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A 360-degree video analysis of musical engagement in music therapy in paediatric palliative care in hospital-at-home

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Abstract

This article explores the use of 360-degree video analysis to understand how musical engagement arises and develops in music therapy. New technology presents both challenges and advantages while prompting ethical reflection. This text addresses: How can 360-degree video analysis elucidate musical engagement during hospital-at-home music therapy sessions in paediatric palliative care? The research method employed is video based, and the procedure used for the analysis is Interpretative Phenomenological Video Analysis (IPVA). A case from a music therapy session with a young girl highlights moments of musical engagement recorded with a 360-degree camera. The analysis demonstrates that the working product of such a camera, via in-depth analysis, can provide new insight into the occurrence, unfolding and development of shared musical engagement in paediatric palliative care. The patient's intentional engagement and the recognition by family members clearly enhanced her sense of autonomy during the session. The discussion addresses the use of 360-degree video analysis and the concept of shared musical engagement, which encompasses joint improvisation, emotional connection, and intentional bodily and musical interaction. The findings suggest that advanced video technology offers new possibilities for capturing nuanced therapeutic musical dynamics. The study suggests that video analysis can reveal the patient's own resources, highlighting her autonomy and capacity to engage in a musical dialogue.

Keywords

video analysis,
360-degree camera,
music therapy,
paediatric palliative care,
musical engagement

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Introduction

The application of new technology within music therapy approaches and research is expanding. Partesotti and Magee (2025) address the use of digital musical instruments, virtual reality and biofeedback systems in terms of their transformative opportunities for integration into music therapy

and rehabilitation. When carefully introduced, they argue, these digital tools do more than support traditional therapeutic practices—they redefine the ways in which music therapists connect with patients, opening doors to new forms of expression, growth and recovery. Relatedly, new approaches to the use of cutting-edge video technology in research are accompanying innovations such as the 360-degree video camera (Aguayo et al., 2017; Reyna, 2018), as we will see below.

The use of video data in qualitative research is constantly evolving (Ratcliff, 2003). Early on, technical interventions enabled detailed observations and analyses of microprocesses (Trevarthen, 1980) that provided a crucial understanding of human interactions. Many such studies continue to incorporate video as one component of their research methodology (Ekberg et al., 2020; Ekberg et al., 2019), though relatively few employ video as their primary research method. This is despite the fact that video recordings allow the researcher to watch lived experiences unfold in their real setting (Johns, 2018). Video captures of events as they happen expose certain aspects of social activities in real time (Heath et al., 2009).

While some consider video data to be a replica of the lived experience, Lomax and Casey (1998) argue that the video camera in fact distorts the phenomena being studied, and that the researcher's subjectivity influences the video material during data collection. Graham (2016) likewise insists that the video is the creation of a *representation* rather than a reproduction or copy. Therefore, a reflexive approach (Cutter-Mackenzie et al., 2015) that addresses the impact of the researchers and their cameras is critical to video-based research methodologies. It sheds light upon all aspects of what is being examined (Heath et al., 2009).

One notable study in paediatric palliative care centred upon video methods is by Ekberg et al. (2019). In this study, nine naturally-occurring paediatric palliative care consultations were video recorded. These recordings were then analysed using conversation-focused methods to better understand how family members and clinicians discuss end-of-life matters during these consultations. Similarly, another study recorded video during nine consultations within an Australian paediatric palliative care service and employed conversation analysis to identify and examine recurrent patterns of health deterioration (Ekberg et al., 2020).

However, more research is needed to fully understand the benefits and challenges of using video analysis in paediatric palliative care research (Overå, 2023). On this basis, the present article explores the novel methodology of using a 360-degree camera and asks the following question: How can 360-degree video analysis elucidate musical engagement during hospital-at-home music therapy sessions in paediatric palliative care? The following article focuses on the potential benefits of this video analysis method, while also critically addressing the methodological challenges it presents.

Video in music therapy

In general, the documentation and evaluation of music therapy have developed in tandem with technological innovations. Paul Nordoff and Clive Robbins (Nordoff et al., 2007), pioneers of music therapy, systematically used video to document their practice and enhance their understanding of how children might develop through music therapy over time. While text, audio, and video represent three respective modes of analyses typically used in music therapy research, video microanalysis is a most

comprehensive and powerful tool (Wosch & Wigram, 2007; Trondalen & Wosch, 2016) used therein. Johansson (2017) applied video micro-analysis in a research study in which the camera was strategically placed in the room to capture the patient's and music therapist's entire bodies and facial expressions. She points to the following challenges: the dynamic nature of music therapy sessions makes it hard to avoid unfavourable recording angles, and Johansson found that some of the footage was rendered unusable due to the camera setup. Nevertheless, video is able to capture complicated nonverbal and musical interactions and enables researchers to watch a particular moment or sequence repeatedly. Lee and McFerran (2015) also point out that by controlling the replay speed of the footage, researchers can observe every nuance of particular behaviours and interactions. There is no description of which type of video camera they employed, but the videotaped sessions are between a music therapist and a client who has profound intellectual and multiple disabilities. The study by Lee and McFerran (2015) is the first study that has used video data for the IPA methodology.

Music therapy's many aspects, such as client diversity, approaches and relationships to medical, social and psychological fields, require different research methods to cover the whole area (Holck et al., 2004b), like video microanalysis. One example is Oldfield's work (Holck et al., 2004b), who used video recording and developed a coding system tailored to the individual therapeutic goals of a child and parent interaction. Registering communicative behaviour in real-time observation can be challenging. Nevertheless, video offers a valuable tool for recording music therapy interplay, thus making it an object for analysis and reflection. Often it is necessary to analyse on the micro level, in order to identify who is doing what, and when (Holck et al., 2004b; Holck, 2007). According to Holck (2007), microanalysis allows the researcher to explore how meaningful interaction can be created.

The use of 360-degree cameras in this kind of qualitative research, especially in music therapy, is still in its early stages. While several studies have employed 360-degree videos in education research, their ability to capture nuanced therapeutic interactions in music therapy remains relatively untested. According to Reyna (2018), 360-degree videos provide a unique sense of presence that traditional videos cannot replicate. These cameras produce realistic images and present a cost-effective alternative to other virtual reality technologies (Aguayo et al., 2017). Lastly, a 360-degree video represents a non-invasive data collection method that facilitates more accurate observations and precise analysis (Reyna, 2018).

