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## De-Mystifying the Magic: Meaningful moments in music therapy when working with Children that have Severe Special Needs

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De-mystifying the Magic:  
Meaningful Moments in Music Therapy when working  
with  
Children that have Severe Special Needs.

A Thesis

Submitted by

Kayla Daly

For the degree of  
Master of Arts in Expressive Therapies

LESLEY UNIVERSITY  
GRADUATE SCHOOL OF ARTS & SOCIAL SCIENCES  
26th of April  
2010

## THESIS ABSTRACT

Kayla C. Daly

April 26, 2010

De-mystifying the Magic: Meaningful Moments in Music Therapy when working with Children that have Severe Special Needs

## ACKNOWLEDGEMENTS

I wish to thank my beautiful family for their support, love and admiration, without you none of this would have been possible.

A special thanks to my Mum, Nana, and Grandma Cece for always looking out for me and for pushing me to accomplish anything I set my mind to, I love you all very much.

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## CHAPTER 1

### INTRODUCTION

*“Each song has an emotional content that it can impart to the children who sing it, a variety of songs with many different emotional qualities gives them experiences of a spectrum of emotional life.” (Nordoff and Robbins ,1971, pg. 32).*

In 2005, I began the second internship of my undergraduate experience at Lesley University. I had accepted a position at a children’s hospital and was completing my undergraduate degree in art therapy. I had never worked with children before nor had I had any experience in working with children that had special needs. I had spent my previous semester at a nonprofit arts program for adults diagnosed with mild developmental disabilities. The children at this particular hospital were diagnosed with severe to profound, multiple special needs. This experience was a whole new world to me.

I walked into the hospital and then into a classroom that I had been assigned to. This classroom consisted of six children from 10 to 14 years of age along with a teacher and her teaching assistant. I was immediately met by screams and sobs. The teacher greeted me and told me that the student who was screaming, Joey, is okay, just uncomfortable in his E-Z Stander. I had never seen an E-Z stander before, she explained that it was to help retain mobility in his joints, stretch his muscles, and to increase bone density due to his diagnosis of Cerebral Palsy. After further inquiry I became aware that Joey had also been diagnosed with Neurofibromatosis a Neurodegenerative Disorder, Cortical Visual Impairment, as well as Epilepsy. I wondered how a child with so much of the world on his shoulders would do anything other than scream his frustrations; I would soon come to realize how wrong I was.

Joey continued to scream and cry, his huge brown eyes red and teary with his hair a tuft of black on top of his head and his hands waving about. He was tiny for a twelve year old and my heart broke for his pain and discomfort. The teacher told me that no one has been able to distract or calm Joey down, and every day this was a routine, of going in the stander and screaming for a half an hour until he was taken out. She offered that if I’d like to try to help I was welcome to, but to not be surprised if nothing changed or if he screamed louder. I looked at Joey. Joey bit himself and then hollered in my general direction.

Art was the last thing on my mind as I stood before this little boy. Having been a musician all my young life, I nervously began to hum a simple song that I had heard on the radio while driving in. I unlocked the stander, checking for an “okay” over my shoulder from the teacher. I began to rock the stander back and forth (it stands upon wheels) and hum the song very softly. Joey got quiet, and then used his eyes to track and find where I stood to his left. He spontaneously burst out into hysterical giggles and hummed along in his own way! I turned around and saw the teacher and teaching assistant staring at me. She said, “we’ve been waiting for you for a *very* long time!” I thought to myself, “I am in the wrong degree program.” It became glaringly apparent within that simple moment, that music therapy was where I should be. In this pivotal simple moment, music was indeed the catalyst that would lead me to the work that I would come to know and love.

My time at the children’s hospital was spent as an intern and then as an employee, while

there I was able to see session after session of music therapy. What I found most meaningful about those sessions were the changes that occurred in the participating children. Before the session children were withdrawn, or distraught, and disconnected from others around them. Music brought these children connection, communication, socialization, motivation, and an array of life experiences that they may not have experienced in such a moving and colorful way. These drastic changes that I would witness would often be considered “magic” or talked about as, “there’s something about music” that enabled the children to want to help themselves and their peers. As I kept hearing this talk of “magic,” I made the decision to set out and find what is behind this “magic” and why is it so beneficial to children with severe special needs?

I tell this story when asked about why I became interested in music therapy, and in fact this theme has followed me through my graduate application, all the way to my thesis and now it has more relevance than ever. This experience was my first encounter with the therapeutic benefits of music. This experience was the catalyst that motivated me to find meaning, purpose and theoretical basis for the methods that music therapist’s use during their sessions. My desire is to discover what creates meaningful moments during music therapy sessions when working with children that have severe special needs. Additionally, I want to know how they work and why they work so well in helping children to reach goals and objectives that are set for them by their parents and educational team.

#### Statement Of Purpose

The purpose of my study is to explore the “magic” that occurs in these sessions, and to discover what this word means for those who use it. For the purpose of this study we will define “magic” as having the occurrence of meaningful outcomes or moments in music therapy sessions. This study will attempt to reveal methods and techniques that are being used by music therapists to further facilitate the therapeutic process for children with severe special needs in their lives and everyday experiences. The research involved will hold the first possibility that there are methods that may impact these children on a functional level. For example, when Tommy plays the drum and is encouraged to *wait* for the opportunity to hit the symbol at the end of a musical phrase. Tommy can apply what he learns about waiting, its possible benefits, to other areas of his life. A second possibility suggested by the research is that music therapy techniques may aid these children in other areas of their lives that may not be clinically defined by some as “functional.” Singing in music may enable a child to feel, experience, and express certain emotions or sensations that they may not have had the opportunity to feel or express anywhere else. The experiences in music therapy may foster creativity within the child. To increase creativity, or encourage the experience of emotions are goals that I have never seen on an Individual Education Program (IEP), however, much of my research and current work experience suggests that these are goals that are very important to a healthy development all the same. Pinpointing the different methods and techniques that may be used to make an ideal space in therapy, according to the participating professional music therapists, may also allow these music therapists to demystify the “magic” behind their work. Discussing their methods and interventions in depth may also help these therapists when trying to articulate to others why they feel music therapy techniques and methods are necessary in creating an ideal, meaningful and supportive environment for children with severe special needs. My research questions are:

- 1) What are the significant benefits in using music therapy techniques and methods with children that have severe special needs?
- 2) In the opinion of these professional music therapists, what defines a “meaningful

moment” when working with children with severe special needs?

3) What is so profound about meaningful moments in music therapy when working with children with severe special needs?

Two expert music therapists, both philosophically as well as theoretically, have researched and reported on these questions. Their personal experiences will hopefully provide the music therapy field with valuable anecdotes, methods, and possible examples of interventions. The sharing of this information may also provide music therapists with inspiration or even validation that could support the advancement of more meaningful therapy sessions with children that have severe special needs.

#### Personal Stance Of The Researcher

As addressed above in the story of Joey, I have had previous years of experience in working with children that have severe special needs. I have taken on many different roles when working with this particular clientele. I have been an art therapy intern, volunteer, teaching assistant, substitute special education teacher, and now a music therapy intern. My past experience in working with this population has accumulated to a number of four and a half years, and I have a passion for acting as a facilitator for them during their educational, and now therapeutic, processes. I have mainly worked with children that have an array of multiple disabilities, the majority of their primary diagnoses being; Cerebral Palsy, Degenerative Diseases, Epilepsy, Traumatic Brain Injury, Down Syndrome, Autism, Visual Impairment and Intellectual Developmental Delay.

