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Bridging Hospital and Family Worlds: Mothers' Experiences of Family-Centred Music Therapy in Neonatal Care

Pomost między światem szpitalnym a rodzinnym: Doświadczenia matek uczestniczących w muzykoterapii skoncentrowanej na rodzinie w opiece neonatologicznej

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Abstract

Introduction. Music therapy in neonatal intensive care units is increasingly recognised as a form of support for both preterm infants and their parents. Family-Centred Music Therapy (FCMT) extends this approach by actively engaging parents in musical interactions that foster emotional attunement, strengthen parental competence, and support the parent–infant relationship.

Aim. Despite a growing body of international research, knowledge about mothers' experiences of FCMT in the Polish neonatal care context remains limited. The aim of this study was to understand the subjective meanings mothers attribute to prematurity, hospitalisation, and participation in FCMT in neonatal units in Poland.

Methods and Materials. Qualitative data were collected as written maternal narratives through an anonymous online questionnaire with open-ended questions. The study included

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79 mothers of preterm infants hospitalised in four Polish hospitals. The data were analysed using Reflexive Thematic Analysis within an interpretivist epistemological framework.
Results. Four interrelated thematic areas were identified: 1) prematurity as a biographical crisis; 2) between institution and parenthood: motherhood in conditions of hospitalisation; 3) music therapy as emotional and cultural support within a medicalised hospital environment; and 4) music therapy as a space for building relationships in the family. Mothers described FCMT as a source of calm and hope, supporting stress regulation, closeness, and a sense of normalcy with their child. Musical interactions enhanced sensitivity to infant cues, strengthened parental competence, and supported maternal identity in uncertainty. FCMT may bridge the hospital environment and early family life, promoting maternal well-being and the parent–infant relationship.

***Keywords*:** music therapy, prematurity, neonatal intensive care unit, motherhood, thematic analysis, parent–infant relationship

Abstrakt
Wprowadzenie. Muzykoterapia na oddziałach intensywnej terapii noworodka jest coraz częściej uznawana za formę wsparcia zarówno dla wcześniaków, jak i ich rodziców. Muzykoterapia skoncentrowana na rodzinie (Family-Centred Music Therapy, FCMT) rozwija to podejście poprzez aktywne angażowanie rodziców w interakcje muzyczne, które sprzyjają dostrojeniu emocjonalnemu, wzmacniają kompetencje rodzicielskie oraz wspierają relację rodzic–dziecko.
Cel. Pomimo rosnącej liczby badań międzynarodowych wiedza na temat doświadczeń matek związanych z FCMT w polskim kontekście opieki neonatologicznej pozostaje ograniczona. Celem niniejszego badania było zrozumienie subiektywnych znaczeń, jakie matki przypisują wcześniactwu, hospitalizacji oraz udziałowi w FCMT na oddziałach neonatologicznych w Polsce.
Metody i materiały. Dane jakościowe zebrano w formie pisemnych narracji matek za pomocą anonimowego kwestionariusza online z pytaniami otwartymi. W badaniu wzięło udział 79 matek wcześniaków hospitalizowanych w czterech polskich szpitalach. Analizę danych przeprowadzono z wykorzystaniem refleksyjnej analizy tematycznej (Reflexive Thematic Analysis) w ramach interpretatywistycznego podejścia epistemologicznego.
Wyniki. Zidentyfikowano cztery powiązane obszary tematyczne: 1) wcześniactwo jako kryzys biograficzny; 2) między instytucją a rodzicielstwem – macierzyństwo w warunkach hospitalizacji; 3) muzykoterapia jako wsparcie emocjonalne i kulturowe w zmedykalizowanym środowisku szpitalnym; oraz 4) muzykoterapia jako przestrzeń budowania relacji w rodzinie. Matki opisywały FCMT jako źródło spokoju i nadziei, wspierające regulację stresu, poczucie bliskości oraz normalności w relacji z dzieckiem. Interakcje muzyczne zwiększały wrażliwość na sygnały dziecka, wzmacniały kompetencje rodzicielskie oraz

wspierały kształtowanie tożsamości macierzyńskiej w warunkach niepewności. FCMT może pełnić funkcję pomostu między środowiskiem szpitalnym a wczesnym życiem rodzinnym, wspierając dobrostan matek oraz relację rodzic–dziecko.