IPVA is already a developed method for video analysis. The novelty of the present study is the combination of using IPVA and a 360-degree video. Performing such a combination in paediatric palliative care in the patients' homes, is also new. The concrete advantages of this unique combination are the comprehensive view of the entire environment, capturing both interactions between patient, family members, the therapist and the surrounding context. This allows researchers to deepen their understanding how the home setting influences the dynamics of paediatric palliative care sessions. By combining IPVA with 360-degree video, it becomes possible to analyse interaction patterns from multiple angles simultaneously. This enables an exploration of how verbal and non-verbal cues, spatial positioning, and environmental factors contribute to meaningful communication and engagement during music therapy sessions of 360-degree video enhances reflexive practices by allowing researchers to revisit the sessions and consider their own position, choices, and potential influences during the interactions.

By combining the established IPVA method with 360-degree video technology in the context of paediatric palliative care at home, this study expands the use of video analysis and offers new insights into the dynamics of engagement in music therapy.

Moments of engagement

Music therapists regularly experience some moments as more important than others in the course of their work. These condensed experiences may or may not include verbalisation. Varying in their actual duration (Ansdell et al., 2010), they arise during musical interactions with patients and range from concrete, specific experiences during the interplay to a general sense of some significant development over time. They stem from sources including musical responses, body language, or something said. As musical dynamics of an intersubjective character (Johns, 2018), they may emerge gradually in a procedural manner or suddenly following a period of apparent chaos or lack of contact, the latter often leading to deep calm, laughter, or even silence. They can also signal a change in the direction of the therapy.

Authors have described these moments variously as 'meaningful moments' (Amir, 1992), 'meaningful events' (Johns, 1997), 'turning points' (Natterson, 1993), 'moments of meeting' (Stern, 1998), 'nodal moments' (Harrison, 1998), 'pivotal moment' (Grocke, 1999), 'good moments' (Aasgaard, 2002), 'significant moments' (Trondalen, 2004), and 'moment of interest' (Fachner et al, 2019). These terms seem to align with some feeling of being alive in the music, which might be interpreted to a kind of flow (Csikszentmihály, 1990), and potentially be similar to dynamic forms of being alive (Stern 2010). These moments emerge both in expressive and receptive music therapy. Along these lines, we therefore wondered whether a 360-degree video camera might elucidate such moments in a granular fashion to extend our knowledge of music therapy in palliative care within a home-based setting.

Capturing musical engagement through video analysis

What we aimed to capture with video and IPVA is therefore quite complex. Music has a multifaceted impact upon both the individual and the community, including both aesthetic value and ethical implications (Hesmondhalgh, 2013). Based on clinical experience from our music therapy practices, we know that patients in music therapy sessions can be very hard to reach at first, yet most will eventually make eye contact, acquire some colour in their cheeks, smile or reach for the piano keys or take their family member's or nurse's hand. In music therapy, in short, the patient and the therapist enter into an interpersonal process of meaning-making through music (Bruscia, 2000). Its moments of contact and engagement can be experienced differently depending on the general context of the music therapy session. In paediatric palliative care, for example, these moments can be rich with meaning for both the patient and the family, and that is why we sought to investigate and dwell on them.

Material and method

This article explores the use of a 360-degree camera methodology to understand how musical engagement arises and develops. Grounded in an interpretivist, qualitative research paradigm

(Wheeler, 2015), the study applies interpretative phenomenological analysis to the specific video data (Lee & McFerran, 2015). The focus is on a particular case from a music therapy session with a young girl in a hospital-at-home setting. Although the use of a single case is well-aligned with the chosen methodology, the findings from such a qualitative approach usually cannot be generalised per se (Stige et al, 2009).

Context

A seven-year-old girl with a progressive, life-shortening neuromuscular disorder lived in the countryside with her family. She loved music, especially songs by the Norwegian pop duo Marcus and Martinus, 'Blime songs'¹ and songs from kindergarten and school.

The music therapy sessions took place in the patient's family residence—that is, via hospital-at-home, which provides advanced medical interventions in the patient's own environment (Overå, 2023). The first author is both the clinical music therapist and a researcher in the present setting. A 360-degree video-camera recorded the whole session.

The procedure for the video analysis (IPVA)

In this research study, we wanted to use the recording from a 360-degree video-camera to look specifically at musical engagement using an approach inspired by Lee and McFerran's (2015) six-step video analysis procedure (IPVA). Although specific steps exist in the interpretative phenomenological analysis method (Smith et al., 2022) underpinning Lee and McFerran's approach, it is not a rigid process (Lee & McFerran, 2015), and Lee and McFerran were also inspired by the phenomenological and hermeneutic approaches of two particular music therapy research studies (Grocke, 1999; Trondalen, 2007) as well as various other hermeneutic principles and grammatical and psychological interpretations. Their iterative, cyclical procedure involved movement among six stages. As a *prelude* to stage 1, we decided to include a brief *contextual* framework to elucidate the present setting (presented above).

The different stages of IPVA (Lee & McFerran, 2015) are as follows:

- Stage 1. Understanding the moment
- Stage 2. Understanding the whole
- Stage 3. Deciding a scope of analysis
- Stage 4. Describing what and interpreting how
- Stage 5. Looking at other parts
- Stage 6. Integrating parts and whole

During the *first stage*, we developed a narrative that represented the selected moment on which we were focused. The narrative was read verbatim and reduced to its crucial elements, then summarised in a single paragraph. The *second stage* involved watching the whole session to

¹ Blime (stylisation of "bli med!", Norwegian for "join in!") is a friendship campaign hosted by the Norwegian Broadcasting Corporation. Its primary purpose is to inspire children to see each other, care for each other and include each other. The campaign consists of a song and a corresponding dance performed simultaneously by approximately 400,000 children annually (Periskop, 2020; Nordvision n.d.)

understand the context of that moment. We examined the structure and details of the interactions between the music therapist and the patient (and the other participants in the group) and wrote a general description of the session.

In the *third stage*, we examined the boundaries of one unit of the interaction process with the moment in focus. After identifying the beginning and ending of the complete moment, we produced a video segment running from right before the moment started to right after it ended. In the *fourth stage*, in turn, we generated a detailed description of the patient's bodily gestures, facial expressions and vocalisations, then utilised grammatical interpretation by indexing the session in a table. We viewed our segment repeatedly to complete the indexing and interpretation of the patient's intentions and included the implicit meanings of particular behaviours in this stage of the analysis. The *fifth stage* found us delving into how the music unfolded during the peak of the selected moment. We also looked at the song's musical structure and its influence on the music therapist's musical and communicative behaviour.

The *sixth and final stage* involves integrating parts and whole, including the elimination of repeated descriptions or overlaps in the formation of one complete description. We also shifted our focus from part to whole and looked at the various different elements that dynamically influenced the moment. As we moved through the different stages of analysis, there emerged new layers of visible and invisible, as well as explicit and implicit, elements and meanings. In this final stage, our written narratives sought to illustrate the session in order to understand the rich and profound dynamics in the description.

