F. A., & MacDonald, R. A. R. (2013). Flow, identity, achievement, satisfaction and ownership during therapeutic songwriting experiences with university students and retirees. *Musicae Scientiae*, 17(2), 131-146.
<https://doi.org/10.1177/1029864913476287>

Baker, F. A., Stretton-Smith, P. A., Clark, I. N., Tamplin J., & Lee, Y.-E. C. (2018). A group therapeutic songwriting intervention for family caregivers of people living with dementia: a feasibility study with thematic analysis. *Frontiers in Medicine*, 5, 151. <https://doi.org/10.3389/fmed.2018.00151>

Baker, F. A., & Wigram, T. (2005). *Songwriting: Methods, techniques and clinical applications for music therapy clinicians, educators and students*. Jessica Kingsley Publishers.

Baker, F. A., & Yeates, S. (2017). Carers' experiences of group therapeutic songwriting: An interpretive phenomenological analysis. *British Journal of Music Therapy*, 32(1), 8-17. <https://doi.org/10.1177/1359457517728914>

Brodsky, H., & Donkin, M. (2009). Family caregivers of people with dementia. *Dialogues in Clinical Neuroscience*, 11(2), 217.

Bruscia, K. E. (2011). Ways of thinking in music therapy [The William W. Sears Distinguished Lecture Series, American Music Therapy Association 13th Annual Conference, Atlanta, Georgia]. Podcast retrieved from <http://amtapro.musictherapy.org> on February 1, 2012. (Actual Presentation, November 13, 2011)

- Cohen, G. (2006). Research on creativity and aging: The positive impact of the arts on health and illness. *Generations*, 30(1), 7-15.
- Cooper, C., Balamurali, T. B. S., & Livingston, G. (2007). A systematic review of the prevalence and covariates of anxiety in caregivers of people with dementia. *International Psychogeriatrics*, 19(2), 175-195.
<https://doi.org/10.1017/S1041610206004297>
- Csikszentmihalyi, M. (1975). *Beyond boredom and anxiety: The experience of play in work and leisure*. Jossey-Bass Publishers.
- Day, T., Baker, F. A., & Darlington, Y. (2009). Participants' experiences of the song writing process and the on-going meaning of their song creations following completion of a music therapy program. *Nordic Journal of Music Therapy*, 18(2), 133-149.
- De la Cuesta-Benjumea, C. (2011). Strategies for the relief of burden in advanced dementia care-giving. *Journal of Advanced Nursing*, 67(8), 1790-1799.
<https://doi.org/10.1111/j.1365-2648.2010.05607.x>
- Del Pino-Casado, R., Frías-Osuna, A., Palomino-Moral, P. A., & Pancorbo-Hidalgo, P. L. (2011). Coping and subjective burden in caregivers of older relatives: a quantitative systematic review. *Journal of Advanced Nursing*, 67(11), 2311-2322. <https://doi.org/10.1111/j.1365-2648.2011.05725.x>
- Fiorini, H. J. (2010). *El psiquismo creador: teoría y clínica de procesos terciarios*. Buenos Aires: Editorial Paidós.
- Furlong, K. E., & Wuest, J. (2008). Self-care behaviors of spouses caring for significant others with Alzheimer's disease: The emergence of self-care worthiness as a salient condition. *Qualitative Health Research*, 18(12), 1662-1672.
<https://doi.org/10.1177/1049732308327158>

- García-Valverde, E., Badia, M., Orgaz, M. B., & González-Ingelmo, E. (2020). The influence of songwriting on quality of life of family caregivers of people with dementia: An exploratory study. *Nordic Journal of Music Therapy*, 29(1), 4-19.
doi:10.1080/08098131.2019.1630666
- García-Valverde, E., M. Badía & B. Orgaz. (2021). Experiences of group therapeutic songwriting of family caregivers of people with dementia: A qualitative study. *Psychology of Music*. <https://doi.org/10.1177/03057356211005844>
- Grocke, D. & Wigram, T. (2007). *Receptive methods in music therapy: Techniques and clinical applications for music therapy clinicians, educators and students*. Jessica Kingsley Publishers.
- Hasselkus, B. R., & Murray, B. J. (2007). Everyday occupation, well-being, and identity: The experience of caregivers in families with dementia. *American Journal of Occupational Therapy*, 61(1), 9-20.
<https://doi.org/10.5014/ajot.61.1.9>
- Hunt, B., Truran, L., & Reynolds, F. (2018). “Like a drawing of breath”: leisure-based art-making as a source of respite and identity among older women caring for loved ones with dementia. *Arts & Health*, 10(1), 29-44.
<https://doi.org/10.1080/17533015.2016.1247370>
- Ineu de Oliveira, T., Maziero, B. R., Ilha, S., Pacheco, L. S., & Schroeder de Oliveira, F. (2017). Daily family members/caregiver with Alzheimer: Support group contributions. *Journal of Nursing UFPE/Revista de Enfermagem UFPE*, 11(2).
<https://doi.org/10.5205/reuol.10263-91568-1-RV.1102201704>
- Joling, K. J., van Marwijk, H. W. J., Veldhuijzen, A. E., van der Horst, H. E., Scheltens, P., Smit, F., & van Hout, H. P. J. (2015). The two-year incidence of depression and anxiety disorders in spousal caregivers of persons with dementia: Who is at the

greatest risk? *The American Journal of Geriatric Psychiatry*, 23(3), 293-303.