***Słowa kluczowe*:** muzykoterapia, wcześniactwo, oddział intensywnej terapii noworodka, macierzyństwo, analiza tematyczna, relacja rodzic–niemowlę

Introduction

Music therapy in neonatal intensive care units (NICUs) is increasingly recognised as an early intervention supporting infant development and parental well-being through individualized and relational musical engagement (Haslbeck *et al*., 2023; Papatzikis *et al*., 2024). Its benefits — including improved physiological stability, pain reduction, emotional regulation, and enhanced parental competencies — are well documented in systematic reviews and meta-analyses (Filippa *et al*., 2021; Filippa *et al*., 2023; Loewy, 2015).

Family-Centred Music Therapy (FCMT) builds on these foundations by positioning parents as active partners in care and emphasizing emotional attunement and parent–infant synchrony as key mechanisms supporting early development (Haslbeck, 2017; Menke *et al.*, 2021). Through shared musical interaction, FCMT fosters bonding, parental confidence, and engagement, aligning with family-centred care principles (Ettenberger *et al.*, 2024; Pallazzi *et al.*, 2021; Ullsten *et al.*, 2021).

For mothers of preterm infants, hospitalization represents not only a medical crisis but also a disruption of early motherhood, shaped by institutional routines and medical authority. Within this context, the NICU becomes a relational environment that reorganizes parental roles, agency, and interaction with the infant. FCMT may offer a space for emotional expression, parental sensitivity, and early relationship building.

In Poland, music therapy is not yet standard in neonatal care, although its recognition has increased (Bieleninik & Ghetti, 2019). Its implementation was supported by participation in the LongSTEP trial (2018–2022; Gaden *et al.*, 2022). Currently, several hospitals provide music therapy, often without national guidelines and within institution-specific frameworks.

Although efforts to implement family-centred care are increasing, organizational constraints still frequently limit parental presence, often allowing only one parent to be present at a time. Within these conditions, FCMT offers a flexible model that supports parental participation, responsiveness, and shared engagement in early caregiving, even when full family presence is not possible (Ettenberger *et al.*, 2024; Hill *et al.*, 2018; Ullsten *et al.*, 2021).

Given the limited research on Polish mothers' experiences of FCMT in neonatal contexts, this study aimed to explore the subjective meanings mothers ascribed to their participation in music therapy in four Polish hospitals between 2021 and 2025. By foregrounding maternal narratives, the study seeks to contribute to the development of more family-centred and developmentally sensitive models of neonatal care.

Study Design

This study used a qualitative survey design (Braun *et al.*, 2021) in which participants provided written responses to open-ended questions. This approach enables the collection of rich qualitative data from a larger group of participants while minimizing participant burden and supporting anonymity (Thomas *et al.*, 2024).

The written responses were analysed using Reflexive Thematic Analysis (RTA) to explore the experiences of mothers whose preterm infants received music therapy in NICUs and neonatal wards across Poland (Braun *et al*., 2019).

The study was grounded in an interpretivist epistemological framework, assuming that meaning is co-constructed through the researcher's reflective engagement with participants' accounts. In line with this approach, themes were conceptualized as patterns of shared meaning organized around a central idea. Reflexive TA views meaning as contextual and situated, recognizes multiple realities, and treats researcher subjectivity not as bias but as a valuable analytic resource (Braun & Clarke, 2019).

The study was conducted using an anonymous online qualitative approach based on written maternal accounts. Participants received detailed information about the aims of the study, the voluntary nature of participation, and their right to withdraw prior to submission. Informed consent was implied through the voluntary completion of the questionnaire. All written accounts were handled confidentially and analysed in anonymized form. In the Results section, participants' statements are cited using an alphanumeric code (*e.g*., R54), where "R" denotes respondent, and the number indicates their position in the dataset.

Participants

Participants were purposively recruited and included mothers of preterm infants born between 23 and 37 weeks of gestational age (GA) who had experienced music therapy during neonatal hospitalization. Mothers were selected as respondents because they were the primary caregivers, and the individuals most consistently present with the infant during the neonatal hospital stay.