Ethical considerations

We obtained informed consent from all participants for this study (Dileo, 2021), which is part of a research project registered with the Regional Committees for Medical and Health Research Ethics (REK), project no. 28763. The video recordings were securely stored and only accessible to the first author (project manager). She presented the video data in a joint meeting with the second author of the article, and they analysed the data together. The project involved patients in paediatric palliative care and their families. Participants were reminded of their right to withdraw from the study at any time without consequences. Efforts were also made to meet the family's needs regarding days and times of the sessions.

In this study, the first author performed a dual role as both researcher and therapist, which introduced methodological and ethical challenges and required a high level of reflexivity (Dileo, 2021). A reflexive researcher is aware of potential influences upon their work and is able to step back and take a critical look at their particular role in the research process (Guillemin & Gillam, 2004). This dual role of a music therapist and a researcher at the same time presents certain methodological and ethical challenges and demands a careful navigation of one's biases. Participants may feel compelled to agree or to provide answers they believe to be 'correct'. Therefore, it is essential to maintain awareness of subjectivity and objectivity, both during data collection and analysis. To mitigate these challenges, the analysis was conducted collaboratively with an experienced, independent researcher with many years of clinical experience, ensuring a balanced and reflexive approach.

Transparency in ethics and reflexivity is of course vital to an interpretivist study in any case. Researchers are not separated from the field they study but are instead situated within it; they must therefore engage in self-inquiry and examine all the assumptions guiding their research process (Stige et al., 2009). (See also the discussion of the 360-degree camera later in the article.)

Results

The six stages of the IPVA procedure generated the following themes/headings in the following discussion of the study results: (1) facilitated engagement and intentional patient participation, (2) emotional connection and collaborative interaction, (3) vital music engagement observable through the 360-degree video camera, (4) intentional engagement and appreciative recognition, (5) collaborative musical engagement and joint pleasure and (6) shared vitality during improvisation.

Illustration of Key Moments in the Analysed Sequence

The analysed sequence, lasting 3 minutes and 16 seconds, is summarised in a timeline (Figure 1) to highlight the key moments of musical engagement. These moments—vocalisation, improvisation, animation, synchronisation, and celebration—illustrate how engagement emerged and developed during the session. The timeline provides a clear, step-by-step overview of how these interactions unfolded.

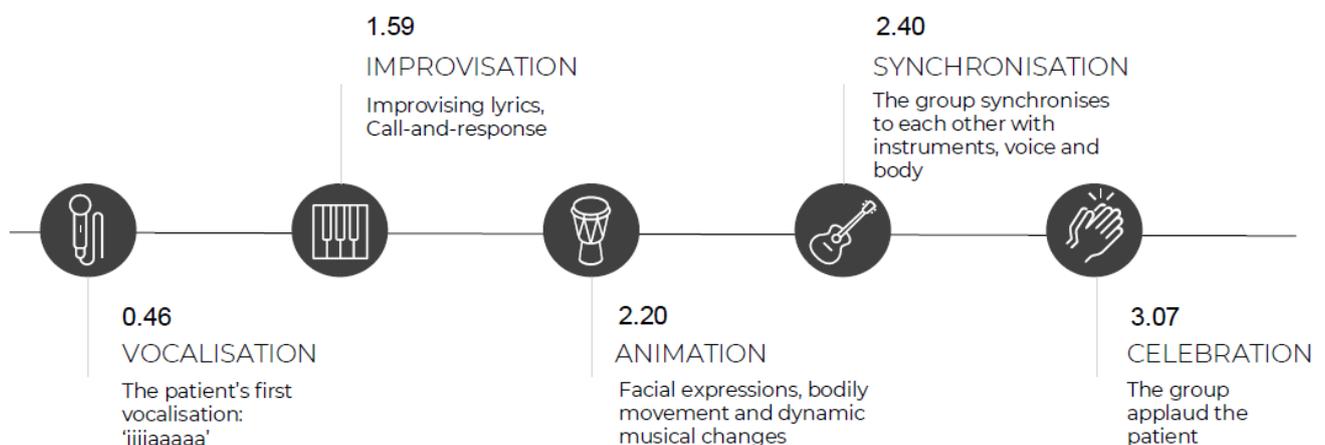


Figure 1: Timeline

Facilitated engagement and patient participation

In order to *understand the moment* (IPVA stage 1), we developed the following narrative, including crucial elements.

The significant moment began when 'Free Fallin' was played with playback and continued until the song's end. The patient pressed the piano keyboard with her left arm, lifted her legs up and down, raised her right arm and vocalised 'jjjaaaaa' in a high-pitched, trembling voice. She smiled broadly at her family, and the music therapist matched her vocally. The patient returned her focus to the piano, moving her legs and arms while playing. The music therapist turned off the playback, and the group continued the song together with the music therapist accompanying. During the verse, the therapist hummed a melody; the brothers played the drums, and the patient pressed piano keys less frequently. Right before the refrain, the music therapist announced, 'Now "Free" is coming!' and improvised lyrics in Norwegian. They engaged in a call-and-response: 'We are playing music'—'Yes!'; 'We are playing together'—'Yes!' The therapist and the patient overlapped lyrics in a dialogue, leaning their heads back and looking at each other. The therapist stopped playing the guitar, lifted her arm, pointed at the patient, and said, 'R is playing the piano', while the brothers intensified their drumming. The song ended with applause, and the patient waved her arms. The therapist approached the patient, touched her arm, and they made eye contact and smiled at each other.

We observed active engagement between the patient, the music therapist and the family, initially facilitated by the music therapist. It was evident in how the patient moved her body and used her voice intentionally.

Emotional connection and collaborative interaction

Watching the entire session to *understand the whole* (stage 2) context of the moment clarified aspects of the interactions among the various participants.

The session took place just after Christmas. The patient's grandparents had asked to participate, and her brothers joined for the first time, showing interest in music after previous sessions. The older brother played percussion in a band. Both her parents and grandparents participated in music therapy for the first time. Initially, the patient drove her wheelchair to the instrument box, selecting instruments by nodding and pointing. The music therapist presented various options, asking 'Do you want this one?' With her chosen instruments on her lap, the patient wheeled over to her family members and gave them the instruments. She seemed confident and smiled, leading the session.