Often, the goals that I have read or written for this population are specifically formed around “functionality,” “communication skills” and “social skills.” I do not often see a lot of emphasis upon some of the more seemingly intangible or immeasurable goals around creativity, emotionality, relational experiences, and interdependence. The goals are often more focused on encouraging independence, autonomy and basic needs. Many experts in the field of special needs and I agree that emotionality, relational experiences, and creativity to be goals that should be defined as “functional” skill sets as well.

History reveals that music has never been ruled as an essential necessity for human survival and yet we keep it close to us at all times. It is profound in this sense that goals for music therapy have to be based upon skills that are measurable and necessary for survival. To my knowledge there has not been a generally accepted explanation for why music is so inherent in our society, it just is! Yet, goals that can be seen by many as important, such as: the fostering of emotionality in children through music, are not welcome because there is no scientific method in which it’s progress can be measured. One author I read suggests that there seems to be a flaw in our system in this sense (Portnoy, 1980, p. 218).

There are personal biases that I carry that may have an impact upon the results of this study. I very much believe that there are particular methods of music therapy that are effective and beneficial when used with children that have severe special needs. I have witnessed certain techniques being used in music therapy sessions and believe, as others in the field do, in their benefits and valuable outcomes. However, I am making an honest attempt to remain neutral and open in my inquiries and to only find what the music therapists deem the most beneficial methods and techniques in their sessions. The therapists are the experts in this situation and if they feel that in their personal and professional opinions that music therapy techniques are not beneficial, or that there is no way to name what creates a meaningful moment in therapy, I remain responsible for reporting that data accurately. The results of this study, even if they do

not support my personal opinions, will be reported truthfully and the interviews in their entirety as well as my consent forms and recordings may be found in the appendix.

Another personal bias that may impact this study is that often based on my past work experience with this clientele, I have a strong tendency to advocate for children with severe special needs and their families. I always feel that advocacy as much as this is a great quality when trying to help families and children get what they need, it can also infiltrate the way I interpret my results. I hope that through supervision and the help of a second reader that these biases can be found and corrected.

I personally feel that the term “functionality” can be used in a larger sense than when it has been traditionally applied to the typical Individual Education Programs. The goals and objectives one typically sees have to be measurable and skill based. I believe, however, that there are supposedly immeasurable goals that are still important for healthy development, e.g. the child will develop a sense of self and more self-awareness through the establishment of using and hearing his/her own voice during music sessions. This work with the voice is very different from the use of the voice for linguistic purposes. Self-awareness, to me, is extremely important for a child’s healthy development. In approaching this study with this set of firm beliefs I leave a lot of possibility and space for how a therapist may personally define a “meaningful moment” as meaningful.

My final bias when conducting this study is that there is a personal connection for me between defining “meaningful moments” in music therapy with children that have special needs, and the philosophical theory of Existentialism. The connection comes within the fact that I believe that moments in music are temporal and therefore are validated in their importance because they are transient. I believe that children may value their musical experiences because of the recognition that music is relational as well as temporal and that these moments of being in music together do not occur all the time. This to me, is evidenced by their smiles, laughter, engagement, and participation during music therapy sessions, and their sensitivity and awareness for when the session has ended. The exception to this has been when I have worked with children whose laughter and smiles are actually not a representation of happiness instead their effect has been found to signal that the child is in pain. Other than this exception, I feel that it is possible that children have more appreciation for their musical experiences and the relationships that are created in those experiences due to the recognition (on some level) that the moment of “music making” is a temporal moment. There will be research that is included in the Literature Review Section that supports and clarifies the inclusion of the theory of Existentialism.

## CHAPTER 2 LITERATURE REVIEW

There was an over abundance of research and information concerning children with severe special needs and music therapy. The information covered in this literature review is meant to provide the reader with a foundational base that will support the reader’s understanding about this specific topic. This foundational base will serve as a starting point in which my research then moves into the exploration of; music therapy and meaningful moments, meaningful moments and Existentialism, and finally, meaningful moments and children with severe special needs. Each section has within it subsections of the themes and common informational threads that appeared in the literature.

Music Therapy And Children With Severe Special Needs



### *Music Therapy and The Severely Disabled Child*

Music for young children, like music in general, is a unique experience that is unlike anything else. For young children with no language, there is still music. For the young child with limited movement, there is still music. For a child who cannot see or touch objects in the environment, there is still music. Even for children with hearing loss, there can still be music. (Schwartz, 2008. Pg. xiii).

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*Development.* The study of early childhood development has been an ongoing area of inquiry that provides human service professionals, like music therapists, with a multitude of information when attempting to predict and understand a child's growth process. Schwartz's (2008) provided an in-depth exploration of childhood development and the correlating process of musical development. She explains, "Music like walking or talking, develops in a generally predictable way. In the same manner as other activities, specific musical responses can be recognized as being indicators of development" (pg. xiii). Boxill (2007), looks at development differently in the way that she breaks the process of childhood development down into influential factors, "

At least four broad types of influence have a role in determining developmental growth: (a) biological properties, such as genetic endowment, temperament, rate of maturation; (b) cultural group membership and variations; (c) the individual's personal experiences and relationship with others; and (d) situations and stimuli in the immediate environment. (p. 35).

It is my understanding that both processes of development, (musical and childhood) inform one another. Having a background in early childhood development may help the therapist to further grasp a child's experience and perception of the musical activity, and may facilitate a meaningful or beneficial interaction between therapist and child during a music therapy session. To the same effect, understanding and studying a child's process of musical development may inform a therapist so that they are able to gauge where a child is developmentally and whether or not they are making progress. With this information a therapist can then make appropriate decisions concerning activities, treatment plan, and interventions. Musical development linked with our understanding of early childhood development can lay a foundation and give context for which meaningful therapy sessions are to be shared and experienced (Schwartz, 2008). Nordoff and Robbins (1973) further explained this link through their experience of their client's interactions with music, "In their individual character, children's musical responses are descriptive of their psychological and developmental condition. Both progressive attributes and pathological factors are revealed. Forms of musical response hold diagnostic implications." (p. 34).

However, what may be considered a therapeutic milestone for one child at one stage of development may differ drastically from another child's (each individual will develop at their own pace). And yet, being able to create stages of childhood development and musical development may enable practitioners to become more aware of a child's position and to be familiar with exceptions, conditions and disorders (Schwartz, 2008). Nordoff and Robbins (1973) continued to describe children's individual experience of development through musical engagement as, "These explorations disclosed that each child reacted differently to music. Many expressed their individuality or state of development in their relationship to a specific element of music. (p. 34). Boxill (2007) notes additionally:

Knowledge of typical and atypical development is a requisite for evaluating progress, just as it is for making an assessment. Evaluation of progress can be made in terms of an increase in the ability to manifest a skill or perform a task and in terms of a decrease or increase in certain behaviors... (p. 53).

The research suggests that as each child is an individual there needs to be a standard of development so that deficits and delays can be noted and suitable interventions can be applied when appropriate.

