

## **The use of music in Mutual Recovery: A qualitative pilot study**

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### **Abstract**

Mutual Recovery involves caregivers and their clients *mutually* participating in artistic endeavours to foster resilience in both parties. A qualitative enquiry into the use of group music making (referred to as a 'Music Jam') between both the caregivers and clients at a residential treatment facility for adults with developmental disabilities and Schizophrenia was conducted. The purpose of this study was to examine whether shared musical endeavours enjoyed therapeutic and resilience building utility for both the caregivers and clients. A focus group was conducted in which comments were collected and transcribed for qualitative analysis. Themes of enhanced respect and equality among clients for the caregivers, and intrapersonal connectedness and enhanced feelings of community emerged during analysis. Both parties expressed recurrent themes of humility, mutual respect and overall enjoyment. Mutual Recovery practices where caregivers and their clients play music outside of therapeutic settings are an effective means by which resiliency and connectedness can be enhanced in all participants. To this end, other forms of Mutual Recovery deserve greater investigation in order to better examine whether these practices are worth implementing in larger and more varied formats.

### **Keywords**

mental health

community mental health

healthcare caregiver

creative arts therapy

music therapy

mutual recovery

## **Introduction**

The use of creative arts in mental health treatment is well researched and has demonstrated significantly positive clinical outcomes (Dolling and Day 2013). Creative arts such as music, dance, poetry, narrative and cinema, have been studied regarding their effects on clients and community organizations and show improvement in coping skills, group bonding and increased self-esteem. Additionally, these interventions appear to alleviate symptoms of depression and anxiety (Ritter and Low 1996). The use of creative arts has also been effective in improving the mental health and well-being of physicians, clinicians and mental health workers by reducing professional burn out and improving their skills and rapport with patients (Brooks et al. 2010). These findings, however, are independent of each other. In other words, research in the United States has been exclusively unilateral.

While studies have shown efficacy for artistic and humanities-based programmes for clients and clinicians separately, there is almost no literature addressing the mutual benefits when clients and clinicians are co-participants. This process, known as Mutual Recovery, looks beyond the standard direction of ‘clinician treating patient’, and encompasses the well-being of all parties present and participating in the recovery experience. Recovery can be defined as ‘the possibility of achieving a meaningful and more resilient life irrespective of mental health

“symptoms” or disabilities’ (Crawford et al. 2013: 55). *Mutual Recovery* is a formal term that describes the potential for creative art therapies to positively contribute to the well-being of not only the client, but also the mental health caregiver.

Although there exists a breadth of research on *mutual-help* groups for mental illness and substance use disorders in the United States (Corrigan and Sokol 2013; Finn et al. 2009; Pistrang et al. 2008; Timko et al. 2013), the notion of Mutual Recovery in this pilot differs. Mutual-help groups are comprised of several participants with a common issue or diagnoses, most often run by a peer or group member who has also experienced the same issue or issues (Pistrang et al. 2008). A notable difference exists between a mutual help group and treatment involving Mutual Recovery. Mutual Recovery, by definition, involves a caregiver who may not have experienced the same mental illness or diagnoses as the client. For the sake of clarity and consistency in this manuscript we shall use the terms ‘mental health caregiver’ to account for all those involved with caretaking and ‘clients’ as opposed to ‘patients’. This will allow our discussion to use language consistent with other investigations into the process of Mutual Recovery.

The investigators conducted this pilot study to better understand the ways in which a group ‘Music Jam’ might promote Mutual Recovery between the mental health caregiver and the client in a creative arts experience that is provided by a large human service organization. This pilot specifically investigates the use of creative arts therapy – in this case, music – as a medium for Mutual Recovery. Furthermore, this study is the first that we know of that seeks to study the principles of Mutual Recovery in the United States. Significant cultural differences in the practice of medicine in the United States when compared to the United Kingdom have made Mutual Recovery virtually unknown in US health care settings. These differences include a general prohibition against spending time outside of clinic with clients, as well as medical and

allied professional school curricula that teach that benefitting from patient contact through any means other than formally provided professional care is improper. As such, it is hoped by the British and American authors of this investigation that this study will make Mutual Recovery more known and accepted in the United States.