After playing different songs chosen by the patient, the music therapist asked the brothers to suggest a song. The oldest brother suggested 'Free Fallin'. Initially, there was a playback, with the patient on piano, her brothers on the djembe, and the music therapist on guitar and vocals. The music therapist then stopped the playback and improvised lyrics about playing together, using the patient's name and commenting on how well she played the piano. Just before the chorus, the patient took a deep breath, smiled and vocalised 'Jaaa' [yes]. The music therapist continued singing, 'We are playing music, we are playing

together', to which the patient responded in tune with a resounding 'yeah'. The brothers started to drum on a signal from the music therapist indicating they could increase their volume. They returned to the chorus and ended the song. The music therapist expressed excitement, saying, 'Now I heard your voice so clear! You sing so beautifully!' She gently touched the patient's shoulder, smiled, and made eye contact, whereupon the patient looked at the music therapist and returned the smile. 'This was fun!', said the music therapist, making a 'you are strong' gesture towards the patient. After the final note, there was a short pause before the group applauded the patient. The patient's mother exclaimed: 'Wow! So good!'

There was a vivid emotional connection between the participants in the sequence. The collaborative dynamic interaction was visible in the observable mutual recognition and shared musical joy.

Vital music engagement observable through 360-degree video camera

Next, we *decided a scope for the analysis* (stage 3). We recognised one period within a time frame—namely, *a sequence*, not a moment per se—which turned out to be of vital importance. This sequence had its own boundaries in time and space, lasting 3 minutes 16 seconds and encompassing the musical engagement itself. We decided to explore it in depth specifically via the video recording produced by the 360-degree camera.

Intentional engagement and appreciative recognition

The researchers performed a detailed description and grammatical indexation to *describe what and interpret how* (stage 4) to derive the implicit meanings of particular behaviours, the patient's bodily expressions, her facial expressions, and her vocalisations. This work of interpretation involved observing different forms of vitality (Stern, 2010) and communicative musicality (Malloch & Trevarthen, 2009) to understand participants' potential intentions with their nonverbal behaviours. New and different levels of meaning were perceived with each viewing, so we repeated this iterative and cyclic process until certain interpretations began to recur.

The patient shows different bodily expressions, facial expressions, and vocalisations while engaging with the piano. Her neck is bowed down, and her legs and arms are almost constantly moving. She strikes the piano keyboard regularly with strong, vital hits. Before using her voice, she rolls her neck, rests her head on the supporting pillows of her chair and smiles. It appears that she is making a great effort with her whole body to hit the piano keys. Despite the extensive body movement, it does not seem like she is moving to the rhythm of the music; rather, she needs to mobilise her body to reach the keyboard. It seems challenging for her to move just one arm independently. During the refrain, where the lyrics are improvised, she holds her head up for more extended periods. Her facial expressions vary between smiling, keeping her eyes closed, and maintaining eye contact with the music therapist or looking around the room.

Some movements appear spastic and not entirely intentional. Right before the song ends, the patient looks away from the music therapist, with her face and body in a resting position, possibly indicating that she is done. Only her right hand continues to move slightly. When the song ends and everyone in the room applauds, she makes a movement, waves her arms over each other, and smiles, looking to the side with her head resting to the left.

We observed intentional body movements and vocalisations by the patient that reflected great effort on her part. Later on, the patient experienced appreciative recognition through observable applause from her participating family members.

Collaborative musical engagement and joint pleasure

While *looking at other parts* (stage 5) of this sequence, we noticed that the song's musical structure and its unfolding had an influence upon the music therapist's and other participants' musical and communicative behaviour.

The patient vocalised, 'liijaaaa', and the music therapist (MT) echoed with a matching 'Aaa' at the same pitch. The MT began singing, 'We are playing together.' The patient responded with 'Jaaaa,' and after a moment, the MT echoed, 'Jaaa.' The MT then continued, 'We are playing mu—' The patient sang, 'ja,' as the therapist finished the phrase with, 'Jaaaa.' The patient's 'ja' was not entirely tonal but rather a vocal expression in movement. The MT sang, 'We are playing together', while the brothers on the drums provided a clear, distinct backdrop. The MT extended her arm in an inviting gesture, symbolically offering the patient the stage. The patient responded by playing the piano and singing a brief 'Yes'. The MT praised, 'Aa, you play so beautifully.' The patient replied, 'Ja'. The MT continued, 'Ja, jajaja,' before adding, 'And we have drums.' The eldest brother introduced a louder, more driving rhythm. The MT sang, 'They also play very nicely.' This was followed by, 'And I'm free, free fallin''. The patient kept playing the piano, creating a sense of unity and enjoyment in the room. The patient and the music therapist took turns through singing and playing. The patient's brothers joined in, fostering a sense of shared pleasure.

Shared vitality during improvised 'Free Fallin''

During stage 6, *integrating parts and whole*, new layers of visible and invisible, as well as explicit and implicit, elements and meanings merged into a coherent synthesis.

A sequence highlighting vitality arose when the patient and other participants initiated the song 'Free Fallin''. Vitality was particularly evident during the part of the sequence when the lyrics were being improvised. The family, patient, and music therapist all appeared to share a common focus, suggesting a single initiative led by the therapist. This was conveyed through the therapist's inviting arm gesture, the personalised lyrics featuring the patient's name, and a brief

pause. The oldest brother picked up this musical and bodily invitation and then played the drums collaboratively, building up the musical dynamic. Together, the participants were engaging and creating a safe space for the patient to sing and be at the centre of the whole family.

A sequence of shared vitality emerged during the improvised lyrics of 'Free Fallin'. Although the improvisation was facilitated by the music therapist, it was further orchestrated by the patient and engaged the entire family.

Discussion

So, how can 360-degree video analysis elucidate musical engagement during hospital-at-home music therapy sessions in paediatric palliative care? The results of our IPVA analysis indicate that this advanced video content reveals great depth and detail concerning the shared sequences in a given therapy session in which musical engagement arises and develops.

Sequences of shared musical engagement

The analysis shows that music therapy enabled active musical engagement among the patient, the music therapist and the family. The music therapist initially facilitated this musical engagement with the help of several key elements, including the use of familiar music that aligns with the participants' musical preferences. The 360-degree video was quite clear about what happened next: the engagement picked up in momentum as the participants played and sang independently and contributed their own improvised music. In the recording, the music therapist matched the patient's pitch and prepared the participants for upcoming sections with cues like 'Now "Free" is coming!'² These cues prepared the patient in advance and built up both the excitement and the musical dynamics, as was evident in how the patient moved her body and used her voice with intention. Music therapy techniques derived from clinical improvisation (Bruscia, 1987; Wigram, 2004), such as mirroring and synchronising, also appeared during the session and promoted musical engagement by drawing everyone's attention to their shared experience. The therapist therefore engaged with the patient through gestures, using the patient's name, acknowledging her singing and playing, and incorporating it all into improvised lyrics.

