

**Adolescent Mother and Child Experiences  
in a Parent-Child Music Program**

A Dissertation Submitted to the College of Graduate Studies and Research  
in Partial Fulfillment of the Requirements for the Degree of Doctor of Philosophy  
in the Department of Educational Psychology and Special Education  
University of Saskatchewan  
Saskatoon

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## ABSTRACT

Adolescent mothers are unique; they are both teenagers and parents. Some are students. Many have difficulty with these multiple roles. Secondary schools that support adolescent mothers by providing parenting classes and daycare present an ideal environment to introduce and investigate parent-child music programs. In the present study, the experiences of adolescent mothers and their children in a modified music program based on *Kindermusik* (2010) curriculum are explored. This research is part of a growing movement to work with youth from a perspective of their interests, assets and resilience. The guiding research question is: What are the experiences of adolescent mothers and their infants in a culturally responsive parent-child music program? I worked with a local parent-child music instructor to implement a program in a Saskatoon school, and received support from a Cree Elder and a Métis singer-songwriter to develop a cultural component of the program.

Thirteen young women and their infants participated in the study; one adolescent mother was Aboriginal and five infants had paternal Aboriginal heritage. Other participant ethnicities mirrored the diversity in Saskatoon where much of the population is of multi-ethnic origin from British, German, French, and Ukrainian ancestry (Thraves, 2006). A case study of the eight-week music program was used, emphasizing experiential knowledge, continuous compilation of data, extended researcher observation, and the development of relationship and participant empowerment (Stake, 2010). Primary sources of data included participant-observations and focus group interviews. Secondary sources comprised individual interviews with the parent-child music instructor, an Elder, and school staff; short check-in interviews with most of the adolescent mothers; and video footage and photographs taken during the parent-child music program. *The Listening Guide* (Gilligan, Spencer, Weinberg, & Bertsch, 2003)—a feminist analysis consistent with the epistemology—was used to interpret the focus group interviews. Thematic analysis (Braun & Clarke, 2006) was utilized to elucidate the other sources of data.

The qualitative findings provide an in-depth understanding of the experiences of adolescent mothers and their infants in a parent-child music program using practical interactions that model and reinforce parenting skills through welcoming, informal, positive and culturally responsive activities. Key findings are strengthened mother-infant connections, enhanced maternal wellbeing,

and the development of children's social skills. Limitations and recommendations for further research are discussed.

## **ACKNOWLEDGEMENTS**

Many thanks to a woman who understands serendipity and who has been there for me since the inception of this project, Dr. Jennifer Nicol. Thanks also go to Dr. Laureen McIntyre, who joined Dr. Nicol in supervising my research. And thank you to my committee: Dr. Margaret Kovach, Dr. Louise Humbert, Dr. Gerald Langner, Dr. David Mykota, Dr. Tim Claypool, and external examiner Dr. Corinne Koehn. You have all helped strengthen this work with your thoughtful questions. And lastly, to John Kleefeld, my partner, peer reviewer, and loving supporter who led me to this academic path.

## **DEDICATION**

To the One

That is All

## TABLE OF CONTENTS

PERMISSION TO USE .....	i
ABSTRACT .....	ii
ACKNOWLEDGEMENTS .....	iv
DEDICATION .....	v
TABLE OF CONTENTS .....	vi
1 INTRODUCTION.....	1
1.1 The Researcher .....	3
1.2 The Literature .....	3
1.3 Research Question and Significance .....	5
1.4 Definitions .....	6
1.5 Chapter Organization.....	6
2 LITERATURE REVIEW .....	8
2.1 Paradigms and Focus .....	8
2.1.1 Positive psychology and resilience.....	8
2.1.2 Aboriginal resilience.....	11
2.2 Adolescent Mothers.....	12
2.2.1 Parenting programs for adolescent mothers and their infants.....	18
2.3 Attachment Theory .....	20
2.3.1 Attachment in the infants of adolescent mothers.....	21
2.3.2 Attachment and attunement.....	23
2.4 The Therapeutic Qualities of Music .....	24
2.4.1 Parent-child music programs.....	26
2.4.2 Music programs for young mothers and their infants.....	30
2.4.3 Resilience and music.....	33
2.5 Literature Summary.....	35
3 METHODOLOGY .....	37
3.1 Epistemology .....	37
3.2 Qualitative Inquiry.....	41
3.3 Case Study Research.....	41
3.4 Participants and Procedure .....	42

3.4.1	The Elder.....	43
3.4.2	The school.....	43
3.4.3	Planning the program.....	44
3.4.4	The Métis singer-songwriter.....	46
3.4.5	The parent-child music program.....	46
3.5	Data Generation.....	48
3.5.1	Participant observation.....	48
3.5.2	Interviews.....	49
3.5.3	Focus group interviews.....	50
3.5.4	Video footage and photographs.....	52
3.6	Data Analysis.....	53
3.6.1	<i>The Listening Guide</i> .....	53
3.6.2	Thematic analysis.....	55
3.6.3	The influence of spiritual feminism on data collection and analysis.....	56
3.7	Data Representation.....	56
3.8	Credibility.....	57
3.9	Ethics.....	58
3.9.1	Ethics in an Aboriginal context.....	59
4	RESULTS.....	63
4.1	Overview.....	63
4.2	Engaging Young Mothers and Infants With Music.....	63
4.2.1	Introductions.....	63
4.2.2	Getting to know you.....	65
4.2.3	Creating community.....	66
4.2.4	Cree lullabye.....	67
4.2.5	The video.....	68
4.2.6	Checking in.....	70
4.2.7	Photo session.....	72
4.2.8	“Wonderful, engaged, caring parents”.....	73
4.2.9	Video viewing and wrap-up.....	75
4.2.10	Summary: The classes.....	75



4.3	Listening to the Young Mothers .....	75
4.3.1	Initial session. ....	75
4.3.2	Follow-up.....	76
4.3.3	Conclusion. ....	77
4.4	The Focus Group Interviews Interpreted Through <i>The Listening Guide</i> .....	78
4.4.1	The plot, subplots, and researcher response.....	78
4.4.2	<i>I Poems</i> .....	83
4.4.3	Contrapuntal/multiple voices. ....	87
4.4.4	Interpretive analysis. ....	90
4.5	Collective Thematic Analysis of the Data Sources .....	92
4.5.1	Mother-child connection.....	93
4.5.2	Maternal wellbeing. ....	95
4.5.3	Children’s social skills. ....	96
5	DISCUSSION .....	98
5.1	Research Question and Results.....	98
5.2	Themes and Related Literature .....	98
5.2.1	The parent-child music classes. ....	98
5.2.2	Culture.....	100
5.2.3	Adolescent motherhood. ....	102
5.3	Theoretical Framework.....	105
5.4	Explanation of the Findings.....	106
5.5	Limitations.....	108
5.6	Significance .....	110
5.7	Implications .....	112
5.7.1	Practice implications.....	112
5.7.2	Implications for research.....	113
5.8	Researcher Reflections .....	115
5.9	Conclusions and Recommendations .....	116
6	REFERENCES .....	118
7	APPENDICES.....	134
	Appendix A Information and Consent Form.....	134

Appendix B	Transcript Release Form .....	137
Appendix C	Interview Guide: Initial Focus Group .....	138
Appendix D	Interview Guide: Follow-Up Focus Group .....	139
Appendix E	Interview Guide: Final Focus Group.....	140

FIGURES

Figure 1: Program Sequence .....45  
Figure 2: Research Results Data Summary .....93

## 1 INTRODUCTION

It all started in a qualitative research course. While discussing my study on adolescent mothers and their infants with the young woman sitting next to me, she exclaimed, “You’ve got to come to the music class I go to with my little boy! Our instructor taught us a lullaby and told us, ‘This will buy you an extra five minutes in the grocery store line-up,’ and she’s right, he calms right down.” She continued, “I don’t know if it’s possible but I think I love him even more now, like when he does the duck song at home.” She flapped her hand behind her like a duck tail, laughing.

I was intrigued that a lullaby could be helpful to new mothers, and that one could love a child “even more.” I agreed to attend a class the following week. Joining the group seated on the floor, I observed activities that subtly modelled parenting skills, such as setting limits. A cuddle song fostered connection. Playing a drum that looked like a multi-coloured swirled lollipop involved turn taking. My classmate said that she was the youngest of seven siblings and had never heard any children’s songs. Now she and her toddler learned songs, made music together, and bonded.

Later, I found a proliferation of online parent-child music class advertisements. However, the academic research supporting the claims associated with these classes appeared to be limited to less than a dozen articles (e.g., Edwards, 2011; Lyons, 2000; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008; Oldfield, Adams, & Bunce, 2003; Oldfield & Bunce, 2001; Stacy, Brittain, & Kerr, 2002; Vlismas & Bowes, 1999). Although there was some evidence that parent-child music programs nurtured parent-child interactions (Edwards, 2011; McDonald et al., 2009), stimulated child developmental skills (Kelly, 2011; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008), and supported maternal wellbeing (Gudmundsdottir & Gudmundsdottir, 2010), there was limited literature, especially with regard to adolescent mothers.

Adolescent mothers are unique; they are both teenagers and parents. Some cope well with this dual role, but many others have difficulty. Researchers have presented varied explanations for these difficulties, some emphasizing individual factors such as parenting skills and others focusing on social factors such as economic circumstances. Studies suggest that young mothers can be less responsive to their infants than older mothers, may not relate as positively to them, and vocalize less with their infants (Borkowski, Farris, Whitman, Carothers, Weed, & Keogh,

2007; Culp, Appelbaum, Osofsky, & Levy, 1988; Tarabulsky, Moran, Pederson, Provost, & Larose, 2011).

As a group, adolescent mothers—about 3.1% of Saskatchewan females—are less likely than adult mothers to complete high school and go on to postsecondary education (Human Resources and Skills Development Canada, 2011), which has implications for income and, by extension, socioeconomic demographics and related challenges. Mothers with less education feel they have fewer opportunities and are sometimes depressed (Eshbaugh, Lempers, & Luze, 2006). In Canada, 40% of low-income adolescents are mothers, compared to 7% of middle-class youth (Carter-McLaughlin & Luker, 2006), and 24% of Aboriginal Canadian mothers are adolescents in contrast to 10% of other mothers (Luong, 2008).

Although these influences appear to place young mothers and their infants at risk for difficulties, secondary schools providing parenting classes for mothers and daycare for their children can improve parent-child interactions, foster cognitive growth in children, and reduce maternal stress (Sadler, Swartz, & Ryan-Krause, 2003). These school settings offer an ideal environment to introduce and explore the potential of a parent-child music program to enhance young mothers' parenting skills, strengthen their relationships with their children, and support child development.

Parent-child music programs focus on singing, moving to music or dancing, and playing simple percussion instruments (Tafari, 2008). Longitudinal research has shown that children from birth to three years of age derive pleasure from these activities, are able to learn from them, and become familiar with a variety of musical structures (Tafari, 2008). The music repertoire is usually major or minor in tonality, regular in metrical structure, and organized in verse/refrain phrases found in traditional European popular children's songs (Tafari, 2008). Inclusion of other genres provides a more stimulating experience (Tafari, 2008). Importantly,

At these sessions, the children are to be accompanied and participate together with their parents. This means that they all have this experience and that the parents are not just there to look after their children, but also to discover and build a new kind of relationship with them. (Tafari, 2008, p. 133)

It is this relationship-building aspect of parent-child music programs that facilitates the positive relationships that are of interest in the present research. Qualitative research was the optimum methodology as it generally focuses on participant perspectives.

## **1.1 The Researcher**

The qualitative researcher often provides reflexive context for the study due to the interpretive nature of the research (Mayan, 2009). As such, it is important to be as transparent as possible about one's previous experiences and knowledge that will inform the research. My interest in working with young mothers evolved over time. I have a background in education, and began teaching piano lessons while pursuing undergraduate studies in music in Toronto. After touring with various bands for several years as a pianist and vocalist, I grew tired of being on the road and decided to complete a teaching degree. Teaching grades two and three and directing an elementary school music program for the next seven years was rewarding, yet I wanted to do something more—to make a difference—and moved on to teach at a high school in an inner-city area where most of the students lived in single-parent families with a variety of challenges. Wondering why one would teach English, History, and Geography to these young people who appeared to desperately need life skills training, I began work on graduate studies in Counselling Psychology to gain the expertise to respond to this quandary. Next came marriage, a move to Vancouver, and a position at a community college where I directed a program for youth with exceptionalities for the next 15 years. This program focused on life skills and psychoeducational interventions such as social skill development, assertiveness training, and preparation for employment. I began to see that this type of education could also help meet the diverse needs of students from challenging socio-economic circumstances. I became intrigued with the idea of pursuing doctoral studies in an area of Educational Psychology and Special Education that might help students affected by challenging circumstances. I made inquiries and contacted Dr. Jennifer Nicol, who came from Vancouver and was now at the University of Saskatchewan. We chatted about mutual interests and the pieces began to fall into place. My work with adolescents with exceptionalities, music, and counselling, and her project on singing and health transformed into an idea for a special case PhD investigating a parent-child music program for adolescent mothers and their children at a local school.

## **1.2 The Literature**

A review of the literature suggested that parent-child music programs can support engagement and attachment (Cunningham, 2011; Edwards, 2011; Lyons, 2000; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008; Oldfield, Adams, & Bunce, 2003; Oldfield &

Bunce, 2001) and that parenting skills are modelled and encouraged through children's music and movement (Creighton, 2011). Children's songs are usually accompanied by rhythmic movements such as swaying (Trainor, 1996), which may facilitate motion-generated synchronization of mother and child, stimulating attachment (Creighton, 2011). Attachment is generated through sensitive, consistent, appropriate, and emotionally available parental responses to infant cues (Bowlby, 1969). Recent studies have linked parent-infant attachment, infant self-regulation, and infant-directed singing (Creighton, 2011; Dissanayake, 2000; Longhi, 2009; Mackenzie & Hamlett, 2005; Nakata & Trehub, 2004; Papousek, 1996; Trainor, 1996). Consequently, parent-child music programs may promote self-regulation (Creighton, 2011; Dissanyake, 2000; Longhi, 2009; Mackenzie & Hamlett, 2005; Nakata & Trehub, 2004; Papousek, 1996; Trainor, 1996), which is a precursor to resilience (Masten, Cutuli, Herbers, & Reed, 2009). Notably, the most salient protective factors in psychosocial resilience studies are related to problem solving, adaptability to stress, and self-regulation skills for control of impulses, arousal, and attention (Masten, Cutuli, Herbers, & Reed, 2009). Perhaps the secondary students I had previously taught would have been more prepared for school if these problem solving, adaptability, and self-regulation skills had been in place.

Music is a feature of the everyday experience of most infants and very young children (Custodero, 2006). Singing or music is often used in routines with infants—such as at bedtime—in play, and to maintain ethnic traditions (Custodero, 2006). Singing is part of many Indigenous cultures, and Canadian Cree mothers traditionally sang to their infants as they went about their work (Whidden, 2007). This is significant in Saskatoon, which has an Aboriginal (see 1.4 Definitions; the term *Aboriginal* was selected due to government usage and familiarity of the word by research participants) demographic of about 9% (Statistics Canada, 2008). Saskatoon adolescent pregnancies are six times higher in young women of registered Indian status than all others, and four times higher in adolescents living in the downtown core neighbourhood than those in non-core Saskatoon (Neudorf et al., 2009). These statistics prompted the development of a research question that would not only query the experiences of adolescent mothers and their children in a parent-child music group, but would also incorporate a cultural component based on a consideration of Saskatoon demographics.

### **1.3 Research Question and Significance**

A qualitative case study was used to explore the research question: What are the experiences of adolescent mothers and their infants in a culturally responsive parent-child music program? I came to the question incrementally, starting with the experiences of adolescent mothers and their infants and building in culturally responsive curriculum.

Thirteen young women and their infants would participate in the study. One adolescent had Aboriginal background and five infants had paternal Aboriginal ancestry. More Aboriginal adolescent participants had been anticipated. Historically, about one third of the school population where the study took place was Aboriginal (G. Martell, personal communication, 2013). As a result of having more Aboriginal infant participants than Aboriginal mothers, instead of helping the young Aboriginal mothers connect with their culture—as originally intended—this study provided a resource for the mothers to teach their children about Aboriginal culture, as well as some of the other cultures represented.

There is limited research regarding parent-child music programs for adolescent mothers (Cunningham, 2011; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008) or Indigenous families (Williams & Abad, 2005). There have been calls from both Aboriginal (Lafrance, Bodor, & Bastien, 2008) and European communities (Kelly, 2011) for greater support for parents experiencing vulnerability to economic and social circumstances by “establishing programs that educate families on how to reconnect with one another and how to love one another again” (Lafrance et al., 2008, p. 314). Most parenting programs are not well attended by families who are disadvantaged and marginalized (Nicholson et al., 2008). However, parent-child music programs have been found to be better attended, encourage positive interactions, develop children’s skills, and promote inter-family relationships with people in these circumstances (Ledger, 2011; Nicholson et al., 2008). In the one study in the literature on a music program for Indigenous parents and their children (Williams & Abad, 2005) families were satisfied with the program but suggested that if it were to run again an Elder should be contacted to provide some Indigenous songs in addition to the traditional European material presented.

Consequently, I followed up on this recommendation and consulted an Elder and a Métis singer-songwriter of Cree songs. Cree is the most widely spoken Aboriginal language in Canada, particularly in the prairies (Statistics Canada, 2008). This large population base means that Cree is



likely to survive as a viable language (Norris, 1998). Language is significant because it “connects people to their past and grounds their social, emotional and spiritual vitality” (Norris, 1998, p. 8).

The Elder felt that the study was a good idea. She said that parents from residential schools have nothing to lean on: that they have lost the support of their parenting traditions. Upon hearing that the music activities involved singing, cuddling, and swaying to music, she said that these activities could help revive the Cree culture and that it is important to continue bonding after a baby is born. Parent-child music programs can encourage engagement and bonding (Lyons, 2000; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008; Oldfield, Adams, & Bunce, 2003; Oldfield & Bunce, 2001), and hence promote a better future for mother and child.

#### **1.4 Definitions**

The terms below are referred to in this dissertation as follows:

***Adolescent mothers:*** young mothers aged 14–19 (Human Resources and Skills Development Canada, 2011).

***Aboriginal:*** those who identify themselves as legal or status Indian, non-status Indian, Inuit, and Métis, and are recognized by the Canadian government as such (Frideres & Gadacz, 2008). Other terms appear in the dissertation when a quotation or citation is used (e.g., registered Indian status, Native).

***Culturally responsive:*** programming that uses the cultural experiences and perspectives of ethnically diverse students to enhance learning (Gay, 2002) with an anti-racist underpinning examining the impact of colonialism and white privilege on society (McCreary, 2009).

***Indigenous:*** native to the area; refers to Aboriginal people internationally (National Aboriginal Health Organization, 2011).

***Kindermusik:*** a franchised parent-child music program that promotes family bonding and child development skills in young children (Kindermusik, 2010).

***Parent-child music program:*** classes in which music and movement activities are used to encourage positive interactions between parents and young children (Ledger, 2011).

#### **1.5 Chapter Organization**

The framework for the remainder of this dissertation begins with chapter two, a literature review that explains the theoretical framework, discusses challenges faced by adolescent mothers

and their children, considers parenting programs for adolescent mother-child dyads, and examines the concepts of attachment and attunement. The therapeutic qualities of music are then explored, as well as parent-child music programs, and resilience and music. Chapter three focuses on methodology, beginning with an examination of the epistemology. A synopsis of qualitative inquiry and case study research follows. Details about the research participants are next discussed. The chapter ends with a description of data generation, data analysis, representation, credibility, and ethics. Chapter four presents the results of the research findings. Chapter five commences with a discussion of the findings, their limitations, significance, and implications, and ends with researcher reflections, conclusions, and recommendations for future research.

## 2 LITERATURE REVIEW

This review of the literature related to the experiences of young mothers and their children in a parent-child music program is divided into five major sections. Section one begins with recognition of a new direction in music psychology and of shifting paradigms in adolescent psychology and research. Next is the theoretical framework for this dissertation involving the concepts of positive psychology and resilience. Literature on Aboriginal resilience is also explored.

Section two pertains to the challenges of adolescent mothers and their children as identified in the research literature, and the use of parenting programs to ameliorate these challenges. Section three discusses the theory of attachment and the concept of attunement. Section four begins by examining the therapeutic qualities of music and goes on to discuss the use of music by mothers with infants. Several successful parent-child music programs are profiled, focusing on programs for young mothers as well as the use of music to promote resilience in adolescents. Section five presents a summary of the chapter.

### 2.1 Paradigms and Focus

A growing area of music psychology specialization involves the use of music to affect change in health; to counteract anxiety, fatigue, and depression; to reduce muscle tension and respiratory symptoms; and to support self-identity and interpersonal relationships (Stacy, Brittain, & Kerr, 2002). In adolescent psychology an emerging paradigm focuses on wellbeing and resilience rather than the traditional deficit and pathology perspective (Shogren, Lopez, Wehmeyer, Little, & Pressgrove, 2006). Qualitative research represents another changing paradigm; it is increasingly accepted as a valid approach to psychological research (e.g., Camic, Rhodes, & Yardley, 2003). Qualitative research provides the “story behind the numbers” (Mayan, 2009, p. 10) using an inductive, interpretive, and naturalistic approach (Mayan, 2009). These shifting paradigms support the current research, underpinned by a theoretical framework of positive psychology and resilience.

**2.1.1 Positive psychology and resilience.** Positive psychology is a body of research on human nature and social relationships that concentrates on the psychological, social, and biological factors that enable humans to have healthier and more meaningful lives (Keyes & Haidt, 2003). Positive psychology is “not just about illness or health; it also is about work,

education, insight, love, growth, and play...The major psychological theories now undergird a new science of strength and resilience” (Seligman, 2005, pp. 4–5). The emphasis on pathology in psychology has resulted in a model of humanity lacking in wisdom, spirituality, creativity, and responsibility (Seligman & Csikszentmihalyi, 2000). In contrast, a science of positive experience, positive personal attributes, and positive organizations can improve quality of life and prevent disorders (Seligman & Csikszentmihalyi, 2000).

The goal of positive psychology is to increase wellbeing (Seligman, 2011). Three core criteria for wellbeing are engagement, meaning or purpose, and positive emotion. Additional elements are self-esteem, optimism, resilience, vitality, self-determination, and positive relationships. These criteria can be viewed both subjectively and objectively, which is considered an improvement over subjective assessments of happiness that are affected by temporary moods. Wellbeing is also influenced by having basic needs met through a moderate standard of living (Seligman, 2011).

Regarding the core criteria for wellbeing, engagement can be conceptualized as an enjoyable interaction with the environment, also known as *flow*. Flow occurs during “attention to the experiential” (Nakamura & Csikszentmihalyi, 2003, p. 84) in which one is fully engrossed in an activity, in part due to its acknowledged worth. Another criterion, meaning or purpose, is considered a basic human motivation. Meaning may be unarticulated and related to family, history, and culture; it may arise in response to a crisis; and it may be experienced when personal capacities are being fully used. As one becomes drawn in or engaged in an experience, meaning deepens (Nakamura & Csikszentmihalyi, 2003). Personal meaning comprises dimensions such as work, intimacy, spirituality, and transcendence—that is, transcending self-interest (Emmons, 2003).

The third core criterion of wellbeing, positive emotion—for example, joy, contentment, and enthusiasm—can cause negative emotion to dissipate more rapidly and undo the cardiovascular after-effects of negative emotions such as increased heart rate and vasoconstriction (Tugade & Fredrickson, 2004). Positive emotions also promote personal growth and relational intimacy (Frederickson & Kurtz, 2011). Positive interventions can build engagement, pleasure, and meaning (Duckworth, Steen, & Seligman, 2005). Positive emotions seem to help individuals find meaning in challenging circumstances, and resilient individuals experience more positive

emotions (Tugade & Fredrickson, 2004).

A recent research direction in positive psychology involves developing community intervention programs promoting resilience protective factors such as having a positive outlook or emotional regulation skills (Ryff & Singer, 2003). This furthers the practical use of positive psychology. A review of the literature on positive psychology and the importance of promoting positive outcomes in adolescents—through building on strengths and abilities—indicates that hope, optimism, self-determination, and self-efficacy are strongly correlated in American urban youth with and without disabilities (Shogren et al., 2006). Notably, strengths theories originated in the disability movement when critical thought revealed that rehabilitation did not mean getting better, but positively managing disability (Sanders & Munford, 2008). Enhancing the wellbeing of adolescents is congruent with positive psychology, which promotes understanding of how people negotiate and grow in response to challenges and stressors (Keyes & Haidt, 2003).

Similarly, resilience is generally understood as “patterns of positive adaptation during or following significant adversity or risk” (Masten, Cutuli, Herbers, & Reed, 2009, p. 118). Resilience involves the availability of both individual and community resources (Ungar, 2005). A review of the literature on adolescent resilience from 1990–2000 analyzed and clarified the concept (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). Mental health literature on youth aged 12–18 was found to conceptualize resilience as either an outcome or process of adaptation. Resilient outcomes were defined in terms of functional capacity, social competence, and mental health. Process-oriented research examined mechanisms that modified protective factors and risk settings. Resilience as a process involved protective competencies, resources, and skills within an individual, family, peer network, school environment, and community. Encouragement, warmth, and care were primary with regard to the family or other caring adult. The social environment was enhanced through supportive peers, opportunities for success, and positive teacher influences. The broader community was also seen to play a supportive role through non-punitive social structures. A resilience-based approach involved building capacities and skills to facilitate negotiation of high-risk environments (Olsson et al., 2003). Young people from families experiencing vulnerability and risk due to their economic, social, and geographic circumstances—poverty, racism, a single parent home—have generally been considered most likely at risk for school failure, adolescent pregnancy, and substance misuse (Dryfoos & Barkin,

2006). The most effective approaches to help vulnerable youth are alternative and community-based schools, classroom and school environments that meet student needs, social skills curriculum, and parental involvement in the school (Dryfoos & Barkin, 2006). Comparably, vulnerable children can be assisted by encouraging friendships in healthy activities, educating parents about effective parenting, and supporting cultural traditions that provide adaptive rituals such as classes where Elders teach ethnic traditions, fostering secure attachment relationships between children and parents (Masten, Cutuli, Herbers, & Reed, 2009).

**2.1.2 Aboriginal resilience.** Vulnerability involves elements of risk that predict negative outcomes (Besthorn, 2005). There has been a gradual shift from risk factors to protective factors in resilience research (Besthorn, 2005). This shift has replaced a treatment-oriented approach with strengths-based strategies for growth and change in the practice of those working with youth and families. Risks are context-dependent and contingent and may represent an optimum solution for a youth (Sanders & Munford, 2008). While making negative judgments about youth can result in exclusion and further marginalization, strengths-based activities focus on relationship-building, allowing time for relationships to develop through trust and encouragement, the use of active listening to identify strengths, reframing to provide alternative interpretations to problems, and identifying and building on strengths to address problems (Sanders & Munford, 2008). Strengths-based resilience work has also extended to Aboriginal people who have traditionally been seen from a deficit perspective.

Aboriginal authors suggest that there is congruence between resilience factors and Aboriginal worldviews (Lafrance, Bodor, & Bastien, 2008). A resilience factor reflecting Aboriginal values involves having a youth mentor. In Aboriginal culture an Elder often fulfills this role. Another factor, religiosity, can be similar to Aboriginal spirituality. The development of talent or skill is a further resilience factor, which often involves learning traditional drumming or dancing in Aboriginal traditions (Lafrance et al., 2008). Aboriginal people have suggested, “We should provide opportunities for parents to address the pain of not being loved or shown love ... by establishing programs that educate families on how to reconnect with one another and how to love one another again” (Lafrance et al., 2008, p. 314). They referred to the need to relearn connection and love lost in the disruption of parenting practices through historical loss, trauma, and unresolved grief due to Western colonialism of Indigenous people (Fleming & Ledogar,

2008). Other issues included the Indian Act and assimilation policy, residential schooling, the *sixties scoop*—widespread apprehension of Aboriginal children on reserves and adoption into mainstream families—and racism (Lafrance et al., 2008).

Aboriginal resilience is considered to be based on innate capacities with a focus on success rather than challenge (McGuire, 2010). The concept of resilience has been analyzed as positive adaptation despite adversity (Fleming & Ledogar, 2008). Urban Aboriginal youth often lack the protective factors of a supportive community and the discrimination they experience can result in a lower likelihood of resilience (Fleming & Ledogar, 2008). The role of culture as a resource for resilience has been cited in British Columbia research. Cultural resilience (such as having cultural facilities and control of Aboriginal land base and education) has resulted in protection against youth suicide (Chandler & Lalonde, 1998). In bands where at least half the members had a conversational knowledge of their Indigenous language, suicide rates dropped to zero (Hallett, Chandler, & Lalonde, 2007). Aboriginal cultural resiliency can be supported through identifying factors that strengthen wellbeing and respecting traditional ways of caring for children and communities (Blackstock & Trocmé, 2005). Aboriginal resiliency is relevant in Saskatchewan where Aboriginal people number 15.6% of the total population, the second highest provincial percentage in Canada after Manitoba (Government of Saskatchewan, 2013).