To officially create a model for musical development is difficult, however, "Research confirms that children generally develop musically in a predictable sequence." (Schwartz, 2008, p. 29). Most music therapy developmental theorists have attempted to link their models of musical development with the original developmental theorists' models, such as Freud, Mahler, and Stern. Brucia and Briggs (1985) in their paper, *Developmental Models for Understanding Musical Behavior*, have provided a model that attempts to outline the stages of musical development and give context and a range in which children move within as they grow in music. Their stages are; Awareness, Trust, Independence, Control and Responsibility (Schwartz, 2008). "The framework gives a name and structure to overall development in a manner that can also be used for planning how to help a child move from one developmental level to the next through music." (Schwartz, 2008 p. 47). Brucia and Briggs' this isn't in the reference list model is only one of many models that have been created to help explain musical development. The connection that is made between musical development and early childhood development remains apparent in this research.

*Assessment.* The research suggests that there are many different forms of assessment that have been developed to help in the continuing process of evaluation of the client in music therapy. According to Boxill (2007) the most effective assessment is able to evaluate the client in his/her entirety,

The success of therapeutic intervention is directly related to the quality of a holistic assessment. Such assessment entails identifying (a) developmental skills, (b) delays and discrepancies in functioning, (c) lags in developmental milestones, (d) adaptive behaviors, (e) behavioral problems, (f) emotional states and disorders, (g) pathology (mental, physical, psychological), and (h) strengths, interests, and abilities (musical and nonmusical). (p. 29).

The important aspects of assessment in terms of music therapy are the ways in which certain features and behaviors can be noted when children engage with the therapist musically (Boxill, 2007). "Administered by means of music therapy methodology, it examines significant aspects of functioning relative to musical responses and music related activities, is concerned with the influence of music on the person, and reveals aspects of an individual that do not surface in other situations." (p. 29). Assessment is not only a starting point in which the therapist may begin; it is a process that unfolds on a continuum. The evaluation has to take into consideration the client in his or her entirety, not just focusing on what the therapist wants for the client, but to make a valiant effort in consistently focusing on what the client truly needs. Schalkwijk (1994) speaks about client's authentic needs when working with children that have developmental disabilities in stating:

In these forms of music therapy, the emphasis is primarily laid upon the stimulation or teaching of skills, which as important to the person with a developmental disability in normal everyday life. Sometimes the skills are, unequivocally, of great importance to

them, sometimes, however, they are clearly based on the standards and value systems of the non-developmentally disabled.

(p. 4).

Taking Schalkwijk's findings into consideration it is important in this type of situation that therapists keep in their minds the client's needs and constantly work toward being self-aware to prevent the projection of what they think the client needs, as opposed to what the client and client's family feel that they need. Boxill (2007) sums up the main objective of assessment in this statement, "Music therapy assessment is a holistic form of on going evaluation that enables the therapist to formulate an appropriate treatment plan that is tailored to that particular individual." (p. 29).

*Treatment Plan.* A treatment plan takes the information that is learned from the assessment and designs a strategy that will consist of goals and objectives that will help the client improve their functioning (Boxill, 2007). In a general sense Boxill (2007) stated:

Treatment deals with improving motor skills (physical, occupational, and recreation therapies); cognitive skills (special education); affective states and adjustment (psychology); and social skills (all disciplines). The interdisciplinary application of music makes the therapy uncommonly appropriate for these clients because it supplements and reinforces other therapies and disciplines while implementing its own program." (p. 20).

Music therapy in this sense is able to assist in facilitating therapy on many different levels. By working as a part of a team, therapists, special educators, psychologists etc. are able to co-treat and best meet the needs of the client by working together (Boxill 2007). Boxill concludes that "Treatment planning involves (a) formulating long-term goals and short-term objectives, (b) determining the appropriateness of individual or group therapy or both, and (c) determining procedures for writing individual and group therapy session reports, monthly progress reports, and annual evaluations." (p. 50). A treatment plan for a child provides the team and family with guidance and clarity as to what the child's process of therapy will entail. With an IEP designed specifically for each child, there is provided support and documented evidence of their process as well as progress.

*The Client/Therapist/Music Relationship*

*"If a channel of musical communication exists between the therapist and the child and this channel is open and free, then they are in direct musical rapport." (Nordoff and Robbins 1973 pg. 62). No italics*

*The Triangular Relationship.* There is a triangular relationship between the therapist, the client, and the music that is played during session. This relationship creates meaningfulness in the therapy process for all participants and is fueled by the interaction and immersion of the therapist and client in the music that is shared. Nordoff and Robbins (1983) speak of this relationship in terms of meaningfulness, "The pianist will not only be playing for the children but will be sharing with them the experience of making music. She should not think of herself as merely accompanying children's activities but as creating the ordered world of music that makes their activities meaningful." (p. 124). The actions of the therapist and their choices in music

facilitate the therapeutic process for the client, and in turn the reaction of the client to the music is what propels the actions of the therapist. Nordoff and Robbins (1983) continue this point in their following comments:

Your playing, then, will not be motivated by the way the music makes you feel; rather, your knowledge of all that is happening in it and your own pleasure in playing it will be directly communicated to the children. This will change your playing from a personal expression into making music for therapy. It will always be related to the children's abilities and needs when you are in close rapport with them and your attention is focused on their activities. (p. 124-125).

The manner in which the therapist plays is interconnected with the way he/she relates to the client as well as how the client responds within the music, in being present, and determines whether or not they choose to engage. This relationship has the potential to bring severely disabled children out of seclusion, as Boxill (2007) states, "The overall aim is to transfer musical and nonmusical skills to other aspects of the client's life and to bring the person from isolation into active and normalizing participation in the external world." (p. 21). The communication that occurs in the music can act as a representation of the self in connection with another. This has been referred to by Nordoff and Robbins (1983) as a "working relationship" (p. 77). "When *you* make the music, a working relationship can be created with the children that links you closely with their development." (Nordoff and Robbins 1983 pg. 77).

Nordoff and Robbins have found in their research that the development of this triangular relationship is not always one that is smoothly created. The beginning establishment of trust and openness are privileges that the therapist must work carefully to achieve with their client. "There are sessions of anxious resistance as the hazards of discovery and increased activity arise, but in living through them the child and therapist come to know each other and the child's confidence in his music deepens" (Nordoff & Robbins 1973 pg. 55). Once the trusting relationship has been established the child then allows him/herself to openly share in the musical experience. The child develops a personal relationship between themselves and the music that they are creating and hearing. In speaking about a client whose relationship with their music was emerging, Nordoff and Robbins (1973) state, "But each time he comes to the therapy room the music reaches out to him, regardless of his state- accommodating him, seeking out his sensitivities, expressing his mood or filling his psychic emptiness with the colour and sounds of its harmonic-melodic life" (p. 55).

This process, described in the research done by Nordoff and Robbins, has been described as not the easiest work a therapist may do, patience and openness are qualities that must continually greet the child with severe disabilities in order for a relationship to grow. "It is a difficult area of therapy. A therapist is working against- or with or around- manifestations of pathology to gain positive responses on which to build. Typically, to begin with, these are fragmentary, fleeting or inconsistent." (Nordoff & Robbins 1977 pg. 119). In order to combat the challenges that arise in working with children that have severe disabilities, the therapist must remain completely open and present with the child in the moment, "This situation will demand that you are closely attentive to the child and that your playing is active and free. Create and sustain a musical-emotional environment and work in it to activate him." (Nordoff & Robbins 1977 pg. 119).