<https://doi.org/10.1016/j.jagp.2014.05.005>

Kim, Y., Carver, C. S., & Cannady, R. S. (2015). Caregiving motivation predicts long-term spirituality and quality of life of the caregivers. *Annals of Behavioral Medicine*, 49(4), 500-509. <https://doi.org/10.1007/s12160-014-9674-z>

Kovaleva, M., Spangler, S., Clevenger, C., & Hepburn, K. (2018). Chronic stress, social isolation, and perceived loneliness in dementia caregivers. *Journal of Psychosocial Nursing and Mental Health Services*, 56(10), 36-43. <https://doi.org/10.3928/02793695-20180329-04>

Lazarus, R. S. & Folkman, S., (1984). *Stress, appraisal, and coping*. Springer publishing company.

Lee, J. J., & Miller, S. E. (2013). A self-care framework for social workers: Building a strong foundation for practice. *Families in Society*, 94(2), 96-103. <https://doi.org/10.1606/1044-3894.4289>

Lewis, M., Hepburn, K., Narayan, S., Lally, R. M., Corcoran-Perry, S., Maddox, M., Dropkin, K., & Hasse, S. (2000). Decision-making by family caregivers of elders experiencing dementia. *American Journal of Alzheimer's Disease & Other Dementias*®, 15(6), 361-366. <https://doi.org/10.1177/153331750001500607>

Losada, A., Pérez-Peñaranda, A., Rodríguez-Sánchez, E., Gómez-Marcos, M. A., Ballesteros-Ríos, C., Ramos-Carrera, I. R., Campo-de la Torre, M. Á., & García-Ortiz, L. (2010). Leisure and distress in caregivers for elderly patients. *Archives of Gerontology and Geriatrics*, 50(3), 347-350. <https://doi.org/10.1016/j.archger.2009.06.001>

Ma, M., Dorstyn, D., Ward, L., & Prentice., S. (2018). Alzheimers' disease and caregiving: a meta-analytic review comparing the mental health of primary

carers to controls. *Aging & Mental Health*, 22(11), 1395-1405.

<https://doi.org/10.1080/13607863.2017.1370689>

Maslow, A. H. (1962). *Towards a psychology of being*. Van Nostren.

May, R. (1994). *Courage to create*. Norton

Ministerio de Sanidad, Consumo y Bienestar Social (2019). *Plan Integral de Alzheimer y otras Demencias 2019-2023*. Ministerio de Sanidad, Consumo y Bienestar Social, 94 p.

Mittelman, M. S., Roth, D. L., Clay, O. J., & Haley, W. E. (2007). Preserving health of Alzheimer caregivers: impact of a spouse caregiver intervention. *The American Journal of Geriatric Psychiatry*, 15(9), 780-789.

<https://doi.org/10.1097/JGP.0b013e31805d858a>

Myers-Coffman, K., Baker, F. A., & Bradt, J. (2020). The Resilience Songwriting Program: A working theoretical model and intervention protocol for adolescent bereavement. *Nordic Journal of Music Therapy*, 29(2), 132-149.

<https://doi.org/10.1080/08098131.2019.1642373>

O'Callaghan, C. C. (1997). Therapeutic opportunities associated with the music when using song writing in palliative care. *Music Therapy Perspectives*, 15(1), 32-38.

<https://doi.org/10.1093/mtp/15.1.32>

O'Shaughnessy, M., Lee, K., & Lintern, T. (2010). Changes in the couple relationship in dementia care: Spouse carers' experiences. *Dementia*, 9(2), 237-258.

<https://doi.org/10.1177/1471301209354021>

Oliveira, D., Zarit, S. H., & Orrell, M. (2019). Health-promoting self-care in family caregivers of people with dementia: the views of multiple stakeholders. *The Gerontologist*, 59(5), e501-e511. <https://doi.org/10.1093/geront/gnz029>