## **2.2 Adolescent Mothers**

Saskatchewan has the second highest rate of births to females aged 14–19 of all provinces and territories at 30.6 per 1,000 females, compared to a Canadian average of 12 per 1,000 (Human Resources and Skills Development Canada, 2011). Young mothers with less education feel they have fewer opportunities (Eshbaugh, Lempers, & Luze, 2006). In a Statistics Canada report, Canadian adolescent mothers were seen to be less likely than adult mothers to complete high school and go on to postsecondary education (Luong, 2008). Childbearing in adolescence was found to negatively affect women's socioeconomic outcomes: a lower probability of completing high school and postsecondary education resulted in a greater likelihood of long-term low income even when family background was statistically controlled (Luong, 2008).

Forty percent of low-income, disadvantaged adolescents in Canada are mothers, compared to seven percent of middle-class, advantaged youth (Carter-McLaughlin & Luker, 2006). The prevalence of disadvantaged young mothers appears to be associated with limited educational and

employment prospects, an absence of family and social support and resulting desire to create family, and an increased likelihood of having experienced childhood sexual abuse leading to fragile personal boundaries, early sexual activity, and pregnancy (Carter-McLaughlin & Luker, 2006; Devries & Free, 2011). Adolescent births have erroneously been considered the source of poverty rather than a result of it (Carter-McLaughlin & Luker, 2006).

Women in past generations were expected to stay at home and raise their children, but the current norm for mothers is workforce participation (Wilson & Huntington, 2006). Bearing this out, Canadian statistics from 2009 indicated that 64.4% of Canadian women with children under the age of three were employed, as were 78.5% of women with children aged 6–15 and 80.4% of women under the age of 55 without children (Ferrao, 2010). Mothers who do not participate in the workforce have been considered a threat to mainstream values since they do not conform to governmental economic growth objectives dictating higher education and female employment (Wilson & Huntington, 2006). In addition, the predominance of quantitative research has been found to be a barrier to understanding young motherhood (Wilson & Huntington, 2006). The quantification of human behaviour can be misleading (Furstenberg, 2007). Qualitative research in this area has rarely been used to inform public policy since it is undermined by a misperception that it is less rigorous than quantitative research (Wilson & Huntington, 2006). It is therefore important to hear the voices of young mothers.

Clemmens (2003) performed a meta-synthesis of qualitative studies on adolescent motherhood in the United States, Canada, England, Australia, and China to provide an alternate viewpoint to the numerous quantitative studies depicting what has been critiqued as a superficial image of negative outcomes. Clemmens searched databases covering the period 1990–2001 and found 251 citations. Of these, only 18 studies met the criteria of qualitative research reflecting the experience of adolescent motherhood. The participants in the combined studies totalled 257 adolescent mothers from a variety of racial backgrounds. More than half were living with parents or boyfriends, in school, and with children aged three months to three years. Clemmens extracted themes from the studies to reflect the participants' experiences. Ten of the 18 studies revealed the hardship of motherhood—a constant responsibility. Ten studies reported that adolescent lives had been transformed; an infant had engendered stability, maturity, responsibility, self-esteem, and resilience. Nine studies found that an infant helped change the young mothers' previous



undesirable lifestyles. Nine studies described the multiple roles of being mothers, teenagers/students, and wage earners; these young mothers felt distanced from their peers and missed their companionship. Finally, nine studies showed that supportive relationships could create positive change. The participants described how positive relationships with their mothers helped them cope with challenges, as did social support through community programs.

In another qualitative study, adolescents in Halifax, Nova Scotia were interviewed to explore their reasons for becoming mothers (Jackson, Marentette, & McCleave, 2001). Eighteen percent of the youth had planned their pregnancies, 18% said their pregnancy was not planned but not a problem (i.e., they were not using birth control consistently as they were considering having a child), and 65% had an unintended pregnancy. All but three of these young mothers were born in Nova Scotia; most self-identified as white (49%) or black (41%) and most were living on limited incomes (i.e., \$1,000–\$1,500/month). Many expressed a strong desire to have a child, felt that they were ready for parenthood and believed they had the skills to be a good mother, and were aware of the responsibility. They wanted to be acknowledged as adults and start a family in order to move away from home. Some felt they needed an infant's love, having come from a family with poor relationships. Others said that friends, family, or a boyfriend supported and encouraged their decision to become pregnant. Some thought that having a child would give them something to do, and others believed that a child could provide meaning in their lives. Many were aware they were considered too young to be mothers but knew of other pregnant adolescents, which normalized their situation. They also often had a personal objection to abortion or adoption and believed they should accept their pregnancy as fate and be responsible for their actions. The researchers commented, "For some of the women ... motherhood represents what they know they can do, and what they believe they will be good at, as they do not believe there is much else for them in terms of education/jobs" (Jackson, Marentette, & McCleave, p. 35). This observation supports the postulation that motherhood is seen as preferable to working for low wages (Wilson & Huntington, 2006).

Many of the young women in the Halifax study felt that becoming pregnant was not a problem (Jackson, Marentette, & McCleave, 2001). Pregnant adolescents, however, encounter a variety of challenges. Pregnant youth may have more trouble expressing their feelings and solving problems, report more social isolation and anxiety than pregnant adults, and later exhibit

associated reduced maternal sensitivity (Passino et al., 1993). These youth often experience adolescent socio-developmental transitions of identity and intimacy and sometimes have difficulty responding to their own needs in addition to those of their future child (Emery, Paquette, & Bigras, 2008).

As they become mothers, there are other problems that these young women may face. Adolescent mothers tend to be less verbal, less affectionate, less flexible (Borkowski et al., 2007) and less responsive to their infants than adult mothers (Culp, Appelbaum, Osofsky, & Levy, 1988). While young mothers may sometimes have an understanding of their infants' cognitive, language, and motor development, they do not seem to know as much about play and social development as older mothers (Tamis-LeMonda, Shannon, & Spellman, 2002). This could be due to more societal emphasis on language and motor skills than on general cognitive ability (such as object permanence), developmental play ability, and social competence (Tamis-LeMonda et al., 2002). Stigmatization is another difficulty and source of anxiety for many pregnant youth and young mothers that can lead to social isolation (McDonald et al., 2009; Olsen, 2005).

In a Montreal, Quebec study, Anglophone mothers in their early twenties reported stigmatization in public settings (Whitley & Kirmayer, 2008). Interviews with these young women generated information about social disapproval consisting of negative looks, comments, or unwanted advice from strangers—typically older women. Based on a 2003 report that 50% of Canadian births were to women aged 30 and older, it was concluded that these young mothers were stigmatized due to middle-class norms stressing the worth of education, career, and delayed childbearing (Whitley & Kirmayer, 2008). Consequently, mothers in their twenties were subject to the same social disapproval characteristically experienced by adolescent mothers.

Aboriginal adolescent mothers have a historical context that further shapes their experiences. Olsen (2005) interviewed adolescent Aboriginal mothers on a reserve near Victoria, British Columbia. She made reference to a history of disease, colonization, residential schools, non-Aboriginal foster homes, and the consequent breakdown of social order. She stated that as a result of these conditions, Aboriginal young people experience a higher rate of drug and alcohol addiction, sexual abuse and sexually transmitted infections, violence, suicide, and vehicle accidents than any other group of youth in Canada. She found that most of the young mothers she interviewed had learned about contraception in school but used it sporadically or incorrectly,

often because they were not initially sexually active on a regular basis. While they had learned about anatomy, they did not know how to make decisions about sex. Many of these young women felt pressure from their boyfriends to become sexually active, soon became pregnant, and were in a state of denial about their pregnancy until it became obvious. She contended that while fear of pregnancy compelled many Canadian adolescents to use contraception, this was not the case for Aboriginal youth since pregnancy was considered a more normal occurrence in their lives. Similarly, in a study of 30 Aboriginal urban Vancouver and rural Victoria-area youth on reserves aged 15–19, many of the young people in serious relationships did not use contraception regularly and the young women were often wary of the side effects of hormonal contraception (Devries & Free, 2011). Olsen (2005) reported that while 80% of Canadian youth regularly used birth control methods, only 38% of Aboriginal youth indicated consistent use of contraception. She said that in Aboriginal history, life was considered sacred and young mothers, as the bearers of new life, gained an elevated status in the community. However, traditional family practices have been disrupted and modern—sometimes chaotic—families do not often discuss sexuality or set limits on dating couples. The Canadian reserve conditions in the Olsen (2005) study exacerbated the difficulties these young mothers experienced. Most lived with extended family and often two or three families shared a small house. This meant that the adolescents had little control over how they raised their child; other family members would often intervene. If the young women set rules for the children—for example, restricting candy or television viewing—others in the home would often disregard those expectations. Many of the adolescent mothers had difficulty setting limits with their children if they had not had limits themselves. Olsen noted that traditional Coast Salish parenting methods did not involve punishment; children were part of a structured community and learned about expectations through observation. This structure no longer exists and young mothers, consequently, often do not know how to establish their expectations with offspring (Olsen, 2005).

Additional issues were observed in a study concerning eight Arizona Navajo adolescent mothers living on a small reservation (Dalla & Gamble, 1997). Six of the young mothers lived at home with their families, one lived with a partner, and another lived with extended family. While the mothers ranged from 16–19 years of age, their partners were older (17–36). Of the eight young women, seven had been involved in a committed relationship with the child’s father prior

to becoming pregnant. Four of these women were in the process of separating from their boyfriends due to their lack of employment, support, and use of alcohol. One young mother who left her partner of five years said, “It’s just too much on him—being a father ... he can’t find a job here so it’s just like—he has no money for us and it just builds up on him and he just started drinking” (Dalla & Gamble, 1997, p. 117). Alcohol appeared to be a coping mechanism in response to expectations for providing family support when confronted with scarce employment on the reservation. Most of the young women received substantial support from their mothers. All but two reported conflicted relationships with their mothers related to household chores, curfew, and childcare issues. Four of the young women were committed to motherhood, while the other four saw themselves as regular teenagers, since their mothers were raising their offspring. The four adolescents who identified with a maternal role made personal sacrifices for their child and felt that caring for an infant was a great gift. They also found that motherhood was considerably more difficult than they had anticipated. The remaining four adolescents had difficulty answering questions about mothering and two of the youth stated that they did not like children. Only those committed to maternal responsibility were interested in participating in Navajo culture and ceremonies and in passing on traditional knowledge to their children. Some of the young mothers were ostracized by family and friends when they became pregnant. They mentioned financial difficulty and lack of childcare facilities as particularly challenging. Navajo Indian Reservation conditions—poverty, unemployment, lack of formal education—also made motherhood difficult, but economic and emotional support as well as high maternal self-esteem were found to promote positive adaptation to the maternal role (Dalla & Gamble, 1997).

There is little research contrasting Aboriginal and other parent-child experiences. A University of Saskatchewan study (Cheah & Chirkov, 2008) found that although adult Aboriginal and non-Aboriginal mothers had similar personal, social, and cultural goals for their children there were several differences. Aboriginal mothers emphasized collectivism, family, respecting Elders, and maintaining Aboriginal traditions. They saw education, learning, and achievement as ways to improve their life circumstances. In contrast, non-Aboriginal mothers thought individualism was important and making friends, being kind, polite, and considerate were prioritized (Cheah & Chirkov, 2008). Research indicates many commonalities between Canadian adolescent mothers, whether urban and Aboriginal (Anderson, 2002; Chalifoux & Johnson, 2003),

reserve (Olsen, 2005), or urban non-Aboriginal (Jackson, Marentette, & McCleave, 2001). Young mothers generally consider parenthood an opportunity rather than a limitation despite social stigma and impoverished circumstances (Clemmens, 2003; McDonald et al., 2009; Olsen, 2005). Poverty, limited employment options, and wanting a family of one's own are some of the factors that led to motherhood for many of these young women (Jackson et al., 2001; Olsen, 2005).

In Canada, the number of adolescent mothers among new Canadians and visible minorities—apart from Aboriginal women—is not statistically significant (Luong, 2008). This is thought to be due to a Canadian immigration policy focused on skills; thus immigrants tend to be educated, and women in well-educated families are less likely to be adolescent mothers (Luong, 2008). In the United States, however, the general American adolescent mother demographic is 60% African American, 30% European American, 4% Latina, and 20% rural (Borkowski et al., 2007). A 14-year longitudinal study of these mothers and their children was conducted, with 141 participants at the outset of the study and 83 at its conclusion (Borkowski et al., 2007). While the children of these young mothers appeared to be developmentally average at birth, they began to show delays within their first year. Impairments in social, intellectual, adaptive, and academic functioning were found and behaviours such as ADHD and Oppositional Defiant Disorder were significantly higher than those of the general population. Although impacted by poverty, these problems appeared to be partly due to limited mother-child engagement. The importance of mother-child engagement can be understood through attachment theory, which is discussed in section 2.3. Secure parent-child attachment is determined by sensitive, consistent, appropriate, and emotionally available parental responses to infant signals (Bowlby, 1969). Parenting programs often encourage the development of these responses.

**2.2.1 Parenting programs for adolescent mothers and their infants.** The effectiveness of individual and group-based parenting programs for adolescent mothers and their children has been systematically reviewed (Coren, Barlow, & Stewart-Brown, 2003). Parameters comprised parent-child responsiveness, parenting attitudes and knowledge, maternal identity and self-confidence, maternal involvement, and infant development. Studies between 1981–1999 on short-term interventions specific to adolescent mothers and their children were examined using electronic databases. Of 291 abstracts reviewed, 267 were found to have no direct relevance. Of

the 24 remaining papers, 10 were excluded as they were either not parenting programs or solely incorporated long-term home visits. Based on 14 studies, the researchers concluded that parenting programs appeared to improve psychosocial and developmental outcomes in adolescent mothers and their offspring. The 14 American studies were divided into randomized control trials, controlled studies with no randomization, and one-group designs with pre- and post-tests. Group-based programs produced more changes than the individual programs, especially with high-risk mothers. It was hypothesized that peer-group support and group process may have played a role in producing this change. Furthermore, shorter programs occurring weekly for 12–16 weeks seemed to be as effective as daily programs or those occurring over a longer period of time. The shorter group programs also appeared to be more cost-effective.

An eight-week program for 115 adolescent mothers in 11 Canadian communities was developed by McDonald et al. (2009). Infants, grandmothers, and fathers also participated in the program. McDonald et al. reported that, while family support for young mothers is often available, overcrowding and lack of resources can result in conflict. The researchers hoped to reduce this conflict and improve parental bonding and efficacy. The program consisted of crafts, singing, baby massage, a meal, and intergenerational discussion circles. Mothers and grandmothers completed standardized questionnaires before and after the initial eight-week program and reported significant increases in adolescent self-efficacy, improved parent-child bonding, reduced family conflict, and increased social support. Adolescent mothers were given opportunities to speak about their experiences; the researchers stressed the importance of developing a *voice*—articulating one’s opinions—at this stage of development. The youth reported informally that during and after the program their infants were more responsive, less demanding, happier, and slept better. These types of outcomes have also been observed in school-based parenting programs.

High school-based childcare centres are ideal settings for teaching parenting competency to adolescent mothers (Sadler, Swartz, & Ryan-Krause, 2003). A school-based parenting study in New Haven, Connecticut examined the influence of a parent support program and childcare centre on 18 socioeconomically disadvantaged adolescent mothers and their children at an urban high school. Young mothers who complete high school appear to have children with better social, academic, and behavioral development (Sadler et al., 2003). The mothers and their children in the

study were assessed by observation and questionnaire after a year's attendance in the program. Compared to a matched group from a large national database, the study group demonstrated better parent-child interactions, positive parental competence, and appropriate child development.

Another school-based program for young mothers and their infants was situated in urban alternative schools in Miami, Florida (Deutscher, Fewell, & Gross, 2006). The program consisted of 24 one-hour sessions held bi-weekly over three months. The adolescent mothers' challenging social and demographic circumstances and tenuous parenting skills were found to contribute to their children's lack of school readiness due to insecure attachment, behavioural issues, and developmental delays (Deutscher et al., 2006). There were 94 adolescent mother-infant dyads involved in the study, 48 in an intervention group, and 46 in a comparison group. The adolescent mothers in the intervention group received interaction-focused parenting curriculum, learning to watch for their infants' cues and responding in ways to facilitate development. They practiced the skills they learned in small groups with their infants and received feedback from group leaders. The comparison group received parenting classes with no opportunity to practice with their infants. The children were evaluated with the Developmental Activities Screening Inventory-II, a measure used to screen children (birth to 60 months) for developmental delay. Although this measure was not nationally normed, it had high correlation with other mental measures (Deutscher et al., 2006). The mothers were also videotaped during play sessions with their offspring and videotapes were coded pre- and post-intervention to assess change. Notably, in informal discussions, many of the young mothers said that they were not previously aware that talking to their infant was necessary until the child could talk to them. The adolescent mothers in the practice group were identified as more responsive, less directive, and more facilitative of child language, and their children had significantly higher development quotient scores than those in the comparison group. These outcomes indicated that the practice group participants were developing the precursors for attachment.

### **2.3 Attachment Theory**

Attachment theory was developed by Bowlby (1969), who determined that children's wellbeing is at risk if they lack a caring, reliable, sustained relationship with a parental figure. Secure attachment arises from sensitive, consistent, timely, and appropriate parental responses to infant cues and insecure attachment results from a dearth of these responses (Cozolino, 2010;

Creighton, 2011; Siegel, 1999; Steele, Steele, & Croft, 2008). Children who are securely attached in their early years have been found to better recognize, judge, and understand emotions; to have more competent social problem-solving skills; and to be less lonely than those who are insecurely attached (Raikes & Thompson, 2008; Steele, Steele, & Croft, 2008; Thompson, 2008).

Bowlby's (1969) work was furthered by Ainsworth (1978), who distinguished *secure*, *avoidant*, and *ambivalent* types of attachment. Children identified as secure are easily soothed by a parent since they know their needs will be met. Children considered avoidant have often been pushed towards independence, their attachment needs rejected. They avoid approaching their caregiver knowing their wish for reassurance will not be acknowledged (Newton, 2008). Children described as ambivalent (also termed *resistant*) have learned to stay close to parents even though they may not get a response. They are not soothed by a parent's attention and tend to exaggerate their needs to assure a response. This is thought to arise from inconsistent parental responsiveness, which promotes dependency in a child (Newton, 2008). Another category, *disorganized* attachment, was added later (Main & Solomon, 1986). Children with this type of attachment have usually been neglected or abused but will nevertheless go to a primary attachment figure when afraid. These children are often in survival mode and develop strategies to reduce their terror, such as withdrawal, aggression, or distraction (Newton, 2008).

**2.3.1 Attachment in the infants of adolescent mothers.** More children of adolescent mothers reportedly display insecure attachment—usually disorganized or avoidant patterns—than children of older mothers, based on a meta-analysis and a study (Emery, Paquette, & Bigras, 2008). In the study the Montreal French adolescent mothers most likely to demonstrate secure attachment patterns with their children had more education, less parenting stress, and more satisfaction with their social support. Research assistants met with 138 mothers during their pregnancy and also when their infants were four, 10, and 15 months old. Each mother completed standardized questionnaires including the Attachment Style Questionnaire, Child Trauma Questionnaire, and the Diagnostic Infant Schedule. When the infants were four months old the dyads were videotaped playing together for five minutes to determine maternal sensitivity. Play sessions were then coded for facial and vocal expressions, body contact, activity, affection, and control. At 15 months, the dyads were videotaped in the *Strange Situation* procedure developed by Ainsworth (1978). This 20-minute series of events involves the entrance of an unfamiliar adult



and two separations of mother and child, followed by a reunion, which provides attachment information. Videotapes were coded for attachment type. Fifty-nine percent of the 138 infants demonstrated secure attachment (Emery et al, 2008). This percentage is high: in a meta-analysis conducted of 14 attachment studies on adolescent mothers between 1990 and 2002, 25–50% of the children demonstrated secure attachment patterns with a mean of 41% (Emery et al, 2008). In comparison, 62% of non-risk American infants—those with middle-class adult mothers—demonstrated secure attachment (Fish, 2001). Emery et al. (2008) hypothesized that their study sample may have had more community support than other adolescent mothers since they had been recruited from group homes and a specialized school for young mothers. Further, more adolescent mothers than adult mothers were found to access social services in Montreal. This support could have served as a protective factor for the adolescents and resulted in more secure attachment patterns. Another unanticipated finding in the Emery et al. research was that maternal sensitivity and adult attachment style were not related to child attachment patterns. The researchers explained that they had assessed sensitivity through mother-child play interactions and the context of play is typically not stressful. Attachment style was measured through the Attachment Style Questionnaire (ASQ) whereas other studies used the Adult Attachment Interview (AAI). The researchers postulated that the ASQ may have been an inappropriate instrument to measure the link between maternal and infant attachment styles since its focus is the mother. Interestingly, in the Emery et al. study, 9.4% of infant participants demonstrated avoidant attachment in contrast to 22% of the infants in their meta-analysis. Statistics for ambivalent attachment were about 5% for both the study and the meta-analysis while disorganized attachment was 26% in the study and 33% in the meta-analysis. Taking the study and the meta-analysis together, the statistics suggest that children of adolescent mothers are vulnerable to a lack of secure attachment.

Other research supports this interpretation. In another meta-analysis of attachment research, a mean of 60% insecure attachment was found in adolescent mother-child dyads with 23% of these pairs demonstrating disorganized attachment (van Ijzendoorn, Schuengel, and Bakermans-Kranenburg, 1999). An additional study of 78 adolescent mother-child dyads over five years concluded that 30% of the children at age one were categorized as secure and 41% at age five

(Lounds, Borkowski, Whitman, Maxwell, & Weed, 2005). Positive maternal interactions were found to increase secure attachment over time.

Regarding interventions to increase secure attachment, a meta-analysis of 75 studies was conducted on caregiver-infant attachment in more than 4,500 caregiver-child dyads (Dunst & Kassow, 2008). Behaviour-based, reciprocal, and mutually reinforcing interactions promoting caregiver sensitivity and responsiveness were most likely to change caregiver behaviour and influence attachment patterns (Dunst & Kassow, 2008). Parent-child music classes are behaviour-based, reciprocal, and mutually reinforcing and, as such, can influence attachment patterns.

**2.3.2 Attachment and attunement.** Secure attachment is related to responsive attunement with an infant's emotional state. Attunement occurs through caregivers sharing positive emotions with their infants and soothing distressing emotions (Schore, 2001; Siegel, 1999). When parents attune to an infant's emotions (e.g., by calming a crying infant) they entrain the infant's autonomic system to function within optimal levels and thus co-regulate the emotions (Newton, 2008). In this way, infants learn to modulate, control, and self-regulate their emotions (Cozolino, 2010; Schore, 2001; Weinfield, Sroufe, Egeland, & Carlson, 2008). Emotional self-regulation promotes security, autonomy, and resilience in young children (Rolfé, 2004), leads to feelings of happiness, and provides the foundation for school readiness (Newton, 2008). The interactions that help infants with emotional self-regulation also develop attachment and shape neural connections and brain structure, influencing future development (Cozolino, 2010; Gardner & Goldson, 2002; Schore, 2001; Siegel, 1999).

Notably, our body rhythms also entrain to musical rhythms we hear, sing, or play (Schneck, Berger, & Rowland, 2006). Children's songs are accompanied by rhythmic movements such as swaying (Trainor, 1996) and may facilitate motion-generated synchronization of mother and child, stimulating attunement and bonding (Creighton, 2011). Thus, rocking a baby while singing a lullaby can be calming, and moving and singing to a lively song can be energizing—both for the mother and infant. A review of the literature on mother-infant musical interaction and emotional communication found that, “The reciprocity of [musical] interactions develops mother-infant attachment which is linked with neurological, emotional and social developmental outcomes for young children” (Creighton, 2011, p. 50). Connections have also been established between parent-infant attachment, infant self-regulation, and infant-directed vocalizations and

singing (Creighton, 2011; Dissanayake, 2000; Longhi, 2009; Mackenzie & Hamlett, 2005; Nakata & Trehub, 2004; Papousek, 1996; Trainor, 1996). Hence, vocalizing with or singing to an infant can help establish attachment and affect a child's ability to regulate his or her emotions.

## **2.4 The Therapeutic Qualities of Music**

Music and singing have been found to be related to health and healing across cultures and throughout history (Stacy, Brittain, & Kerr, 2002). Music can affect the emotions and induce relaxation, improve breathing and physical health, and impact wellbeing through enhanced relationships (Stacy, Brittain, & Kerr, 2002). Germane to the present study, music has been used therapeutically through activity, movement, and social experiences. Music activities such as singing and clapping to a song involve listening skills, attention span, and rhythmic responses (Crowe, 2004). Movement to music has been found to promote interpersonal connection, relaxation, self-expression, and coordination. The social use of music can improve social skills, peer identification, and self-confidence (Crowe, 2004). The therapeutic benefits of music arise from both the above activities and music itself. In an early volume edited by music therapy pioneer Gaston (1968), Sears proposed that because music occurs in time, it structures our behaviour in time:

The unique structure of music—it exists only through time—requires the individual to commit himself to the experience moment by moment ... Once begun, music must be continued without interruption in order that a completed idea or expression may result. (Sears, 1968, p. 35)

Synchronized movement in a group gives us a shared experience. Music also assists in ordering behaviour affectively; slow, quiet music can sedate while faster, more dynamic music can stimulate. Music provides a socially acceptable means of self-expression, helps develop other-directed behaviour, and enhances verbal and nonverbal social interaction and communication (Sears, 1968).

Research on neurochemistry and music has provided new information about the therapeutic effects of music. Recently, physical changes related to the influence of music were examined in four domains and corresponding neurochemical systems: social affiliation (oxytocin), stress/arousal (cortisol and related hormones), reward/motivation/pleasure (dopamine, opioids), and immunity (serotonin, peptide derivatives) (Chanda & Levitin, 2013).

Regarding social affiliation, humans perform many rhythmic activities (e.g., walking, talking, clapping hands, rocking a baby) that often become synchronized when performed in a group. Oxytocin has been found to organize social behavior by affecting stress, motivation, and perception related to social information. Chanda and Levitin (2013) reported on a study finding oxytocin release in children when hearing their mother's voice after exposure to a social stressor; hearing her voice was as effective as physical contact. Another study showed that a singing lesson increased oxytocin levels in amateur and professional singers. These findings suggest that music helps create social bonds and establishes a biological basis for these bonds.

Studies on the effect of music on stress and arousal were also investigated. Listening to slow, quiet music was shown to reduce anxiety and stress in healthy people as well as patients during and after surgery through significantly decreased cortisol levels. Slow music is correlated with decreased respiration, blood pressure and heart rate while fast music increases cardiovascular processes in both adults and infants. The brainstem mediates these processes, and brainstem neurons generally fire synchronized with tempo (Chanda & Levitin, 2013). Slow music initiates brainstem responses that result in decreased cardiovascular activity and corresponding lower cortisol levels (Chanda & Levitin, 2013).

The effect of music on reward, motivation, and pleasure mechanisms was also examined. Postoperative listening to music was reported to lower the need for opiate drugs, which indicated that music might stimulate a release of opioids and dopamine (Chanda & Levitin, 2013). Immune functioning was investigated as well. Several studies on music listening with both healthy and critically ill people resulted in findings of higher levels of mucosal immunity. Group singing and group drumming also appeared to improve immune functioning; more research is indicated (Chanda & Levitin, 2013). Suggestions for further research included experiments with a music intervention and matched control condition, experiments to study the neurochemical basis of musical pleasure, and experiments to discover the connection between music, oxytocin, and group affiliation (Chanda & Levitin, 2013).

Music is a feature of the everyday experience of many babies and very young children. Through testing cortisol levels in infants, research has confirmed that playful songs arouse babies while lullabies quiet them (Shenfield, Trehub, & Nakata, 2003). Hence, singing can modulate infant states of arousal and attention (Papousek, 1996). Singing has been found to mediate

attachment (Dissanayake, 2000; O’Gorman, 2007; Trainor, 1996) and to be a good form of communication with newborns (Ilari, 2005; Malloch, 1999; Stacy, Brittain, & Kerr, 2002; Trainor, 1996; Vlismas & Bowes, 1999). Infants have musical preferences (Trainor, 1996), and are motivated to imitate and play vocally (Papousek, 1996). Music has been used in routines (for example, at bedtime), and in play (Malloch, 1999). Parents and babies imitate each other’s musical voice sounds when communicating, which is thought to increase empathy (Malloch, 1999). Young children are able to sing both learned songs and spontaneous songs with free melody and rhythm (Custodero, 2006). Infants and young children are uniquely equipped to process, appreciate, and participate in music activities (Papousek, 1996).

One hundred adult mothers of infants aged seven to nine months in Montreal were interviewed to investigate maternal beliefs and uses of music with infants (Ilari, 2005). Despite the availability of recorded music, most mothers reported that their main musical activity was singing to their infants. Musical interactions seemed to serve as communication and bonding between mother and infant. When recorded music was utilized, rhythmic music was used to entertain or arouse a happy baby and slow music was used to soothe, quiet, or lull a sleepy baby. Ethnic and cultural traditions were also maintained through music (Ilari, 2005).

**2.4.1 Parent-child music programs.** There is a growing volume of literature exploring the benefits of music-based programs for parents and their children. These programs build on natural strengths and interests in infants and young children. Much of the literature focuses on mothers—particularly adult mothers.