The music therapist's sensitivity in giving and receiving musical and bodily invitations created a dynamic musical environment while establishing a safe space for the patient to sing and be at the centre of the family's attention. According to the American philosopher Martha Nussbaum, music supplies an intuitive connection to our emotional lives (2003) through the collective sense of fellowship and solidarity that arises when we perform or listen to it (Trondalen, 2023). A shared focus among participants can likewise facilitate more profound sequences of musical engagement—when several individuals are contributing to the same moment of engagement, it becomes more intense. This collaborative, dynamic interaction manifests itself in the observable mutual acknowledgment and musical joy.

² A cue for the refrain in the song 'Free Fallin' by Tom Petty.

The music therapist must strike a delicate balance between being present in the here and now and preparing for what comes next. Pauses are therefore also prominent in the recording of the session. They allow time to process what has happened and space for joy or excitement, a shift in the music being performed, or a development or natural ending to the session itself. Sometimes, pauses even create tension that a well-timed chord can resolve (Sørby, 2012). When they are employed with deliberate timing and careful attunement to the music (Trondalen & Skårderud, 2007), they can become an essential aspect of musical engagement. The music therapy session itself is a pause, of course—a break from day-to-day worry or routine to be filled with a different kind of meaning.

The influence of the 360-degree camera on the present case

In this study, a 360-degree camera captured what turned out to be a meaningful specific sequence of shared musical engagement within a music therapy session. This new technology created new opportunities, offering the opportunity for comprehensive and detailed observation as well as in-depth analysis of a therapeutic process and interaction. The camera made it easier to identify vital moments and sequences during the session, including data on the patient even when she was moving around in her wheelchair. Of course, challenges did arise with using the camera in a room that was not prepared properly for filming. For instance, natural daylight from the window sometimes obscured details in the recording. The placement of the camera is a critical means of guaranteeing a useful recording of what needs to be seen (Jokela et al., 2019). Also, while the 360-degree camera captures rich recordings of session interactions, it can also produce data overload for the researcher (Behr et al., 2005).

Using video as a research method with patients in paediatric palliative care presents further challenges due to the varying ages, capabilities and level of functioning of the patients. Some patients may need to remain seated for part of the session, while moving around at other times. Some may require breathing masks or other medical interventions. Johansson (2017) emphasises that valuable data can be lost if only one or two cameras are expected to capture a single angle. The sound quality of these cameras also varies, making it essential to use an audio recorder as well to ensure that the sounds being spoken, played or sung are accurately captured.

Watching a 360-degree video, one feels present in the room but with the ability to pause the events and explore them from various angles. The researcher can move the lens around the room to observe and listen to the instruments and voices being performed. In some cases, however, a 360-degree camera can capture so much that the recording lacks either focus or a subject as such. Jokela et al. (2019) provocatively describe the 360-degree videos as recordings of everything and nothing at the same time.

Every sequence of musical engagement matters

By employing the six stages of IPVA outlined by Lee and McFerran (2015), we gained a deeper understanding of what was facilitating sequences of shared musical engagement in our recording. Yet, it is a labour-intensive and time-consuming process. Our 360-degree camera helped us study how these sequences occurred, developed, and unfolded, as well as what was intentional and what was

not. It takes time to get to know the signals of a patient who lacks verbal language and the full capacity to move, but it is the best way to put together the care that such an individual needs. In short, 360-degree video analysis enables a more extensive understanding of the patient, allowing us to zoom in on facial expressions or see exactly how the brother across the room responded when the patient started to sing.

For patients in paediatric palliative care and their families, it is essential to share experiences beyond the illness, its limitations, and what can no longer be done about it. Music therapy also allows individuals to experience their autonomy, which emerges and is expressed through musical interactions with others. Video allows the music therapy researcher to capture moments when the patients are at their most vital and present, suggesting ways to contain patients so they can best connect with others.

During this case session, the patient exercised her autonomy through several choices. She decided which instruments she wanted to play, picked them out of the instrument box and shared them with her family members. In this way, she not only felt acknowledged but also asserted her presence in the world. Hodkinson (2014) emphasises the importance of providing children in paediatric palliative care with the repeated opportunity to make choices, as this may provide a sense of control to mitigate the lack of control they might otherwise feel in relation to their illness and treatment.

Music therapy sessions become part of the patient's own narrative about their abilities, their identity, and sound. Hesmondhalgh (2013) writes:

Music, then, represents a remarkable meeting point of intimate and social realms. It provides a basis of self-identity (this is who I am, this is who I'm not) and collective identity (this is who we are, this is who we're not), often in the same moment (Hesmondhalgh, 2013, p. 2).

For patients in paediatric palliative care, the opportunities for self-expression vary, so situations like music therapy where they can experience who they are and play out various ways of being in the world are hugely important. Nussbaum (2003) adds, '[music is] especially well-suited to express parts of the personality that lie beneath its conscious self-understanding' (Nussbaum, 2003, p. 269).

The shared focus in music therapy forms the foundation for an intersubjective connection that might reduce feelings of existential isolation as music makes its way through waves of tension and release (Meyer, 1956) 'not unlike life itself' (Trondalen, 2023, p. 31). To facilitate a good flow in musical play, it is essential to be present in what unfolds in the moment while making room for all participants. Regardless of the length or nature of our lives, meetings in music make us feel present and connected—that is, alive.

Ethical reflections on using video recordings in research

Emerging VR technology presents new ethical challenges that have yet to be addressed in existing guidelines for music therapy. For one thing, information about the technology used in a given study must be included in its consent form and clearly communicated to the participants (Trondalen, 2023).

When the researcher is conducting research in an individual's home, as in this study, they are accessing private space and must remain mindful of that fact when capturing data or images there. Using video in research raises other important questions about analytical methods and the ways in which recordings can be subject to detailed and systematic inspection (Heath et al., 2009).

Video recording could be framed as an *aesthetic practice* in music therapy (Graham, 2016), given that it tends to 'reproduce some values and repress others' (Stige, 1998, p. 130). Aigen (2008) and Stige (1998, 2008) agree that aesthetic practices and experiences in music therapy are meant to serve clinical goals, but it remains the case that no aesthetic is neutral, however noble its goals.

Lastly, children and adolescents in palliative care are a diverse group, and the implications of being recorded on video are fraught. The necessity of recording a video must be evaluated on a case-by-case basis. For children under the age of 18, the parents must give their informed consent; additionally, children should be informed about the recording, both verbally and in writing. Furthermore, it is important to consider how the researcher's presence may impact the participant's behaviour in these sensitive cases.