## **Aims**

The first aim of this study was to identify the most prominent themes and experiences demonstrated by clients and caregivers participating in the Music Jam, based on their verbal and non-verbal expressions.

The second aim of this study was to identify which of these themes and experiences represent Mutual Recovery between client and caregiver, as defined by enhanced well-being, meaningfulness or resilience.

## **Methods**

### ***Participants***

Sixteen participants ( $n=12$  males,  $n=4$  females) at the Advocates, Inc. Music Jam were recruited to participate in an open-ended focus group. Participants included both clients ( $n=13$ ) and caregivers ( $n=3$ ). Advocates is a human service organization in the United States that cares for adults with a wide range of challenges including both psychiatric and developmental disabilities. The clients recruited for this study consisted of individuals with chronic psychiatric, cognitive or developmental disabilities all of whom lived in the residential facility. These clients participated in conjunction with the psychiatrist and Medical Director of Advocates, as well as two mental health workers. The average number of years the participants had been attending the

Music Jam was five years, with only one member who had been attending for less than two years. The average age of the group is unknown, yet all participants were over the age of 18. A rough estimate of the age range within the group spans young adults through clients in their 60's. We did not collect more detailed data but will do so in future investigations.

As inclusiveness is important to the therapeutic nature of the Music Jam and represents the cornerstone of the Advocates philosophy, any individual in the residential facility who consented to participate (both clients and caregivers) were included in the study. The participants were informed that the focus group would remain confidential and that the study received Institutional Review Board (IRB) approval that it met the requirements for ethical research. Refreshments and a \$5 gift card, a standard form of reimbursement used by the researchers' institution meant to convey gratitude for time spent while not being so large as to create coercive or induced participation, were provided upon completion of their activity. Participants were told that participation in the Music Jams were not compulsory, and each participant was asked to state his or her understanding of these terms to ensure adequate understanding.

### ***Procedure***

The Music Jam is a collaborative experience in which both clients and caregivers are given the opportunity to participate as a group in music-making. There is no specific leader or facilitator. The group welcomes improvisation and suggestions from all participants. The Music Jam has been in operation for nine years and meets approximately monthly. The participants might vary from one session to the next. For the purposes of this study, an open-ended focus group was conducted during the Music Jam which lasted for a total of two hours and was recorded. The Medical Director invited anyone who wished to speak about their personal

experience as a participant in the Music Jam to do so spontaneously using a shared microphone. Participants voluntarily shared their thoughts and experiences with the whole group in between songs. Probing was used as a means for participants to further clarify the meaning and outcome of the jam in their lives. The director led with: ‘say something about coming to the Music Jam’ and would then follow up with an open-ended question probing for additional information.

### *Data analysis*

The focus group was digitally recorded and transcribed verbatim. The transcription was anonymous, coded with only a number for each focus group speaker. The focus group transcript was reviewed line by line and coded for categories, comparing emerging categories to determine their nature and significance (Glaser and Strauss 1967; Strauss and Corbin 1990). Initially, the three investigators developed the study codebook through independent open coding. The investigators met to discuss and agree upon this initial draft of the codebook. The text of the focus group was recoded to reflect the agreed upon codebook. Two additional coding sessions were conducted where the investigators met to discuss notes and negotiate the inconsistencies in the coding, until the group established a consensus on a definition for each code. Some codes were eliminated if there was insufficient evidence to support unanimous group agreement.

During the coding process, codes were collapsed, definitions were revised and categories were clustered together and became more refined and abstract. Data analysis ceased when no new information or insight was forthcoming. The final codebook was then reviewed by an independent qualitative specialist.

## **Results**

Results were categorized into generally emerging themes. These themes were then broken down into smaller codes and from there into sub-codes that reflected increasingly specific sentiments among study responses. Three major themes emerged each with various codes. All of the expressed themes were interwoven between clients and caregivers. There were two sub-codes, support and affection, expressed solely by the clients. The themes, codes and sub-codes are listed in Figure 1.

*Insert Figure 1 about here*

The team analysed which themes and codes were mutually experienced and enhanced the well-being of the two parties. If a theme or code was experienced independent of the other party, it remained an important piece of data under our second research aim, but did not contribute towards the first research goal of investigating mutuality. Outlined below are the three themes: interpersonal experiences, intrapersonal experiences and environmental experiences. Within each theme, several codes are defined.