*Instrument Choices.* One of the key components that makes music therapy beneficial is the

interaction that occur when a child actively engages in playing instruments. The benefits that stem from participating in such an activity, on either an individual or group level are astounding. As commented by Boxill (2007), “Instrument playing provides tangible sensory stimulation auditorily, visually, and tactually. This kind of sensorimotor experience, even on the most elementary levels, yields instantaneous feedback that activates awareness of self and, in varying degrees, an awareness of doing.” (p. 20). The establishment of self-awareness and confidence that occurs motivates the child to not only participate but to be *present* in their actions. Authors Nordoff and Robbins (1983) add:

Instrumental activities of this kind can create special situations in which we can intensify handicapped children’s commitment and give them opportunities to develop perceptiveness, concentration, and initiative. Through consistently directed work they can experience purposefulness, perseverance, responsibility, and self-confidence- central and essential qualities for the growth of an integrated personality. (p. 81).

According to the research, a child’s relationship with music can be explored thoroughly if the therapist provides proper facilitation. Meaningfulness is created in the relationship that is fostered between a child and their instruments. The power of giving children a choice as well as waiting for the child will encourage participation and give the child a sense of intention.

Through playing it and experiencing its sound, they can form a relationship to it that has musical purpose. Instruments should always be used so that (1) their individual characteristics stand out clearly in the music and (2) their different sounds compliment or contrast each other. (Nordoff & Robbins 1983 pg. 82).

In this way the children understand and can hear their individual role that they fulfill as part of a larger whole (the group) (Nordoff & Robbins 1983). Additionally, “If from the beginning, the children feel that the music will “wait for them” and then support them, they will relate more deeply to it.” (Nordoff & Robbins 1983 pg. 125). Therefore, placing our personal ambitions aside and focusing on being present in the current musical moment with the child will create moments of shared experience.

#### *Modes of Expression, Experience and Feeling*

A thorough examination of music and of the experiences individualized musical activity can bring to children shows what an enormous and potentially unlimited range of active, self-integrative experience is available for therapeutic use: the vast range of emotional experience possible- in addition to the “conventional” range of emotions, all kinds of moods and nuances of feeling can be realized, all subtleties and progressions of change, all degrees of intensity. (Nordoff & Robbins 1977 pg. 2).

It has been suggested by much of the research and studied that the mind and body are not separate entities when working with a holistic approach in music therapy. In this way the emotional aesthetic work of music therapy has to be taken into deep consideration.

Music is essentially an emotional experience and can be as wide and varied in its content as the human emotions themselves. Fundamentally, the way a person feels is more important to his life and development than the way he thinks. (Nordoff & Robbins, 1973, p. 49).

In this process of becoming a part of and interconnected with a child’s developmental process, it has been suggested that the therapist must be able to communicate his/her attentiveness through

the music that is being created. An emotionally sensitive environment is produced.

What you play and how you play express your presence to the child and begin the flow of experience. This also provides you with the musical ground from which to take your direction. Handle this opening music empirically: you cannot know until you play in what ways he may respond and, as you play, you will be finding your way of responding to him. (Nordoff & Robbins, 1977, p. 93).

Through this established presence the child then becomes invested in the sound, both in creating it, being a part of it and absorbing its existence. In speaking of a client whom has made such an investment Nordoff & Robbins (1977) affirm, "He becomes emotionally involved, not only in the particular music itself or in his activity in it, but also in his own self-realization and self-integration within all the therapy situation holds for him." (p. 2).

Through the emotional experience of music many things happen, one, being that the child can claim ownership and responsibility for the music they are taking part in and creating, and two, a child can stop and appreciate themselves (Nordoff & Robbins 1973, Robbins 2005).

To "enjoy one's self" means to become aware of the authenticity of one's identity in a new way, to live with a natural appreciation for one's self and in other well-used terms, to acquire a positive "self-image" and healthy self-esteem. (Boxill, 2005, p. 102).

In his response to his experience a sense of ownership has been developed for this child as well, something that is often overlooked when working with children that have severe special needs. There is so much dependence on their caregivers to be able to function in their world and yet through music making a child is able to stop and claim what is theirs. "Each child's music becomes his, personally, and is almost always born out of the responses and events in the sessions." (Nordoff and Robbins, 1973, p. 54).

According to Nordoff and Robbins (1983), it is important for children to experience, through music, the array of life's emotions not just simply the pleasurable ones. This may be hard at first to accept for some, however it is extremely important that musically emotional experiences do not exclude the ones that are often deemed as "negative." Additionally the researchers add:

Songs that combine the seriousness of the thoughtful song with the emotional quality of the lyric often express *sadness*, *tenderness*, or *longing*. Such intensities of feeling should be brought into singing sessions, else the children will be deprived of developmental emotional experience; life loses part of its deeper reality for them if sadness and longing remain unportrayed. (Nordoff & Robbins 1983 p. 35-36). Are the italics in the original

The goal of music therapy, according to the research, is not to over stimulate a child with severe special needs, but to surround them with an assortment of emotional experiences that meet them in their circumstance and then move within those experiences into one shared, introspective, musical-emotional experience. Music..."When used with therapeutic intention by the therapist, it becomes the dominant stimulus in the environment and evokes bodily and emotional sensations that generate cycles of awareness and give meaning and purpose to actions..." (Boxill 2005 p. 22). In creating meaningfulness the therapist may also facilitate emotional experiences for the client. "A child who is initially unable to be either rhythmically or vocally active can respond emotionally to the therapist's singing." (Nordoff & Robbins, 1973,

Fix punctuation throughout

p. 68). Engagement and interactions through music are validating emotional- life experiences that every child has a right to feel and know. "No music is devoid of emotional charge. The range of emotional experience that can be created in the therapy setting through improvised

music is limitless. (Nordoff & Robbins 1973 p. 69).

*Presence, Responsiveness, and the Processes of Engagement*

*“Each child is moving out of the isolation, the limitations, the drabness, the frustration his pathology and lack of development have imposed. Each is achieving a measure of human fulfillment in sensitively, responsively created music.” (Nordoff & Robbins 1977 pg. 20). No italics*

Nordoff and Robbins in their 1977 book, *Creative Music Therapy*, talk about “The Music Child.”. This inner musicality is described solely in terms of the intentional reaction of each child when in music with a therapist. It is described as;

The Music Child is therefore the individualized musicality inborn in each child: the term has reference to the universality of musical sensitivity- the heritage of complex sensitivity to the ordering and relationship of tonal and rhythmic movement; it also points to the distinctly personal significance of each child’s musical responsiveness. (Nordoff & Robbins 1977 p. 1).

With children that have been diagnosed with severe disabilities, The Music Child is not always simply developed. The Music Child has to be nurtured because of the distinct differences in the type of responses. Some children *intentionally* respond in certain ways, others that have more profound disabilities simply respond out of a reflexive reaction. (Nordoff & Robbins 1977). The intentionality is what makes for the development of The Music Child (Nordoff and Robbins 1977).