In one of the first studies on this subject, an Australian program was designed to increase the use of music and movement and enhance the development of mother-child relationships (Vlismas & Bowes, 1999). Seventeen first-time mothers and their infants aged six months or less participated. Prior research suggested that changes in maternal lifestyles and an increased use of background music had resulted in a decline in mothers’ use of music and movement with their infants (Papousek, 1996). The five-week program served middle-class adult mothers and involved relaxation methods, singing, mother-infant visual contact, and tactile stimulation through massage. Most of the mothers were not previously familiar with lullabies or play songs. A control group answered two questionnaires but did not participate in the program. Results indicated that the mothers used movement with their infants, and relaxation to music after the

program ended beyond the level of control group participation in these activities. Of the 13 mothers in the program who provided additional information, eight said that the program helped them in bonding with their baby through learning and sharing together. Nine of the 13 said that attending the program had relieved their experience of social isolation, and five mothers said an additional benefit was that their infants socialized with other infants.

In another Australian study the *Music Together* program was offered as a preventative support (Mackenzie & Hamlett, 2005). A rationale for the research was that many middle-class families face challenges such as divorce and social isolation and that music programs can promote social support and positive interactions. The program served 10–15 families for 10 weekly sessions repeated over the course of a year. Participants either paid for the program or received subsidization. An exit questionnaire received responses from 140 families, 63% of the attendees. Families indicated that the program promoted enhanced parent-child interactions, improved social support and networking, and increased singing, dancing, and laughter in the home.

Music has been used therapeutically in educational, medical, healing, psychotherapeutic, recreational, and ecological frameworks influenced by psychodynamic, behavioral, humanistic, and transpersonal psychological theories (Forinash, 2005). Two parent-child music therapy studies took place at a British child and family psychiatry centre (Oldfield & Bunce, 2001). One group consisted of dyads that had been referred by a health practitioner or nursery school due to the toddlers' difficulties, such as oppositional behaviour or poor sleeping. The six weekly interventions began with a parent support group that ran concurrently with a children's play group, followed by a half-hour music therapy session. Music reportedly helped to create a warm interaction between the adult mother and child. Playing simple instruments brought mother and child closer as they participated at the same level, with the parent rediscovering the fun of being a child.

Mothers in the second group were referred due to depression, mental health issues, or parenting difficulties; most were single parents. This small group also began with a support session covering discussion topics such as anxiety management or relationships, followed by activities including art, play, cooking, and music therapy. During the six-week program one music session occurred and was videotaped and mothers viewed parts of the video with staff. The

mothers enjoyed watching their children's music making (Oldfield & Bunce, 2001). Some mothers experiencing difficult relationships with their children were surprised to see how much fun they were having singing and playing together. The staff later built on these positive interactions to reinforce parenting skills, concluding that the music therapy session enabled mothers to gain new insights about their relationships with their children. A limitation of this particular group study was that it consisted of only one session. A longer program would have provided repetition and allowed mothers and children to learn the songs and movements, become familiar with the structure of the music program, and benefit more from the relationship-building qualities of music.

A quantitative study (Oldfield, Adams, & Bunce, 2003) followed up on the aforementioned (Oldfield & Bunce, 2001) research. The group receiving one music therapy session was not involved in the quantitative study. A comparison group was introduced that received six weekly music therapy sessions at a local mainstream nursery school. Adult mothers attended the 30-minute classes led by a music therapist. Video analyses and weekly parent questionnaires were used to gather data. The videotapes were analyzed for interactions between mothers and children and levels of engagement. High levels of engagement were reported for mothers and children in both groups. The comparison group was found to view their children's behaviours more positively than the clinical group although the behaviours were similar. This is perhaps unsurprising since the clinical group was attending music therapy due to perceived problems.

The role of music in group cohesion and bonding has also been researched (Lyons, 2000). Two small groups of adult mothers and their young children were studied in Boston, Massachusetts. Both groups were held year-round with five to eight dyads in each. The participants were from marginalized and economically disadvantaged circumstances. One group in this study was part of a nine-month program at a substance abuse rehabilitation residence. Mothers in this group participated in weekly parenting classes followed by the mother-child dyads forming a circle and talking and singing. Music was reported to assist with cohesion in the group (Lyons, 2000). The second group was part of an early intervention service for families of children with, or at risk for, developmental delays. Weekly sessions were designed to promote children's cognitive, physical, self-care, emotional and social development through several blocks of activities including ten minutes of singing and movement. Reflecting on this group,

Lyons stated, “Music has powerful bonding qualities ... singing and wordplay with musical instruments and toys was a joyful, laughter-filled highlight each week ... even the four to six month olds were fully engaged, their delight apparent on their faces” (p. 46).

A recent addition to the research on parent-child music is an edited compilation of music therapists’ reports of their work in Australia, Ireland, the UK, and the US (Edwards, 2011). Included are studies on parent-child music therapy, music therapy for hospitalized parents or children, and music therapy programs for families who experience vulnerability and marginalization. In this compilation, music therapy classes at the Coram Parent Centre in London, UK were discussed (Burrell, 2011). The program was for families from a variety of social and cultural backgrounds. Parents observed and copied one another and learned how to engage with their children and set boundaries. Also, exchanges between parents resulted in reduced anxiety and provided a network of inclusion and support. Children learned how to correctly play percussion instruments, and families got to know one another when moving to music around the room. Burrell (2011) noted that parents learned “when to hold back and to observe, when to respond and affirm, and when to stimulate and to encourage” (p. 97).

Also in this compilation, mother-child attachment with preschool three- and four-year-olds was investigated in a marginalized area of Limerick, Ireland (Kelly, 2011). Improved relationships and bonding were observed. The family-based music therapy program was offered in schools in response to a national development project to build communities through regeneration. The Limerick Southside Regeneration Agency stated: “There needs to be greater support for parents to assist them with their responsibilities for their child’s development and upbringing ... Any supports should focus on nurturing a positive relationship between parent, child and the wider family” (Kelly, 2011, pp. 102–103). The program consisted of 45-minute weekly sessions in preschool classrooms for eight to 10 weeks, designed to strengthen family relationships; develop children’s cognitive, physical, language, and social skills; build confidence; and reinforce school concepts. About 10 dyads attended each session. The program began with a *Hello* song and ended with a *Goodbye* song. Percussion instruments were introduced to support the development of social skills, such as turn taking, following directions, and leading the group. Caregivers were surveyed at the end of each program over the course of 18 months. Most indicated that they and their children had enjoyed the program, their



relationship with their child had strengthened, their child's skills had improved, and they were now using music more at home. Teachers in the school also noticed that the children's social skills had improved, particularly turn taking, sharing, and being able to wait.

Another study in this compilation involved families from challenging circumstances at a school-based program in Ireland (Ledger, 2011). Study results showed that that responsive, positive, involved parenting can improve children's social skills. A music therapist worked in schools with children aged three to six. The children's parents and teachers were included in the sessions. It was later recommended that roles and responsibility within the group be discussed at the onset to minimize confusion, since teachers, rather than parents, often set limits for the children and sometimes took over the therapist's role of leading the music sessions. A key question was whether a 10-week school-based program could achieve lasting change for families. An exit survey—a Likert-scale questionnaire—did not provide clear answers. A six-week follow-up program for these families during the following academic year appeared to effectively advance the gains achieved previously.

Another study in this compilation focused on adolescent mothers in Dublin, Ireland and reported that the parent-child music program promoted positive mother-child relationships.

**2.4.2 Music programs for young mothers and their infants.** A parent-child music program for adolescent mothers occurred in the Dublin suburb of Ballyfermot, “an area of designated social disadvantage which means that children are being raised in communities which are challenged with early school leaving, drug use, criminal behaviour and violence” (Cunningham, 2011, p. 119). The rationale for the program was that parenting is generally quite demanding and young mothers have additional challenges of prejudice, pressures of adolescence, lack of privacy when living with parents, single parenthood, reduced employment prospects, and isolation due to losing touch with friends. The purpose of the 10-week music therapy course was to promote positive relating between young mothers and their infants. As with most parent-child music classes, each session began with a *Hello* song, followed with nursery songs involving singing and movement. The music therapist then introduced improvisation with hand percussion instruments, went on to a relaxation segment with mothers holding their babies and singing lullabies, and ended with a *Goodbye* song. Interestingly, the therapist observed that both listening to music and holding an infant evoked feelings of euphoria and lightness and this “acted as a

catalyst in the shift of the mother and baby towards each other” (p. 117). These feelings may be similar to positive emotion, engagement, and meaning—core elements of wellbeing (Seligman, 2011), or perhaps feelings of spiritual connection (Fernandes, 2003). The mothers commented that the interactions they learned with their children—i.e., empathic, gentle communication—were easy to do at home. This was a prime program goal (Cunningham, 2011).

Based on an observation that most commercial music programs are attended by older mothers with disposable income and time, younger Icelandic mothers were invited to participate in a free program to evaluate any differences between age groups (Gudmundsdottir & Gudmundsdottir, 2010). The young mothers, aged 19–23, enjoyed the program and found it as beneficial as the older mothers aged 35–41. The music program was designed to support parents’ intuitive use of music to communicate with their infants. The program used Icelandic songs, musical games, and rhymes, some well known and some from archived recordings of lullabies and nursery rhymes. The music program was not led by a music therapist but had similar structure to music therapy programs with a focus on encouraging musical parenting. Upon the conclusion of the music program the young mothers reported the same levels of self-perceived wellbeing as the older mothers. Younger mothers said they could not have participated in the music program if it had not been free. The researchers reported on similar mother-and-child music classes in most developed nations. For example, English- and German-language for-profit music programs were advertised on the internet, subsidized Scandinavian classes were available at no charge, and Italian and Greek courses were offered through arts and community centres.

A 10-week subsidized music therapy program called *Sing & Grow* was developed for marginalized parents and their children in Australia (Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008). This program closely parallels the intent, activities, strategies, and participant demographics of the present research. Several studies evaluating music-based programs for parents with a background of social and economic disadvantage support the Nicholson et al. (2008) research (e.g., Burrell, 2011; Cunningham, 2011; Kelly, 2011; Ledger, 2011; Lyons, 2000; Oldfield, Adams, & Bunce, 2003; Oldfield & Bunce, 2001). The studies (reviewed above) indicated that parent-child music programs encourage engagement and bonding. In the Nicholson et al. study, almost 40 classes of parents and their children were involved, with about eight to 12 dyads per class. Participants comprised families facing economic and social disadvantage, parents

of a child with a disability, young parents, Indigenous families, and refugee families. The researchers noted that generally there is no didactic teaching of parenting skills in parent-child music classes; therapists use incidental opportunities to model and encourage strategies. Traditional and improvised children's music and songs were used to promote parental responsiveness, positive parent-child interactions, and child skills development. Parenting strategies—such as limit setting, giving simple instructions, and using music to calm or entertain children—and non-verbal communication, such as eye contact, smiling, touch, and physical affection were modelled and reinforced. Children's developmental skills were promoted through greeting and farewell songs to encourage social responsiveness. Action songs facilitated motor skills, concept development, following instructions, turn-taking, sharing, and social skills; and quiet music fostered touch and parent-child bonding. Therapists observed significant improvement in parent responsiveness and positive parent-child interactions, and parents in all groups reported improved parent mental health and child communication and social play skills. There were no observable changes in parental warmth or child behaviour problems. Therapists completed six-item checklists for each parent-child dyad during the first two and last two program sessions. This observational measure was devised based on several early intervention scales and assessed parent-child sensitivity, awareness, engagement, and acceptance; as well as child responsiveness, participation, and social engagement. Parents completed a five-page Likert-type questionnaire measuring parental responsiveness, irritable parenting, parenting self-efficacy, parental confidence, play and incidental teaching activities, parental mental health, child behaviour, social play skills (social awareness and social interactions), child receptive communication skills, family demographic details, and program ratings of satisfaction, benefits, and generalization to home. Data were collected pre- and post-intervention, except for the last three items. Nicholson et al. (2008) felt that the music-based activities provided a non-threatening context for disadvantaged and marginalized parents. However, parents and children only attended an average of 5.6 of the 10 sessions and while most participant ratings improved from pre to post, 22–28% indicated no change or a decline. The researchers countered these issues by citing statistics for early childhood interventions of dropout exceeding 20%, and 47% for adolescent mothers, stating that most parenting interventions are limited by poor attendance. In terms of the limitations of the Nicholson et al. research, because there was no non-intervention comparison

group, it is possible that the changes observed in participants were due to natural change over time and maturation. Another limitation lies with the observational approach since clinicians may have been biased towards change. The researchers challenged this limitation by having a second observer code 10% of the observations and concordance was high. Further, clinician-rated improvements were consistent with parent-reported data. Nicholson et al. concluded that the program was highly acceptable to many parents who customarily would not attend a parenting intervention and who showed evidence of benefitted parental and child development skills.

While the Nicholson et al. (2008) research included some Indigenous dyads, there is a dearth of research on the use of Aboriginal or Indigenous music in parent-child music classes. Williams and Abad (2005) studied two *Sing & Grow* groups that were specifically for Indigenous participants. The first group was beset with a variety of problems. The sponsoring agency had training days that conflicted with the program dates, so the program ran for only five of the planned nine sessions. Staff outnumbered participants, transit to the site was not provided, and the program setting was a stage in the middle of a large empty room. These factors were all problematic and only five families participated; each family came once. After a review and plans for resolving these issues another group ran for eight weeks with 12 families. Five families came for more than 50% of the classes. This time, the program was held at a local Playgroup centre that was familiar to the families. Transit was provided, as was a meal after class. A cultural mentor known to the families liaised with them to encourage their participation. Families were satisfied with the program, but suggested that if it were to run again an Elder should be contacted to provide Indigenous songs in addition to the traditional European material presented (Williams & Abad, 2005). Singing is a part of many activities in Aboriginal and Indigenous cultures (Whidden, 2007).

**2.4.3 Resilience and music.** Despite the lost continuity of childrearing patterns and transmission of culture, traditional activities—such as singing, drum dancing, and traditional ceremonies—are still a part of life for at least half of urban Aboriginal Canadian children (Guèvremont, 2010). More than half of Canadian Aboriginal people live in urban centres, and communal childrearing continues with one-third of off-reserve children being raised by four or more people, half of two- to five-year-olds attending daycare, and 14% attending parent-child programs—often with a music component (Guèvremont, 2010).

Aboriginal Canadians are reconnecting with their culture (Anderson, 2011; Chalifoux & Johnson, 2003) and interrupting the dominant discourse through the arts (Iwasaki, Bartlett, Gottlieb, & Hall, 2009). In an Aboriginal women's hand drumming circle in Northern Ontario, involvement in this cultural and social support network resulted in feelings of empowerment, strength, renewal, energy, voice, and a sense of holistic healing (Goudreau, Weber-Pillwax, Cote-Meek, Madill, & Wilson, 2008). There are Canadian Cree songs to call the wind and communicate with spirit, as well as to help one continue when tired (Whidden, 2007). Songs once sustained survival, showed how things worked, and offered solutions. Whidden stated:

Our ancestors' lives, although limited, have much to teach us about an everyday life that was joyful and susceptible to ecstasy. If we are to realize our full human potential, we must seek a balance of mind and body, value and fact. (p. 6)

Related to seeking a balance of mind and body, a Canadian study described the psychosocial benefits of a drumming program for nine adolescents in an alternative school (Snow & D'Amico, 2010). Most youth reported feeling better about themselves and more open due to participating in the hand drumming group, and half said that drumming helped to reduce anger and stress and improve motivation and self-confidence. In a Finnish study looking at the benefits of music for adolescents, researchers found that favourite songs and singers seemed to affect the youth most intensely (Saarikallio & Erkkila, 2007). Listening to lyrics helped the adolescents clarify feelings and thoughts, gain new insights, and feel comforted in times of trouble. Writing their own songs was an effective way to deal with personal issues. Similarly, in the United Kingdom favourite songs were found to reflect youths' feelings (North & Hargreaves, 2008). In the United States an inner-city after-school youth choir gave youth a sense of belonging, something to believe in, and promoted resilience (Kivnick & Lymburner, 2009). The program, designed to build on youths' strengths and interests—meeting friends, performing, singing and dancing—counteracted the negative effects of poverty such as unpredictability and violence (Kivnick & Lymburner, 2009).

The psychological functions of music include the (a) capacity to order and organize time, (b) represent and express values, (c) control and facilitate participation, and (d) channel and express emotions (Clarke, Dibben & Pitts, 2010). In the above-mentioned Canadian group (Snow & D'Amico, 2010) the adolescents participating in hand drumming would have experienced (a) the capacity to order and organize time, and to (d) channel and express emotions, as

evidenced in reduced stress and anger. Music “provides a means for the regulation of feeling, mood, concentration and energy levels” (Denora, 2000). The youth in the hand drumming group also reported improved motivation and self-confidence, which may have been a result of increased self-regulation and self-management skills (Batt-Rawden & Denora, 2005). The Finnish adolescents gained new insight and clarification (Saarikallio & Erkkila, 2007), an example of (b) representing and expressing values. The American after-school youth choir members found a sense of belonging and enjoyed performing, meeting friends, and singing and dancing, a result of music (c) controlling and facilitating participation.

In interviews about the use of music in everyday life (Batt-Rawden & Denora, 2005), young women often spoke about using music for self-management, i.e. to relax or energize. They also referenced creating an atmosphere with music before houseguests arrived. Music can be used to “structure social events, to provide a ground or soundtrack that serves as a cue to a ‘type’ of event, situation, and scene or occasion” (Batt-Rawden & Denora, 2005). Learning the social and everyday uses of music is a skill learned through enculturation. Participatory community music groups, such as parent-child music groups, are a way in which informal, social, and health-promoting learning can occur (Batt-Rawden & Denora, 2005).

## **2.5 Literature Summary**

The literature reviewed in this chapter explored various issues affecting adolescent mothers and their children. Research has found young mothers to be less verbal, less affectionate, and less flexible than older mothers (Borkowski et al., 2007). In Canada, Saskatchewan has the second highest rate of births to females aged 14–19 of all provinces and territories at 30.6 per 1,000 females; the Canadian average is 12 births per 1,000 females (Human Resources and Skills Development Canada, 2011). This places Saskatchewan as an ideal location to carry out research with adolescent mothers and their infants.

Canadian adolescent mothers are less likely than adult mothers to complete high school and go on to postsecondary education (Luong, 2008). Mothers with less education have fewer economic opportunities (Eshbaugh, Lempers, & Luze, 2006). These young mothers can be supported by schools with parenting classes for mothers and daycare for their children, which reduce maternal stress and improve parent-child interactions (Sadler, Swartz & Ryan-Krause, 2003). Parenting courses featuring reciprocal, behaviour-based mother-infant interactions most

effectively change behaviour and promote maternal sensitivity and responsiveness (Dunst & Kassow, 2008). Parent-child music programs can encourage engagement and bonding (Edwards, 2011; Lyons, 2000; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008; Oldfield, Adams, & Bunce, 2003; Oldfield & Bunce, 2001); parenting skills are modelled through children's music and movement activities (Burrell, 2011; Creighton, 2011; Kelly, 2011). Parent-child music programs also reportedly nurture parent-child interactions (Edwards, 2011; McDonald et al., 2009), stimulate child developmental and social skills (Kelly, 2011; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008), and support maternal wellbeing (Gudmundsdottir & Gudmundsdottir, 2010). Moreover, parent-child music programs have been well received by families from disadvantaged and marginalized circumstances (Cunningham, 2011; Kelly, 2011; Ledger, 2011; Nicholson et al., 2008). In Saskatoon, Aboriginal families are often among those experiencing disadvantage (Anderson, 2006). Aboriginal resilience can be supported by respecting traditional ways of caring for children and communities (Blackstock & Trocmé, 2005). Cree songs, drumming, and rocking infants in a hammock are unique to the current parent-child music study. These activities are respectful of traditional childcare practices and thus may also support Aboriginal resilience.

Chapter two commenced with a discussion of the shifting paradigms in psychology and research. The characteristics of qualitative research will be considered in chapter three.

### 3 METHODOLOGY

This chapter begins with a discussion of epistemology and feminism, specifically spiritual feminism. Qualitative inquiry and case study research are then outlined, followed by details about the research participants in this study, data generation and analysis, representation, credibility, and ethics.

#### 3.1 Epistemology

The foundation for most qualitative research methodology is the research epistemology. Crotty (1998) outlined this well:

... in developing a research proposal, we need to put considerable effort into answering two questions in particular. First, what methodologies and methods will we be employing in the research we propose to do? Second, how do we justify this choice and use of methodologies and methods? ... Justification ... reaches into the assumptions about reality that we bring to our work. To ask about these assumptions is to ask about our theoretical perspective.

It also reaches into the understanding you and I have of what human knowledge is, what it entails, and what status can be ascribed to it ... Here we are touching upon a pivotal issue. How should observers of our research—for example, readers of our thesis or research report—regard the outcomes we lay out before them? And why should our readers take these outcomes seriously? These are epistemological questions. (p. 2)

Epistemology concerns the nature, limits, and sources of knowledge (Klein, 2005).

Depending on the epistemological stance, the researcher may co-construct knowledge with the research participants or—at the other end of the spectrum—may strive to be objective. In the current research, the participants’ voices were respected and knowledge was constructed through the researcher’s perspective. In such a study, “Research is dialogic: It is about being in a relationship. It is, in the strongest and most powerful sense of the word, subjective” (Mayan, 2009, pp. 24–25). In research that is subjective, the researcher’s perspective is significant.

In this study a feminist lens was used, congruent with my values and beliefs, and appropriate since many of the research participants were young, female, and from a background of social and economic disadvantage. Feminism, while encompassing differing approaches, generally includes a commitment to end oppression, privilege, and domination, including the systematic oppression of women (Enns, 2004; Green, 2011). Feminism also supports social



change and the sharing of privilege, power, and opportunities (Green, 2011). Feminist epistemology has been described as follows:

Motivated by the political project of eliminating the oppression of women, feminist epistemologists are interested in how the norms and practices of knowledge production affect the lives of women and are implicated in systems of oppression ... Additionally, feminist epistemologists have increasingly attended to the interrelations between gender and other social categories such as race, class, and sexuality, investigating their significance for knowledge. (Grasswick, 2013, p. 1)

This study was specifically informed by spiritual feminism, which embraces spirituality as the antithesis to traditional domination and control:

In a world marked by violent ethnic, racial and religious conflict and deepening social and economic inequality, any possibility of social transformation also requires a spiritual revolution, one which transforms conventional understandings of power, identity, and justice—understandings which are currently limited by a series of false distinctions between the spiritual and the material, the sacred and the secular, the human and the divine. (Fernandes, 2003, p. 11)

Key components of spiritual feminism are nonattachment to privilege and identity, awareness of power in knowledge representation, a philosophy of non-violence, and decolonization of social activism (Fernandes, 2003). Decolonizing social activism means breaking from cycles of retribution and oppression, since “social movements continually find themselves appropriated by or circumscribed within the very structures they have tried wholeheartedly to resist” (p. 11). Fernandes (2003) observed that demands in social justice with regard to wages, access to jobs, and equal treatment have not changed power structures but have reproduced them, moving a new group into subordination. She suggested that if the personal is the political—as many feminists believe—then everyday ethical practice is linked to transcending the cycle of power and resistance, and spiritual care must be integrated into social activism and transformation. She proposed that a spiritual practice of compassion, love, and humility at a personal level could challenge social oppression and lead to the courage to work for social change. Fernandes cited the work of U.S. feminists of colour and non-Western feminists who perceive that colonizing forces have distorted the egalitarian visions of justice and truth at the core of mystical traditions. She submitted that a spiritualized feminism “entails a taking back of the realms of the sacred from those forces that have sought to distort divinity or spirituality into a means for the reproduction of hierarchy, oppression and exclusion of subordinated social groups”

(p. 14). She defined spirituality through an appreciation that the self is body, mind, and spirit, and referred to “a transcendent sense of interconnection that moves beyond the knowable, visible material world” (p. 10).

Dillard (2006) echoed this sensibility, noting that the omnipresent nature of spirituality and spirit escapes definition. She maintained that “... we can see being spiritual as a legitimate frame from and through which to participate in the social and political struggles of the world, including those we engage as academics” (p. 41). Dillard found that this perspective allowed her to serve humanity through her academic life. She saw teaching and researching as creative processes that could heal body, mind, and spirit through more conscious interactions with others. She maintained that academia is political, with goals of peace and justice that can be realized by “embracing a paradigm where culture and spirit are central” (p. 43).

Spiritual feminism is not the only type of feminism with these concepts. Another model, feminist communitarianism, has similar tenets; it is intended to rectify individualist utilitarianism and embodies a sacred epistemology that foregrounds noncompetitive, nonhierarchical relationships (Denzin & Lincoln, 2011). Both spiritual feminism and feminist communitarianism emphasize collectivism, cooperation, and reflection.

These elements fit well with Indigenous knowledge, which expresses the vibrant relationships among people, their ecosystems, and other living beings and spirits that share their land, and is based on personal experience (Battiste & Henderson, 2000). It is holistic, pragmatic, relational, and references metaphysics, space-time philosophies, and sacred energy (Kovach, 2009). While the Eurocentric positivist research assumption is objectivity, in Indigenous knowledge objectivity is not possible nor desirable. Based on an understanding of the interconnectedness of all things, thought is tied to emotion, the researcher to the researched, and all involved in the research to every living thing (Lavallée, 2009). From a holistic perspective, all relationships are significant and what is important is balance (Kovach, 2009).

Balance appears to be lacking in the existing patriarchal establishment. According to Kidd (1996), “patriarchy is neither men nor the masculine principle; it is rather a *system* in which that principle has become distorted” (p. 59). This distortion entails an unequal distribution of power, with men and stereotypical masculine values—such as competitiveness, rationality, and independence—being placed above women and stereotypical feminine values—such as intuition,

feeling, and nurturing. The roles of dominance and dependence sustain a privileging of male over female, and women's experiences "need to be *valued in a way that is not inferior* to men's experiences" (Kidd, 1996, p. 62). One such experience is motherhood, particularly young motherhood.

Feminist researchers in Canada tend to "oppose a pathological reading of the consequences of early motherhood" (Charbonneau, 2006, p. 91). Instead, they see problems as socially and politically framed within a patriarchal system. In a historical analysis of feminist thought on adolescent pregnancy and motherhood, Kelly (1999) found that early feminists—who were primarily middle-class and white—did not take a position on adolescent motherhood until the 1990s because they had difficulty supporting young, disadvantaged women who were planning to be mothers. Choosing motherhood was conceptualized as victimization (i.e., as a result of non-consensual sex) or avoidance (i.e., as a way of evading employment). Feminists have since realized that young women, women of colour, of low income, or with a disability have been positioned as the cause of social problems rather than disadvantaged by political and economic circumstances (Kelly, 1999). The discourse on welfare dependency blames people for their poverty and maintains a false opposition between dependence (or unpaid mothers) and independence (or paid workers). Kelly (1999) concluded that raising children should be seen as both a societal and personal responsibility rather than solely a personal one.

The current study was designed and carried out with an awareness that women are often marginalized and oppressed, especially when they are from disadvantaged socioeconomic backgrounds and Aboriginal ancestry. This study also provided an opportunity to recognize opportunities for empowerment. In a feminist paradigm the effectiveness of the research is measured not only by the knowledge gained, but by the potential for social change through this knowledge. Participatory methods can help to break down the hierarchy between researcher and researched. A participatory element is important because the research participants may become empowered through engaging in the research process. A participatory ethos values the experiences, perspectives, and knowledge that participants bring to the research (Reason & Bradbury, 2001). This ethos is congruent with qualitative research.

### **3.2 Qualitative Inquiry**

Qualitative researchers draw on participants' perspectives and reach new insights; they believe that researcher objectivity is not possible and are reflexive about the influence of their background and epistemological underpinnings on the research (Willig, 2008). Qualitative methods are sensitive to divergent information and permit contradictions in the data, for example, a difference of opinion between adolescent mothers. Qualitative research "tends to be holistic and explanatory rather than reductionist and predictive" (Willig, 2008, p. 158). Thus, qualitative studies typically use small samples in natural contexts and do not control variables, statistically generalize to other settings, or apply principles of cause and effect.

Qualitative inquiry is an ideal medium for this study as it has "an expanding set of tools that enable finer-grained interpretations of social life" (Smith, 2005, p. 103). Further, qualitative research is invaluable in a time of sweeping socio-political-cultural change (Smith, 2005) since it allows for a deeper understanding of those matters undergoing change. Adolescent mothers and their infants are a part of this change. Research on natural phenomena allows qualitative researchers to understand the meaning of people's experiences or underlying context (Mayan, 2009). In this study, the experiences are those of the young mothers and their children and the context is the parent-child music program.

### **3.3 Case Study Research**

Qualitative case study methodology allows researchers to investigate a complex phenomenon in context to advance a theory, evaluate a program, develop an intervention (Baxter & Jack, 2008), or increase knowledge. A case can involve an activity, event, process, individual, or group; as long as it is bounded in terms of time, place, or physical space (Creswell, 2012). The present study is an intrinsic case as it entails a comprehensive understanding of a particular case. The case itself—bounded in time, place, and space—is the parent-child music program and its participants.

A case study is more concerned with the particular than the general. It is holistic and contextual, temporal—investigating processes over time—can facilitate theory generation, and is triangulated through information from diverse sources (Willig, 2008). Triangulation, or using a variety of sources of data, has a sister term: crystallization. Janesick (2000) proposed "that we use the notion of crystallization to include incorporation of various disciplines as part of multifaceted

qualitative research design” (p. 392). The current research is informed by the sub-disciplines of positive psychology, adolescent psychology and resilience studies, and music psychology, which provide a complex view of the case much like viewing a crystal through its various facets. Case studies are holistic; they involve looking at something from many perspectives and allow for a detailed picture and analytical insights (Thomas, 2011).