### *Interpersonal experience*

#### *Respect and equality*

Participants described a non-hierarchical experience in which the unique characteristic of the individual is viewed. In other words, participants stressed the lack of the typical client-caregiver hierarchy that is characteristic of an office visit. Participants stated they felt a sense of common esteem amongst the group.

One client commented: Every one of you guys and girls have the opportunity to live and love each other and go right to your experiences and have a blast.

A mental health caregiver expressed: I really truly love this company because of things like this – things like these wonderful Music Jams where we get to be together and there are no roles.

### *Community*

Participants in the Music Jam frequently expressed the feeling of connectedness among the participants. In line with that feeling of connection, participants shared feelings of validation in which the individual felt that their emotions, feelings, behaviour and thoughts were confirmed by others in the group.

A client said: When I come in the building here...I go to some kind of experience with everybody in the building.

A mental health caregiver stated: ...we make a connection. You know our humanity really binds us together.

Two sub-codes, support and affection, were expressed by clients but not by caregivers. The clients described the feeling of support as experience in which they felt a greater sense of personal strength or positive self-efficacy. When expressing feelings of affection for others, the clients described a feeling of love, kinship and warmth.

One client stated: ...I just love the Music Jam because everybody's so nice here and Sandra does a great job and Brian and everybody. And we're going to really miss Matt but he was terrific and Alan is awesome. They do a really good job.

Another client expressed: I've never played before for such an audience as great as the audience that I sing for at the Music Jam every month. I'm glad you enjoy my music and that makes me feel good about myself that you enjoy my music.

### *Physical movement*

The participants described their participation in the Music Jam by way of singing, dancing, nodding and using bodily capacities.

One client remarked: I never was camera shy or anything like that but I've never played before for such an audience as great as the audience that I sing for at the Music Jam every month. It's a pleasure to play and sing for you and hear you come up and sing and dance with me.

A mental health caregiver expressed: We look into each other's eyes and we're smiling and we're moving around and dancing right? I mean just it's been amazing.

### *Intrapersonal experience*

#### *Enjoyment*

The participants of the Music Jam expressed feelings of positive emotion and affect throughout the focus group. The feeling of enjoyment was the most widely shared sentiment, expressed by every member of the focus group.

The following were expressed by clients: 'But it was groovy. I enjoy it when everyone was playing. You showed me some different stuff. This is really cool.'

'This is an awesome experience.'

'...I go into the funnest [*sic*] time in my whole life'.

One mental health caregiver stated: It's just one of the most wonderful things in my whole month.

### *Rewarding*

Both parties noted that the activity was a beneficial experience. This was achieved either by performing or listening to music and was accompanied by the experience of being surrounded by generally positive feelings. The sub-codes however, suggested a difference in the form of rewarding experiences between clients and caregivers. The clients expressed feelings of empowerment, while the caregivers experienced feelings of humility.

A client's expression of empowerment: I'm glad you enjoy my music and that makes me feel good about myself. And it also inspires me to go forward and make other people happy.

A caregiver stated: Tonight is nine years since we started this and you know it's been very humbling to be doing this... we just have so much more in common than we have difference.

### *Appreciation*

Participants expressed a feeling of gratitude for the ability to participate in the monthly jam. When asked about their experiences at the Music Jam, many of the clients and caregivers took the opportunity to thank those around them for making this event possible.

One client reflected on his experience attending with his friend, Katie: She comes in the front and she really likes the music. Every time she says we should come here she's like one of the first persons on the list. I come up front and make sure she wants to get here and listen to the music. And I really appreciate all that you guys do here. And I want to thank and keep you guys keeping the good work.

Mental health caregiver: And we just make music and feel good. It's just one of the most wonderful things in my whole month. So I'm so grateful to be a part of it.

### *Inspiration*

Both parties described the jam as an uplifting experience that promotes hope. Participants in the focus group discussed their feelings of inspiration in two ways: feeling inspired by the experience itself and using the skills they gained in the Music Jam to inspire or encourage others.