The child with severe disabilities however is able to experience music on any level and can move within the musically shared moments. Music is heard and felt through the many states of awareness. Boxill (2007) continues to state that;

Of critical importance is the fact that music can be experienced on many organismic levels that do not involve conscious mental processes. Even in someone whose sense of self may be only a dim awareness, and in whom there appears to be little interest in the environment, music can stimulate emotions and activity that propel the person into the external world. (p. 22).

Because of the manner in which music is able reach the child with severe disabilities, bring them out of their remoteness, and facilitate the establishment of relationships, it is a most effective method of therapy for this population.

In order to engage the child with severe disabilities and facilitate an open process of therapy for them in which they participate with all of their capabilities, the therapist must be wise in their choices of interventions. “Each musical attribute or structural characteristic of the songs they sing directly influences the quality and extent of their participation.”(Nordoff & Robbins 1983 p. 21). All of the aesthetical qualities of the music create an environment that inspires the child to participate and have a genuine desire for interaction.

According to the research there are certain methods and techniques that make for the creation of this ideal environment more effectively than others, “A comfortable pitch range for their voices maintains participation throughout the song. Tempos that give time for the forming and enunciation of words help them to sing with satisfaction.” (Nordoff & Robbins 1983 p. 21).

Some of these children may have difficulty singing or even vocalizing but as stated before their participation remains in the emotional reactions that they may share in experiencing the music

(Boxill 2005). The voice acts as a representation of the self for a child who does not have language. There are aesthetical aspects in music that are very similar to speech inflections and pitch. In working with the voice through motivating music speech and vocal sound may be easier to perform. Nordoff and Robbins (1983) support this in stating, "Through tonality, melodic rhythm and phrasing children's singing can often mirror and support speech occurrences and developments." (p.28-29). For children with severe special needs the use of the voice, instruments, and the therapeutic relationship provide a multifaceted approach to therapy.

### Music Therapy and Meaningful Moments

#### *Shared Experiences*

Meaningful moments in music therapy have recently been a common area of interest for a small number of researchers. Some of these experts suggest that what is behind meaningful moments and therapeutic work seems to involve intrapersonal relationships, the music and personal philosophies. Kirkebaek (2007) talks about a musician who uses the client's interactions as a beginning point of reference, "In Catherine's improvisation she seeks to start from the child's movement or sound and integrates this to give it space and meaning in the interaction." (p. 272). The hope in using musical improvisation is that the music will meet the client in their present moment and lay a foundational common ground where the therapist and client may share a meaningful experience in music together. "Catherine Lervig starts creating meaning in her musical improvisation without knowing whether it will lead to a shared meaning." (Kirebaek 2007 p. 272). In order to create this shared moment of experience, Achillies (1992) states, "Music educators realize when they work with learners of any age-group that it is necessary to understand all areas of the learner's development, including social and emotional needs as well as cognitive and physical capabilities."(para. 5). To be able to help a child grow through music therapy a therapist must first assess where that child is developmentally, then moves to create meaning through the authentic trusting relationship and shared experiences. The music helps the child to gain personal insight throughout their process of development (Achillies 1992). Achillies (1992) also states, "Sources of individual meaning reside at the core of intrinsic motivation. Deep meanings give a sense of purpose because they govern what people search for and do in life." (para. 3).

According to therapist Dorit Amir (1993) a meaningful moment in music therapy has a specific inclusion of the relationship piece that occurs between client and therapist ( p. 85). Amir (1993) describes one such shared moment with a client of hers, as follows:

Her whole body was moving. She clapped her hands from time to time as if she were in ecstasy. I felt that she was in a different place. The following week, at the beginning of the next music therapy session, Rina said that this has been the most incredible experience she had had in her life. She explained that this had completely changed the way she perceived herself and understood her artwork. Indeed, it was "a moment of awe" for both Rina and myself. (p. 85-86).

Amir specifically states that the meaningful moments experienced by her clients are not only meaningful for the client, but also that additionally they are experienced by her personal-self during the sessions. She continues, "This is one example of many special moments that occur during my music therapy work: moments when my clients or I get a sudden, intuitive understanding about something-moments of sudden insight." (p. 86). Kirkebaek (2007) continues in his writings to talk about the shared relationship in music therapy as well as experienced by witnessing Catherine's work. In his writings he states;



- Together with the child she creates a shared (aesthetical) expression through her intersubjective timing of tempo, rhythm and sound.
- A shared meaningful story is created, focusing on varied emotional qualities, allowing all expressions, which each is considered a valuable contribution to the shared story.” (p. 273).

Within this research there appears to be, in the sharing of a meaningful moment, the creation of a safe space that facilitates Catherine’s connectedness with the children that she works with, in her example provided by Kirkebaek (2007) “- Allowing the other to take the lead: to see life from the angle of another human being; trust another person and follow her in her emotional expressions.”(p. 275). Together the therapist and client travel through a musical experience into a joint therapeutic and meaningful moment. There is also meaning found in the dynamic of the relationship, “- Dynamic: Experience and accompanying each other through the emotional process: experiencing to go with another on a trip to several emotional outbursts in “the secure room” of the music.”(Kirkebaek 2007 p. 275). Through the safety that is created in the music room, shifts, or emotional and therapeutic movements may occur that produce meaningfulness for both the client and therapist.

Additionally, in a study conducted by Daniel G. Craig (2007), “It was hypothesized that certain factors in music would be more associated with the participant’s perception of meaningfulness.”(para. 11). A questionnaire was developed to help discover in terms of the aforementioned defining attributes what aspects of music lead to meaningfulness (Craig 2007 para. 11). The focal points of Craig’s (2007) results that gave meaning to the music were, the following;

Factors such as the use of music to “move” the listener, the value, importance of the piece, memories/associations with a piece, and the reflection of identity and personal style are suggested as more associated with meaningfulness in the population and activity studied than others.(para. 23).

Craig’s (2007) population consisted of typical young adults. This study may have proved difficult to complete with a population consisting of children with severe disabilities. Their experience and way of relating is much different than the experience of a young adult who does not have any disabilities. The majority of research in this literature review found that the therapeutic relationship that is built upon a shared experience in music therapy is one aspect that has been said to create meaningfulness for the client and therapist. However, in Craig’s (2007) study, which only focused on the client’s relationship with the music, found that the client’s associations and personal feelings towards the piece of music also create meaningfulness. The therapist’s role in this case was not deemed as such a vital factor in his findings.

#### *Engagement, Awareness and Insight*

According to the research the manner in which a client engages with the therapist, the music, the process are huge influential factors in whether or not the experience has meaning for all participants. If a client is not engaged or the therapist has a dampened sense of awareness, or lack of insight, the activity and experience may not be as meaningful as it can be. Kirkebaek (2007) suggests that the manner in which a therapist engages the client must be considerate of the child’s personal experience, he states,

Instead of looking at the child and the situation from outside, as a third part, and in advance consider how we wish the child to react, we must *be* in the situation, share it with the child and hereby make it important through inclusion of the rhythm of the body,

the sound of the voice, the dance of movements.- We much not only accept, but also entirely appreciate sounds, movements and rituals, different from normally seen and heard, and use them as a starting point in the communication(p. 270-271).