One of the benefits of case study is that the information gathered is in-depth and captures nuances and “latent elements that other research approaches might overlook” (Berg, 2009, p. 318). Case studies are abundant in education and include research on special programming and people in unique circumstances (Berg, 2009). The case method is a valuable means to research stressors, motivations, relationships, and attitudes (Berg, 2009). The documents informing the research may be diaries, journals, letters, photographs, and video recordings, augmented by interviews, focus groups, and observation (Berg, 2009). Having a variety of sources not only enriches the findings, but also provides discrepancies that help to form a more complete picture.

In case study, the focus is on gaining awareness of a phenomenon as opposed to generalizing the findings to a larger population. A rationale for this type of research is that in the applied professions such as education, nursing, and counselling psychology, knowledge about experiential, subjective human experience is needed to provide contextual understanding and guide future decisions (Thorne, 2008). Some of the strengths of case study related to this study are an emphasis on experiential knowledge and investigation of social and political contexts, a reflective researcher stance interpreting various perspectives, and extended researcher observation on site in personal contact with participants (Stake, 2010). While case study does not always explicitly include a clear participatory element, it is often premised on a social construction of reality (Yin, 2009). Consequently the researcher and participants closely collaborate. This enables the participants to discuss their interpretation of reality and the researcher to appreciate the participants’ assumptions (Baxter & Jack, 2008). This type of relationship can give participants a voice, allowing them to be heard. These participants are the topic of the next section.

### **3.4 Participants and Procedure**

Purposeful sampling (Gall, Gall, & Borg, 2007) was used to seek participants who met the following criteria: young mothers attending a high school with a daycare facility for their infants.

The group of 13 research participants ranged from 16 to 21 years old, with one mother of Aboriginal heritage and five infants with paternal Aboriginal heritage. This meant that the study provided a resource for the mothers to teach their children about Aboriginal culture rather than helping the young mothers connect with their culture, as originally intended.

**3.4.1 The Elder.** During the Spring of 2012, ethics approval was granted from the University Behavioural Research Ethics Review and the research proposal was approved by the research committee. Commitment from a Saskatoon Superintendent of Education was also established. The superintendent—a man of Aboriginal heritage—offered to send an invitation to several Elders. When doing research with and making statements about Aboriginal peoples, one needs to meet with an Elder or community representative to determine whether the project would be considered good for the community. One of four school Elders responded. The superintendent's assistant advised me about the protocol of providing tobacco to the Elder upon meeting her. In this tradition, the Elder's acceptance of tobacco indicates a willingness and ability to help with the request. I purchased a small cloth bag and aromatic tobacco. The Elder accepted the tobacco (after reading the health warning on the package aloud) and was—eventually—enthusiastic about the research. Initially she was unsure about the project, saying that the teen girls she knows would not be interested. I had attended several parent-child music sessions at another school in May-June 2011 with a community music education instructor and a small group of adolescent mothers, their infants, and the childcare centre staff. While some mothers did not join the music groups, one Aboriginal young woman did, and was quite interested in supporting her child's learning. On hearing this, the Elder thought that if one young mother was interested, others might also get involved. She said that sometimes people need a little help because many parenting skills were lost when children were raised in residential schools rather than at home. She felt that the parent-child music activities, such as singing and rocking a child in a hammock, could help revive the Cree culture. Nonetheless, she said she would not feel comfortable singing the songs that she had sung to her children to the prospective research participants.

**3.4.2 The school.** I was next introduced to the principal of the Saskatoon alternative school, received his approval for the project, and met with the social worker/daycare coordinator at the school and the *Kindermusik* instructor to plan the program. I wrote field notes and obtained verbal consent from those present at the meeting to treat pertinent comments and

information as data. At this meeting, I discovered that the school opened in the 1950s as an elementary school and was converted to a high school offering alternative curriculum in the mid-1980s. Alternative schools are attended by students who are not successful in mainstream high schools; they may have problems with attendance, interpersonal skills, substance abuse, or the law. The school has a childcare centre licensed for 14 children; five toddlers (18–30 months) and nine infants (0–18 months). Childcare was first identified as a need at the school in 1989. This facility has allowed many young mothers to complete high school and has given their infants a quality setting. The students have several courses to choose from. They may study one subject each month in an intensive fashion or combine five classes over a semester. Some of the students with a variety of needs achieve more success with the intensive program. The school has a work-education focus and students from grades 10–12 go out to work twice a year for about two weeks. The school schedule runs from 9am–2:30pm with 55-minute classes and a half-hour lunch. A chartered bus takes students to and from the downtown bus depot. About 200 students attend the school, coming from all areas of the city.

**3.4.3 Planning the program.** After going over this information, we turned to planning the music program (see Figure 1: Program Sequence, below). We selected a mutually acceptable day and time for the sessions (Mondays, 1:35–2:30pm) and the school social worker informed us about scheduling conflicts with school holidays. I later revised the schedule to meet these needs and emailed copies to the social worker and parent-child music teacher. We also discussed the prospective research participants. The mothers in the 2012 program had been quite young; many were about 16 years old. Several were of Aboriginal background. The social worker said that it seemed that the students applying for the fall program were a little older and fewer were Aboriginal. She mentioned that there was no usual group of young mothers; their ages and ethnicities varied from year to year.

**Figure 1: Program Sequence**





**3.4.4 The Métis singer-songwriter.** Following the meeting at the school, it appeared that the details for this case study had serendipitously fallen into place with one exception: the Cree music. I decided to call a University of Saskatchewan Elder about coming to sing Cree children's songs at a music session. She said her songs were strictly ceremonial. I called an acquaintance—the principal of a Cree immersion school—about having someone come out and teach a song, but her teachers and student assistants were all busy in school during the time we would be doing the parent-child music classes. She suggested several internet sites that had educational materials and Cree songs. Upon listening to these songs I realized that they were intended for older children and were mostly Country and Western rather than traditional Cree music. I then searched the internet for Cree music and found two CDs that seemed suitable for infants, but appeared to be no longer available. One of the two, *Nikawiy Askiy* (Scofield, 2007) had some hauntingly beautiful songs with Cree lyrics, but the distributor had gone out of business. *Nikawiy Askiy* could be purchased in electronic form online, but I wanted a CD with liner notes for the focus groups and music classes. I contacted the agent who was listed online and she forwarded my email to the artist. Being a musician, I knew that many of us have boxes of CDs in our basements that have never sold. I asked the artist if I could purchase a few CDs. A couple of weeks later they arrived in a used brown envelope stapled many times. I sent another email thanking her and joked about renowned musicians doing their own clerical work. The singer-songwriter, Sandy Scofield, had composed music for and performed in the Aboriginal opening ceremonies at the 2010 Olympics in Vancouver, which had been viewed and heard worldwide. She is of Cree, Sauteaux, and Scottish heritage.

Having a CD of Cree music, rather than having an Elder or teacher come to the group, proved to be a better way of sharing Cree songs with the young mothers and their infants. The young women said that they preferred the idea of a listening to a CD to having an Elder visit. Since we were using a *Kindermusik* CD and—due to the adolescents' interest—also playing a reggae CD, a Cree CD was a better fit for the sessions. As well, Sandy Scofield is Métis, as were the Aboriginal children and a young mother in the group.

**3.4.5 The parent-child music program.** I first met the young mothers and their children—who would become research participants—in the fall of 2012. After an introduction to the study and the parent-child music program, they took part in a 30-minute demonstration

class. After the class, the school social worker explained that attendance would fluctuate due to childhood illnesses and the mothers' personal issues.

During the second week, a regular 45-minute class was presented. It began—as did all the classes—with quiet background children's music and an interactive activity, such as rolling a jingling cloth ball between participants. Next came the *Hello* song. The instructor sang hello to each child and led the group in motions chosen by the mothers, such as waving, rocking, and tickling their children. Several activities set to music followed: baby massage, baby exercise (facilitated by the mothers), and peek-a-boo. Each class featured a special event: perhaps moving in parent-child pairs to music, experimenting with touching water, dancing to reggae music, playing an Aboriginal drum, or listening to an Aboriginal song while rocking a child in a hammock. Storytime was next, and the children selected books that their mothers read to them. A *Goodbye* song signalled that the class was about to end. While this was the general sequence of events in each class, the instructor was attuned to group needs and would often substitute an activity that seemed more in tune with the group dynamics and energy, or shorten a class if the children were tired.

After the second class, I told the young mothers that a focus group interview would occur the following week and invited their participation in the research. I described the study and the potential benefits of participating in parent-child music classes, based on personal experience and research literature.

For the third session, the school social worker provided a pizza lunch to help ensure attendance. Her support and enthusiasm for our work were central to the success of the music program and this study. After lunch, I distributed plain-language participant information and consent forms with a subsection for those who were willing to have themselves and their children videotaped and photographed during the music sessions (Appendix A). I read the form to the group and encouraged queries to ensure it was understood. The adolescent mothers signed the consent forms on behalf of themselves and their children. These young mothers—considered emancipated youth—did not need to have consent from their parents due to their own parental role and responsibility. The focus group interview was taped and transcribed, and the transcriptions later distributed to the participants for their approval. A transcript release form

allowed participants to sign off after reviewing and altering (if needed) their part of the focus group interview transcript to accurately reflect what they intended to say (Appendix B).

A total of eight music classes, each lasting about 45 minutes, were held on a weekly basis. This is the usual *Kindermusik* schedule. A justification for the timeframe is that short-term parenting and music interventions have been found to have successful outcomes (e.g., Coren, Barlow, & Stewart-Brown, 2003; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008) and that these classes fell within a 13-week fall semester with time for a focus group at the outset, a follow-up group to consider any unanswered questions and arising issues, and another focus group upon conclusion of the music sessions. Two transcript review sessions and a video review session also occurred. The music classes and research sessions took place within the existing school schedule during a period reserved for parenting classes and related subject matter.

### **3.5 Data Generation**

Case studies are based on multiple sources of data. The sources in this study included material collected on the context of the case (such as the school website), interviews with school personnel, a discussion with a school superintendent, interviews with a Cree Elder and the music instructor, and music program materials. Other sources comprised data collected on the case itself: participant observations, focus group data and check-ins with research participants, 30 minutes of video footage, and photographs of the dyads participating in activities during two music classes.

**3.5.1 Participant observation.** Participant observers immerse themselves in the events being studied. Researcher-participant observations were noted after each music session. I participated in the music circle by singing and modelling behaviours and actions, something I had been doing as a participant observer during weekly music classes with the same music instructor and adult parents between January and April 2012. Participant observation usually occurs in a natural setting with a known researcher, and the observations require a balance between observation and participation (Willig, 2008). Methodological notes should reflect on the researcher's role and relationships with the other participants and any difficulties encountered, and analytical notes record emerging themes, patterns, and connections. All notes should be reviewed regularly to assist in analysis. Analysis can be confirmed or refuted by further observation (Willig, 2008). In this study, I kept a research journal for these notes; I also kept a

personal journal to write about my assumptions, expectations, and speculations. This journal helped establish reflexivity, examining researcher presence on the research. According to Mayan (2009), the researcher needs to be aware that her voice is as much a part of the research as are the voices of the participants: “Reflexivity needs to be about grappling with self-awareness and politics, and how we frame reality, as we conduct our research and as we write” (p. 138).

Regarding the research journal, of particular interest were the interactions between mother and child and between participants in the music sessions over time. Participant observations of mother-child relationships and maternal warmth and responsiveness were ascertained by attending to affectionate maternal behaviour, maternal interest in a child’s activities and expressions of approval and support, and maternal responsiveness to her child’s feelings (Nicholson et al., 2008). Indications of improved children’s social skills were demonstrated by their vocal responses to others’ voices, involvement in playing social games (e.g., peek-a-boo), imitating movements such as clapping, and showing interest in other children (Tamis-Lemonda, Shannon, & Spellmann, 2002). Observations of maternal wellbeing comprised smiling, expressions of mutual respect and caring for other participants, and participation through “voice and choice” (Evans & Prilleltensky, 2005, p. 408) also known as agency and decision-making. These interactions are related to the spiritual feminist qualities of compassion and love (Fernandes, 2003) as well as the Aboriginal responsibility of maintaining good relationships (Kovach, 2009). Strengthening mother-child relationships and children’s social skills through encouragement, warmth, and care are resiliency protective factors (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). Building on positive emotions to promote personal growth and relational intimacy are features of positive psychology (Fredrickson & Kurtz, 2011).

**3.5.2 Interviews.** Qualitative interviewing does not follow explicit steps, but revolves around the personal judgments and practical skills of the interviewer (Kvale & Brinkmann, 2009). While research interviews have a structure close to conversation, “descriptions of specific situations and actions are elicited, not general opinions” and “the interview is focused on particular themes; it is neither strictly structured with standard questions, nor entirely ‘nondirective’” (Kvale & Brinkmann, 2009, p. 30). The purpose of the qualitative research interview is to understand the themes of daily life from the interviewee’s perspective (Kvale & Brinkmann, 2009). The first interview was with a teacher at the Saskatoon alternative school,

who provided contextual information. I also interviewed the Elder from the school board, the *Kindermusik* instructor, and the school social worker. I did short check-ins with most of the research participants, and had a lengthy discussion with a school superintendent. These interviews and conversations provided background for the research, and produced data to answer the research question.

**3.5.3 Focus group interviews.** After two music classes, I held a focus group interview with the young mothers to learn about their lives, their connection with their infants, and their interest in and use of music with their infants. This provided context and direction for the parent-child music sessions. A second focus group interview posed unanswered questions from the first interview and covered emerging issues. A final focus group concluded the music classes.

The interviews were semi-structured, with questions that were not standardized, yet not entirely open-ended (Kvale, 1996). For example, I asked, “How is music part of your life? How does it make you feel? (e.g., singing, listening to music)” (Appendix C, Interview Guide: Initial Focus Group). This question guided the participants to consider how they used music in everyday life and how it affected them, supplying both pragmatic and affective data. This produced qualitative information that was not standardized, yet was structured within the research parameters.

The organization for semi-structured interviews arises from an interview schedule, a list of issues to be covered (Thomas, 2011). These are best worded in advance to avoid the possibility of asking closed or poorly structured questions while the researcher is engrossed in the interview (Willig, 2008). Interview schedules for the focus group interviews are provided (Appendices C, D, E) consisting of introductory, focus, summarizing, and concluding questions (Davidson, Halcomb, & Gholizadeh, 2010). The interviews were audio-recorded and transcribed for analysis.

Focus group interviews provide detailed discussion on a particular topic and are premised on the assumption that group processes and interaction allow participants to better explore and elucidate their perspectives (Liamputtong, 2011). This premise fits well with research epistemology stressing collectivity, with self-reflective and cooperative methodology. Focus groups yield data about thoughts, feelings, perceptions, and impressions of group members (Stewart, Shamdasani, & Rook, 2008). Focus group members usually have shared backgrounds or areas of concern—that can help respondents who might feel intimidated in a one-to-one

interview to participate—and can give more control to the participants (Liamputtong, 2011). Focus groups often last about 90 minutes, have 8 to 12 members, and consist of 10 to 20 questions from an interview guide; not all questions will be asked since the discussion may lead to unanticipated topics (Stewart et al., 2008). The actual focus groups in this study were shorter in duration, limited by the school schedule. The 55-minute class period began with a pizza lunch and the signing or review of consent forms, allowing for a maximum 45-minute interview. The first and second focus groups were a little shorter than the 45-minute final session. There were seven research participants at the first two groups and six at the last one; three of the young mothers were at all focus groups.

In interviews it is best to move from the general to the specific, allowing background information and context to emerge first. If the subject is narrowed too early the answers will not be as rich (Stewart et al., 2008). A balance in discussion of what is of interest to group members and the researcher needs to be maintained and the moderator/researcher needs to consider whether the information being gathered will be enough to answer the research question (Liamputtong, 2011). The moderator should be trained in group dynamics and interview skills (Stewart et al., 2008); my background of 15 years of psychoeducational work and interviews with youth proved useful. Liamputtong (2011) noted that feminist researchers have found that communication between women with similar experiences can raise their consciousness and lead to a realization that their common problems are not personal but structural. She also observed that youth often prefer group interviews to individual interviews and find that it is easier to converse in the company of friends. Focus groups present some challenges, such as when friends disclose personal information and confidentiality is compromised, or when members of a group feel unable to express unpopular opinions. However, the benefits of enhanced recruitment in an existing cohort and the ability of group members to help one another with group process and outcomes can compensate for these issues (Liamputtong, 2011).

Salmon (2007) discussed the benefits of participatory interview methods. Through her interviews with six young Vancouver Aboriginal mothers who had experienced substance use during pregnancy and Fetal Alcohol Spectrum Disorder, she found that group interviews democratize research, empower participants, and mitigate misrepresentation. Salmon also addressed methodological and empirical implications by providing honoraria, collaborating with

community leaders to recruit participants, and sharing analysis with group members. In a group interview there is less emphasis on the researcher facilitating discussion between the participants than in a focus group.

The facilitative feature of focus group interviews was helpful in this research for giving power to group members, establishing group rapport, expressing group dynamics, and energizing the group in preparation for the music classes. As a moderator, I emphasized collaboration and care, informed by a spiritual feminist practice (Fernandes, 2003).

At the end of the study a final focus group explored the mother and child experiences with music as well as the young mothers' views on the music classes. An interview guide (Appendix E) ensured a common framework. The final focus group interview guide comprised questions reflecting personal and program content, Aboriginal content, developmental and resilience content, as well as attachment, wellbeing, and positive psychology content. *The Listening Guide* (Gilligan, Spencer, Weinberg, & Bertsch, 2003) was used to analyze the transcripts, and thematic analysis was used to compile and analyze the data from the various sources. The final focus group interview guide was changed slightly over the course of the study to remain relevant to the participants and their experiences. For example, a question about the participants' experiences with Cree and reggae music was added after these genres of music had been included in the classes.

**3.5.4 Video footage and photographs.** I met with personnel at the University of Saskatchewan education media access and production facility (eMAP) in August 2012 to learn about the technology available for researchers and booked an audio-recorder for each focus group and a videographer to come to a class about midway through the program. We discussed focusing on community building and bonding as well as any contrasting activity, to provide a balanced profile. I also took photographs of the mothers and infants during the last two music classes. These visual sources provided another level of detail to supplement the participant observations noted after each class and research session. The ensuing video and photographs were shared with and appreciated by the participants.

### 3.6 Data Analysis

After the interviews were transcribed, the written text was shared with the adolescent mothers to ensure that the essence of what they intended to say was captured. Any changes they felt were needed were made; only one change was requested.

**3.6.1 *The Listening Guide.*** This guide (Gilligan et al., 2003) was used to analyze the focus group transcripts. The crux of the guide is that the “collectivity of different voices that compose the voice of any given person—its range, its harmonies and dissonances, its distinctive tonality, key signatures, pitches and rhythm—is always embodied, in culture, and in relationship with oneself and with others” (Gilligan, Spencer, Weinberg, & Bertsch, 2003, p. 157). Thus, each interview participant has a variety of voices, or ways of communicating, that reflect the culture and relationships in which the participant is involved. This is consistent with the holism inherent in the conceptualization of the current study. *The Listening Guide* has previously been used as a primary means of analysis and with other methods of qualitative analysis, such as conceptually clustered matrices, narrative summaries, and statistical analysis of thematic codes from interview content (Gilligan et al., 2003, p. 169). The guide involves successive readings of interview data to uncover different elements. Readings are considered *listenings*, emphasizing the participatory nature of this method of analysis, in contrast to traditional coding that tends to remove rich layers of meaning from narrative (Gilligan et al., 2003). The first step centres on listening for events and plot, which involve “stories told” (Gilligan, 2011, p. 69) by the research participants. Another part of this step is the listener/researcher’s response to the plot. *The Listening Guide* instructions on the researcher’s response require that one tune into multiple levels of one’s own resonance to the narrative (Gilligan et al., 2003).

The second step is the creation of *I Poems*: short, succinct statements starting with “I” and taken sequentially from interview comments. The *I Poem* captures the nuances of the participants’ speech, thoughts, and feelings. The third reading focuses on the contrapuntal or multiple voices of the participants. Gilligan et al. (2003) stated, “It is in this third step that we begin to identify, specify, and sort out the different strands in the interview that may speak to our research question” (p. 165). The fourth step pertains to an analysis of various layers of meaning reflecting the research question. With each reading meaningful text is underlined in a different colour, providing a visual map of the process.



In the summer of 2012, I experimented with *The Listening Guide* to ensure it would be an appropriate research tool. I interviewed a 16-year-old adolescent (who was not a mother), asking questions related to those I anticipated asking the young mothers. This guide provided a viable method for analyzing the data. However, the questions I asked were not incisive enough to produce the level of detail I was hoping for. This experiment informed the questions formulated for the adolescent mothers, which were quite specific (see Appendices E-G). Consequently the answers to these questions were also rather specific. While this specificity was helpful in gathering detailed data, it narrowed the range of responses. The few times that the interviewees were off-topic—discussing the fathers of their children, the ways they balanced home and school demands, their opinions on child discipline and breast-feeding—the information led to a richer perspective on adolescent motherhood. *The Listening Guide* method of analysis was helpful in highlighting personal interviewee statements through the *I Poems* and contrapuntal voices. It was also useful for generating themes related to adolescent motherhood, providing context and insight about the experiences of these mothers and their children with music.

Several attempts at analysis were made before arriving at a final draft that incorporated the various voices of the young mothers. The step involving contrapuntal voices was particularly challenging. Initially, the individual participants' views were compared and contrasted. This analysis felt insubstantial. After further research on Gilligan's instructions (Brown & Gilligan, 1992) I re-read the transcripts, underlining, highlighting, and making notes to name the participants' voices. The terms that first arose were: awesome/good/*child first* parent, overwhelmed/tired/absent/depressed parent, helpful/supportive voice, honest/confrontational/confident voice, articulate versus awkward voice, "me too"/no voice, and a voice of humour or sarcasm. On the next attempt, I utilized symbols to examine how these voices were used. The resulting finding was a voice of relationship/support/agreement/cooperation and corresponding voice of conflict/choice/dissent/opinion, a voice of the good mother and bad mother, a voice of humour, and no voice. Finally, coloured pens were employed to further categorize the terms and identify the good/bad mother, the voice of support/dissent, the voice of humour/sarcasm, and no voice. I also identified passages about music that were used later in the thematic analysis of all data sources specifically regarding the parent-child music classes.

After determining the voices listed above, an interpretive analysis—step four of *The Listening Guide*—evolved through compiling and clarifying themes from step one (plot), step two (*I Poems*), and step three (contrapuntal voices).

**3.6.2 Thematic analysis.** Thematic analysis is a process of extracting themes from the data. There are myriad ways to interpret this data in qualitative methods (Willig, 2012). Feminist research such as this study attempts to capture an accurate and detailed picture of the real world of the participants, and tends to focus on the content in terms of answering the research question (Willig, 2012). Collective thematic analysis was used to identify themes in this study from all of the data sources. The primary data sources comprised focus group interviews and participant observations noted in research and personal journals. Secondary sources consisted of photographs and a video taken during the parent-child music program, short check-in interviews with some of the young mothers for formative program feedback, and an interview with the parent-child music instructor. Qualitatively analyzing data in different ways can generate complementary findings (Wertz et al., 2011). Thematic analysis is “a method for identifying, analyzing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). A theme reflects patterns of meaning within the data related to the research question. The flexibility of thematic analysis allows for inductive or theoretical analysis (Braun & Clarke, 2006). An overview of the thematic analysis process is as follows: the researcher first transcribes and becomes familiar with the data, then generates initial codes based on intriguing features of the data, next searches for themes and gathers relevant data, reviews themes and checks to see that they work across the data set, defines and names themes, and then produces a report (Braun & Clarke, 2006).

When coding, I highlighted themes using different symbols and colours, made notes in the margins of transcripts and participant-observer journals, identified similar phrases and key words, and immersed myself in the data, allowing concepts and analysis to emerge over numerous readings. I also viewed the video and photographs many times, looking for examples of mother-child bonding, maternal wellbeing, and childrens’ social skills—and any opposing evidence regarding these phenomena. Good thematic analysis is explicit about methods and process, involves themes that are coherent around a central idea, and interprets data in a way that is consistent with the theoretical framework (Braun & Clarke, 2006). Thematic analysis is useful in participatory research since the results can be accessible to the general public, can summarize a

large amount of data and highlight similarities and differences, and can generate unanticipated insights and inform policy development (Braun & Clarke, 2006). These elements of thematic analysis fit well with the many data sources in the current case study and allowed for new insights and dissemination of the results to the larger community.

This case study benefitted from the variety of data sources. The data did not conflict beyond minor discrepancies in the young mothers' comments. Researcher observations fit well with interview comments and photographic/video representation; thus the various sources reinforced and enriched the data. A peer researcher reviewed the analysis to help maintain quality control, indicating wording requiring clarification or justification.

**3.6.3 The influence of spiritual feminism on data collection and analysis.** As a spiritual feminist, I collected data and analyzed it in a manner that respected the research participants and their perspectives. I engaged with the young mothers empathically, watching for facial expressions to identify emotions, and listening for the unsaid as well as what was said. This was based on an understanding that we are all connected and each of us has a unique role. Culliford (2011) explained this well:

Spirituality is inclusive and unifying. Each person is part of and pervaded by the sacred, by the spiritual dimension. It applies to everyone, including those who do not believe in God, a higher being, named or unnamed, or a spiritual realm or dimension of existence ... This accounts for the profound and spiritual nature of 'non-separateness', of 'interbeing', and the associated principle of reciprocity according to which thoughts, words and actions intending either good or harm, either to another person or to nature, rebound accordingly on oneself. (p. 52–53)

My belief system—reflected in the above quotation—has inevitably shaped the data collection and analysis in this research. It presents a perspective that determines the way I perceive reality and hence the research results.

### **3.7 Data Representation**

Representation refers to how a researcher represents the participants; it is important to avoid stereotyping (Mayan, 2009). Representation also involves how one portrays findings, for example, through poetry, video footage, or a written piece. Completing the study with a creative representation of findings was optimal in this research with its focus on parent-child music and movement activities. Several *I Poems* were created from the focus group interviews and a short

video was made. I also sent the mothers photographs of themselves and their children—taken at the classes—and provided a home kit for each mother-child pair containing shakers, a book, a CD, and a poster to extend their experience with music and to offer reciprocity for their time spent in the classes and research sessions.

### **3.8 Credibility**

In qualitative inquiry, credibility is established through transparency about one's perspective, training, funding, knowledge, and personal connection to the topic. Patton (2002) noted, "the principle is to report any personal and professional information that may have affected data collection, analysis, and interpretation—either negatively or positively—in the minds of users of the findings" (p. 566). Because qualitative inquiry is concerned with "the quality and texture of experience, rather than with the identification of cause-effect relationships" (Willig, 2008, p.8), the methods of establishing credibility are different from those in experimental research. Criteria for credibility in qualitative research centre on issues such as transferability and reflexivity (Willig, 2008). Transferability relates to the possibility of applying the research to other settings (Lincoln & Guba, 1985). With reflexivity the researcher looks at how she or he frames reality, conducts research, and writes (Mayan, 2009). In establishing credibility it is also important to explain negative cases, search for rival explanations, and keep data in context (Patton, 2002). Several features of case study research discussed in section 3.3. can also support credibility such as investigating processes over time, examining an issue from many perspectives, and triangulating information from diverse sources. Crystallization, or incorporating various disciplines, is another way of using multiple sources to confirm credibility.

A more quantitative way of assessing credibility in case study is by means of four tests prevalent in social sciences methodology: construct validity, internal validity, external validity, and reliability (Yin, 2009). A more qualitative approach is to accept that generalizability is limited due to the uniqueness of each case and that the concepts of reliability and validity cannot be meaningfully applied (Thomas, 2011). This approach to credibility maintains that the best way to look at case studies is through the quality of the research: the clarity of writing, the significance of the question, the effectiveness of the methods, the information about the research process and the researcher, and the formulation of the findings (Thomas, 2011). Therefore, case study quality is not related as much to validity, reliability, and sample, as to study concept,

construction, and conduct. This perspective is most suited to the assumptions that inform this study: the shift from an individualistic position to a collective approach, and to the use of multiple data sources and perspectives to gain knowledge and insight.

### **3.9 Ethics**

Universities have an ethics process that requires researchers to minimize the risks related to themselves, the participants, their relationships, the environment, and the outcomes (Mayan, 2009). In qualitative research the nature of relationships and research can change; therefore “risk assessment must be reflexive and ongoing” (Mayan, 2009, p. 129). In order for potential research participants to grant consent they need to be informed about the nature, purpose, and methods of the study; the expected benefits and possible harm that may arise; details about confidentiality, anonymity, and data storage; ethics procedures and appeals; and the researcher’s full name and contact information (Thomas, 2011). Researchers need to be sensitive to issues of confidentiality and anonymity and modify or adjust the material that may identify the participants (Willig, 2008). In a participatory model—such as the present research—participants review, reflect upon, and release drafts of their data. Self-reflection can elicit unwanted memories contradictions between attitudes and behaviours that might not have otherwise surfaced; if the participant needs ongoing support after the interview the researcher should provide a referral (Willig, 2008). In this research the participants had access to a school counsellor.