Limitations

A video recording is neither a direct nor an objective representation of reality, and it can even obscure reality in certain ways. The depth and complexity of the video material, for example, can lead to interpretations that give a disproportionate amount of attention to the details at the expense of the whole (Stensæth, 2008, p. 64). Video recording technology constitutes a medium through which clinicians frame sessions, attribute value, and ultimately shape the process and product of music therapy (Graham, 2016). A challenge unique to music therapy is that when a music therapist works with the patient, meaning is manifested in the music they make and might only makes sense there. When we try to translate that meaning into the alternative medium of language, confusion can result (Bruscia, 2000). This holds true of the meaning gleaned from video analysis of music therapy as well.

In addition, juggling multiple roles in a research project presents several challenges. When using technical aids such as a camera and preparing a room for a music therapy session, the music therapist (also the researcher in the present study) can find themselves short on time and their attention drawn in different directions. One way to solve this is to assign someone to manage the technical aspects of the study, but this means yet another person in the home with the patient and family in question. Lastly, researchers analysing VR data can experience motion sickness and information overload, as highlighted by Behr et al. (2005).

Suggestions for future research

Future research along the lines of this study should include physiological measurements alongside the qualitative data gathered from video observations. It should also incorporate family members' perspectives, reflections and experiences alongside those of the patient.

For example, the researcher could show video sequences to the family members and invite them to share their observations and insights (Heath et al., 2009) to enrich the understanding of what happened in the session when musical engagement arose. Variations upon the Stimulated Recall

Method (Lyle, 2003) or Member Checking (Holck, 2004a) could accommodate this effort. Prompting via video sequences can be done with the virtual reality (VR) technology currently being explored in music therapy, as demonstrated by Brungardt et al. (2024) and Perez et al. (2022). These studies use VR glasses as a part of the music therapy approach rather than as a research methodology component. Future studies could use 360-degree cameras to fully explore the potential of VR and its immersive and comprehensive perspective.

Conclusion

This study demonstrated how a 360-degree video camera recording can enhance the analysis of the musical engagement in a paediatric music therapy session. The flexibility and innovative potential of these cameras became apparent, as did their convenience—in a home setting, using a single camera to capture the entire room and all the participants is much more straightforward than setting up multiple cameras. Thanks to our detailed video evidence, we learned more about how sequences of shared musical engagement both arise and sustain themselves.

The study also offered new insight into the benefits and challenges of using video analysis in music therapy in paediatric palliative care. The combination of 360-degree video and Interpretative Phenomenological Video Analysis (IPVA) highlighted the patient's resources in particular; her autonomy, opinions, personality, humour and capacity to engage in musical dialogue with the therapist and her family all came vividly forward. Our recording allowed us to examine how the patient expressed herself in rich detail despite her limited verbal language abilities as part of this technology's clear contribution to methodological innovation.

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Author contributions

Monika Overå led the conception and design of the study, conducted all data collection, carried out the primary analysis, and led the interpretation of the findings. She drafted the manuscript and oversaw all revisions. Gro Trondalen contributed to the methodological and conceptual development of the study, supported the analytical process, provided academic supervision, and offered critical input to the theoretical framework, interpretation, and manuscript revisions.

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Artificial Intelligence (AI) usage

In this article, AI was used for language translation and grammatical correction, specifically through Grammarly and SIKT-AI.

Conflict of interest

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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Data availability statement

The data are not available due to the nature of the study and its research ethics approval.

References

- Aasgaard, T. (2002). *Song creations by children with cancer: Process and meaning* [Doctoral dissertation, Aalborg University]. Aalborg University. https://vbn.aau.dk/ws/portalfiles/portal/317450226/trygve_aasgaard_thesis_150909.pdf
- Aguayo, C., Cochrane, T., & Narayan, V. (2017). Key themes in mobile learning: Prospects for learner-generated learning through AR and VR. *Australasian Journal of Educational Technology*, 33(6), 27–40. <https://doi.org/10.14742/ajet.3671>
- Aigen, K. (2008). In defense of beauty: A role for the aesthetic in music therapy theory: Part II: Challenges to aesthetic theory in music therapy: Summary and response. *Nordic Journal of Music Therapy*, 17(1), 3–18. <https://doi.org/10.1080/08098130809478191>
- Amir, D. (1992). *Awakening and expanding the self: Meaningful moments in the music therapy process as experienced and described by music therapists and music therapy clients* [Unpublished doctoral dissertation]. New York University.
- Ansdell, G., Davidson, J., Magee, W., Meehan, J., & Procter, S. (2010). From 'this ****ing life' to 'that's better' . . . in four minutes: An interdisciplinary study of music therapy's 'present moments' and their potential for affect modulation. *Nordic Journal of Music Therapy*, 19(1), 3–28. <https://doi.org/10.1080/08098130903407774>
- Behr, K.-M., Nosper, A., Klimmt, C., & Hartmann, T. (2005). Some practical considerations of ethical issues in VR research. *Presence*, 14(6), 668–676. <https://doi.org/10.1162/105474605775196535>
- Brungardt, A., Wibben, A., Shanbhag, P., Boeldt, D., Youngwerth, J., Tompkins, A., Rolbiecki, A. J., Coats, H., LaGasse, A. B., & Kutner, J. S. (2024). Patient outcomes of a virtual reality–based music therapy pilot in palliative care. *Palliative Medicine Reports*, 5(1), 278–285. <https://doi.org/10.1089/pmr.2024.0022>
- Bruscia, K. (2000). The nature of meaning in music therapy. *Nordisk Tidsskrift for Musikterapi*, 9(2), 84–96. <https://doi.org/10.1080/08098130009478005>
- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Charles C. Thomas, Publisher.
- Csikszentmihály, M. (1990). *Flow: The psychology of optimal experience*. HarperCollins Publishers.
- Cutter-Mackenzie, A., Edwards, S., & Quinton, H. W. (2015). Child-framed video research methodologies: Issues, possibilities and challenges for researching with children. *Children's Geographies*, 13(3), 343–356. <https://doi.org/10.1080/14733285.2013.848598>
- Dileo, C. (2021). *Ethical thinking in music therapy* (2nd ed.). Jeffrey Books.
- Ekberg, S., Danby, S., Herbert, A., Bradford, N. K., & Yates, P. (2020). Affording opportunities to discuss deterioration in paediatric palliative care consultations: A conversation analytic study. *BMJ Supportive & Palliative Care*, 10(2), e13–e13. <https://doi.org/10.1136/bmjspcare-2016-001130>
- Ekberg, S., Danby, S., Rendle-Short, J., Herbert, A., Bradford, N. K., & Yates, P. (2019). Discussing death: Making end of life implicit or explicit in paediatric palliative care consultations. *Patient Education and Counseling*, 102(2), 198–206. <https://doi.org/https://doi.org/10.1016/j.pec.2018.08.014>
- Fachner, J. C., Maidhof, C., Grocke, D., Pedersen, I. N., Trondalen, G., Tucek, G., & Bonde, L. O. (2019). "Telling me not to worry..." Hyperscanning and neural dynamics of emotion processing during Guided Imagery and Music. *Frontiers in Psychology*. <https://doi.org/10.3389/fpsyg.2019.01561>
- Graham, M. E. (2016). Toward a practice of engaged filming in Nordoff-Robbins music therapy. *Music Therapy Perspectives*, 34(1), 64–70.
- Grocke, D. E. (1999). A phenomenological study of pivotal moments in Guided Imagery and Music (GIM) Therapy. [Doctoral Thesis, University of Melbourne, Victoria, Australia]. CD-ROM. Aldridge, D. (Ed.), Universität Witten/Herdecke.
- Guillemin, M., & Gillam, L. (2004). Ethics, reflexivity, and 'ethically important moments' in research. *Qualitative Inquiry*, 10(2), 261–280. <https://doi.org/10.1177/1077800403262360>
- Harrison, A. M. (1998). The case of Sofie. *Infant Mental Health Journal*, 19(3), 309–314. [https://doi.org/10.1002/\(SICI\)1097-0355\(199823\)19:3<309::AID-IMHJ6>3.0.CO;2-G](https://doi.org/10.1002/(SICI)1097-0355(199823)19:3<309::AID-IMHJ6>3.0.CO;2-G)
- Heath, C., Luff, P., & Hindmarsh, J. (2009). *Video in qualitative research*. Sage publications.
- Hesmondhalgh, D. (2013). *Why music matters*. John Wiley & Sons.
- Hodkinson, S., Bunt, L., & Daykin, N. (2014). Music therapy in children's hospices: An evaluative survey of provision. *The Arts in Psychotherapy*, 41(5), 570–576. <https://doi.org/10.1016/j.aip.2014.10.006>
- Holck, U. (2004a). Interaction themes in music therapy: Definition and delimitation. *Nordic Journal of Music Therapy*, 13(1), 3–19. <https://doi.org/10.1080/08098130409478094>