Similarly Amir's (1993) findings note that the being in the moment (the client's moment) in the present and having presence is of most vital importance, "In this study, insights happened with both client and therapist were totally and creatively engaged in the here-and-now: no future predictions, plans, or expectations." (p. 97). There is a small bit of confusion seemingly in Amir's research where the focus is said to be completely on the client and yet at other times, the focus needs a larger lens and takes into consideration the therapist's personal values and beliefs within the client therapist relationship (Amir 1993). She states, "All awareness should be geared toward the client. The therapist's own goals, interests, and desires on a personal level must be set aside and temporarily forgotten."(Amir 1993 p. 97). And then later on there seems to be a slight contradiction, "A holistic view requires that the therapist's own values and goals in the transpersonal realm-the therapist's drive for truth and beauty, love and acceptance, creativity and inspiration-not be set aside."(Amir 1993 p. 98). The remainder of the research done by Amir (1993) however seems to support the inclusion and awareness of the therapist's values without infringing them upon the client, but understanding that they are influential and important factors in the interaction and relationship(Amir 1993). As stated by Amir, "An awareness and a change of the focus to a total, holistic view of the client can help the therapist in getting insights." (p. 98).

The research suggests that the awareness created around pacing and time in the interaction seems to be very important as well, Kirkebaek (2007) found in a study completed in Denmark that looked at the relationship that takes place when sharing musical stories between mother and infant, that, "Pulse is the fixed line of expressive events in time e.g. that the mother gives time to the child to answer."(p. 273). Additionally in this study there were factors that influenced the engagement, participation and experience of both contributors, "Quality is the melody and sound contours of vocalization, which is equivalent to tempo of the physical gestures. The story is the combination of pulse and quality, which allows the mother and child to share spirits, experience and emotions."(Kirkebaek 2007 p. 273). Kirkebaek (2007) connects this study to his study on the relationship between music therapist and client, the manners of engagement and awareness are related, "This study connects with the same method that Catherine is using with improvised music for the mother and child are improvising together through a "rhythmic narrative"(p. 273). Craig's (2007) findings were similar in the sense that if the client can relate to the music that they are interacting with then the experience is meaningful, "Music that reflects an individual's personality, identity, or unique style was demonstrated to exhibit increased meaningfulness"(para. 28). Engagement and awareness, then, according to the research, depend on the client's personal relationship with the music, as well as the client and therapist's relationship in the music.

Insight provides the therapist with some form of guidance in how to create meaningful moments in music therapy for their clients. Insight comes from being open in the active listening process. When in music together, "The emergence of insight is the result of a continuing process of constant listening to our inner selves, constant exploration of our client's needs, and constant decision making."(Amir 1993 p. 98). To accomplish this the therapist must understand that each client is their own individual and has their own process. As stated by Kirkebaek (2007), "A person creates a meaning in everything that he/she does with deliberate interest and innovative

purpose.”(p.272). In order to find some sort of order in classifying different aspects of insight, Amir (2007) reported four realms worth noting, “Insights occurred to clients while being engaged in a creative dialogue with the therapist (musical or verbal) and were experienced in four inner realms: intellectual, physical, spiritual, and emotional.”(p. 90). Amir’s study consisted of client’s who were able to talk about their insightful moments and share what they felt like and how they were experienced. The question becomes, how can one begin to find what these moments may be like for children with severe disabilities? Even within the moments of insight with clients who are able to talk about their experiences, therapists find that within the moments in which they were experiencing insight, intuition was their main source of guidance,

In these examples, the two therapists had a moment of recognition, of knowing with certainty how to proceed with what they were doing. They had a realization that occurred during a creative instance and became instantly expressed in that instance (Amir 1993 p.94).

Intuition guided the therapists to make certain decisions, however in Craig’s (2007) findings, the research puts a name to the measurable aspects of meaningfulness in music,

...meaningfulness exhibited in activities can best be studied and measured by examining the aspects of the activity that provide (a) security and efficacy, (b) purpose, (c) worthiness and self worth, and (d) value and importance for the performer of the activity. Further exploration into philosophical and theoretical interpretations of meaningfulness in general, as well as specific applications to music, will expand the scope of the definition (para.3).

#### Meaningful Moments, Existentialism, and Music Therapy

##### *Aesthetics and the Philosophy of Art*

Kirkebaek (2007) states, “The philosopher Immanuel Kant (1724-1804) considered aesthetics a philosophical discipline. The idea, that it is the relation between the piece of artwork and the participant that pronounces the aesthetic verdict, came from him.”(p.274). Kant’s beliefs were dissimilar to the previously held views of most philosophers of his time, that there is only an objective manner in which art should be critiqued (Kirkebaek 2007 p.274). After Kant, many philosopher’s still held the belief that art is to be considered for a purpose, which to some may place art back in the objective realm, however, the purpose for which it served made all the difference. Art’s importance was held in the belief that it served a purpose for humans, originally this belief was held by the past foundational philosophers such as Plato, who felt that;

The philosophers have claimed, with rare exception, that the value of music lies in its effects. They have further reasoned that if the value of music lies in the effect which it produces upon the listener, then the proper function of music is not to convey pleasing sounds and rhythms which merely charm the senses, but to produce certain reactions in the listener that will mould him into a “good” man.(Portnoy 1980, p. 218).

Eventually this foundational belief, that music serves a purpose for man was reiterated in a new fashion by the works of Martin Heidegger, “Art was said to be in a privileged relation with truth, as something able to uncover falseness and superficiality – an example of someone with this perception is Martin Heidegger (1889-1976).”(Kirkebaek 2007 p. 274). In this light, music serves as the ultimate catalyst for finding truth, as opposed to the original form of thought that music only effected man into being a better human, now it serves to reveal truth for human understanding. This form of thought taking away the stark contrast of the ideals of “good” and “bad” and replacing it with “authenticity” in whatever form that may be. In a movement

occurring in the 17<sup>th</sup> century philosophers began to move towards a school of thought that invited a more qualitative approach to their thinking. They began to take into consideration (and validate) the experience of the individual, as opposed to the original forms of thought that solely relied on rationality and reason for all valid forms of information. This change moved the aesthetic of music from an objective state of existing to a more subjective state of being (Kirkebaek 2007). As defined by Kirkebaek (2007), “Aesthetic means to feel or sense.” (p. 274) and the aesthetics of music then became important to philosophers and musicians in this era, which paved the way for music’s therapeutic benefits to come to life.

### *Psychology Of Being*

“Martin Heidegger is generally taken as the fountainhead of present-day existential thought.” (Rollo May 1958 p. 15). Heidegger’s works not only shifted the original view of man’s relationship with art, but also shifted the view of how man’s relationship with the self was understood. Martin Heidegger is essentially viewed as the father of existential thinking (Rollo May 1958).

Existentialism is further described by Rollo May (1958) as, “Existentialism, rather, is an expression of profound dimensions of the modern emotional and spiritual temper and is shown in almost all aspects of our culture.” (p.11). This may seem quite esoteric in its explanation however the essence of the existentialist way of being was thought to be this, “The existentialists are centrally concerned with rediscovering the living person amid the compartmentalization and dehumanization of modern culture, and in order to do this they engage in depth psychological analysis.”(Rollo May 1958 p. 14). The human being is never in a stagnant position of existence but an ever-evolving one that recognizes *being* or existing as a fundamental philosophical base. The point of this philosophical form of thought is to not focus on the reaction of the experience of the client but to look deeper into the person who is doing the reacting and experiencing. As stated by Rollo May (1958), “The term “existence,” coming from the root *ex-sistere* means literally to *stand out, to emerge.*” (p.12). The concept focuses on the opening of awareness, or one’s own ability to be aware of one’s own existence. “The recognition of existence and awareness is not to be deemed in this light an overly-romantic idea but is an essential component in our human subsistence.” (Rolly May 1958 p.12). The purpose of existentialism is to recognize one’s own state of being and to begin to understand one’s own movement in and out of this awareness over the period of the lifespan, a circular process of becoming and being and then forgetting (May 1958). May (1958) states, “Existentialism is an attitude which accepts man as always becoming, which means potentially in crisis. But this does not mean it will be despairing.” (p. 17).