Another ethical issue is that, in a group project such as this, there may be peer pressure to participate. This may be lessened if discussed at the outset. The option of leaving the project at any time without consequence was stated and reiterated at the beginning of each focus group meeting. Confidentiality could have been compromised in the study as a result of the focus group setting. While research participants were asked not to disclose focus group conversations to anyone outside the group there was no guarantee that this material would be kept confidential. Participants were reminded at the start of each focus group that confidentiality agreements should be respected. If there had been a concern that confidentiality had been broken, a group discussion about the best way to handle the problem would have allowed the participants to decide for themselves how to proceed, thus empowering them. Confidentiality was also an issue due to the participants being video-recorded and photographed. It was important for them to understand that they would be identifiable through these media. Participants were asked to consider how they felt

about having a photograph in a journal or in a PowerPoint presentation at a conference before giving their consent.

A further ethical issue was related to the attention that case study—and other qualitative work—places on personal circumstances, views, and the resulting vulnerability participants may experience (Stake, 2010). A consent document should include details about reports, and participants should check interview transcripts to ensure their approval (Stake, 2010). This is consistent with the present methodology in that it promotes respectful relationships with participants and empowers them.

No negative consequences or risks for either the mothers or their infants in this research were anticipated, nor did they occur. Rather, a circle of young women and infants connected in song and prevailed, with the young mothers becoming confident in voicing their opinions through involvement in the research process.

**3.9.1 Ethics in an Aboriginal context.** One of the mothers and five of the 13 infants in this study were of Aboriginal heritage. The lack of Aboriginal mother participants in this study engendered a less culturally responsive curriculum than anticipated. At the Saskatoon alternative school where the study was conducted, as of December 2012, 57 of the 182 students (or 31%) were Aboriginal. The premise that about one third of the research participants would be Aboriginal informed the decision to work at the school. In previous years the percentages were: June 2012, 38%; June 2011, 33%; June 2010, 37%; June 2009, 33%; and June 2008, 25% (G. Martell, personal communication, 2013). Saskatoon has the second highest representation of Aboriginal people of all metropolitan areas in Canada at 9%. Moreover, half of the Aboriginal population in Saskatoon is under the age of 24 and most of the children are living with a single parent. Internationally, Canada's proportion of Aboriginal peoples, at 4%, is second only to New Zealand, at 15% (Statistics Canada, 2008).

Culturally responsive methodologies “include cultural and epistemological pluralism, deconstruction of Western colonial traditions of research, and primacy of relationships within a culturally responsive dialogic encounter” (Berryman, SooHoo, & Nevin, 2013, p. 15). My epistemology—spiritual feminism—is culturally relevant to Aboriginal perspectives, as discussed above in section 3.1, Epistemology. In terms of deconstructing colonial research traditions and prioritizing relationships, I have used qualitative methods that honour and give voice to the

research participants. The preponderance of Aboriginal children in this study makes the focus on people of Aboriginal heritage appropriate.

A Canadian Tri-Council policy statement (2010) outlined considerations for research involving First Nations, Inuit and Métis Peoples of Canada. Relevant to the present study, Chapter 9, section C (Applying Provisions of this Policy in Aboriginal Contexts) illustrated a need for community engagement in the following situation: “Research involving Aboriginal people who comprise a sizeable proportion of the larger community that is the subject of research even if no Aboriginal-specific conclusions will be made” (p. 112). Due to this requirement, I sought community engagement through meeting with a school board Elder and establishing her support for the study.

In the current research, Battiste’s (2001) statement is relevant: “As outsiders, researchers and scholars may be useful in helping Indigenous people articulate their concerns, but to speak for them is to deny them the self-determination so essential to human progress” (p. 198). This understanding of decolonization is connected with my wish to be useful in the articulation process. There have been a variety of issues regarding researcher insensitivity in work with Aboriginal peoples in the past. Smith (1999) stated, “Research is probably one of the dirtiest words in the indigenous world’s vocabulary” (p. 1). Violation of trust and lack of responsiveness to the community have been common. Aboriginal needs, standards, and customs have been largely ignored and research has served to advance colonialism (Cochran et al., 2008). Lack of awareness of Aboriginal values has resulted in misunderstanding and representation errors. Even well intentioned research has positioned Aboriginal issues as problems to be solved externally and has overstated the negative (Cochran et al., 2008). Notably, there is significant Aboriginal history in Canada that has been largely ignored. Saul (2008) stated,

We are a people of Aboriginal inspiration organized around a concept of peace, fairness and good government ... What we are today has been inspired as much by four centuries of life with the indigenous civilizations as by four centuries of immigration ... Of course, we do worry about their situation from time to time; that is, we feel sympathy for them, particularly their children ... Perhaps our sympathy is just a cleaned-up version of the old racist attitudes ... it is both curious and troubling that we cannot bring ourselves to talk about how profoundly our society has been shaped over four centuries in its non-monolithic, non-European manner by the First Nations. (pp. xvi-6)

Saul (2008) explored how Aboriginal peoples have influenced Canada and continue to do so despite colonial philosophical and political oppression. I concur with his perception of sympathy as racism. As a former college instructor I worked with young adults with special needs for over 15 years. In the local community it became clear that these students were pitied, not respected; people would do things for them rather than allow them to have agency. This type of charity perpetuates power and privilege differences and can also occur between individuals of different classes and races (Camacho, 2004). Unfortunately, the privileged are generally unaware of this inequity.

A gradual process occurs as one becomes aware of privilege and oppression. Four stages arise when one begins to question assumptions about how the world works (Worell & Remer, 2003). During the first stage, one who is privileged and advantaged conforms to the norms of the majority and accepts cultural stereotypes of those who are oppressed. There is no awareness that one is privileged; the world is considered a just meritocracy. In contrast, one who is oppressed and disadvantaged begins by undervaluing one's own group and valuing the majority group, accepting the negative stereotypes about one's group. As one begins to question majority assumptions and encounter new ideas, an advantaged individual becomes aware of privilege and its connection to group status, seeing the stereotypes and discrimination of the oppressed and experiencing conflict, guilt, or cognitive dissonance when prior views conflict with new knowledge. An individual from disadvantaged circumstances also experiences conflict, questions prior views, and understands the injustice of oppression. In the third stage, one who is privileged becomes informed about the nature of the oppressed group and discriminatory practices, initiating collaborative contact with members of this group and working to eliminate power differentials. In contrast, one who is oppressed begins to appreciate oneself and one's group and excludes members of the majority group. The fourth stage sees both individuals who are privileged and oppressed sharing resources, moving between groups, valuing each other, rejecting discriminatory practices and negative stereotypes, and working toward change and social justice (Worell & Remer, 2003).

Since I was working with young mothers—a group that is often marginalized and disadvantaged—reflexivity in this research was essential to ensure that power differentials were reduced and that the research participants were empowered as collaborators in the research



process. Some of the student adolescent mothers, nevertheless, may have found it difficult to relate to a mature teacher/PhD candidate. Teachers have a position of power and advantage, and maturity and education can also convey power. This difference was minimized by identifying the power, knowledge, and abilities the young women had: they were mothers and had given birth to, and cared for their infants. This experience was unknown to me; thus they had abilities I lacked, and I told them so. My roles with the adolescents in this study ranged from university researcher upon introduction, to moderator during the focus groups, to participant-observer during the mother-and-child music groups. As these are primarily leadership roles, power differences were diminished through finding commonalities—such as enjoyment of music—and through establishing trust, mutuality, and reciprocity via respectful interactions, a sincere interest in adolescents and infants, and the connections formed through moving to music and playing together. Reciprocity also acknowledged respect for the participants sharing of themselves and their time.

Research from the margins has been defined as “research by, for, and with them/us...to trouble the connections between how knowledge is created, what knowledge is produced, and who is entitled to engage in these processes ... research processes that explicitly and implicitly challenge relations of domination and subordination ...” (Brown & Strega, 2005, p. 7). The young mothers in this study were involved in the research, reviewing transcripts and making suggestions for improving the music classes. This led to their empowerment. In this way, they could move from marginalization and subordination to being valued and included. Being valued supports belonging, status, identity, and self-belief, and can lead to improved health, learning, and growth (Thomas, 2011).

## 4 RESULTS

### 4.1 Overview

This chapter begins with a detailed description of the eight parent-child music classes. Also described are individual interviews, video footage, and photographs. Next, findings from the three focus group interviews are presented and interpreted via *The Listening Guide*. The chapter concludes with a thematic analysis of the data to answer the research question. All participant names are pseudonyms; some chosen by the participants and others chosen by me for those participants who had no pseudonym preferences.

### 4.2 Engaging Young Mothers and Infants With Music

Following are excerpts from researcher participant-observation notes about the study's case, a Saskatoon parent-child music program for adolescent mothers and their infants. As the classes progressed over time, the mothers and children became more engaged with the program and one another. The young mothers and their children were hesitant to participate during the first class. By the third class there was a growing sense of community between the young mothers. Two new mothers were learning to interact with their children. The children were also learning how to interact with one another appropriately. Increasingly the mother-child pairs appeared to enjoy being together as evidenced by their smiles, laughter, cuddling, and touching. As the classes continued, the children began communicating with one another, the toddlers started dancing, and infants and children began following instructions. The mothers said they felt closer to one another and often chatted, smiling. They became more mutually supportive. Some said that the class had helped them connect with the group and with their child.

The parent-child music classes are outlined below chronologically. Information on concurrent activities, such as video and photo sessions, has been included.

**4.2.1 Introductions.** I first met the prospective research participants in September 2012. A young mother with green hair and a smiling baby with one red cheek arrived and sat on the carpeted floor in a daycare room in a Saskatoon alternative school. The mother's name was Beki; she was 16 and her daughter was nine months old. Soon several other mothers came in with their infants and toddlers. The youngest child was five weeks and the oldest was a little more than two years old; most were between six months and a year-and-a-half. There were 11 mother-child

dyads sitting in the circle. Janna was 18 and her son was six months old, Tasha was 17 and her daughter was also six months old, Emma was 17 and her daughter was nine months old, Calli was 21 and her son was five weeks old, Allayah was 21 and her son was 10 months old, Kimothy was 20 and her daughter was 16 months old, Kylie was 21 and her son was 27 months old, Lily was 19 and her son was 18 months old, Ash was 19 and her daughter was two, and Chelle was 20 and her son was 18 months old. Later in the fall we would meet two more young mothers and their infants.

I briefly explained the research and the parent-child music instructor went over some preliminaries: that the program could support bonding and learning through music and that there were no set expectations; i.e., the mothers and children did not have to follow her suggestions if they did not want to. The young mothers and infants were invited to participate in a 30-minute demonstration music class. In this class, the main elements of *Kindermusik* sessions for infants and toddlers were present. The instructor started the class with a *Hello* song, explaining that this would start every class. Some of the toddlers joined in waving hello. Only the instructor and I sang the song. The mothers seemed interested but quiet. We next did baby massage to some tinkling music on a CD. The instructor explained that massage always followed the *Hello* song. She demonstrated on a teddy bear (and later on her willing four-year-old son who also attended the classes), massaging the torso in a heart-shaped motion, and gently squeezing the arms and legs. The mothers with infants did this. The three toddlers did not want to sit still and moved around the room. One little boy kept wandering over to the gate and didn't seem to be easily soothed; when his mother kissed and cuddled him, he struggled to get away. A little girl was trying to take a toy from another child. Her mother was telling her to share. A toddler accidentally poked another child in the eye. The mother said "That'll be a black eye" but did not seem worried.

Next came an activity with scarves. The instructor suggested playing *peek-a-boo* and the infants really liked this. She also demonstrated how we could drop a scarf in mid-air and watch it float. Some of the mothers tried this. We went on to a song about trains and were encouraged to move around, connecting and talking. The young women started conversing for several minutes. The school social worker later said that the mothers had not had a chance to meet previously. Next was a song that involved swaying or rocking and the instructor demonstrated some ways to

sway to the music. She also pointed to a chart that showed ways to rock a child. This slower music made many of the children drowsy and the mothers seemed more relaxed as well. Last was the *Goodbye* song. The instructor asked the children to wave goodbye and several mothers held their infants' arms to help them wave. After that the young women and their infants left, some saying "Thanks" or "See you." I was not sure that we would see them again, but the instructor said that the infants' interest would keep the mothers coming back.

**4.2.2 Getting to know you.** The previous week we were rather confined in the small daycare room; this week we moved to the library and made a large seating area on the floor out of overlapping yoga mats. This time three of the 11 young mothers who had attended the preceding week were not at school. Of the eight we expected, six came. Two had gone home early, one of whom was sick. The smaller number of dyads actually worked better as it allowed people to get to know one another. The instructor added individual movements to the *Hello* song by asking the children what motion they would like to do to say hello. The dyads responded well with their best attempts at clapping, dancing, jiggling, and hugging.

The young mothers were chattier this time since they were becoming acquainted with each other. It was the beginning of community building. Because they were busy talking with each other the mothers let their children roam more this week. The mother-child pairs also seemed more willing to try the activities such as moving around the room to music. For the storybook activity, each child picked a book from a basket in the middle of the circle and took it to his or her mother to read aloud. The mother chose a book if the child was not yet mobile. Two of the older boys, 18 and 27 months old, wanted to use the library computers instead. After five or ten minutes they tired of moving the mouse with no results—the computers had been turned off—and joined the group.

The baby massage activity went well with the smaller children. The mothers were learning to do the massage and the infants seemed to be enjoying it. The toddlers—two boys and a girl—were not as interested. Two mothers of toddlers said that they thought this activity was more suited for babies. The music instructor later said that the activities can be modified for older children, but the young mothers would need patience to engage their children. She had noticed that the children were more attentive and absorbed in the activities than the mothers. The instructor wondered if the 45-minute class was too long for the young women. She thought their

attention spans seemed shorter than the adult mothers she had worked with. I said that we could be flexible with class length.

When I focused on the dyads, I noticed that Emma and her child did a lot of smiling, cuddling, and making eye contact as did Janna and her infant. Lily's little boy would not stay still and she spoke to him sharply. When he did not respond she yelled at him. Kimothy's toddler moved around freely but sat with her for reading. Kylie kept her son close during the first class but let him try the computers this time. They both smiled during the *Hello* song and appeared to enjoy the massage activity. Tasha came in late today. She seemed a little unsure of how to interact with her baby but liked talking about her. When her infant crawled off Tasha responded by taking the opportunity to check her cell phone.

Most of the toddlers and infants who were crawling responded to the *Toys Away* song by putting their shakers in the basket in the middle of the circle. They had heard the song the previous week for the first time. Two children did not want to relinquish their shakers but knew that they should. One put his away and then took another, and the other child kept his shaker until we switched to a new activity. Some infants were trying to communicate with others. One little girl was touching a younger infant. I intervened when it appeared that she might lose her balance and fall on the other child.

I told the mothers about the focus group that would take place the following week. The focus groups are discussed in section 4.3, Listening to the Young Mothers.

**4.2.3 Creating community.** Two mother-child dyads came to this class who had not attended since the first class introducing the research. They did not say where they had been. Today we learned that Allayah's background was Jamaican, Irish, Scottish, and Yugoslavian. She said the father of her child was Native and Yugoslavian. Beki was unsure about her ancestry and that of her child.

In total, eight pairs attended. There was a feeling of community. Mothers were commenting on seeing a child begin to walk, children were noticing other children ("Baby!"), new mothers were watching the more experienced mothers. Both the music instructor and I wondered if the focus group had helped them get to know each other and become more connected. The group seemed more congenial and conversational, with mothers of toddlers reminiscing about when their children were babies and new mothers getting support from the mothers with older children.

For example, when one mother went to get a tissue for her infant, another offered to hold the infant. This was the first week that all of the mothers interacted with their children throughout the music activities. The instructor noticed that during the baby massage everyone was doing what she asked. She gave more detailed instructions that seemed to help (e.g., “Making eye contact helps you connect and bond with your baby... Make sure you’re touching your baby with at least one hand now, since touch is important to your baby and helps you bond”).

Most of the children—at least those who were walking or crawling—were now putting things away during the *Toys Away* song. Some were even putting them away when they were finished with them before the song started. During the *Hello* song, one toddler waved and several infants were waving with help from their mothers. The newest mother was stroking her infant during baby massage even though he was asleep. Previously she had held him somewhat rigidly. Tasha was beginning to play with her infant this time and trying out the massage and exercise movements. Beki and her daughter were also joining in to the massage and exercise, as were Allayah and her son. Allayah seemed a little rough, sometimes grabbing him, but he appeared to like it, smiling and giggling. Kimothy and her daughter were really enjoying playing peek-a-boo with the scarf; the toddler would put the scarf over her mother’s face and feel her cheeks, and then Kimothy would do the same thing back, to much laughter from the child. The toddler also brought a book to Kimothy and they read about half of it before the little one tired of it. Another toddler was enjoying a book that his mother read to him about trucks and he was joining in, saying some of the words. Only one child did not participate in the group activities, preferring to try out the computers, climb under tables, and sit on a big leather chair with a grin on his face. The mothers and children appeared to be having a good time. The atmosphere was rather festive. Even a loud buzzer announcing a fire drill did not upset anyone. We went outside for a few minutes and came back in with no disruption. The youngest baby slept through it all.

The following week we reviewed the first focus group transcripts and held a second focus group, reviewed in section 4.3.2.

**4.2.4 Cree lullabye.** The fourth class started a little early. Everyone was ready to begin except Janna, who politely inquired if she could attend without her infant until he woke up. I asked Callie to check her transcript since she had missed the last session, and Janna offered to hold her baby while she was reading. There is such a feeling of mutual support in this group now.

Only five mother-child pairs attended this time since several were out at work, two had a new schedule, and one was sick. We started with some gentle music in the background on a CD and the children chose colourful rattles from the basket in the middle of the circle. The mothers chatted a bit. One toddler kept trying to touch the new baby. Allayah would take his hand and show him how to stroke the baby's head, saying "Gentle", but she needed to keep an eye on him as he tried to poke the baby's eye and almost toppled over on him at one point.

We sang the *Hello* song and the mothers helped the infants wave. We did some motions to the music and everyone joined in, tickling their babies and rocking. Next, we did baby massage and everyone seemed to enjoy this. The instructor then brought out the scarves for peek-a-boo. Most of the babies remembered how to put the scarf over their head and pull it off, and some of them also put the scarf on their mother's head so there was much laughing and interaction. Most of the infants were also responding to the *Toys Away* song, putting things—or throwing them—into the basket.

The instructor said that some of the children looked sleepy so we played the Cree lullaby and the babies took turns in the hammock. Each infant was placed in the middle of the blanket hammock and was slowly rocked to the music, the instructor on one end and the mother on the other. The babies loved it, as evidenced by big smiles. Next was the *Goodbye* song with some waving and chatting. We finished a little early since the children were tired.

A few bonding highlights: Kylie cuddling her son and both of them looking very happy; Tasha shyly peeking at her daughter's face when we remarked that she was smiling; Callie joining in on all of the activities now that her infant was awake for (and interested in) the whole class; Janna stroking her son's hair, which was sticking up from his nap; and Allayah kissing and hugging a laughing son. In terms of maternal wellbeing and connection, Tasha was much more talkative today, perhaps because the group was smaller and people have been getting to know each other. It was also nice to see Janna and Allayah enjoying Callie's baby now that he is awake. Callie seems happier since her infant has been participating. Perhaps she enjoys all the attention from the other mothers and children. During the hammock activity Allayah said "I'm gonna try this at home, for sure." Tasha mentioned she was starting to sing in the car to her infant.

**4.2.5 The video.** We filmed the fifth music class. While the videographer

unpacked his equipment, the instructor and I set out some mats for the dyads to sit on, and the young mothers started arriving with their infants. There were seven pairs this time. We began by helping the mothers and babies roll a ball to one another.

Tasha came in with her baby and I asked if she still preferred to not be recorded. Her consent form did not have the video/photo consent box checked off. The cameraman had said that he could keep her off-screen and I mentioned this. She inquired, “Am I the only one?” and I replied, “yes.” She decided to check the consent box.

Most dyads participated in the *Hello* song, baby massage, and exercise song. It was one toddler’s first class and he watched another little boy about his size to see what to do. They both loved getting hugs and looked enthralled during the massage. The instructor began the hammock activity while playing the Cree lullabye. I drew the mothers’ attention to the song, mentioning our plan to listen to Cree music to support the Aboriginal children in learning about their culture. One toddler particularly enjoyed this activity, giggling continually until the hammock stopped when his turn was over, at which point he cried inconsolably and his mother took him out to the hall. Most of the infants had fun in the hammock.

The instructor asked the mothers if had been listening to the CD with their child, and Janna had. The instructor said that babies usually recognize the *Hello* and *Goodbye* songs first, since we sing them the most. She then brought out the books—which were read by a few—and scarves. Many took up the peek-a-boo game. A couple of the infants noticed the videographer and crawled toward the camera to investigate. Soon, the instructor saw that the babies were getting sleepy and whispered to me that we should end. We did the *Goodbye* song and everyone gradually left.

After the class, the videographer downloaded the footage so I could make a short video. It began with the group of mothers and children seated on the floor and focused in on one infant learning to clap—a social skill—by imitating others. Chatting and laughter amongst the mothers was evident, indicative of maternal wellbeing. The baby massage activity began; a mother seemed a little embarrassed to have the focus on her, but her child appeared entranced with the massage. In the background was a rendition of *Twinkle, Twinkle Little Star* (Taylor, 1806) featuring children’s voices. Emma was leaning over to say hello to a new baby. She then smiled at Callie, the infant’s mother, who smiled back. The connection was evident. A short clip of baby



exercise was followed by a shot of Emma's baby crawling away from her. She started to intervene, then Allayah picked the baby up. Emma appeared a little uneasy but sat back and observed what happened next: Allayah said to her son, "Look what Mommy has." Allayah's toddler gave the baby a hug. Again, this is evidence of connection, now between children. Meanwhile Lily, who was looking unhappy because her son was busy trying to get a computer to work instead of engaging with her, began to smile because Tasha's child was crawling up to her. She took the infant into her lap. This connection promoted community building by linking her with another mother and child. We next saw Chelle, a new member of the group, saying "He's so unsure." Her child was in the hammock for the first time and the Cree lullaby was playing in the background. The music instructor told her that if she thought it best, they would put him back down on the ground. The young mother concurred and the child held her tightly as she picked him up. This indicated secure attachment, as she was the base he returned to when unsure. Next, Lily's son was in the hammock. The instructor's son stood beside her and said "Hi" each time the hammock swayed in his direction. The toddler began to giggle. Lily said, "He just loves it!" Child-to-child and mother-child connection were evident. In the next frame, we began the peek-a-boo activity. Translucent scarves had been brought out and the children were delighting in hiding behind sheer purple, green, blue, or yellow fabric. Soon their mothers pulled the scarves off, saying peek-a-boo to mutual smiles. This was evidence of mother-child connection. The instructor explained that the children could learn the names of their body parts through this activity with questions like, "Where's your nose?" The infants began to notice the cameraman, and Emma's child was the first to move towards the camera. When children are securely attached, they are more likely to explore their environment (Newton, 2008). Tasha's infant also saw the camera. She edged in that direction. The next activity involved the young mothers carrying the children while moving around the room and stopping to interact. The video ended with a group shot and a close-up of the *Kindermusik* blanket that said, "A good beginning never ends." This video suggests that the program promotes infant social skills and maternal wellbeing, and also enhances relationships; not only mother-child but mother-to-mother and child-to-child connection. The video is part of a PowerPoint presentation on the research results.

**4.2.6 Checking in.** During the beginning of the sixth class, everyone settled onto the

mats with some quiet music in the background. Soft, jingling cloth balls had been set out for the children to play with. I began by sitting next to each young mother for a few minutes and asking for her impressions about the parent-child music classes so far: her likes and dislikes and those of her child, any changes in relationships, and their favourite activities. Most said they enjoyed everything, a few liked the massage, and one liked a certain song. They thought their children liked having fun, playing with the toys, and enjoyed the singing. In terms of relationships, some thought they were the same, but Tasha said the classes helped her connect with the group and her daughter with other infants, Emma said she felt more connected with her daughter, and Lily said she thought she was closer to the other mothers.

We subsequently played some background music from a reggae CD I had brought in, since Allayah has Jamaican background and she and some of the other young women had said that they liked reggae music. Allayah apologized that she had not brought in a reggae CD herself. Two of the toddlers started dancing almost immediately. They bent their knees, put their arms in the air, bounced up and down, and swayed from side to side. A third soon joined in. This was the most energetic dancing I had seen with this group and it was perhaps unsurprising that the reggae beat prompted it. We also played a reggae song later during the peek-a-boo activity with scarves, and Allayah was able to soothe a tired son by singing along and cuddling.

We next played the *Hello* song and Allayah joined in singing. We then did baby massage. Most of the babies are now mobile so it is more challenging to keep them still for massage. Some of the older ones who have been coming for a while really like massage, but the infants who are crawling do not want to stay put. We switched to the next activity: shakers. The children enjoyed shaking the egg-shaped percussion instruments. The instructor then brought out a beautiful drum that was made in the Aboriginal tradition. One baby with Aboriginal background was particularly interested in playing and touching the drum. Most of the children tried playing it.

Next was an activity involving a hide-and-seek component. We sang and shook the shakers, then the mothers were instructed to hide their shaker so their child would look for it. There was a basket of shakers behind the instructor, and several children went to get another shaker from the basket instead of looking for the one their mother was hiding. We did this exercise again, but the concept of hide and seek was new to the babies and the mothers did not seem engaged, so we moved on. The books came out, but only the oldest boy chose one and took it to his mother. He

can now say some of the words in the books and is quite interested in the stories. The younger babies, however, seemed to enjoy taking the books out of the basket and throwing them around, despite encouragement from their mothers to bring them to them. The instructor realized that this activity was not as captivating as usual and sang the *Toys Away* song. We then sang the *Goodbye* song. One of the toddlers began waving with clenched and open fist. The young mothers talked for a few minutes and filed out.

One memorable moment: as Emma was putting on her coat and backpack, her daughter lifted her arms up, meaning she wanted to be carried. Emma said to her, “I won’t forget you. I’ll *never* forget you.”

**4.2.7 Photo session.** This week, two new mothers and their infants joined the class. They had both recently started school at the beginning of the new semester. Aubree was 18, of Irish and Scottish origin, and her son was six months old. She did not know anything about the background of the father of her child. Cayla was 16, of English and Scottish origin, and her son was three months old. The father of her child was Cree and Blackfoot. Kimothy also came out with her daughter, after an absence. The new members changed the dynamic from a group of close friends to a more general group. Less mutual support was observed compared with previous weeks. Kimothy and Lily, however, sat together, chatted, and appeared to enjoy each other’s company.

This time we played the Cree CD while people came into the room. This provided another opportunity to profile culturally responsive music, and the mothers appeared to like it. I also asked the new mothers for their basic information and told them I would bring consent forms for them the following week. I inquired if anyone minded me taking pictures. They did not. One little boy came up to the camera and was particularly interested in having his picture taken. After asking him to go to his mother, I photographed them. There were numerous photographs but many were blurred because the group was often in motion, and this limited the number of high-quality images. The best selection was a series of photos taken during the storybook activity with mothers reading to their children. The pairs were cuddled together, mutually captivated by the stories, indicating mother-child connection. The photos were emailed to the mothers after the last class, along with a note of thanks for their participation and an invitation to attend the video

viewing and wrap-up session. The photographs are also part of a PowerPoint presentation on the research results.

During this class, the instructor mentioned that she had a sore throat and would not be saying much. Many of the children had been sick lately, as well as a few of the mothers. We started with introductions to help the new people get oriented, then did the *Hello* song. One toddler remembered to wave even though she had been away for more than a month. We went on to baby massage which was enjoyed by all, especially the new mothers and their infants. Next came the peek-a-boo scarves. The children who had been coming out for a while knew this activity and quite liked it. The new babies, three and six months old, seemed too little to try it but the mothers were experimenting with the scarves nonetheless. Two infants were fussing but there were lots of hugs and kisses from moms. Even the little boy who preferred to play on the computers was going to his mother for hugs, launching himself into her lap. We then went on to the books. Almost every mother-child pair sat and read a book, and this activity was very well received.

The instructor next explained that babies and toddlers like to explore texture, so she had a small plastic cup of water for each dyad (as well as paper towel, which was a good idea given all the spills). Most of the toddlers drank the water as soon as they saw it, which gave rise to laughter. The instructor poured out more water and told the mothers they could dip their child's fingers in the water, or dip their own fingers and then touch the child's face or hands so they could feel the water. One toddler was touching the wet paper towel with interest as it soaked up the water. After the water activity, we cleaned up and started singing the *Goodbye* song. Some of the children waved, and the mothers slowly left, carrying their infants.

**4.2.8 “Wonderful, engaged, caring parents”.** This week there was a blizzard so only four young mothers and their infants attended. Lily, Allayah, Emma, and Tasha came in asking “Do we have *Kindermusik* today?” We began with some reggae music and the toddlers started to dance. Soon one infant was hungry, and she and her mother sat on a sofa in the back to nurse for about 15 minutes. We didn't start the *Hello* song until they returned, which meant that some momentum was lost as the children explored the room.

The instructor suggested baby massage, but all of the infants were mobile and did not seem interested. Tasha's child was just beginning to stand so she was more absorbed in pulling herself

up on the chairs by the computers. One little boy was not as taken by the computers as usual. Perhaps with fewer participants there was more attention on him, which he seemed to like.