Eighty-five completed responses to the open-ended questions were obtained, of which 79 met the inclusion criteria (six of these were excluded because the infants

were born at term 38–40 weeks' gestation). The final qualitative dataset therefore comprised written responses from 79 participants.

The largest group consisted of women aged 35 years and older (42%), while the smallest group comprised mothers aged 20–25 years (4%). Most participants lived in medium-sized and large cities (61%), and the children were most often born between the 28th and 35th week of gestation (75%) and hospitalized for 29 to 70 days (48%). The most common model of music therapy intervention included one to four sessions (48.1%), although a substantial proportion of mothers participated in five or more sessions (35.4%). All respondents were residents of Poland.

Description of the Music Therapy Intervention

Within this shared professional framework, the music therapy program was based on the principles of Family-Centred Music Therapy (FCMT) and adapted to the clinical context of neonatal care. Therapeutic goals were individualized in relation to the infant's medical condition and the parents' emotional capacities, focusing on infant regulation, parental well-being, and bonding within the dyad (Bieleninik *et al*., 2020). Interventions relied primarily on live, active music therapy using the parental and therapist voice (vocal improvisation, familiar songs, personalized motifs), supported when appropriate by songwriting and trauma-informed approaches (Haslbeck, 2017; Loewy, 2015). Musical material was flexible and often accompanied by simple harmonic support using guitar or ukulele (Gaden *et al*., 2022).

The structure of the sessions was flexible and process-oriented, typically including phases of attunement, shared musical interaction, and closure, and was based on the techniques described above.

Data Analysis

The qualitative survey comprised four sections: demographic information, items concerning the infant, and questions related to music therapy. Three open-ended questions were included to elicit participants' written accounts of their experiences of prematurity, hospitalization, and the role of music therapy for themselves and their families. To ensure content clarity and relevance, the qualitative survey was reviewed by three experts — a certified music therapist, a psychologist, and a pedagogue — who evaluated the adequacy and comprehensibility of the items.

The qualitative data was analysed using Braun and Clarke's (2019) six-phase framework of Reflexive Thematic Analysis (RTA). The researcher familiarized herself with the written responses through repeated reading and reflexive notetaking (Phase I – Familiarization). Relevant features of the data were systematically coded across the entire dataset, including brief responses such as single words or short phrases (Phase II – Generating initial codes). Codes were then organized into preliminary themes, which

were iteratively refined through reflexive engagement with the data to ensure coherence and analytic depth (Phase III – Constructing themes). Themes were reviewed in relation to the coded extracts and the full dataset to confirm that they captured patterned meaning across participants' accounts (Phase IV – Reviewing themes). Final theme labels and structures were further clarified in relation to the research aims (Phase V – Refining themes and research questions). The final thematic structure was developed to address the research aims with conceptual clarity and methodological rigor (Phase VI – Final analysis and reporting).

As a result of this analytic process, the following research questions were formulated:

1. What did hospitalization mean to mothers?
2. What did prematurity signify for them?
3. What meaning did Family-Centred Music Therapy (FCMT) hold for mothers of preterm infants in the clinical setting?
4. How did music therapy grounded in active parental participation relate to the parent–child relationship?

Findings

This section presents the principal findings derived from Reflexive Thematic Analysis (RTA). Four interconnected thematic areas emerged from participants' accounts: 1) Prematurity as a biographical crisis; 2) Between institution and parenthood: motherhood in conditions of hospitalization; 3) Music therapy as emotional and cultural support within a medicalized hospital environment; and 4) Music therapy as a space for building relationships and meanings in the family. Across these themes, mothers described profound emotional strain related to uncertainty about their infant's health, separation from family, and the demands of neonatal care. Within this context, Family-Centred Music Therapy (FCMT) was consistently portrayed as a central source of support, enabling emotional regulation, fostering moments of calm and hope, and strengthening relational closeness between mother and child within the highly medicalized hospital environment.

T1. Prematurity as a Biographical Crisis

Mothers described prematurity primarily through fear for their child's survival and future (19 responses), including "an overwhelming fear of all possible later signs of prematurity" (R76), "what will happen next?" (R58), and "will the baby make it?" (R59). These fears were closely tied to the loss of anticipated motherhood — "surprise and deep sadness, because I had expected a different outcome" (R35) — and to the realization that prematurity created "a different kind of motherhood" (R82), marked by emotional extremes of "fear, anxiety, but also gratitude and joy" (R52).