### *Reason*

We are now in a position to see the crucial significance of the existential psychotherapy movement. It is precisely the movement that protests against the tendency to identify psychotherapy with technical reason. It stands for basing psychotherapy on an understanding of what makes man the human being.(Rollo May 1958 p. 35).

Portnoy (1980) states, “The musician has always claimed that the proper function of music is to appeal to emotion; the philosopher has always been disdainful of music because it does not primarily appeal to reason.” (p. 219). When using “reason” in it’s original meaning in which it is somewhat all encompassing in the ways of knowing, music does in fact appeal to reason.

Musical aesthetics, experiences and observations when used with the original term of

reason may therefore become an acceptable manner in which to gain information about the human being. The existentialist's way of understanding art and music validates the methods and reason involved in the practice of music therapy. As later supported by Portnoy (1980),

Music is, above all, what we psychically endow these melodies and rhythms with from our own experience, hopes and aspirations. Music is, to our civilization, a cultural phenomenon through which one man communicates his emotions to others in a form more emotionally provocative than any other art form. (p.233-234).

Portnoy (1980) limits his explanation of music's affects only to communicating emotions, however there seems to be a contradiction which he earlier states in his writings,

Music has been regarded by the theologian and philosopher alike as a means of improving or corrupting morals. The philosophers have considered music as either a mere sensual pleasure or great spiritual force, and as a therapeutic for the body and soul of man.(p.220).

### *Truth and Reality*

There remains a chasm between truth and reality. And the crucial question which confronts us in psychology and other aspects of the science of man is precisely this chasm between what is *abstractly true* and what is *existentially real* for the given living person. (May 1958 p. 13).

In therapy a psychologist or therapist can become easily disconnected from the client if one doesn't make a consistent attempt to think about the way that the client relates to themselves and their world. There may be a "truth" that stares the therapist in the face but the fact of the matter is that for the client what is real *in their way of being* may very well contradict the "truth".

When working with children with severe disabilities where the communication is a challenge, there must be a different approach in the way that the therapist attempts to understand the child's reality. The way that the therapist relates to the world and sees truth and reality is obviously very different than the experience of the child who grew up with a completely different orientation to the world. Boxill (2005) speaks about the music therapy modality in this light when she writes;

This modality has thus been found, particularly at the low range of the continuum of functioning, to be the only means of bridging the gap between the person and the immediate environment; it is a most effective means of bringing the person into present reality.(p.22).

The fact that the client has past and present relationships in their lives will also influence their take on their own truths and realities. The client has a relationship with themselves, with the therapist, with the music and their entire present experience. As stated by May (1958), "When we are dealing with human beings, no truth has reality by itself; it is always dependent upon the reality of the immediate relationship."(p.27). Therefore, for a client to have a meaningful moment, their experience of reality has to serve a purpose for them, there has to be some type of existential awareness that this moment is temporal and that there is something motivating or something that is valued in that moment(May 1958). May (1958) confirms, "The patient's talking will not help him get to the reality until he can experience something or some issue in which he has an immediate and absolute stake."(p.28). Music in its temporal qualities may just create for a client that experience.

### Authentic Therapeutic Relationships

In authentic therapeutic relationships it is important to ask ourselves what Rollo May

asked himself in 1958, “Can we be sure, one such question goes, that we are seeing the patient as he really is knowing him in his own reality; or are we seeing merely a projection of our own theories *about* him?” (p.3). In this therapeutic relationship each member of the dyad effect one another as does the music that is played. Coker states, “Thus, our musical experience is social in nature, because it involves us as listeners with that musical organism; listener and musical organism interact and affect one another.” (p.27). This is not a negative experience in terms of transference or counter-transference it simply is. May (1958) states, “The fact that the therapist participates in a real way in the relationship and is an inseparable part of the “field” does not, thus, impair the soundness of his scientific observations.” (p.27). It is a method of balance in experiencing a relationship and yet being able to separate oneself enough to still remain an observer of not only the client but of oneself in the situation. Once trust has been established in an authentic therapeutic relationship the client then can make a commitment to his own therapeutic process. Then the client may open themselves more to self awareness, “Is not the more fundamental principle that the patient must find or discover some point in his existence where he can commit himself before he can permit himself even to see the truth of what he is doing?”(p.28). Therefore, a therapist’s duty is to facilitate this authentic process and allow for it to unfold in a safe space.

#### Meaningful Moments in Music Therapy when Working with Children With Severe Special Needs

This final section is where there is a hole in the research. More research needs to be done in this area. There is plenty of research on music therapy and children with special needs and a mild amount of research that has been done on music therapy and meaningful moments, however no research has been done, that this researcher was able to find on specifically meaningful moments in music therapy when working with children with severe special needs. The hope is that this study will influence other members in the field to further inquire about this topic and begin to provide the data and research needed to further our understanding of these amazing moments.

CHAPTER 3  
METHODOLOGY  
Theoretical Approach

This qualitative research study has combined two different methods. It combines certain aspects of naturalistic inquiry along with certain aspects of a phenomenological inquiry. This study first looks to explore the personal and professional opinions of two expert music therapists through a sixty to seventy five minute phenomenological interview. In this way I will not be influenced by my preconceived notions about “meaningful moments” in music therapy with children that have severe special needs, and simply be open to what each therapist has to say about their own experiences in their work and music. Although I am fairly certain that each therapist will have their own personal experience, my hope is that in reviewing all of their data that there may be some consistent findings among these experts. The hope is that there is perhaps a common thread to be found that enables music therapists to create an ideal environment for which children can flourish in their therapy.

Capturing the essence of “meaningful moments” in therapy is a complex and in-depth challenge; therefore I also chose to include an observation of a live 30-minute or 60-minute (depending on the educational program) music therapy session. This session will include either the participating music therapist and an individual client or dyad. The client(s) will be chosen based on the therapist’s judgment of how well each child may benefit and respond to music therapy. This session will take place after the first 60-minute interview. This videotaped session is considered a naturalistic approach in the sense that I will only be observing the therapy session, and will do nothing else to interfere with the therapist or child’s therapeutic process. The child and therapist will engage in their therapy session just as they would any other week. There will be a video camera that shall record only the therapist’s interactions; this will protect the child’s identity. The reason for this observed session and videotape is not to determine a cause and effect relationship, nor is it an attempt to determine that the therapist’s interventions were the *solitary* reasons for a child’s successful progress. The session is meant to provide the therapist with concrete examples of their work that they may evaluate and discuss after having viewed the tape. The therapist may then observe the natural happenings that occurred during the session and determine whether or not the therapists support or challenge what they had stated in their previous interview. The opportunity for this discussion will take place in the form of a 30-minute interview after the music therapy session has been completed.