One client remarked: And a bigger group has really expanded over the years' time all because they want to hear music. And that's what I have done over the years' times. I have shown – I play a guitar for a day care centre and seriously they enjoy that. They don't really want to do without me. So I'm saying for everybody here: try yourself out. Give yourself the go ahead and give yourself the opportunity to be heard.

A mental health caregiver stated: You now when I'm listening to Alan I'm putting my hand on his shoulder. And as you might imagine it's soaking wet. It's soaking wet because Alan puts his whole heart and his whole soul into the Music Jam – into every minute. It's so inspiring.

### *Opportunity*

Participants noted that the Music Jam serves as a platform for novel, unique and positive experiences. It provides a common space for the clients to play and appreciate music with their caregivers. Many of the participants characterized the Music Jam as a consistent outlet for them enhancing both musical and social skills.

A client described: I've been drumming since high school actually so that gives me a chance to get a leg up. And I think what gets me into a good performance level is – And I've played with high school band for like ten years and stuff and everything. And in the music business I'll go further.

A mental health caregiver said: I really truly love this company because of things like this – things like these wonderful Music Jams where we get to be together and there are no roles. And we just make music and feel good.

### ***Environmental experiences***

#### *Continuity*

Participants described the longitudinal group experience. Throughout the focus group, many of the Music Jam members shared the number of years they had been attending.

Clients stated: 'I've been coming here about six, seven years now.' 'I've been coming to the Music Jam for a long time – for a long time – maybe five or six years. Five or six years.' 'I've been coming here to the Music Jam ever since it started'.

A mental health caregiver expressed: ‘Tonight is nine years since we started this. Nine good years’.

#### *Desire for increased frequency*

Clients stated a desire to experience the Music Jam more often. This sentiment was only expressed by the clients, not the caregivers.

A client expressed: ‘I wish it was every week rather than every month’.

### **Discussion**

The aims for this pilot study were to identify themes of Mutual Recovery in a shared Music Jam between caregivers and clients. In order to accomplish this objective, we needed to identify the major themes and codes expressed throughout the focus group and then sub-categorize these themes into common threads mutually experienced by both parties. As a result of this exercise, three major groups emerged: mutual experiences, caregiver experiences, and client experiences (see Figure 2).

*Insert Figure 2 about here*

After our coding process was completed, it became clear that Mutual Recovery was indeed experienced by both client and caregiver. Feelings of emotional well-being and resilience were the most consistently co-experienced findings. Generally speaking, participants expressed that the Music Jams were enjoyable at multiple levels. Many noted that the experience was rewarding and helped to break down otherwise perceived hierarchical barriers between

caregivers and clients. This led to a sense of a continuity and connection that participants felt was especially potent, and there was general consensus that the group would benefit from more frequently occurring Music Jams.

These findings may suggest an ability to cope through negative emotions and adverse events (Bonanno 2008). It is also interesting to note areas where thematic content differed between caregivers and clients. For example, only clients expressed a wish for the Music Jams to occur more frequently. This does not, of course, necessarily mean that participating caregivers did not also wish that these sessions would take place more often. Since they were not asked specifically, the caregivers may simply have not mentioned this in the course of the group. The sessions, as far as the caregivers were concerned, might be viewed as taking place as frequently as is currently possible.

In the observation of the principle investigator, the caregivers were as joyful and enthusiastic as the clients. These findings are consistent with Perkins et al. in which group drumming was investigated as a means to enhance Mutual Recovery. This study found that non-verbal communication in the form of drumming appeared 'fundamental as a mechanism for creating a forum of expression and connectedness' (2016: 13). The positive affect put forth by the caregivers may enhance feelings of compassion and connection between both parties present in treatment and may also contribute to both personal and professional growth for that caregiver (Vandenberghe and Silvestre 2014).

It is particularly fascinating to note that the mental health caregivers and clients expressed some different sentiments with regard to the feelings they had for one another as a result of the sessions. Whereas clients experienced feelings of empowerment, the caregivers felt a sense of humility. To the extent that past investigations have suggested that caregivers might

feel too powerful in the setting of clients' feelings of lacking power, one might hypothesize that the mutuality of these sessions was aided by helping clients and caregivers to experience more viscerally the experiences of their counterparts. The feeling of empowerment among the client body may encourage increased communication concerning treatment options, personal preferences and future goal setting (McLean 1995). In this sense, empathic connection was enhanced.