For many mothers (48 responses), this new form of motherhood was emotionally overwhelming, often "exceed[ing] my mental endurance" (R80). Prematurity was experienced as a rupture in their life course — "the end of previous life" (R42) — requiring "complete devotion to the child" (R41). Everyday life became a struggle for survival — "fighting for every breath" (R60) — accompanied by helplessness — "that I couldn't do anything" (R22) — and by intensified caregiving — "a million times more" than with a full-term child (R20).

Across accounts, prematurity was described as emotionally and mentally exhausting, marked by persistent uncertainty and psychological burden. Mothers mourned the expected course of early motherhood while devoting themselves entirely to their child and coping with daily challenges. Overall, prematurity emerged as a biographical crisis that disrupted the cultural script of motherhood, replacing anticipated stability with emotional labour, resilience, and continuous struggle.

T2. Between Institution and Parenthood: Motherhood in Conditions of Hospitalisation

For mothers of preterm infants, hospitalisation was experienced not only as medical treatment but as immersion in a powerful institutional world shaping emotions, relationships, and everyday life. Across accounts (49 responses), this period was described as emotionally overwhelming, often referred to as "trauma" (R19), "nightmare" (R74), or "torment" (R63). Mothers spoke of constant fear and loss of control — "constant fear for the baby, uncertainty about what will happen next" (R52) and "a hard time when you feel like you have no control" (R94). For some, this experience contributed to postpartum depression (R91).

Hospital life also meant separation from family and ordinary routines, producing a sense of living in a parallel reality — "when will we finally be discharged?" (R52); "waiting for the babies to be ready to go home" (R100).

At the same time, the hospital was described as a place of professional and emotional support. Mothers expressed trust and gratitude — "I am convinced that my son received the best care" (R52) — and some experienced it as a place of safety or even a temporary "home" (R20; R102). Spiritual resources also supported coping — "placing my fears and worries in Him" (R80).

Within this institutional setting, mothers began building bonds with their infants through everyday caregiving — "I was happy that I got the opportunity to stay with the babies from birth" (R68); "I felt joy and happiness that I could be with my baby 24/7" (R47).

Overall, hospitalisation served as a distinct institutional environment that mothers had to navigate. This involved adapting to new routines, emotional demands, and caregiving practices while gradually developing their parental role within a highly medi-

calised context. At the same time, this process can be understood as a form of early parenthood learning, in which mothers reconstructed their sense of agency, competence, and connection with their infant under conditions of uncertainty.

T3. Music Therapy as Emotional and Cultural Support Within a Medicalised Hospital Environment

Across mothers' accounts (56 responses), music therapy was described as a central emotional and cultural resource during hospitalisation. The sessions created conditions in which intense emotions could be expressed, contained, and transformed into moments of calm and hope. As one mother noted, "It calmed me down, gave me a sense that things would be okay" (R23), while another reflected that "We could relax, even for a moment, and focus on something pleasant" (R63). Participants also observed visible shifts in emotional climate — "It lifted our general mood; you could see a smile on the parent's face" (R64).

Music therapy was experienced not only as emotional relief but also as a relational and reflective space of support and meaning. Mothers described improvements in well-being — "a noticeable improvement in my emotional and psychological well-being" (R80) — and referred to the sessions as a "safe space" (R36) offering emotional holding and psychological organisation — "Just talking with the therapist, her singing was my escape" (R76). Others recalled being deeply moved — "We got emotional almost instantly" (R41). As one participant summarised, "Music therapy was a form of escape, a chance to talk to the therapists about all sorts of things… a break from all the problems we were facing" (R47).

At the same time, music therapy supported mothers in developing greater sensitivity to their infants' cues and rhythms. As one mother explained, "The effects were visible immediately… the intonation, tempo affected the baby's behaviour" (R56). These experiences enabled mothers to observe, interpret, and respond to their child's musical and emotional expressions, strengthening their sense of competence and engagement in caregiving.