- Orem, D. (1991) *Nursing: Concepts of practice*. St. Louis: Mosby-Year Book. オレム, DE 小野寺杜紀 (1995). オレム看護論 看護実践における基本概念 第3版, *Nursing: Concept of Practice, 4th edition* 医学書院.
- Patterson, C. (2018). *World Alzheimer Report 2018. The state of the art of dementia research: New frontiers*. Alzheimer's Disease International. Available online at: <https://www.alzco.uk/research/WorldAlzheimerReport2018pdf> Accessed 20 May 2020
- Pearlin, L. I., Mullan, J. T., Semple, S. J., & Skaff, M. M. (1990). Caregiving and the stress process: An overview of concepts and their measures. *The Gerontologist*, 30(5), 583-594. <https://doi.org/10.1093/geront/30.5.583>
- Pincus, J. (November, 2006). *Teaching self-care*. Paper presented at the meeting of the Pennsylvania Psychological Association on the Ethics Educators Conference, Harrisburg, PA
- Pinquart, M. & Sörensen, S. (2003). Differences between caregivers and noncaregivers in psychological health and physical health: a meta-analysis. *Psychology and Aging*, 18(2), 250-267. <https://doi.org/10.1037/0882-7974.18.2.250>
- Pope, N., Giger, J., Lee, J., & Ely, G. (2017). Predicting personal self-care in informal caregivers. *Social Work in Health Care*, 56(9), 822-839. <https://doi.org/10.1080/00981389.2017.1344755>
- Prince, M., Comas-Herrera, A., Knapp, M., Guerchet, M., & Karagiannidou, M. (2016). *World Alzheimer report 2016: improving healthcare for people living with dementia: coverage, quality and costs now and in the future*. Available online at: www.alz.co.uk/research/WorldAlzheimerReport2016.pdf.
- Prince, M., Wilmo, A., Guerchet, M., Ali, G. C., Wu, Y. T., & Prina, M. (2015). The global impact of dementia. An analysis of prevalence, incidence, cost and trends.

World Alzheimer Report 2015. Available online

at: <https://www.alz.co.uk/research/WorldAlzheimerReport2015.pdf>.

Richards, K., Campenni, C., & Muse-Burke, J. (2010). Self-care and well-being in mental health professionals: The mediating effects of self-awareness and mindfulness. *Journal of Mental Health Counseling, 32*(3), 247-264.
<https://doi.org/10.17744/mehc.32.3.0n31v88304423806>

Rogers, C. R. (1961). *On becoming a person: a therapist's view of psychotherapy*. Houghton Mifflin.

Sabo, K. & Chin, E. (2020). Self-care needs and practices for the older adult caregiver: An integrative review. *Geriatric Nursing, 42*, 570-581.
<https://doi.org/10.1016/j.gerinurse.2020.10.013>

Schoenmakers, B., Buntinx, F., & Delepeleire, J. (2010). Factors determining the impact of care-giving on caregivers of elderly patients with dementia. A systematic literature review. *Maturitas, 66*(2), 191-200. <https://doi.org/10.1016/j.maturitas.2010.02.009>

Schüz, B., Czerniawski, A., Davie, N., Miller, L., Quinn, M. G., King, C., Carr, A., Elliott, K. E. J., Robinson, A., & Scott, J. L. (2015). Leisure time activities and mental health in informal dementia caregivers. *Applied Psychology: Health and Well-Being, 7*(2), 230-248. <https://doi.org/10.1111/aphw.12046>

Tamplin, J., Baker, F. A., Macdonald, R. A., Roddy, C., & Rickard, N. S. (2016). A theoretical framework and therapeutic songwriting protocol to promote integration of self-concept in people with acquired neurological injuries. *Nordic Journal of Music Therapy, 25*(2), 111-133. <https://doi.org/10.1080/08098131.2015.1011208>

Tatangelo, G., McCabe, M., Macleod, A., & You, E. (2018). "I just don't focus on my needs." The unmet health needs of partner and offspring caregivers of people with dementia:

A qualitative study. *International Journal of Nursing Studies*, 77, 8-14.

<https://doi.org/10.1016/j.ijnurstu.2017.09.011>

Teitelman, J. & Watts, J. H. (2004). Family members' recommendations for achieving a mental break from caring for a loved one with Alzheimer's disease. *Alzheimer's Care Today*, 5(3), 252-260.

Vitaliano, P. P., Zhang, J., & Scanlan, M. J. (2003). Is caregiving hazardous to one's physical health? A meta-analysis. *Psychological Bulletin*, 129(6), 946-972.

<https://doi.org/10.1037/0033-2909.129.6.946>

Waligora, K. J., Bahouth, M. N., & Han, H.-R. (2019). The self-care needs and behaviors of dementia informal caregivers: A systematic review. *The Gerontologist*, 59(5), e565-e583. <https://doi.org/10.1093/geront/gny076>

Wigram, T., Pedersen, I. N., & Bonde, L. O. (2005). *Guía completa de musicoterapia: Teoría, práctica, clínica, investigación y formación*. AgrupArte Producciones.

Zeilig, H., Tischler, V., van der Byl Williams, M., West, J., & Strohmaier, S. (2019). Co-creativity, well-being and agency: A case study analysis of a co-creative arts group for people with dementia. *Journal of Aging Studies*, 49, 16-24.

<https://doi.org/10.1016/j.jaging.2019.03.002>