As usual the instructor was very flexible in the activities, matching the babies' needs with her programming. She brought out the scarves for the peek-a-boo activity. Now that the babies were into their eighth class they remembered this activity and responded by putting a scarf over their head or over their mother's head and laughed as they pulled the scarf off for the peek-a-boo finale. The instructor was planning to play the Cree lullabye and do the hammock activity next. Lily's little boy had laid down on the blanket twice, indicating that he wanted to be swung. But Lily asked that we not do the hammock activity since he had previously been quite upset when his turn was over. We went on to the books. Last week everyone was reading books. This week the uptake was not as strong. Emma and her infant were looking at and touching a Christmas book that had fun fur and other tactile materials, but the others were not as interested. The instructor brought out the Aboriginal drum. The infants seemed quite intrigued, and most of them tried it but soon tired of this activity too. They were getting sleepy. So we sang the *Goodbye* song. Everyone left. Our last class.

I interviewed the parent-child music instructor after the classes were over, asking how her experience with the young mothers varied from her work with adult mothers. She found that if the adolescents did not enjoy the music or an activity they often would not participate, whereas the older women were more likely to get involved for the benefit of their child regardless of personal preference. She thought the community bond that formed between parents as the class went on was similar in younger and older mothers, as was the enjoyment they had at seeing their children having fun and interacting. She felt that the young mothers had shorter attention spans during activities, less confidence, and less awareness of child development. She believed that the connections between parents of any age and their children were the same, and that the young mothers just needed a little more time to learn and develop skills and confidence. She also thought that the children's social and cognitive skills were very much like those of children in her usual groups; however, she felt this might be atypical since younger mothers often have issues related to education, nutrition, and substance use that could affect their children's skills. She said she felt proud of our group of mothers and children; that they seemed to be defying teen mom

stereotypes and were wonderful, engaged, caring parents. The following week, a final focus group interview took place, which is reviewed in section 4.3.3.

**4.2.9 Video viewing and wrap-up.** This session—a follow-up after the last focus group session—was attended by Aubree, Kylie, Janna, Tasha, and Beki. The instructor also came with the gift bags. I outlined the session’s events: reading and signing transcripts, watching the video, and receiving the gifts. The young women did not have any changes to the transcripts. I mentioned that they could choose pseudonyms for the research, but they were fine with my choices—in contrast with those in the second focus group who predominantly chose pseudonyms. The young mothers watched the video of the parent-child music class several times with rapt attention. We talked briefly; they said they liked the video. The instructor and I expressed our gratitude that they had come to the classes and participated in the research, and gave them the gift bags. They were quite interested and took the contents out to examine everything. The instructor explained that the large pictures could be displayed near a changing table to keep a baby occupied. There were also triangle and square shakers and a book, all in a trendy black diaper bag with bright green trim. The mothers thanked us and gradually left the room. We said our goodbyes, gave the remaining gift bags to the social worker to pass on to the other participants, and left the school.

**4.2.10 Summary: The classes.** The central theme in this research encompasses the interactions between participants in the music classes. During the parent-child music classes, participant observations indicated strengthened mother-infant connections, enhanced maternal wellbeing, and the development of children’s social skills. These observations are discussed further in the collective thematic analysis of the data sources, section 4.5.

### **4.3 Listening to the Young Mothers**

The following section comprises data from the three focus group interviews held with the young mothers on September 24, 2012; October 15, 2012; and December 10, 2012. I have used de-naturalized transcription, removing pauses and filled pauses (e.g., “um”) since I was primarily interested in the meaning of the participants’ comments (Willig, 2012). Furthermore, the adolescents preferred this more textual version.

**4.3.1 Initial session.** We began the first focus group session by going over the consent

form. All seven participants present signed it. One young woman did not give consent for being photographed/videotaped. Two of the young mothers were quite outgoing and this got the others involved in the discussion. Some mostly answered when asked but many volunteered their ideas about music, mothering, culture, and being an adolescent parent. Although the session only lasted about 45 minutes, the conversation was rich and emotive. One young mother had postpartum depression when her child was born and felt overwhelmed. Another did not want her child at first. A third said she missed being a teenager, but two others said that they preferred being mothers. The mothers of toddlers did not visit their children in the school daycare at lunchtime because they cried when they left. The younger infants did not seem to notice, so their mothers would stop by. One issue of common concern was the fact that the fathers—who were involved in several of the children’s lives to some extent—could go out whenever they wanted, but if the mothers went out with friends, the fathers said they were “bad moms.” We talked about double standards. Another common thread was the young mothers’ willingness to put their child first, and their belief that having a child made life meaningful.

Regarding their background, two of the mothers did not know what their heritage was and one knew her father’s side came from Mexico but was unsure about her mother’s side. One adolescent was from England, one was German, one Dutch-German, and one Ukrainian. None of the young mothers at the first focus group were of Aboriginal heritage—a young woman with this ancestry would join us later—but two of the babies were “half”, as the mothers said. I told them that I would be bringing in a song from an Aboriginal artist who sang at the opening ceremonies in the 2010 Vancouver Olympics. None of them had watched the Olympics. None seemed interested in bringing in music from their culture. One specifically said she disliked Ukrainian folk music because there was no beat. Culture would be explored further at the next focus group interview.

**4.3.2 Follow-up.** There were seven participants at the second focus group. We first went over the group interview transcripts and then had a follow-up focus group session. Only one young woman had any changes to the transcript (she had said “I *don’t* think” instead of “I think”). While those who had been at the interview reviewed the transcripts and signed the release forms, two new group members read and signed the consent forms. Ash and Chelle seemed eager to join the group and did not have any questions. They had been in the school but

for various reasons had only come to the first music class. One had an Aboriginal grandfather and partner. The other was unsure about her background. Another fairly new student of Jamaican ancestry, Allayah, also attended. The new members of the group were all very comfortable sharing their stories and added to the excitement and convivial mood. I asked Ash, Chelle, and Allayah about music and singing with their children and about their cultural heritage. I also asked all of the young mothers whether the father of their child was involved in their life. In most cases they had broken up, but the father was still involved in his child's life. I then inquired about who they lived with—usually family, but in some cases a girlfriend, no one, or with a boyfriend. Most agreed that they could have never started raising a child without a support network.

One of the main developments that came out of the second focus group session was that the young women were not opposed to learning about their heritage; they just did not know much about it. Some attentive discussion ensued when Ash said that her grandfather did not like to talk about his Aboriginal heritage. I introduced the issues of colonialism and residential schooling, Tasha mentioned monetary compensation for those who had been in the schools, and we discussed the loss of culture and language. The young women liked the idea of playing some Cree songs during our music classes to support the children with Aboriginal background. I told them about the Canadian singer Sandy Scofield, her Cree/Saulteaux/Scottish background, and how we connected via email. It was fitting to have music from a Métis artist, since the Aboriginal group members were also Métis. We played some songs from her CD, *Nicawiy Askiy (Mother Earth in Cree; Scofield, 2007)*. The youth liked both the upbeat *Sophie's Song* made up of vocables, and the slower *Layla's Lullaby*, a song with Cree lyrics and the message, "One day we will be together again" (S. Scofield, personal communication, 2013). We decided to play both songs during the remaining music classes. The young woman with Jamaican background was interested in bringing in some reggae music. She remarked that it was the best music to dance to, and several others agreed enthusiastically.

**4.3.3 Conclusion.** The school social worker ordered pizza and pop for this concluding focus group, as she had done for the past group interviews. Despite another snowstorm, six mothers attended: Lily, Kimothy, and Emma, and Beki, Allayah, and Aubree. This was a good representation of the group, since three had been attending since the beginning and the other three



had attended sporadically or just started recently. Allayah was the most vocal of the group this time although most of the others spoke up at various points.

The goal during this interview was to conclude the music sessions with questions about how the classes had affected the mothers and children in terms of connection. I also asked a few questions about the adolescents' lives in general. Their answers provided a rich level of detail especially regarding their hopes and goals for the future, relationships with the fathers of their children, and descriptions of their busy lives. Of special interest was a spirited discussion about the choices they had made that led to them becoming adolescent mothers. We finished the interview with the music instructor providing information about other groups in which the young mothers and their children could participate, some of which were free. One young mother told us that they were expected to attend the music classes ("I'm not gonna lie"), several said they were happy they did, and two had planned to go to *Kindermusik* classes beforehand.

#### **4.4 The Focus Group Interviews Interpreted Through *The Listening Guide***

The three interviews were compiled and integrated to provide a synthesis of the data. Successive readings of the focus group interview data first involved the identification of plot and subplots and my response as a listener/researcher; then the creation of *I Poems*; next, a discussion of the participants' multiple voices; and lastly the interpretive analysis (Brown & Gilligan, 1992).

**4.4.1 The plot, subplots, and researcher response.** The young mothers participating in the focus groups shared a story with a common plot. They became pregnant as adolescents, decided to have a child, and continued their high school education in an alternative school that provided onsite daycare and support. They volunteered to become research participants and attended a majority of the parent-child music classes. Within the first three weeks, these young mothers were laughing, smiling, and participating more as well as interacting more with their child and the other mothers and children. They attended at least one of the three focus groups and shared their opinions. Although they had not thought much about their ethnicity or that of their children, they appreciated the ethnic music in the program. They used music at home and were pleased with their children's responses. They also enjoyed watching a video of one of the parent-child music classes, receiving photographs of themselves and their children, and getting a gift bag of items to help them continue to use music with their child.

In this common story were several subplots: having dreams for themselves and their children, dealing with the relationship with the biological father of their child and living arrangement issues, exploring their cultural identity, as well as participating in the parent-child music classes and using music at home.

Being a young mother involved both positive and negative experiences. The positives encompassed the joys of being a mother and having purpose and meaning in their lives. The negatives included encountering stigma and depression, having a difficult relationship with the father of their child, frequently feeling tired, and having no time for themselves. Dissimilarities between the young mothers involved details about their living circumstances, feelings about motherhood, ethnicities, musical preferences, and the assessment of the impact of the parent-child music program on their relationship with their child and others in the group.

Regarding young motherhood, comments varied:

“My baby’s really calm.”

“Mine wakes up every three hours.”

“Mine sleeps through the night.”

“It’s fun. You feel really accomplished.”

“I’m such a mom now. Wow, I’m so awesome!”

“I like watching her grow up, knowing that everything that happens is because of me.”

“It was harder than I thought; I didn’t want him when he was born. I hated to be alone.”

“I had to give up my teenage life.”

“People look down on you.”

“It’s hard because his dad isn’t in his life.”

“As long as they stick around or help out a little bit, they’re the greatest dads in the world but if we go out one night a month, we’re such horrible moms.”

“I suffered from postpartum depression, but now it’s rewarding. You won’t know how rewarding until you’re a mother.”

Thus, some adolescents found motherhood easy and fulfilling and others found it—at least initially—lonely, depressing, and difficult. But the overall tone was positive: “I’m awesome, I can do this!” While child discipline was not part of the interview guide, it was relevant to the research. Although the literature indicates that adolescents sometimes discipline their children more harshly than adult mothers, all but one of these youth were quite adamant about speaking firmly to their children—physically, at their level—instead of spanking them.

Finishing school and getting a job were of primary importance to these young mothers, mainly because they wanted to provide the best possible circumstances for their children. Most of the mothers said that they had a clearer educational goal at the end of the parent-child music classes in December than they did when they started in September, and one had applied for University.

Living situations and relationships with the fathers of their children varied. Two of the young women had good relationships with their boyfriends and were living with them. One lived with her ex and had a “civil” partnership. Another had moved back in with her parents, and although her boyfriend had his own place he usually stayed with her. Another had tired of supporting her boyfriend and they were no longer together but he saw their child who “absolutely loves her dad.” She thought they might get together again at some point. One woman “locked” her boyfriend out of her life—after giving birth to his second child—because he was not going to support them. Another was still seeing the father of her child but they fought a lot. One woman’s ex-boyfriend “kicked her out” when she became pregnant because they had previously decided not to have children. Another young woman had an ex who was still involved in her son’s life. Overall, most of the relationships were difficult and tumultuous. During the interviews, one emotional young mother said that because she was busy going to school and working, her boyfriend was more bonded with her son than she was. When she said that this hurt, the door opened for others to talk about their pain. One was suffering because the father of her child “just decided to impregnate somebody else.” Several of the other mothers talked about lack of paternal support—financial and emotional. Two were going to court for child support. The young mothers all agreed that they did not want to have another child for a long time. Many of the mothers received help from their families. One commented, “I don’t know what I would do without them.” Another responded, “You need a really, really good support base group once you get pregnant especially if you’re young, or else it’s just going to be the worst time.”

With regard to culture, most of the young mothers’ heritage reflected the multi-ethnic diversity of Saskatoon. Several did not know much about their background. Of the 13 adolescent mothers, four had children of Aboriginal ancestry through the father of their child, and one was Aboriginal (as was her child) through her paternal grandfather. Concerning the prevalence of Aboriginal infants in the group, most mothers agreed that “There’s a large population of

Aboriginals in Saskatoon. I think the majority are Aboriginals.” The young women said they would like their children to know about their culture despite the fact that they themselves did not know much about it.

The culturally responsive aspect of the music program was limited in part due to the young mothers’ lack of knowledge about their background, and in part due to the dictates of the *Kindermusik* program that could not be greatly modified due to its syndicated nature. The only ethnic music the young women seemed excited about was reggae, part of Allayah’s Jamaican heritage. We listened to a reggae CD at the beginning of a few classes, much to the delight of several dancing babies and enthusiastic mothers. The young mothers were also interested in the Cree-Métis music we discussed and later heard during the hammock activity, and a few times as they entered the classroom.

The mothers and children enjoyed the music classes. The infants appeared to like the scarves, shakers, water activity, dancing, and interacting with other children. The mothers liked having a break from school and spending time with the children. This was the only time they felt they could connect with them because the little ones were often sleeping during lunch. They also said that it was good to have an organized group activity. The mothers appreciated the ethnic music and would have liked to hear something else other than children’s music. Three mothers of toddlers did not like the baby massage activity because their children wanted to dance and move around instead. Most mothers preferred music with a beat.

Concerning the music-related activities the children did at home as the classes progressed, one child listened to the *Kindermusik* CD all the time, two had begun to play peek-a-boo, one had started singing to herself, and one had learned—from another child—to pat her mother on the back and say, “Nice mommy.” Some of the children had begun to clap, and one was starting to dance after copying another child. The young mothers’ music preferences were split between rhythm and blues (R&B) and hip hop, or country music. They said music filled the silence, kept them going, and helped them relax. Their children liked to sing and shake to music, rock to a beat, hum and babble, bounce to favourite songs, dance to children’s TV shows, and calm down to quiet music. Two of the mothers sang to their infants to soothe them, and several mothers played music in the car if their children were upset.

As mentioned above, the second part of this section involves the response of the listener/researcher. As a researcher, it is necessary to examine evoked emotions and perceptions if one wants to avoid colouring the participants' narrative with one's own impressions.

While reviewing the transcripts, I found I could relate to the mothers' feelings about broken relationships with the biological fathers of their children since their statements resonated with emotions I experienced as an adolescent when my relationships broke up. I was curious about the fact that almost half of the fathers of the research participants' children were of Aboriginal heritage. Despite the young mothers' explanation that this was due to the widespread presence of people with Aboriginal background, I wondered about the relevance of the literature regarding First Nations youths' disinclination towards contraception (Devries & Free, 2011; Olsen, 2005).

I was amazed that the young mothers were thoughtful, helpful, and sweet, not the stressed-out teenagers I assumed they would be. I was inspired to hear a mother's story about her morning routine: she awoke at five in the morning to get herself and her child ready for school, then drove 45 minutes to get to class. These young women were working hard at being good parents.

Although I did not find myself judging the young mothers, I did wonder at the parent-child music teacher's facilitative style, since I was a more directive teacher myself. Time and discussion proved that her approach allowed for more participation and mother-child interaction than my method would have, since she let the mothers and children choose their activities and level of involvement. Further, empowering the dyads in this way was more respectful of them than being prescriptive would have been.

I was surprised how quickly the children learned the social skills modelled in the parent-child music program. For example, many mastered the *Toys Away* routine within one to two classes. I was also surprised that the young women answered the interview questions in a collaborative manner. I had wondered if the piercings most of them displayed were a fashion statement indicative of a rebellious spirit, or a desire to be accepted by others with a similar appearance. I thought that some of my questions might be met with silence or distrust, but the young mothers seemed excited to be heard. They were joining the discussion, finishing each other's sentences, and several seemed comfortable voicing conflicting opinions. Perhaps this reflected the tendency women have to communicate in ways that enhance collaboration and relationship (Brown & Gilligan, 1992).

**4.4.2 I Poems.** The young mothers' combined voices are presented in the following three *I Poems*, which I created from the three focus group transcripts. Together, the poems trace a sketch of resiliency: young mothers faced with the challenges of childrearing, succeeding despite difficult relationships and the requirements of school, and enjoying an opportunity to connect with their child and others through music and movement.

**First I Poem**

I like R&B and hip hop  
I just like the beat  
I like country music  
I guess lots of country music has a story  
I think country's horrible  
    if it's like, "I got my beer in my hand" if it's like that, I won't listen to it  
I had music when I was in labour  
I brought it with me  
I watch a TV show with my son  
I don't think he likes the music that I listen to  
    but I mean sometimes he'll get a good head beat going  
I think talking is kind of like a song too  
I'll sing to her and that will calm her down  
    but if it's playtime and you turn on her CD player, she'll get excited about it  
I don't sing lullabies or anything  
    when I was really little my mom used to sing me songs  
I don't really have a background  
I don't pay much attention to the culture  
I have no idea what the instruments are  
I've never been sleep deprived or anything  
I don't know, I don't think it's hard  
I didn't want him when he was born  
I was home by myself  
I was alone all the time  
I hated to be alone  
I had to give up the rest of my teenage life  
I suffered from postpartum depression  
I would just start crying sometimes because it was so hard  
I'm such a mom now—I'd so much rather stay home and be with him  
I'm doing a pretty good job  
I feel so good  
I go see my baby every day at lunchtime; I don't think my baby knows  
I know what's best for my child

I don't go out that much  
I like not being alone, I'm never alone anywhere now  
I used to fight with her dad  
I'm a good mom, I'm just getting time for myself  
I need that  
I like watching them grow up  
I like to take credit for everything

The first poem—taken from the first focus group transcript—begins with personal music preferences, goes on to the young mothers' musical practices with their children, includes a comment about culture, and ends with a discussion about being a mother. The poem has a predominately positive tone regarding motherhood. The young mothers are enjoying their new role and feeling competent, notwithstanding loneliness, depression, and relationship problems.

### **Second *I Poem***

I sing to my new child  
I'll sing to him and he'll bop his head  
I do. We do our ABCs every day  
I sing him to bed  
I don't really let him watch too much TV  
    (Mine already likes cartoons)  
I know, mine's the exact same way  
I have a lot in my family: I have Irish in me, Ukrainian, Aboriginal  
I have French in me as well  
I'm Irish, Scottish, Yugoslavian, and Jamaican  
I know my dad, like his dad is Aboriginal—I don't remember what he is  
I know he's got Aboriginal in him as well, I don't know much about it  
I don't know, that's kind of her dad's part of it 'cause he's Native  
I know his grandpa is half Native  
I care if my son knows about his culture, but I don't know all about the dad's culture  
I love reggae  
I like it too  
I moved back home. I don't like it too much. I was the one doing everything  
I got fed up. I just left  
I don't know, kind of like what she said, but different  
I was working, I was supporting both of us  
I don't want to say what he is. I locked him out of my life. I took him off of  
    Facebook  
I did like him, I loved him. I kicked him out  
I live with one of my girlfriends

I live on my own with my baby, I've got my family right there  
I don't know what I would do without them  
I don't know

The second poem starts with a conversation about singing to one's child and moves on to the participants' cultural backgrounds. The poem ends with a negative tone; most of the women are in difficult relationships with the fathers of their children and this appears to be a challenging aspect of being a young mother.

**Third I Poem**

I thought it was good  
I think he is more interactive now with more kids  
I didn't like rubbing her in the heart motion—I didn't really find a point in that  
    'cause all she wanted to do was dance  
I never even tried  
I think they like the music with a beat better  
I think it gives them a chance to hear different sounds  
I think it's funny how he instantly liked the reggae music, kind of stereotypical  
I'm always like, "Nice mommy" and then he'll pat me and go, "Nice mommy"  
I had no idea where mine got that from, she'll go "Nice mommy"  
I was like, "No hitting. Nice" and now he goes, "Nice"  
I think talking to your kids and time out discipline is better than hitting your kid  
I wanted to say something  
I don't think time out before the age of five is good  
I don't spank him, I'll never yell at him, I was never disciplined like that  
I love playing with him all the time  
I sing to him, it just calms him so he gets all snuggly  
I've been singing lullabies to him since the first day  
I don't know, we listen to all kinds of music  
I love music. It calms me down whenever I'm in a pissed-off mood  
I could be cleaning and feel like "I'm so awesome today" listening to music  
"I cleaned the house, I'm gonna go out. I'm gonna go buy some diapers!"  
I know now what I'm going to do  
I applied for university  
I know what I want to do  
I don't know. I'm set into the right direction now. I'm operating for nursing  
I never get to see him  
I guess I have to deal with it and suffer 'cause he did that  
I can tell everybody that right now, court sucks  
I can't see how people do that  
I can't say the same, I don't have to worry about it



I think it's really good for little boys to have a male figure  
I think that's our problem though  
I could just never picture myself having another kid. I just freakin' finished this!  
I'm tired all the frickin' time (I never get ready anymore you know)  
I actually heard about *Kindermusik*, we were going to enroll  
I never really looked into it  
I'm glad I did because then it just gave him more options. I feel like it's a good tool  
to have  
I'm glad that I did it, 'cause my son, he loved it  
I'm happy I did it  
I'm happy I went

The third poem has a mixed mood. The young women are tired of coping with the demands of being a mother and student, yet express happiness at attending the parent-child music program with their child. They discuss child discipline and recount stories about singing with their children and how music makes them feel. They also talk about their plans for the future.

An intriguing feature revealed in the *I Poems* was the recurrent use of the phrase, "I don't know." In the first poem, when Callie was asked what it was like being an adolescent mother she answered, "I don't know, I don't think it's hard." In the second poem, when Tasha was questioned about her interest in her child's culture she said, "I don't know, that's kind of her dad's part of it 'cause he's Native" and later, in response to being asked about her relationship with her boyfriend, "I don't know, kind of like what she said, but different." At the end of the poem, in answer to what it was like living at home, she simply said, "I don't know." In the third poem, regarding Ash's musical preferences, she stated, "I don't know, we listen to all kinds of music." Subsequently, when Kimothy was asked about her plans for the future she said, "I don't know. I'm set into the right direction now." The use of "I don't know" can be interpreted at face value—simply not knowing certain information, as seems to be the case with Ash—or "the voice of not knowing" (Gilligan, 2011, p. 70) as may have been the case with Callie and Tasha. Gilligan stated, "The riddle of femininity is in fact the riddle of femininity in patriarchy, which forces girls to choose between having a voice and having relationships" (p. 76). This means that young women will forgo giving an opinion in order to be accepted by others, especially those more popular or in authority. Tasha and Callie generally seemed self-conscious and spoke quietly, and may have been choosing group acceptance over being heard. In contrast, Kimothy often expressed her views, so perhaps her use of "I don't know" was because she was not sure if she *was* "set into the right direction." Because the

young women's speech was congruent with their thoughts and feelings, I believe that the use of "I don't know" accurately represented what they thought, even if their comments were overshadowed by a need for acceptance or an element of uncertainty.

**4.4.3 Contrapuntal/multiple voices.** In this step, I listened to and synthesized the multiple voices of each research participant. Most used at least two different voices—at least two ways of expressing themselves. All of the young mothers had a *good mother* voice, exemplified in this discussion on being a mother:

Lily: Like when you give them a bath, and give them supper, and they're in bed and then finish all your homework, you're like, "Wow, I'm so awesome!" (Several others say, "Yeah!"). Like I feel so good, and then you just go downstairs and you're like, "Okay, I'm awesome."

Janna: It's like supermom. Before, if someone told me that you're going to come home from school and you're going to bath a kid and feed them and do laundry, I'd be like, "Uh uh, no I'm not," but then all of a sudden it happens, and you just know how to do it. No one told me or showed me how to do it, you just know.

The use of *you* in these comments seems to refer collectively to the mothers in the group. Another voice that all of the young mothers used was a voice of *support*, which occurred in agreement during this exchange about being a new mother:

Ash: You're up all night and you're like, "What do I do?"

Allayah: You just get so depressed.

Ash: Yeah, easily.

Another example of the voice of support occurred in a discussion about their children's favourite television shows:

Calli: Mine already likes cartoons.

Tasha: I know, mine's the exact same way.

Lily: Guys, *Backyardigans*.

Allayah: *Toopy and Binoo!* Loves it. I think it's kind of twisted, like he's in a princess dress? Like, you're not a princess, you're a guy!

Brown and Gilligan (1992) found that, "Connection and responsive relationships are essential for psychological development and underlie women's knowing ... yet women often silence themselves in relationships rather than risk open conflict or disagreement that might lead to isolation" (p. 3). In the present study, the young mothers often agreed with one another. They also supported one another, held each other's children, engaged their child in play with another's

child, chatted, and noticed developmental changes in one another's children, all of which indicated connection. However, several young mothers were also confident offering conflicting perspectives. Women belonging to a marginalized class or race—many young women in this group—have been found to be more likely to voice unpopular views than those in the majority culture (Brown & Gilligan, 1992). They may be less concerned being rejected by their peers, since rejection is already part of their experience. A voice of *dissent* was heard when the young women argued about whether or not they chose to get pregnant:

Allayah: I think that's our problem though. We're the ones who chose to get pregnant at such a young age, with such winning men, so you know—

Kimothy: We didn't choose to get pregnant—

Beki: No, we didn't choose—

Allayah: No, no, no, but we chose to keep it though—

Lily: But we really did, you guys—you also chose to make the decision that would get you pregnant, so you *did* choose to get pregnant.

Kimothy: Well not necessarily in every situation. Like what if something broke. What if you were sick and taking birth control—

Lily: We're still having sex when we're young.

Aubree: But everybody has sex. It's a statistic. I didn't make the baby gravy.  
(laughter)

Lily: Fifty-fifty. Takes two.

There are several interesting features about this conversation: first, the feeling that the young women's pregnancy was not a choice. Perhaps they did not want to jeopardize the relationship with their boyfriend by insisting on contraception. The finding that women silence themselves rather than risk rejection might be relevant (Brown & Gilligan, 1992). Or perhaps, as Kimothy suggested, "something broke." This comment may have been worded cryptically for my benefit. Lily's remark, "Fifty-fifty. Takes two" appears judgmental of women; I wondered whether she actually believed that sexual relationships are "fifty-fifty" in terms of initiation and responsibility for contraception.

A voice of *humour* was used by several of the young mothers. Aubree (above) and Lily appeared to use humour to lift the mood or entertain others in the group:

Lily: My child is up at six every day on the dot (laughter from others), yelling out “Puppy!” Oh my goodness. He likes puppies. He’ll be sleeping in the middle of the night, passed out, eyes are shut, “Puppy.” It’s creepy, really creepy (everyone laughs). My mom has a dog and he’s addicted. We’ll go over there and he’ll scream and cry to go back. All the way home.

Allayah’s humour was more sarcastic. For example, after one young mother said that her boyfriend was “a really good dad” Allayah said, “Brings tears to my eyes.” Young women who have been excluded due to marginality—living outside white, middle-class society—tend to exhibit resentment and cynicism (Brown & Gilligan, 1992). Another example of sarcasm occurred when we were talking about feeling connected to one another:

Allayah: I hate everybody in here.

Researcher: I don’t believe that.

Allayah: Kidding. I love all of you guys...

Another voice was that of the *bad mother*. It was used sparingly in discussion about social commentary on young mothers. The voice of the *bad mother* appeared to be used to judge or, alternatively, to express lenience towards oneself and other young mothers.

Kimothy: Well, everyone’s popping out babies these days. It’s crazy. But when you go out, people will be like, “Don’t you have a kid at home?” It’s like, really, I don’t go out that much. I’ve never had anyone specifically say it to me, but I have friends who are moms and they get put down because they go out. So let them live their teen life, right? If they want to, it doesn’t affect me, why should it affect you? I don’t see a problem with it. I mean, if it’s constant drinking and you’re leaving your child with random people all the time, then it’s probably an issue, you should get help.

It seemed that the mothers accepted societal values that considered young motherhood inappropriate, as seen in Kimothy’s first statement, “Well, everyone’s popping out babies these days. It’s crazy.” However, they were also determined to focus on their ability to be “awesome” mothers and contest these stereotypes.

Several of the young mothers expressed *no voice*, such as in this exchange about a young mother’s boyfriend:

Tasha: It’s really complicated.

Researcher: Yeah, it usually is. Is there anything that you feel comfortable sharing?

Tasha: I don’t know, kind of like what she said, but different.

Researcher: Mm hm. So he's involved in your child's life, but not in yours?

Tasha: Well he kind of is but I don't know, we fight a lot.