Overall, music therapy functioned as an important source of emotional support within the hospital setting – a space where mothers could regulate emotions, experience connection, and develop more responsive ways of being with their infants. Within this context, musical interactions supported the development of parental sensitivity, strengthened engagement in caregiving, and contributed to the gradual building of early parent–infant relationships.

T4. Music Therapy as a Space for Building Relationships in the Family

Twelve mothers described music therapy as a context in which a deeper emotional and relational connection with their infants could emerge. Through singing, humming,

touch, and therapist-guided interaction, they experienced moments of calm, closeness, and mutual attunement. As one mother noted, "It helped in creating a closer relationship with the child" (R94), while another reflected, "Those were our most beautiful moments together" (R79). Others described these moments as filled with emotional warmth and connection — "I felt inner peace, joy, and closeness with my daughter" (R60) and "I had a sense of normalcy, of a closer connection with my child" (R39).

Music was also experienced as a form of tenderness and emotional care — "[music] gave her a kind of tenderness and emotional care" (R98) — and as a way of supporting mothers' emotional organisation — "I could feel more connected with my children, organise my thoughts" (R100). Several mothers emphasised that these moments of closeness stood out against the stress and medicalisation of everyday hospital life, making the musical encounters feel especially meaningful and intimate.

In this sense, music therapy functioned as a relational practice through which mothers and infants co-created experiences of connection via sound, rhythm, and shared emotional attunement. These processes resemble forms of learning grounded in embodied interaction and mutual responsiveness, allowing families to strengthen early relationships within the contrast between the medicalised hospital environment and the intimate world of early parenthood.

Discussion

The findings show that mothers' experiences of prematurity and hospitalisation involve emotional disruption, identity reconstruction, and adaptation to the NICU environment. These results align with literature identifying preterm birth as a psychological and biographical crisis associated with stress, anxiety, and challenges in developing parental roles (Hill *et al*., 2018; Pallazzi *et al*., 2021).

Within this context, FCMT emerged as a meaningful emotional and relational resource supporting maternal well-being and parent–infant interaction. Reported reductions in stress and increased calm are consistent with previous studies showing that music therapy improves emotional regulation in parents of preterm infants (Ettenberger *et al.*, 2024; Filippa *et al*., 2023). Enhanced sensitivity to infant cues also reflects evidence that music therapy supports attunement and responsiveness (Haslbeck *et al*., 2023; Menke *et al.*, 2021).

Importantly, the findings suggest that FCMT supports not only emotional relief but also reconstruction of maternal identity and agency within a medicalised environment. The mothers' narratives suggest that musical interaction may facilitate a shift from passive observation to active participation in caregiving, consistent with empowerment-based approaches (Ettenberger *et al.*, 2024; Ullsten *et al*., 2021).

Furthermore, the findings emphasise the role of music therapy in bridging the gap between the institutional logic of neonatal care and the relational world of early family life. Similar observations have been reported in previous studies, where music therapy created opportunities for intimacy, emotional expression, and the experience of "normality" within the NICU (Filippa *et al*., 2023; Kehl *et al*., 2021). In this sense, FCMT may be understood as a mediating practice that supports continuity between hospital care and early parenthood.

Future research should further explore the role of music therapy within multidisciplinary neonatal care, including perspectives of healthcare professionals and its impact on the emotional climate of the unit. While the present findings highlight the importance of FCMT for maternal well-being and parent–infant interaction, future studies could also examine long-term developmental and relational outcomes, as well as mechanisms underlying these effects (Filippa *et al*., 2021; Haslbeck *et al*., 2023). Future studies could benefit from mixed-method and longitudinal designs to capture both the depth of parental experiences and developmental changes over time.

Further research is needed on FCMT implementation across healthcare systems, especially in places where music therapy is not yet standard, such as Poland. Comparative and longitudinal studies may help explain how organisational conditions shape its effectiveness and accessibility.

Conclusion

Insights from mothers' experiences can inform the development of family-centred music therapy as a responsive practice in neonatal care, emphasising emotional support alongside medical treatment. Understanding maternal perspectives enables a more nuanced and flexible implementation of FCMT that acknowledges family dynamics and the processes of early parenthood. Music therapy emerges as a space for relational learning and interaction between families and healthcare professionals, enhancing the relational and developmental effectiveness of neonatal care.

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