- Holck, U., Oldfield, A., & Plahl, C. (2004). Video micro analysis in music therapy research: A research workshop. In *Proceedings of the 6th European Congress of Music Therapy*. Institute for Music Therapy, Universität Witten.
- Holck, U. (2007). An ethnographic descriptive approach to video microanalysis. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy: Methods, techniques and applications for clinicians, researchers, educators and students* (pp. 29–40). Jessica Kingsley Publishers.
- Johansson, K. (2017). *Gjentakelse i musikkterapi. En kvalitativ instrumentell multipel casestudie*. [Doctoral dissertation, Norges musikkhøgskole]. Norges musikkhøgskole.
- Johns, U. (1997, 24–26 October). Betydningsfulle hendelser i den terapeutiske relasjonen - bidrag fra nyere utviklingspsykologi [Meaningful events in the therapeutic relationship: Contribution from new developmentally informed theory]. *Musikk-helse-utvikling. Den Første Norske Musikkterapikonferanse*, Olavsgaard.
- Johns, U. T. (2018). Exploring musical dynamics in therapeutic interplay with children: A multilayered method of microanalysis. *Nordic Journal of Music Therapy*, 27(3), 197–217. <https://doi.org/10.1080/08098131.2017.1421685>
- Jokela, T., Ojala, J., & Väänänen, K. (2019). How people use 360-degree cameras. In *Proceedings of the 18th International Conference on Mobile and Ubiquitous Multimedia* (pp. 1–10). Association for Computing Machinery. <https://doi.org/10.1145/3365610.3365645>
- Lee, J., & McFerran, K. S. (2015). Applying interpretative phenomenological analysis to video data in music therapy. *Qualitative Research in Psychology*, 12(4), 367–381. <https://doi.org/10.1080/14780887.2014.960985>
- Lomax, H., & Casey, N. (1998). Recording social life: Reflexivity and video methodology. *Sociological Research Online*, 3(2), 121–146. <https://doi.org/10.5153/sro.1372>
- Lyle, J. (2003). Stimulated recall: A report on its use in naturalistic research. *British Educational Research Journal*, 29(6), 861–878. <https://doi.org/10.1080/0141192032000137349>
- Malloch, S., & Trevarthen, C. (Eds.). (2009). *Communicative musicality*. Oxford University Press.
- Meyer, L. B. (1956). *Emotion and meaning in music*. University of Chicago Press.
- Natterson, I. (1993). Turning points and intersubjectivity. *Clinical Social Work Journal*, 21(1), 45–56. <https://doi.org/10.1007/BF00754911>
- Nordoff, P., & Robbins, C. (2007). *Creative music therapy: A guide to fostering clinical musicianship* (2nd ed., revised and expanded by C. Robbins). Barcelona Publishers.
- Nordvision. (n.d.). Si hei, vær en venn. Blime! Nordvision - Det nordiska public service-samarbetet. <https://www.nordvision.org>
- Nussbaum, M. C. (2003). *Upheavals of thought: The intelligence of emotions*. Cambridge University Press.
- Overå, M. (2023). Music therapy in paediatric palliative care: A scoping review. *British Journal of Music Therapy*, 37(2), 58–70. <https://doi.org/10.1177/13594575231196406>
- Partesotti, E., & Magee, W. L. (2025). Integrating innovation: Arts technologies for aiding recovery in rehabilitation. In *Nordic Journal of Music Therapy*, 34(1), 1–3. <https://doi.org/10.1080/08098131.2024.2432765>
- Perez, P., Vallejo, E., Revuelta, M., Redondo Vega, M. V., Guervós Sánchez, E., & Ruiz, J. (2022, June). Immersive music therapy for elderly patients. In *Proceedings of the 2022 ACM International Conference on Interactive Media Experiences* (pp. 47–52).
- Periskop. (2020, November 5). Blime 10 år: Fra snill barneboogie til omfavne av den kommersielle popkulturen. *Periskop*. <https://www.periskop.no>
- Ratcliff, D. (2003). Video methods in qualitative research. In P. M. Camic, J. E. Rhodes & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 113–131). American Psychological Association.
- Reyna, J. (2018, March). The potential of 360-degree videos for teaching, learning and research. In *INTED2018 Proceedings* (pp.1448–1454). <https://doi.org/10.21125/inted.2018.0247>
- Smith, J., Flowers, P., & Larkin, M. (2022). *Interpretative phenomenological analysis: Theory, method and research* (2nd ed.). Sage.
- Stensæth, K. (2008). Musikkterapi som kjær-leik: Eit karnevalsk skråblikk på forholdet mellom fenomen som leik og musikkterapeutisk improvisasjon [Music therapy as play: A carnevalesque perspective on the relationship between phenomena such as play and music therapy improvisation]. *Perspektiver på musikk og helse: 30 år med norsk musikkterapi*, NMH-publikasjoner.
- Stern, D. N. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant Mental Health Journal*, 19(3), 300–308.
- Stern, D. N. (2010). *Forms of vitality: Exploring dynamic experience in psychology, the arts, psychotherapy, and development*. Oxford University Press.
- Stige, B. (1998). Aesthetic practices in music therapy. *Nordic Journal of Music Therapy*, 7(2), 121–134. <https://doi.org/10.1080/08098139809477932>
- Stige, B. (2008). The aesthetic or multiple aesthetics? A response to Kenneth Aigen. *Nordic Journal of Music Therapy*, 17(1), 25–29. <https://doi.org/10.1080/08098130809478193>
- Stige, B., Malterud, K., & Midtgarden, T. (2009). Toward an agenda for evaluation of qualitative research. *Qualitative Health Research*, 19(10), 1504–1516. <https://doi.org/10.1177/1049732309348501>
- Sørby, M. (2012). Den levende pausen [The living pause]. *Musikkterapi*, 35(3), 6–13.
- Trondalen, G. (2004). *Klingende relasjoner: En musikkterapistudie av "signifikante øyeblikk" i musikalsk samspill med unge mennesker med anoreksi*. [Doctoral dissertation, Norges musikkhøgskole]. Norges musikkhøgskole.