This young woman appeared uncomfortable discussing her relationship, and spoke obliquely using terms like “kind of” and “I don't know.” While some of the young mothers were self-assured in voicing their opinions, others seemed to lack confidence and were unsure about their feelings and thoughts about their relationship with the biological father of their child.

In summary, the contrapuntal voices the young mothers used during the focus group interviews were the voices of a good or bad mother, a voice of group support or dissent, a voice of humour or sarcasm, and no voice. These voices served various purposes. The voice of the good mother helped the young mothers feel they belonged in the group of mothers. The voice of the bad mother was primarily used to show an awareness of adolescent mother stereotypes. The voice of support helped connect the young mothers to others in the group, and the voice of dissent indicated confidence in expressing a conflicting opinion. Humour was used to entertain and lighten the mood, and sarcasm served to express cynicism or disbelief. A lack of knowing or a lack of confidence was expressed by having no voice.

**4.4.4 Interpretive analysis.** Two major themes were generated as a result of the multi-step interpretation and analysis of the focus group data. The first concerned adolescent motherhood, and the second involved the experiences of the young mothers and their children with music. Further, the first theme comprised the joys and challenges of being a young mother. The second theme encompassed the parent-child music program, the culturally responsive aspect of the program, and the use of music at home by the dyads. The experiences of the young mothers and their children with music are discussed further in section 4.5. The current section focuses on the findings that provide context and insight for understanding young motherhood through *The Listening Guide*.

According to the research participants, adolescent motherhood involves the joys of being a mother: having a cuddle buddy and a best friend, shopping for diapers or groceries, having a good or improving relationship with the child's father, and having a child that makes life meaningful. The *I Poem* phrases relevant to this sentiment follow:

I'm doing a pretty good job

I feel so good

I like not being alone, I'm never alone anywhere now

I like watching them grow up  
I like to take credit for everything

The young mothers were developing confidence and pride as they gained skills in mothering. They enjoyed having a companion and felt responsible for their child's development.

The *good mother* voice was relevant here, as Lily spoke about her changing identity:

Lily: I'm such a mom now. I talk to everyone like I'm their mom, it's so funny. I'll catch myself, "Oh my goodness, did I just say that?" Like to the daycare ladies, "Okay, make sure you don't do this."

The young mothers also discussed what was important to them in their lives:

Allayah: Getting a good job, finishing my school so I can get a good job and then just raising my son, that's all. So having money to raise my son properly.

Lily: Yup, that's pretty much what I'd say.

Allayah: That's why I'm here.

Along with the joys of motherhood came the challenges of being an adolescent mother: getting pregnant and having a child when young, being stigmatized and coping with depression, being tired all the time, and having a difficult relationship with the child's father. The following lines from the *I Poems* are pertinent. The first line indicates the voice of the *bad mother* who does not want her child, although the use of the past tense infers that she does want him now. The use of this voice evidences the young mother's comfort in speaking honestly while stating a difficult truth. Some of the other mothers were also comfortable discussing their challenges:

I didn't want him when he was born  
I was home by myself  
I was alone all the time  
I hated to be alone  
I suffered from postpartum depression  
I would just start crying sometimes because it was so hard  
I moved back home. I don't like it too much. I was the one doing everything  
I got fed up. I just left  
I could just never picture myself having another kid. I just freakin' finished this!  
I'm tired all the frickin' time

Several of the young mothers found motherhood lonely to begin with. Some left their boyfriends if they were not willing to support them. The focus group text elaborates on these issues:

Lily: It was a lot harder than what I thought it would be. I didn't want him when he was born, so it was really difficult. And then, as it progressed, I went back to school when he was two weeks old, and then things got better. It was just like the new part of being a mom was overwhelming and his dad was at school, and I was home by myself and my mom was at work, so I was alone all the time, so it was really frustrating and scary.

Kimothy: I hated to be alone when she was little too. Now that she's older, she's not like luggage I have to carry around. She's fun to play with, and you've grown so attached to them, so it's different.

Kylie: [My ex] is not a part of our lives. I don't want to say what he is, but he's something that's bad and I don't want that involved with my kids ... I locked him out of my life, I took him off of Facebook. This is what's best. You have to quit trying to lie to me. It's sad, I did like him, I loved him.

The voices of humour and sarcasm do not enter into this discussion, perhaps because the topics are important and serious to the young mothers who are facing the challenges of adolescent motherhood and moving forward as best they can.

The next section combines focus group interview data with findings from the other methods of gathering data in this case study.

#### **4.5 Collective Thematic Analysis of the Data Sources**

A collective thematic analysis of the data sources resulted in a central theme regarding the experiences of the young mothers and their children with music. Three sub-themes involved the development of mother-infant connection, maternal wellbeing, and the children's social skills.

Figure 2 (below) provides a summary of the data on the experiences of the dyads in the music program across the various data sources: focus group interviews, participant observation, video footage and photographs, and individual interviews.

**Figure 2: Research Results Data Summary**

	<b>Mother-child connection</b>	<b>Maternal wellbeing</b>	<b>Children’s social skills</b>
<b>Focus group interviews</b>	“Important to spend time with the kids,” only time to get together in school	“Glad I did it since my son loved it” “Happy I did it”	“More interactive with more kids,” learned to sing to self, play peek-a-boo
<b>Participant observation of music classes</b>	Smiling, cuddling; mothers learning how to interact with children; dyads enjoying being together (smiling, touching)	Mothers more congenial, conversational, mutually supportive; mothers smiling at babies, at one another, holding each others’ infants	Children communicating with others; toddlers dancing, following instructions and putting toys away
<b>Video footage, photographs</b>	Mothers and children enjoying baby massage, peek-a-boo, mutual laughter, cuddling and reading together	Chatting and laughter, mothers smiling at each other and connecting with other infants	Learning to clap, toddler giving baby a hug, children observing one another
<b>Individual interviews</b>	Classes supported relationships: “helped me connect with the group and her”	Connections with the group: “I guess I’m closer with the moms,” mothers “liked everything”	Mothers said children liked having fun, playing with toys, and “the singing”
▪ <b>check-ins with mothers</b>			
▪ <b>with music instructor</b>	Mothers enjoyed watching children have fun and interact, comparable to adult mothers	Community bonding similar to classes of adult mothers	Social and cognitive skills appeared similar to those of children of adults

**4.5.1 Mother-child connection.** During the focus groups, most of the mothers’ comments about strengthened relationships with their children due to the parent-child music classes were implied rather than explicitly stated. For example, when Allayah observed that it is important to “spend some time with the kids ‘cause it sucks being in school for eight hours and only having limited time after school” other mothers agreed that the music program was the only chance they had to get together with their children during the school day. The parent-child music program not only provided an opportunity for the dyads to connect, but provided a setting that encouraged reciprocal interactions that could promote maternal responsiveness. Emma noted, “It’s nice because after a while our kids get bored of playing with us, they can run out and play with other kids, but they’ll want to know that their mom’s there.” She affirmed that children need a balance of play with peers and reassurance from parents. Tasha said that the classes helped her connect with the group and her daughter, and Emma also felt more connected to her child. Conversely, Lily and



Beki observed no changes in their relationship with their children since attending the parent-child music class. Lily's child often wanted to play with the computers rather than try the music activities, and Beki only came to a few classes.

The young mothers also discussed the use of music at home: it could be energizing or relaxing for them, was used to entertain or calm their infants, and could support culture and family background. Following are excerpts from the focus group interviews:

Lily: Yeah, he dances a lot to the *Backyardigans* [TV show]. He's addicted. But when he's upset in the car and I turn on *Jewel*—she has a really good CD—he just calms down and listens to it. So he likes a lot of different kinds of music.

Tasha: If she's upset in the car too, we just turn up the radio.

Kimothy: In the car, if she's singing I'll turn it on louder and start singing with her ... It pumps her up more and she'll start rocking in the seat.

Kylie: I watch a TV show with my son and sometimes my younger sister, who's almost the same age. It's called *The Wiggles* and they do certain types of dancing with the songs, so we kind of dance all together.

Ash: Oh yeah, we do our ABCs every day ... and we have a preschool song CD that we play all the time and she knows all the words to almost every song. Whenever I play that music, you can hear her trying to say them in the background, or trying to sing with the song, and it's so cute.

Emma: Sometimes I'll put mine in the sling and we'll just be walking around or dancing, being silly, and she just loves that.

Callie: He's really calm when you sing to him.

Aubree: Mine loves when I sing to him, it just calms him so he just gets all snuggly and stuff, so it's really good.

Lily: My son's father's from Africa, so when they sing it's mostly Christian music about Jesus, they're worshipping him ... so my son kind of likes it, so it's cool.

Allayah: Well my son's grandpa is half Native, so it would be nice for him to get to know his culture. He's Canadian, but I'd like him to get involved in some of the stuff, but I don't need him to understand everything in depth.

The young mothers were using music at home, both on their own and with their children. As they participated in the parent-child music program, new activities were added to their home repertoire, such as listening to a *Kindermusik* CD and watching their child learn to clap, do new

dance moves, and sing. These activities helped the mothers and their children to connect, especially when they sang and danced together.

The participant observations also indicated connections developing between the mothers and children in the program. In the first class the mothers rarely smiled but their infants did. During the second class, they and their infants were clapping, dancing, jiggling, and hugging. By the third class, the newest mother was stroking her infant during baby massage instead of holding him tightly. Another young mother, previously unsure of how to interact with her infant, was now playing with the child and trying the massage and exercise movements.

The fourth and fifth classes were characterized by mothers and infants smiling at one another. At the seventh class the dyads were cuddled together, reading and looking at picture books, and at the last class mothers and infants were laughing and connecting during a peek-a-boo activity.

The video filmed during the fifth parent-child music class featured sequences of mothers and their infants smiling and interacting—indicating attachment and connection. Photographs taken during the seventh and eighth classes evidenced mother-child connection through cuddling and engagement during story time.

The interview with the *Kindermusik* instructor after the last parent-child music class supported these comments and observations. The instructor—who had been teaching young children for nine years—said that the adolescent mothers had many of the qualities she had observed in the adult mothers she usually worked with. Although the young women were less likely to engage in activities or music that they did not like, they appeared to bond with their children and enjoy seeing them having fun and interacting just as the older mothers did.

**4.5.2 Maternal wellbeing.** The young mothers experienced an enhanced sense of wellbeing in the parent-child music classes. Lily remarked, “I guess I’m closer with the moms” and, “It’s a nice break from school.” Allayah agreed, “Yes it is, spend some time with the kids.” She later continued, “I’m glad that I did it, really glad that I did it ‘cause my son, he loved it.” Emma said, “I’m happy I did it” and Aubree concurred, “I’m happy I went.”

The participant observations on maternal wellbeing indicated that during the first class, the young mothers seemed interested but were quiet. At the second class they were more talkative. By the third class there was a feeling of community and the group seemed more congenial and

conversational, and in the fourth class there was a sense of mutual support in the group. The video taken during the fifth class included footage of the young mothers talking and laughing—indicating their wellbeing.

At the beginning of the sixth class, short *check-in* interviews occurred with the young mothers. Most said they liked the parent-child music activities and thought that their children enjoyed the toys, the singing, and having fun. Some of the mothers felt more connected to their children and to the other mothers and children than they had at the beginning of the classes. The seventh class had several new members, so the dynamic changed from one of close friends to that of a more general group. The last class was small due to a snowstorm, yet there was still much laughter and happiness, supporting wellbeing.

**4.5.3 Children’s social skills.** Reflecting on the development of social skills during the music classes, Aubree said, “He likes looking at other kids. I thought it was good.” Allayah observed, “I think he is more interactive now with more kids, rather than when he first started.” Kimothy and Emma mentioned that their daughters liked the dancing, and Emma’s daughter had begun to clap and sing to herself. Emma and Lily also indicated that their children were now playing peek-a-boo at home. Emma’s child had learned to pat her on the back and say, “Nice mommy” from watching Allayah’s child, and Allayah’s child had learned to do a bouncy dance from watching another child.

From the participant observations, the children’s social skills were not particularly evident at the first class. One child accidentally poked another in the eye. By the second class, though, most of the children who were mobile responded to the *Toys Away* song by putting things away in the basket after having heard the song only once before. Some children were attempting to communicate with others. During the third class, one toddler began waving for the first time during the *Hello* song. The video filmed during the fifth class included footage of a child teaching herself to clap—a social skill. By the sixth class, a new addition to the group was waving. Several toddlers were dancing together and learning dance moves from each other. In the seventh and eighth classes the children had mastered the routines for getting and sharing books with their mothers and playing peek-a-boo.

The interview with the parent-child music instructor corroborated these findings. She said that the children of these young mothers exhibited similar social and cognitive skills to those of the

children of older, middle-class mothers. She also found the young women to be “wonderful, engaged, caring parents.”

In conclusion, the findings in this chapter were based on the experiences of mother-child connection, maternal wellbeing, and children’s social skills that developed over the course of an eight-week parent-child music program. Additional findings provided contextual information about the lives of the young mothers featured in this study. The next chapter will examine these findings with reference to the literature.

## 5 DISCUSSION

This chapter begins with a restatement of the research question, method, and summary of the results, followed by a discussion of the research as it relates to the literature. The research limitations, significance, implications, researcher reflections, conclusions, and recommendations complete the chapter.

### 5.1 Research Question and Results

The intent of this study was to explore the question: What are the experiences of adolescent mothers and their infants in a culturally responsive parent-child music program? A case study was used, emphasizing experiential knowledge, continuous compilation of data, and extended researcher observation (Stake, 2010). Various data sources showed the development of mother-infant connection, maternal wellbeing, and children's social skills.

### 5.2 Themes and Related Literature

The discussion below involves the themes of the parent-child music program, research query, and related literature. The theme of adolescent motherhood is also considered in context of the literature. The theoretical framework is examined, providing a basis for interpreting the results.

**5.2.1 The parent-child music classes.** The young mothers and their infants in this study had predominantly positive experiences during the music classes. Of the 13 dyads, two attended only a couple of classes, yet positive interactions were recorded for even these pairs in the participant observations. Most of the others attended about 68% of the time, or 5.4 of eight classes. This is consistent with the Australian study that found most participants showed positive change after attending six of 10 classes (Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008). The Nicholson et al. (2008) quantitative study had comparable intent, activities, and participant demographics to the present qualitative study. The participants were young, Indigenous, refugees, or parents of children with disabilities. In the Nicholson et al. research, outcomes included improved parenting sensitivity, engagement, acceptance, and psychological wellbeing, and child outcomes included better communication and social play skills, responsiveness, interest, and social participation.

While the purpose of the Nicholson et al. study was to assess the efficacy of the music program, the current research highlighted the experiences of the young mothers and their children. The participants in the current study were found to show parental engagement through smiling, cuddling, and mutual laughter. Wellbeing was demonstrated through congenial, conversational, and mutually supportive interactions between the young mothers (e.g., holding one another's infants and noticing developmental changes in each other's children). The Nicholson et al. child outcomes of communication, social play skills, and social participation were also seen in this study. Children started to observe and communicate with one another during the first class and began to learn more appropriate modes of communication (e.g., touching "nicely" instead of poking) in subsequent classes with help from their mothers. They also began to follow instructions (such as "get a book") and put toys away, clap, dance, play peek-a-boo, and sing. The Nicholson et al. study results included improved child responsiveness and interest. In the current study, the children's interest and responsiveness were evident through attention to the activities, smiles, laughter, and playful interactions with their mothers and one another.

Another aspect of this research involved mother-child bonding. One of the assumptions of this study was that some of the dyads would have attachment difficulties that might be ameliorated through the music group. During the first two classes, Callie and Tasha appeared a little uncomfortable in their maternal roles. Callie held her new infant somewhat rigidly and Tasha seemed unsure about how to interact with her child. By the third class, Callie was stroking her infant during the massage activity and Tasha was playing with her child and trying out the massage and exercise movements. Another young mother, Lily, had expressed concern about her relationship with her child as he appeared to have bonded more with his father than her. During the first class, when she kissed and cuddled him he struggled to get away. By the seventh class he was launching himself into her lap and enjoying her hugs. By the end of the music classes, the mother-child dyads showed evidence of more positive and responsive relationships.

The literature suggests that adolescent mothers and their children are more vulnerable to a lack of secure attachment than adult mothers (e.g., Emery, Paquette, & Bigras, 2008; Lounds, Borkowski, Whitman, Maxwell, & Weed, 2005; van Ijzendor, Schuengel, & Bakermans-Kranenburg, 1999). However, in the Emery et al. (2008) study of adolescent mothers in

Montreal, 59% of the infants demonstrated secure attachment, similar to 62% of American infants of middle-class adult mothers (Fish, 2001). Emery et al. proposed that their sample had more community support than other young mothers, due to placement in group homes and a special school for mothers that may have served as protective factors and resulted in more secure attachment patterns. Similarly, the young mothers in the current study were supported by family, the school daycare centre, and an alternative program that facilitated high school completion. It could thus be postulated that this group of young mothers also had superior community support resulting in more secure attachment with their infants. Although aware of this possibility from the outset, I chose to work with these young mothers and their children rather than a less supported group because of the probability of more regular attendance within a school setting. In prior research, parenting interventions were met with a 53% attendance rate for adolescent mothers (Nicholson et al., 2008) whereas in this study, attendance was 68% for the majority of the dyads.

The young mothers and their infants in this study enjoyed music. The mothers generally liked R&B and hip hop or country music. They used music to energize, to relax, and as a way to fill silence. The literature also indicates support for similar uses of music to reinforce adolescent coping skills and augment their feelings of wellbeing (e.g., Buchanan, 2000; Holloway & LeCompte, 2001; Saarikallio & Erkkila, 2007; Tarrant, North, & Hargreaves, 2002). The young mothers' infants enjoyed cartoons, CDs, and some listened to singing. The ones who could walk danced to upbeat songs and the others bounced, rocked, and shook to the beat. Some infants also liked to hum, babble, and sing. A few of the mothers sang to their infants to calm them, and several mothers played quiet music if their children were upset. Most sang or danced with their children or played CDs or musical TV shows to entertain them. Prior research has suggested that changes in maternal lifestyles and an increased use of background music has resulted in a decline in mothers' use of music and movement with their infants (Papousek, 1996), yet all but one of these young mothers reported some kind of musical activity with her child. However, few of them sang to their children, unlike the adult mothers in Ilari's (2005) study in Montreal that reported the mothers' main musical activity was singing to their infants despite the availability of recorded music. Most of the adolescent mothers in the current research seemed self-conscious about singing.

**5.2.2 Culture.** In one of the studies that inspired this research, Williams and Abad

(2005) investigated music groups specifically for Indigenous Australian parents and their children. An outcome of that study was a request from participants that in future, an Elder should be contacted to provide Indigenous songs in addition to the European material presented. Accordingly, I spoke with two Elders before beginning the fieldwork but was unsuccessful in finding Aboriginal songs. Subsequently, contact with a Métis singer-songwriter resulted in the purchase of a CD that was played during the music classes, especially during the hammock activity or when the Aboriginal drum was used. We also played reggae music as suggested by a young mother with Jamaican—and other—heritage. Some of the *Kindermusik* songs were of English, French, or German origin and this fact was highlighted when they were played. In this research, one adolescent and five infants had Aboriginal (Métis) ancestry. The young mothers wanted their children to know about their background and appeared interested in the Métis songs. One mother inquired about purchasing an Aboriginal drum. Despite the fact—or perhaps due to the fact—that most of these young mothers had a background of multiple ethnicities, they did not respond to the invitation to bring in music from their family traditions. However, the young women indicated interest in their children’s heritage, and the research and exposure to Aboriginal music and drumming may inspire the women to act on this interest in the future.

Of the thirteen young mothers, three did not know anything about their heritage. Of those who knew about their background, one was English, one English/Scottish, one Irish/Scottish, one Irish/Aboriginal/French/Ukrainian, one Jamaican/Irish/Scottish/Yugoslavian, one German, one German/Scottish, one German/Dutch, one Ukrainian, and one was part Mexican. The fathers of their children were identified by the young mothers as Native, Cree/Blackfoot, Métis, Yugoslavian/Native, and of unknown origin. These ethnicities mirror the diversity in Saskatoon. In 2001, 54% of the population in Saskatoon was of multi-ethnic origin, most coming from British, German, French, and Ukrainian ethnicities as well as Aboriginal groups (Thraves, 2006). The preponderance of fathers with Aboriginal background was explained by the young mothers in chapter four: “There’s a large population of Aboriginals in Saskatoon. I think the majority are Aboriginals” and “Like if you go back to farther generations, someone has Aboriginal in them.” To someone living on the West Side of Saskatoon—as many of the young women did—this perception is understandable. Data suggests that almost half of the population in two inner-city neighbourhoods is Aboriginal, as is over a third of the population in two other economically



disadvantaged areas of Saskatoon (Anderson, 2006). Interestingly, the young mothers appeared to value Aboriginal traditions and seemed to accept one another's background. They and their children seemed to freely interact with all group members without discrimination or ostracism.

Other studies motivating this research cited both Aboriginal (Lafrance, Bodor, & Bastien, 2008) and European (Kelly, 2011) calls for greater support for parents experiencing vulnerability to economic and social circumstances by "establishing programs that educate families on how to reconnect with one another and how to love one another again" (Lafrance et al, p. 314). From the Results chapter above, it can be seen that this study answered to these requests, if on an exploratory basis.

**5.2.3 Adolescent motherhood.** In this research, the *I Poems* served to encapsulate the focus group interviews with the adolescent mothers. The three poems traced a sketch of resiliency: young mothers faced with the challenges of childrearing succeeding despite difficult relationships and the requirements of school, enjoying an opportunity to connect with their child and others through music and movement. Similarly, Clemmens' qualitative meta-analysis (2003) on adolescent motherhood reported that the young women found motherhood difficult, but through having a child they had gained stability, maturity, responsibility, self-esteem, and resilience. The Clemmens study also found that relationships between adolescent mothers and their mothers often improved in response to the birth of a child, but the relationships with the fathers of the infants were either negative or nonexistent. Comparably, in this research most of the young mothers depended on their mothers and had conflicted or nonexistent relationships with the father of their child. Of the thirteen young women, eight were no longer with the father of their child although four of those fathers saw their children occasionally. Two were living with the father of their child (and the child) and felt that their relationships were good. Two were living at home and still seeing the father of their child. Another was living in the same house as the father of her child and although they were no longer together, she had a cordial relationship with him.

Despite these difficulties, the young mothers were supported by family, friends, and a school with a daycare and attentive, dependable daycare staff. Interestingly, an evolutionary anthropologist reported that *alloparenting*, the involvement of those other than the biological parents in childrearing, has been inherent to our survival (Hrdy, 2010). Historically the nuclear family has not been the ideal environment for childrearing. Rather, an extended family with at least

three secure relationships has served to support the development of empathy and facilitate social relationships (Gilligan, 2011). This research bodes well for these young mothers and their infants, who are often supported by family as well as daycare workers at school. This means that while a young mother may be the primary caregiver, a grandparent and a daycare worker could fulfill the role of secondary secure relationships, with the result that their child could develop empathy and relationship skills that children of nuclear families might not have access to. Thus, there is a possible advantage to being an adolescent mother, provided one has a consistent support network.

Another finding from the Clemmens (2003) research involved the adolescents describing the multiple roles of being mothers, teenagers, students, and wage earners. They felt distanced from their peers and missed their companionship. However, they said that relationships with their mothers and being involved in community programs created positive change. The results of the Clemmens meta-analysis support the present research. In this study, the music program helped create positive change for adolescent mothers and their children. Parent-child music programs can support engagement and attachment (Cunningham, 2011; Edwards, 2011; Lyons, 2000; Nicholson, Berthelsen, Abad, Williams, & Bradley, 2008; Oldfield, Adams, & Bunce, 2003; Oldfield & Bunce, 2001) and parenting skills are modelled and encouraged through children's music and movement (Creighton, 2011).

This case study had several sources of data, one of which was the interview with the parent-child music instructor at the end of the program. She found that the community bond that formed between mothers was similar in younger and older mothers, but felt that the young mothers had shorter attention spans during activities, less confidence, and less awareness of child development. She also said that the children's social and cognitive skills were very much like those of children in her adult mother groups. This is useful comparison data suggesting that young mothers—with support—can raise children with similar abilities to those raised by adult mothers. This counters the American study in which children of young mothers began to show delays within their first year, thought to be due to the effects of poverty and limited mother-child engagement (Borkowski et al., 2007). The young mothers in the current study were observed to have strengths that were not anticipated given the perspective of the literature. Despite the difficulties they faced, they were resilient, positive, caring parents. The improved dyadic engagement observed in the classes was, to some extent, due to the welcoming, informal, and

positive approach taken by the parent-child music instructor when facilitating activities and modelling ways the young mothers could engage with and enjoy their children. Previous research has found adolescent mothers to be less responsive to their infants than adult mothers (Culp, Appelbaum, Osofsky, & Levy, 1988) and to know less about play and social development than older mothers (Tamis-Lemonda, Shannon, & Spellman, 2002). While a few of the young mothers in the current research appeared to be less responsive during the first classes and know less about child development, the instructor felt that they only needed a little more time to learn and develop skills and confidence. Parenting is a skill that develops over time, and helping young mothers to learn these skills through finding ways to work with them in an effective manner is key. Music is an ideal medium because it is engaging and non-threatening, and reciprocal musical interactions support mother-child attachment and contribute to enhanced socio-emotional, neurological, and developmental outcomes in children (Creighton, 2011).

Health professionals have been found to assume that adolescents are incapable of being good mothers, seeing them instead as “naïve, distracted, and self-centred” (Breheny & Stephens, 2006, p. 112). These assumptions have coloured health professionals’ views of adolescent mothers and resulted in young mothers feeling that they were under surveillance. Further, the “associations between adolescent motherhood and poor psychological, socioeconomic, and health outcomes [have provided] a bleak picture, suggesting that adolescence is an inappropriate period for childbearing and causes significant disadvantage for both mother and child” (Breheny & Stephens, 2006, p. 113). This picture has been countered with other research finding that motherhood was deemed fulfilling and positive by young women from backgrounds of social and economic disadvantage who had limited employment prospects (Clemmens, 2003).

Despite a positive understanding of adolescent motherhood, the professional position has remained focused on negative outcomes (Breheny & Stephens, 2006). The negative view of adolescent motherhood has been recognized as a product of social discourse: “The ‘good’ mother is White, middle class, married, heterosexual ... In this way the positive identity of motherhood as conferring self validation and social approval is denied adolescent mothers” (Breheny & Stephens, 2006, p. 119). It is possible that this social construction of motherhood is responsible for the negative focus of much of the material on adolescent motherhood in the literature. However, this focus is countered by the findings in this study and other qualitative research (e.g.,

Clemmens, 2003; Jackson, Marentette, & McCleave, 2001). It is important to focus on positive findings and attitudes since they can be built upon to overcome negative—often inaccurate—beliefs (Wright & Lopez, 2009).

### **5.3 Theoretical Framework**

Qualitative research “is primarily naturalistic, interpretive, and inductive” (Mayan, 2009). Consistent with the current research, it has also been described as a feminist, communitarian, indigenous methodology (Denzin & Giardina, 2006). This description weaves together the threads of this study: a spiritual feminist epistemology with a participatory approach and Aboriginal relational spirit, underpinned by a theoretical framework of positive psychology and resilience. The goal of positive psychology is to promote wellbeing, consisting of engagement, meaning or purpose, and positive emotion (Seligman, 2011). Engagement was observed during the parent-child music classes through active participation of the dyads. Meaning or purpose arose during the focus group interviews when the mothers stated that having a child made life meaningful. Building on positive emotions to promote personal growth and relational intimacy are features of positive psychology (Fredrickson & Kurtz, 2011) that were indicated by the predominance of chatting, laughter, and mothers smiling at each other and holding one another’s infants.

Additional elements of wellbeing include resilience, optimism, and self-determination (Seligman, 2011). Resilience is generally considered to be positive adaptation during or following adversity (Masten, Cutuli, Herbers, & Reed, 2009). Strengthening mother-child relationships and children’s social skills through encouragement, warmth, and care are resiliency protective factors (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). The music instructor exhibited warmth and encouragement by providing a nonjudgmental setting where the mothers and children could try new activities and learn at their own pace. She often demonstrated on her son, modelling mother-child attachment and care. She created a space for the mothers to support each other. For example, the more experienced mothers unconsciously modelled how to best help a tired or overactive child, giving the new mothers options they may not have considered. The instructor also focused on building on strengths, starting where the young mothers were with their parenting skills and gently guiding them by demonstrating other methods of connecting with their children. Several of the adolescents sat quietly with their infants during the first class, but

soon began to attempt new ways of communicating and interacting such as rocking to music, touching their infant, making eye contact, talking, and playing together.

A sense of community and better family relationships can lead to resilience (Masten et al., 2009). This was evidenced in this study through community building between mothers and relationship building between mothers and children. The young mothers also evidenced resilience, optimism, and self-determination when they discussed their future plans. They were going to school and planning to attend college or university upon graduation to provide a better future for themselves and their children. Resilience could be extrapolated from their comments that they were “awesome” mothers, moving forward despite societal prejudice and financial difficulties. Resilience also results from building on strengths-based activities that focus on relationship building, allowing time for relationships to develop through trust and encouragement (Sanders & Munford, 2008). The eight music classes and four research sessions occurred over four months, which permitted relationships and trust to grow. The participatory nature of the music classes and research allowed the young mothers to watch and learn from one another and compare their experiences of motherhood and music, which helped build community and develop relationships. The focus groups expressly gave the young women an opportunity to be heard and to let others know through this research that they were challenging the common perception of adolescent motherhood by being caring, capable, and interconnected young women.