### **Limitations**

This study was limited by its small sample size, as well as by a lack of comparable experiences among a similar demographic of clients or service users. Additionally, there is a significant lack of biographical data describing the clients who participated in this investigation. Although this data is no longer accessible, it is clear that this absence severely limits the potential for generalizability of the research findings. Further more detailed studies will be necessary to delineate whether these results will be consistent across different populations. Because the Music Jams have been occurring for nine years with no plans to cease, there will be ample opportunity for future investigations.

Importantly, we need to exercise caution in generalizing our conclusions from an exercise that utilized music to all artistic endeavours. There may be special aspects of musical engagement that affect Mutual Recovery in unique and unexpected ways.

Because of the small nature of this study, we need to conduct further investigations to determine if these themes stay consistent in larger groups and in different artistic endeavours. The initial task would be to replicate the study at the Advocates itself, to determine the reliability of the results. Because Advocates is a unique community mental health enterprise already

specifically devoted to client autonomy and resiliency, future studies should also involve groups in a variety of health care settings.

The decision to study Mutual Recovery through creative arts in the United States is an exciting one, as there is a breadth of possibilities and further research that can follow. Thus, we found it most appropriate to begin with a small pilot study that would support the effort to continue to explore the relationship between the arts and mutual recovery in mental health.

## **Conclusion**

Perhaps most important, the central tenets of Mutual Recovery are somewhat at odds with the American health care system. In the United States, the very definition of professionalism precludes any primary pursuit of positive benefits for the professional caregiver that occurs during care for the client. In other words, if the mental health caregiver improves as a function of care they offer, then this improvement is considered ancillary to the treatment of the client. Given the beneficial effects of Mutual Recovery demonstrated in studies in the United Kingdom (Crawford et al. 2013; Perkins et al. 2016) and elsewhere, as well as the results of this relatively small preliminary study, further investigation in concert with a careful re-examination of professional boundaries is warranted in the United States.

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Steven C Schlozman, MD, is assistant professor of psychiatry at Harvard Medical School and a psychiatrist at Massachusetts General Hospital. He studied Literature and Biology at Stanford University, and after teaching High School English, he attended Dartmouth and Brown University Medical Schools. He is a novelist and short story writer, and George Romero has optioned Dr Schlozman's first novel for film. Dr Schlozman teaches psychiatry at Harvard Medical School, and film and creative writing at Harvard University. He has authored more than 40 publications, often focusing on the relationship of the humanities and popular culture to medical education and practice. Currently, Dr Schlozman is the associate director at The Clay

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Paul Crawford is the world's first professor of health humanities. He directs the Centre for Social Futures, Institute of Mental Health, and co-directs the Health Humanities Research Priority Area at The University of Nottingham – spearheading research into social and cultural aspects of health care and, in particular, mental health. He is a fellow of both the Royal Society of Arts and the Academy of Social Sciences, professorial fellow of the Institute of Mental Health, and has held visiting professorships in Norway, Taiwan, China and Australia.

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## Figures

**Figure 1:** Themes, codes and sub-codes.

<b>Interpersonal experience</b>	
Respect and equality	4
Community	13
Support	5
Affection	2
Physical movement	6
<b>Intrapersonal experience</b>	
Enjoyment	18
Rewarding	5
Client empowerment	4
Caregivers humility	3
Appreciation	7
Inspiration	5
Opportunity	8
<b>Environmental Experience</b>	
Continuity	9
Desire for increased frequency	2

**Figure 2:** Client, caregiver and mutual experiences.

<b>Client experiences</b>	<b>Caregiver experiences</b>	<b>Mutual experiences</b>
Enjoyment	Enjoyment	Enjoyment
Rewarding	Rewarding	Rewarding
Empowerment	Caregivers humanity	Physical movement
Support	Physical movement	Community
Affection	Community	Opportunity
Respect and equality	Respect and equality	Inspiration
Increased frequency	Inspiration	Appreciation
Continuity	Opportunity	
Opportunity	Continuity	
Inspiration	Appreciation	
Appreciation		