- Trondalen, G. (2007). A phenomenologically oriented approach to microanalyses in music therapy. In T. Wosch & T. Wigram (Eds.), *Microanalysis in music therapy: Methods, techniques and applications for clinicians, researchers, educators and students* (pp. 198–210). Jessica Kingsley Publishers.
- Trondalen, G. (2023). *Ethical musicality*. Taylor & Francis.
- Trondalen, G., & Skårderud, F. (2007). Playing with affects: And the importance of 'affect attunement'. *Nordic Journal of Music Therapy*, 16(2), 100–111. <https://doi.org/10.1080/08098130709478180>
- Trondalen, G., & Wosch, T. (2016). Microanalysis in interpretivist research. In B. L. Wheeler & K. Murphy (Eds.), *Music therapy research* (3rd ed., pp. 589–598). Barcelona Publishers.
- Wheeler, B. L. (2016). Principles of interpretivist research. In B. L. Wheeler & K. Murphy (Eds.), *An introduction to music therapy research* (3rd ed., pp. 145–159). Barcelona Publishers.
- Wigram, T. (2004). *Improvisation: Methods and techniques for music therapy clinicians, educators, and students*. Jessica Kingsley Publishers.
- Wosch, T., & Wigram, T. (Eds.). (2007). *Microanalysis in music therapy: Methods, techniques and applications for clinicians, researchers, educators and students*. Jessica Kingsley Publishers.

Ελληνική περίληψη | Greek abstract

Μια ανάλυση βίντεο 360 μοιρών της μουσικής εμπλοκής στη μουσικοθεραπεία στο πλαίσιο παιδιατρικής παρηγορητικής φροντίδας τύπου νοσοκομείο-στο-σπίτι

Monika Overå, Gro Trondalen

Μετάφραση: Ευφροσύνη Ευθυμίου

Περίληψη

Το άρθρο αυτό διερευνά τη χρήση της ανάλυσης βίντεο 360 μοιρών για την κατανόηση του τρόπου με τον οποίο η μουσική εμπλοκή αναδύεται και εξελίσσεται στη μουσικοθεραπεία. Οι νέες τεχνολογίες παρουσιάζουν τόσο προκλήσεις όσο και πλεονεκτήματα, ενώ παράλληλα εγείρουν ζητήματα ηθικού προβληματισμού. Το παρόν κείμενο πραγματεύεται το εξής ερώτημα: Πώς μπορεί η ανάλυση βίντεο 360 μοιρών να φωτίσει τη μουσική εμπλοκή κατά τη διάρκεια συνεδριών μουσικοθεραπείας στο πλαίσιο νοσοκομείο-στο-σπίτι στην παιδιατρική παρηγορητική φροντίδα; Η ερευνητική μέθοδος που χρησιμοποιείται είναι βασισμένη στο βίντεο και η διαδικασία που εφαρμόζεται για την ανάλυση είναι η Ερμηνευτική Φαινομενολογική Βίντεο Ανάλυση (Interpretative Phenomenological Video Analysis – IPVA). Ένα περιστατικό από συνεδρία μουσικοθεραπείας με ένα νεαρό κορίτσι αναδεικνύει στιγμές μουσικής εμπλοκής που καταγράφηκαν με κάμερα 360 μοιρών. Η ανάλυση καταδεικνύει ότι το παραγόμενο υλικό μιας τέτοιας κάμερας, μέσω εις βάθος ανάλυσης, μπορεί να προσφέρει νέα γνώση σχετικά με την εμφάνιση, την αναδίπλωση και την ανάπτυξη της κοινής μουσικής εμπλοκής στην παιδιατρική παρηγορητική φροντίδα. Η σκόπιμη μουσική εμπλοκή της ασθενούς και η αναγνώρισή της από τα μέλη της οικογένειας ενίσχυσαν σαφώς το αίσθημα αυτονομίας της κατά τη διάρκεια της συνεδρίας. Η συζήτηση επικεντρώνεται στη χρήση της ανάλυσης βίντεο 360 μοιρών και στην έννοια της κοινής μουσικής εμπλοκής, η οποία περιλαμβάνει συλλογικό αυτοσχεδιασμό, συναισθηματική σύνδεση και σκόπιμη σωματική και μουσική αλληλεπίδραση. Τα ευρήματα υποδεικνύουν ότι η προηγμένη τεχνολογία βίντεο προσφέρει νέες δυνατότητες για την αποτύπωση λεπτεπίλεπτων θεραπευτικών μουσικών δυναμικών. Η μελέτη καταδεικνύει ότι η βίντεο-ανάλυση μπορεί να αναδείξει τους πόρους της ίδιας της ασθενούς, προβάλλοντας την αυτονομία της και την ικανότητά της να συμμετέχει σε έναν μουσικό διάλογο.

Λέξεις κλειδιά

βίντεο-ανάλυση, κάμερα 360 μοιρών, μουσικοθεραπεία, παιδιατρική παρηγορητική φροντίδα, μουσική εμπλοκή