A feminist perspective on resilience also concerns gender and culture issues (Pomrenke, 2011). The parent-child music classes were responsive to culture through music—although participant interest was limited to Aboriginal and reggae music—and also addressed gender issues, which generated discussion about each young woman’s relationship with the father of her child and her experience of inequity. Another culturally responsive aspect of this research was the fact that dyads from a variety of ethnicities were connecting. This allowed the young mothers to experientially question discriminatory beliefs they may have held previously. The children were also able to develop empathy and appreciation for those with different backgrounds.

#### **5.4 Explanation of the Findings**

In this study the parent-child music program helped create positive change for adolescent mothers and their children. Parent-child music programs can support engagement and attachment

(e.g., Cunningham, 2011). Parenting skills are modelled and encouraged through children's music and movement (Creighton, 2011).

One element at work in the parent-child music classes was identified by St. John (2006) in an eight-week *Kindermusik* class for four- and five-year-olds. She reported that many of the activities generated *flow*. Flow was introduced in the present study as one of the core positive psychology criteria for wellbeing, occurring when one is engrossed in a meaningful activity (Nakamura & Csikszentmihalyi, 2003). St. John described flow as having learning ramifications since it occurs when one's skill level matches the level of challenge. She stated, "The implications for learning are exciting since the resulting dynamic cycle is self-perpetuating: as skill improves, challenges must incrementally increase to maintain the flow state. Research ... suggests that music is one of the quintessential flow activities" (p. 1651). St. John found that playing instruments (such as shakers) to recorded music and moving to recorded music using manipulatives (such as scarves) was most effective in maintaining flow. This was due to the fact that these activities involved multi-sensory experience, immediate feedback, and an integration of awareness and action. She also noted that agency—a sense of personal control—was important to achieve flow. St. John further proposed that the collaborative learning community fostered by making music together allowed for "each learner to contribute best efforts, calling forth capabilities rather than singling out deficiencies" (p. 1651). This analysis of the *Kindermusik* experience draws on several elements discussed in the present study. Flow was evident when the young mothers and their children were smiling and engaged. Agency was a facet of empowerment and a factor in maternal wellbeing. The growth of community was seen between children as their social skills developed, and between the young mothers. Focusing on the positive is aligned with building on strengths. The following elements were thus at work in both the St. John (2006) research and in the present study: flow, a sense of agency, and the development of community with a focus on the positive attributes of its members.

In addition to these elements, the social character of music can contribute to forming and sustaining relationships (Bicknell, 2009; Crowe, 2004). There are several types of social bonding, among them caregiver-infant attachment and social group bonding. Caregivers from every culture have sung to their children, resulting in reinforced attachment that has contributed to infant survival (Bicknell, 2009). Music is used to help elicit synchrony and group identification,

facilitating social bonds, and a regular beat allows for more coordinated group singing (Bicknell, 2009). Shared emotions and experiences, and synchronized movement and breath help engender group affiliation (Crowe, 2004). In the present study, caregiver-child bonding through music was central to the intent of the parent-child music classes. Group synchrony and identification were partially responsible for the development of children's social skills and maternal wellbeing. For example, in the video of the fifth class, a six-month-old infant was attempting to clap while watching an older child clapping. This showed that the infant was trying to coordinate her movements with those of the other child, likely through group synchrony. In other classes the young mothers synchronized their movements as they rocked their children to the music. This appeared to augment group identification, seen through smiles and eye contact. Another aspect of the social character of music is its provision for play and pleasure. Play allows us to relax, counter isolation, and express "the élan and vitality of spirit" (Crowe, 2004, p. 299). In the present study, the young mothers and their children laughed as they played together, particularly during activities involving touching, tickling, or hugging. Music made the activities more pleasurable (Crowe, 2004), engaged the children through their predisposition to music (Tafari, 2008), and helped create social bonds and mother-child connection (Crowe, 2004) since it was "collective, contagious, and involved people" (Tafari, 2008, p. 115).

Research on the neurochemistry of music has established a biological basis for the creation of social bonds (Chanda & Levitin, 2013). Oxytocin has been found to organize social behavior, and one study established that it is released during singing (Chanda & Levitin, 2013). Research has also shown music to reduce stress. Slow music is correlated with decreased respiration, blood pressure and heart rate while fast music increases cardiovascular processes in both adults and infants (Chanda & Levitin, 2013). Music also appears to improve immune functioning through listening to music, group singing, and group drumming (Chanda & Levitin, 2013). These activities were all present in the parent-child music classes in the current study.

## **5.5 Limitations**

One limitation in this research is the possibility that the changes in mother-infant connection, infant social skills, and maternal wellbeing that occurred in the classes could have happened on their own due to the developmental processes of both the mothers and children. However, the young mothers said that the music class was the only time they could get together

with their children during the day since the infants often slept during lunchtime. This meant that during the four months that the study ran, the young mothers and their children had an opportunity that they would not ordinarily access. Several of the young mothers did not appear to know how to interact with their children prior to the parent-child music classes. It is unlikely that they would have learned these interactive skills on their own. The parent-child music classes provided specific instructions on bonding (e.g., the importance of eye contact). Further, the parent-child music group allowed the mothers to meet and connect in a situation that normalized adolescent motherhood. The impact of the music curriculum and community bonding that occurred during the classes—as mentioned above in section 5.4, Explanation of the Findings—meant that relationships and resiliency were positively affected. Strengthening resiliency is an important outcome of this study as it reinforces maternal skills and supports infant development.

In qualitative research, is important to explain exceptions that do not support the findings, search for other explanations, and keep data in context (Patton, 2002). In terms of exceptions, one of the toddlers in this study almost always preferred to play at the computers rather than join the group activities. Further, all infants were not always happily engaged in the music activities. At times, one would begin to cry and his or her mother would take the infant to the hall to quiet down. I had also observed these types of phenomena in the adult mother *Kindermusik* classes I attended the previous year. Some children prefer to roam, and infants and toddlers cannot be expected to respond uniformly to a group activity. They have individual needs that are not always met in a group context. These exceptions therefore do not necessarily reflect poorly on the findings that generally occurred during the classes. Regarding other explanations, I have addressed the maturation/time factor argument above. In terms of keeping the data in context, the focus group sessions themselves were also responsible for helping relationships to develop. Rather than solely being a means to an end of collecting data, these sessions allowed the young mothers to connect, reflect on shared experiences and to eventually have their voices heard through the research representation, i.e., at a conference or in a journal.

A further limitation is inherent in the participant-observer approach as there may have been bias toward change. However, the other sources of data—focus group interviews, video footage and photographs, individual check-in interviews with the young mothers and an interview with the music instructor—were consistent with the participant observations. There could also be a



credibility issue with regards to the participants knowing they were being observed. Did this affect their behavior? Asking them about the impact of being observed might have answered this question.

Another limitation in this research was the lack of Aboriginal mother participants. While this might be seen as a limitation, it could also be considered part of the process of qualitative research in which unforeseen events unfold. Regardless, only one of 13 young women was of Aboriginal ancestry. As well, many of the young mothers were of diverse ethnicities and did not feel connected to a particular culture. The result was a less culturally responsive curriculum than anticipated. However, almost half of the infants were of Aboriginal paternal background. The mothers were interested in supporting their children's knowledge about their heritage, but were not able to suggest Aboriginal music or activities for the parent-child music group. Nonetheless, they and their children enjoyed and were intrigued by the Cree music songs, the hammock activity, and the Aboriginal drum.

## **5.6 Significance**

When I met with a school board Elder in March 2012, she indicated that the activities in this study could support Cree traditions. As a young woman, she had learned to put her infants in moss bags and cradleboards so they could maintain maternal contact, and she sang to her children when they were young. She said that parents from residential schools have nothing to lean on: that they have lost the support of their parenting traditions. Upon hearing that the parent-child music group activities involved singing, cuddling, and swaying to music, she said that these things could help revive the Cree culture and that it is important for a mother and child to continue bonding after the baby is born.

As many of the children in the parent-child music classes had Aboriginal background, I sought the significance of this comment. What did the Cree culture and the activities in this study have in common? Plains Cree children were never beaten and rarely rebuked; they were nurtured and told teaching stories if they misbehaved, which instilled trust and self-discipline (Anderson, 2011). Similarly, the women in the current study were adamant that children should not be hit, and that adults should speak firmly to discipline them instead. In the Anderson (2011) study, a Saskatchewan Métis woman explained the use of moss bags and cradleboards: "It's training for them to quiet themselves and get ready to sleep. And when they wake up ... you take them out,

you massage them, and stretch their limbs, and there is this loving gentle massage” (research participant, p. 61). This is very similar to the massage activity in the *Kindermusik* classes. Further, the above comment about the need for infants to quiet themselves relates to self-regulation. The literature points to connections established between parent-infant attachment, infant self-regulation, and infant-directed singing (Creighton, 2011; Dissanayake, 2000; Longhi, 2009; Mackenzie & Hamlett, 2005; Nakata & Trehub, 2004; Papousek, 1996; Trainor, 1996).

Aboriginal traditions also included singing. In the study cited above, Cree/Métis women remembered that infants were put into fabric swings and elders would sing lullabies while rocking them (Anderson, 2011). This is similar to the *Kindermusik* activity of rocking children in a blanket hammock. Traditionally there was a sense of collective care of children in Canadian Aboriginal culture. Infants were cared for by their mothers and grandparents, and fathers were less involved until the children were older (Anderson, 2011). Interestingly, the children in this study were also cared for by a range of people, but rarely the fathers. Another point of similarity is the Aboriginal concept of the circle as a place of giving, belonging, and equality. In the parent-child music classes, the mothers and infants were seated together in a circle. As the classes progressed, the young women and their infants became more engaged and interdependent.

Comparably, Anderson (2011) noted, “Rebuilding the circle in whatever context we find ourselves is a work in progress, and we must be creative to find means of reinstating the position of women” (p. 179). The women she spoke of were Aboriginal mothers, traditionally valued as sacred feminine life-givers. Similarly, MacDonald (2011) commented on the undervaluing of maternal knowledge: “Sadly, in our Eurocentric culture of teaching and learning, parents often have been sidelined ... teachers and school administrators view parental, and especially maternal, knowledge as inferior or secondary, considering parents limited in their abilities to educate their children” (pp. 47–48). She described an Aboriginal Head Start early childhood program in British Columbia in which mothers were welcome and “opportunities for shared, communal teaching and learning can be cultivated through carefully selected curricular materials and play-based activities ...” (p. 48). Play-based activities and culturally responsive curriculum were part of the current study and provided opportunities for mothers and children, an instructor, and a researcher to work together, sharing and building community.

There is a culture of power that underpins our society and schools and favours a European-based tradition that values certain behaviours, communication styles, and cognitive capabilities (Delpit, 1988). Those in the dominant, privileged culture are socialized to learn these expectations, whereas those who are marginalized often feel disconnected from schools since they do not have the same intuitive understanding of these rules. Delpit (1988) noted that children from marginalized backgrounds need to explicitly learn this type of information to be able to understand the expectations of the dominant group. She reported that teachers who give detailed instructions about learning expectations and outcomes best promote an environment that supports these marginalized students. The parent-child music instructor in the present study clearly stated the expectations and outcomes, for example, “Making eye contact helps you connect and bond with your baby ... Make sure you’re touching your baby with at least one hand now, since touch is important to your baby and helps you bond.” This kind of detailed instruction was modelled with warmth and calm confidence; the instructor had two children of her own and many years’ instructional experience. The young mothers asked her for parenting advice and were clearly comfortable working with her. Most of the social skills taught in the parent-child music classes were culturally accepted Euro-centric norms, such as taking turns, putting playthings away, clapping, hugging, and moving to music. Other social skills were more related to Aboriginal and Caribbean traditions, such as drumming to a Cree song or dancing to reggae music. The culturally responsive parent-child music classes provided instruction on dominant culture expectations—beneficial to the children of mothers marginalized by ethnicity, age, or socio-economic disadvantage—while concomitantly honouring other traditions.

## **5.7 Implications**

**5.7.1 Practice implications.** This research has implications for those who work with adolescent mothers and their infants, particularly high school social workers and counsellors. Studies of programs situated in schools (e.g., Dunst & Kassow, 2008) indicate that mutually reinforcing activities involving young mothers and their infants are superior to traditional parenting classes for mothers in terms of enhancing mother-child relationships. These mutually reinforcing activities—such as making eye contact, playing and laughing together, and cuddling—are abundant in parent-child music classes. It is thus suggested that parent-child music

classes be a part of the curriculum for young mothers and their infants, especially those who are ethnically or socioeconomically marginalized.

Another practice implication arises from the young mothers' suggestions for improvement to the classes. They preferred music with a beat and recommended that something other than children's music be played. While they did not suggest a genre, they said that they enjoyed listening to R&B, hip hop, and country music. Perhaps selections of popular music could be interspersed with children's songs to help engage and motivate the mothers in future parent-child music groups for adolescent mothers and their children.

**5.7.2 Implications for research.** Future research with adolescent mothers and their infants can strengthen the findings of this study by selecting research participants who feel unprepared for their maternal role. In keeping with advancing the use of music and positive, strengths-based, culturally-responsive work, the young mothers could each be interviewed before the music classes began and asked about their parenting strengths and needs to determine their self-reported parenting preparedness. The adolescents would not need to disclose their feelings of parental unpreparedness to one another. Further interview questions could look at cultural background and musical preferences and the study participants would be asked for suggestions for specific songs or activities. Exit interviews could establish changes in the young mothers' perceptions of their parenting confidence. These strategies could quantify the present research, which prioritized giving voice to the young mothers over obtaining measurable results.

Prior to this study, most research on parent-child music groups involved middle class adult mothers, and for that reason de l'Etoile (2011) recommended that future research explore the use of music and singing with mother-infant pairs experiencing attachment or self-regulation issues. The current study considered attachment issues. Self-regulation refers to the ability to manage internal states (Shanker, 2013). The literature indicates that infants learn to modulate, control, and self-regulate their emotions through attunement (Cozolino, 2010; Schore, 2001; Weinfield, Sroufe, Egeland, & Carlson, 2008), which occurs when caregivers soothe distressing emotions and share positive emotions with their infants (Schore, 2001; Siegel, 1999). Children's songs and movement are thought to stimulate attunement and bonding (Creighton, 2011). The interactions that help infants with emotional self-regulation also develop attachment and shape neural connections and brain structure influencing future development (Cozolino, 2010; Gardner &

Goldson, 2002; Schore, 2001; Siegel, 1999). Emotional self-regulation promotes security, autonomy, and resilience in young children (Rolfe, 2004), leads to feelings of happiness, and provides the foundation for school readiness (Newton, 2008). Future research involving parent-child music classes to help infants with self-regulation issues is thus indicated.

Such research is also indicated in response to recent Canadian educational initiatives. In Ontario, an early-learning strategy regarding self-regulation in the classroom is being piloted in two school districts (Shanker, 2013). In British Columbia, the provincial educational plan includes a commitment to implementing and monitoring self-regulation instruction, and six school districts are involved in the first wave of development (Canadian Self-Regulation Initiative (CSRI), 2013). Shanker (2013) explained the rationale behind this movement: “based on children’s language, literacy and numeracy competencies from the moment that they enter school we can make fairly strong predictions about their eventual educational attainment, and it turns out to be very difficult to alter these outcomes” (in Pascal, 2009, p. ii). He went on to say that neuroscience has shown that improving a child’s self-regulation ability—such as monitoring and altering emotions, maintaining attention, curbing impulses, managing frustration, and interacting socially—can positively affect these outcomes.

Another relevant finding from a literature review on self-regulation from the United Kingdom (Duckworth, Akerman, MacGregor, Salter, & Vorhaus, 2009) is that the “benefits of, and innate capacity for, self-regulation do not vary systematically with socioeconomic background, ethnicity or gender” (p. ii). Thus, self-regulation skills can benefit those from a range of backgrounds. Self-regulation is also an important skill for many children and youth with exceptionalities, and was central to the program I directed in British Columbia for 15 years. As mentioned in the introduction to this dissertation, I was intrigued with the idea of doing a PhD in an area of Educational Psychology and Special Education that might help students affected by challenging social and economic circumstances. I had previously worked with such students, and wondered if there was a way to help them learn the life skills they appeared to be lacking. It seems that educators today are examining self-regulation instruction as a way to answer to this need. If self-regulation can be encouraged earlier in life through parent-child music programs, perhaps this instruction will not be as necessary for school-aged children. Another beneficial effect of

parent-child music classes is the involvement of the parent; hence, both parent and child develop skills that may affect their future trajectory.

## **5.8 Researcher Reflections**

This study was informed by a spiritual feminist epistemology valuing culturally responsive pedagogy with Aboriginal significance. Spirituality encompasses a feeling of interconnection beyond the material world (Whidden, 2007). Motherhood can also engender this spiritual connection: “No other experience brings you so instantly into complete and inexpressible union with the divine. Nothing else is as genuine or encompassing” (Maezen Miller, p. 77). Traditional Eurocentric patriarchal spirituality has been seen as “a flight from earth, flesh, temporality, and the present” (Kidd, 1996, p. 219). However, feminine spirituality incorporates the earthly, the now, and the ordinary into sacred experience (Kidd, 1996). The earthly involves a connection and response to nature (Kidd, 1996). In this research, the young mothers were connected to nature and one another through having a child. During the parent-child music classes, sitting on the floor in a circle with their children, overlooking evergreens and sparkling snow helped engender the earthly as well.

Paradoxically, being in the now means not only being aware of what is, but being willing to reflect and change. This in turn can change others. Thus, “by being present and looking deeply, we are becoming activists ... Without this deep looking at the present unfolding of our lives, we tend to perpetuate the old ways” (Kidd, 1996, p. 221). The young mothers in this study reflected on their lives, especially during the final focus group when they talked about relationships with the father of their child, their priorities—their child and a career—and issues, such as the double standard that applies to males and females. They agreed that they did not want to have another child for a long time, thus potentially changing their lives. The young mothers also questioned parenting practices based on power, such as hitting a child. This is congruent with feminism since, “feminist mothers attempt to foster relationships with their children that are neither intimidating nor domineering” (Green, 2011, p. 202). The young mothers in this study appeared to be absorbed with motherhood and school, the ordinary events of daily life. They were—for the most part—happy to be mothers, finding joy in the commonplace. The earthly, the now, and the ordinary are part of spiritual feminism.

Spiritual feminism is also part of my experience as a teacher: “Feminist educators have a passion for their teaching, and are driven by a vision of ‘a world which is not yet’” (Green, 2011, p. 198). This research is premised on a belief in the possibility of change. During the focus groups, I introduced discussion on colonialism and its repercussions for people of Aboriginal heritage. I also encouraged the young mothers to talk about their lives and views, supporting their empowerment towards social change. This change took various shapes, from several adolescent mothers taking a more active role in playing with their infants, to one’s interest in her Aboriginal background, to others’ wishes to teach their children about their cultural ancestry. Some others voiced their feelings about being awesome mothers, evidencing empowerment. In terms of sharing power and opportunities, the parent-child music instructor took her teaching cues from the activities that engaged the children, and I added Cree and reggae music to the *Kindermusik* repertoire which helped engage the mothers. The parent-child music activities often inspired compassion, love, and the development of relationships. This relational ethos valued the experiences, perspectives, and knowledge that participants brought to the research (Reason & Bradbury, 2001).

## **5.9 Conclusions and Recommendations**

This dissertation has explored the experiences of adolescent mothers and their infants in a parent-child music program in an alternative school. The results of this study indicate that this type of programming can enhance mother-infant connection, augment to their children’s social skills, and support maternal wellbeing. The findings of this study lead to recommendations for future practice.

The positive outcomes of the parent-child music classes suggest that schools with parenting classes for adolescent mothers and daycare facilities for their infants should consider implementing parent-child music programs. These programs can be helpful to participants, and thus to society in general. Community centres and other services assisting young or socio-economically disadvantaged mothers and their infants could also offer parent-child music classes; these programs should be available without cost to those in financial need. Nursery schools, daycares, early childhood education facilities, and kindergartens could also provide parent-child music classes. Offering these classes will present a non-threatening way for people to learn parenting skills, feel included, and strengthen self-regulation skills. Policies and programs that

support effective parenting are crucial since the most-documented aspect of childhood resiliency is a bond to a caring adult (Masten, Cutuli, Herbers, & Reed, 2009). Providing these classes may also minimize the number of children diagnosed with attention deficit hyperactivity disorder (ADHD) and other behavioral issues that may be related to self-regulation.

This study has shown that young mothers and their infants can benefit from welcoming, informal, positive interventions featuring practical interactions that model and reinforce parenting skills through an engaging musical program. The research contributes to the existing literature by providing a qualitative, in-depth understanding of these experiences. The goal in sharing this knowledge, through describing and interpreting the experiences of young mothers and their children in a culturally responsive parent-child music program, is so that others in a similar situation may benefit.



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## 7 APPENDICES

### Appendix A Information and Consent Form

Image: McPherson, 2005



### Information and Consent Form

#### Mother and Child Reunion

Adolescent Mother and Infant Experiences in a Culturally Responsive School-Based Parent-Child Music Program

#### Researcher and Co-Supervisors

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**Mother and Child Reunion** means embracing feelings of security and attachment and a better future for mother and infant. The purpose of this study is to find out about the experiences of young mothers and their children in a *Kindermusik* program at school. You will be coming to a music program once a week for 45 minutes for eight weeks. You and your child will be learning some children's songs, moving to music, and playing together. Possible benefits of the study include better mother-child relationships, improved child social skills, and feelings of well-being for both you and your child. These benefits are not guaranteed. You do not need to give consent to participate in the music program.

If you choose, you will also be participating in two, hour-long focus group interviews: after the music sessions start and at the end of the music sessions. We will be talking about things like your experiences as a teen mother, what kind of music you like, and whether you and your child do anything musical together. The group interviews will be audiotaped and transcribed. All information you supply during the research will be confidential. That means that your name and your child's name will not appear in any report or publication of the research. Because the research participants know each other, you may be identifiable in print to other people in the group based on what you say. Also, although members should not talk about the interviews outside of the group, I cannot promise that group members

will keep the discussion confidential. The risks connected to this study are minimal. If you experience any negative consequences of being involved in the research, it may be helpful to talk with a school counsellor. The focus group interviews will be at your school. After the group interviews, a written copy of the discussion will be provided so you can add, change, or delete your information as appropriate. After the study is finished, if you would like a copy of the results, you will receive one by email. Your information will be stored in a locked filing cabinet in Dr. Nicol's University of Saskatchewan office and will be destroyed after five years. If you have questions about the research or what you will be doing in the study, please email me at [jean.emmerson@usask.ca](mailto:jean.emmerson@usask.ca).

It is your choice to participate in the study and you may leave at any time without any problem or consequences to you and your child, for example your marks or any services you receive will not be affected. If you leave, you will be asked to release your data collected to date. This means that I will ask to keep your comments and details about your interactions and those of your child during the study. At the beginning of the study, you will get a *Kindermusik* CD. At the end of the study, you will receive a musical gift bag (e.g., a shaker, toy, poster, and book from the program). Unless you choose to be recorded by video and photographs, you will not be identified in the research.

This research is funded by the Social Sciences and Humanities Research Council of Canada. It has been reviewed by the University of Saskatchewan's Behavioural Research Ethics Board. If you have questions about your rights as a participant in this study, please contact [ethics.office@usask.ca](mailto:ethics.office@usask.ca) or call 1-888-966-2975 (toll free).

Thank you for considering this research. If you would like to participate, please sign below, and check the box if you are willing to be photographed and video-recorded. If you would like a copy of the study results when the research is completed, please include your email address at the end of this form.

.....

I want to participate in the **Mother and Child Reunion** study. I have read and discussed this participant Information and Consent Form with the researcher, understand what this study is about, and have received a copy of this form for my records. I indicate consent for participation for my child and myself by signing below.

\_\_\_\_\_

Participant Signature \_\_\_\_\_ Date

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Researcher Signature

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Date

As part of **Mother and Child Reunion**, you and your child may be recorded by video and photographs. These recordings will be used to help document the study. They may also be used in a report or publication, or at a conference to better explain the research to others.

By checking this box, I am giving consent for my child and myself to be recorded by **video and photographs** during the music sessions, and for the videos and photos to be used in reports, publications, and at a conference.

If you would like an **electronic copy** of the results of the study, please add your email address here:

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**Appendix B Transcript Release Form**

Image: McPherson, 2005



**Transcript Release Form**

I, \_\_\_\_\_, have reviewed the complete transcript of a focus group interview in this study, and have been provided with the opportunity to add, change, and delete information from my part of the transcript as appropriate. I acknowledge that the transcript accurately reflects what I said in my interview with Jean Emmerson. I authorize the release of this transcript to Jean Emmerson to be used in the manner described in the Consent Form. I have received a copy of this Transcript Release Form for my own records.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher Signature

\_\_\_\_\_  
Date

**I Focus Questions***Adolescent mothers and music*

1. Since we're doing a *Kindermusik* program, I'm wondering what kind of music you like?
2. How is music part of your life? How does it make you feel? (e.g., singing, listening to music)

*Adolescent mothers and their children and music*

3. Does your child sing or make music? What does he or she do?
4. What kind of music does your child like?
5. How do you think music makes your child feel?
6. Do you and your child listen to music or sing together? What is that like?
7. Do you ever sing or play music for your child? Tell me about that. (e.g., Do you ever play music to calm your child? To have fun?)
8. What about music and movement? For example, singing while rocking your child?

*Culture and music*

9. I'm Canadian, but my grandfather was Scottish, and my grandmother was Irish. I learned a few Scottish songs growing up. What is your background, or culture? Do you know any songs from that culture?
10. Do you ever play music or sing to help teach your child about your culture? About yourself? Your family? Tell me about that.
11. Do you know any children's songs from your culture? Could you share them sometime?
12. Since there are participants with Métis background, we will be listening to some Cree songs in a couple of weeks. Does anyone know any First Nations children's songs?

**II Background Questions**

13. I'd like to learn more about you and your children. Can you tell me what it's like to be a teen mom?
14. What is the best thing about having a child? The hardest?
15. Could you tell me about your child?
16. (optional) Tell me about an average day. What goes wrong? What goes right?

**III Summarizing Question**

17. I'm looking forward to the upcoming music sessions. Is there anything more you can tell me about you and your child's experiences with music or singing that will help make these sessions fun? Is there anything we've left out? Can anyone think of something we should have discussed, but didn't?

## Appendix D

### Interview Guide: Follow-Up Focus Group

#### I Background Questions

1. For those of you who are new, I'd like to know a little about your background and your baby's background. Do you do any music activities that come from those cultures?
2. Again, for the new group members, do you sing to your child? And what music activities do you do together?
3. A question for everyone: is the father of your child still involved in your life?
4. Do you live with a partner/parent/alone?

#### II Focus Questions

5. Have you and your child listened to the *Kindermusik* CD yet? Does he or she like a certain song?
6. During the last interview, a couple of you said that you thought your children liked the music from their culture. Any thoughts on why you might want your children to know about their background?
7. If you're not that interested in your child's background, why do you think that is?
8. Next week, we're going to add a Cree song (actually, the singer/songwriter is Cree/Saulteaux/Scottish) since we have four babies with Métis background. One of the reasons I want to highlight this music is because many Aboriginal people have lost their culture due to forced acculturation. For example, kids at residential schools weren't allowed to speak their language or continue their traditions. But now they're learning about their culture through songs and the arts, and this is helping them to recover their heritage. So, I'm wondering, what kind of music comes from your culture? Would you feel comfortable bringing in a CD of the music, if you have one?

#### IV Concluding Question

9. Thanks so much for participating in this interview. Is there anything else you'd like to discuss before we go?

**I Background Questions**

1. Now that we've finished the music sessions, I'd like to hear your thoughts and feelings about them. Let's start with what you liked about the sessions.
2. What did your child like? How do you know?
3. Was there anything that you didn't like, or that you or your child didn't like?
4. Tell me about your experiences with the Cree songs (and reggae songs).
5. Do you or your child sing any of the songs or do the activities at home? Which ones?

**II Focus Questions**

6. One of the things I'm looking at in my research is the development of children's social skills. In the music groups, did your child make sounds or sing along? Tell me about that.
7. Did your child imitate movements, or clap with the music? What did she or he do?
8. Did your child join in any games, like peek-a-boo? What was that like?
9. Did your child show an interest in other children? How could you tell?
10. Another research interest I have is how music helps people connect. Do you feel more connected with the people in the group now than you did before we started the music group? How have your relationships with each other changed since participating?
11. What about your relationship with your child? Tell me about what it was like to play together in the music group.
12. How has your relationship with your child changed since participating in the music group?
13. I'm also looking at how music makes you feel. Do you feel different than before we started the music group? How does music help you in your life?
14. What is important to you in life? Has that changed over the past few months?

**III Summarizing Question**

15. What did you learn in the music group that you can use at home (e.g., a lullaby to calm your child)?
16. Do you think you will continue using music with your child? How?
17. I'm wondering why you decided to come to *Kindermusik* and get involved in this research?

**IV Concluding Question**

18. I have really enjoyed being here with you and getting to know you and your children. I would like to offer you a gift to say goodbye (a *Kindermusik* home kit). Before we go, can you tell me how you feel, having completed this music group?