The difference between these two methods is that in a “phenomenological inquiry” there is a possible fundamental structure to be found in each set of human experiences. In “naturalistic inquiry” all events and happenings that occur are influencing the outcomes, and therefore there is no single method or intervention that can claim precise contribution to the client’s progress (Aigen, 2005). The first method is introspective and the second is inclusive of all influential factors. Both are important worldviews that may co-exist. The point of this combined method is not to contribute the therapist’s doings as the sole reason for the client’s progress, the point is to become aware of what is occurring in the relationship between client-therapist and music that (in the therapist’s opinion) facilitates the client’s experiences of meaningful moments. In witnessing each therapist’s personal phenomenon of meaningful moments in and out of session I remain loyal to the method of naturalistic inquiry. In attempting to study and witness their personal experiences of this phenomenon and what “meaningful moments” consist of, as well as how they differentiate those moments from other moments, I remain on the side of the methods of

phenomenological inquiry (Forinash and Grocke, 2005). It is the therapist's lived experience as well as an observation of the therapist working experience within their natural environment.

#### Ethical Concerns

To ensure all ethical concerns were met, a Letter of Informed Consent shall be sent to each of the participating therapists in this study (See Appendix). The Institutional Review Board of Lesley University approved this study. A permission slip has been sent to the legal guardians of the children who will be observed during their session. An informed consent form was not necessary for these children for as an observer I am not directly interfering with their therapeutic process. All participants will remain anonymous unless otherwise specified. The videotape that shall be recording the music therapy session is to only record the therapist's actions. These recordings are only for the purposes of the study and all data shall be kept confidential.

#### Participants

The participating therapists had to have had at least five years of prior experience in working with children with severe special needs in order to qualify for this study. I have not known either of them personally prior to this study. I have however, met some of them professionally through my work as an intern. Each therapist has come from a different educational background. Both therapists work in a special education setting, however, one specializes in working with children diagnosed with visual impairments (a residential school) and the other specializes in working with children that have multiple severe special needs (an education program that is located within a hospital).

#### Data Collection

In order to collect my data I used a semi-structured interview format for the first hour long interview with each participant. I entered each interview with a list of questions for each participant that were the same. If the respondent touched upon something of interest to me I would leave my format and ask them to speak more about what they were talking about. This did form the possibility that my results would not be as consistent as possible. However, because the topic at hand is very esoteric in nature and varies in experience from person to person, I felt that variances in consistency may in fact provide more insight into the multiple perspectives of meaningful moments in music therapy. The interviews were videotaped and audio-taped for transcription purposes.

After this interview an observed session was scheduled with each participant. One participant (participant A) held a dyad session. The second participant (participant B) held an individual session. The session was observed by the researcher, videotaped (the therapist only) on a video-camcorder and audio-taped on a tape cassette.

Finally, the closing half-hour interview was also a semi-structured format yet these were tailored to each participant. The last interview was a reflective and responsive process of reviewing parts of their session (on video) and discussing moments as they pertained to topics that came up in the first hour-long interview. This interview was also video-taped and audio-taped. The questions asked of the participants in this interview were open ended and asked for the participant to comment on whether or not the observed session supported or counteracted what they said before. Other questions simply probed deeper into specific moments on the tapes to inquire about their meaning.

#### Data Analysis

The hour-long and half-hour-long interviews, for both participants, were transcribed in full and scrupulously read through numerous times. Upon reading the hour-long transcripts seven main



themes that pertained to the occurrence of meaningful moments were derived and sectioned off. The seven main themes are as follows: You can start the next chapter

- Environmental Structure
  - Musical Structure/Models/Foundation
  - Session Structure/Boundaries
  - Therapeutic Environment
  
- Relationship
  - Building a Relationship
  - Together in Music
  - Relationship with the Music
  - Trust
  
- Communication
  - Expression of Feelings
  - Two-Way Interaction
  
- Awareness
  - Client Self-Awareness
  - Awareness of Others
  - Therapist Self Awareness
  - Improvisation
  - Supportive Guide
  - Planning Ahead
  
- Empowering the Client
  - Honoring The Client
  - Facilitating Independence
  - Empathy
  - Music as a Vehicle for Expression
  - Ownership
  
- Silence/Space
  - Allowing Clients to Find Their Own Voice
  
- Transformation
  - The Shift
  - Development and Emergence of “Self”
  - Connections
  - Being Heard and Hearing Others
  - Amazement

After having read the transcripts the researcher went through them and highlighted quotes that were relevant or important. The highlighted quotes from each transcript were then cut out into

pieces and placed in their corresponding poster board that was labeled with the main theme. To analyze the half hour interview, separate poster boards were made in order to assure clarity, with the matching themes labeled on the top, (i.e. Environmental Structure, Relationship, etc.). The hour-long poster boards and the half-hour-long poster boards were then matched up. A final poster was made for each theme section that had four sections on it. This final poster compared similarities, (section 1) and differences, (section 2) in data results first for the hour-long interview and then secondly, for the half-hour-long interview (sections 3 and 4). This final poster was recreated for each theme, and served as an outline for the writing of the final results section.

The results chapter will share the themes and sub-themes that transpired from the interviews along with direct quotes that support the findings. Some themes were explained in depth with examples provided by the respondents, I felt it was necessary to include them so that a full comprehension of the data is conveyed.

## CHAPTER 4 RESULTS

The results that the data analysis process produced are referenced below. The insights and powerful anecdotes that were shared from this study's two respondents will forever remain invaluable to me. The interview process and opportunity that was granted has been an amazing learning experience, I thank them for their time and what they shared.

### Environmental Structure

*Musical Structure/Models/Container.* Both participant A and B began by talking about using musical structures as a basis for which a client may then explore their musical environment safely. Participant B referred to providing musical structure in a session by using a metaphor of walls, "...you have walls around the response and it's like, see what they get, the response where, whatever's going in and the session goes a little bit too much one way, they hit that wall, and as a therapist you're providing that place that they're not going to, that they can't go out of, and you're keeping everything structured." Both participants use musical structure to provide a foundational base in which clients then feel supported so that they may come into their own. Participant A stated, "I have to really set some clear musical models out there and I mean, I have to provide some kind of structure, some kind of foundation for them to then start emerging, and to show more of who they are." Participant A also talked about using different types of musical genres in order to create different types of environment for his clients, "Another part that makes it a meaningful moment for me is that there's a wide range of musical, usually musical genres or the styles that, that go on within that session, that it's not just about, you know, musically looking at it in, through one lens of musicality that, that there are lots of genre, or maybe not lots, but at least more than one." Participant B did not mention different types of musical genres in his hour-long interview, however he did refer to using a format of "A section B section" in a song to use varying types of dynamics, quiet and soft versus rhythmic and loud. Comparably both participants were using different variations of a similar idea. Within the half-hour interview both participants supported their previous statements with concrete examples of using musical structure, whether it be melodic structure (participant B) or the use of a musical story (participant A).

*Session Structure/Boundaries.* Participant A talked about knowing when to jump in to help a client, or when to get out of the way, playing with the "walls" metaphor he touched upon

boundaries, “We could jump in on a lot of things and kind of knowing when to jump in, and just give a little something direction, the group may be coming towards one of those walls, so you jump in and give some direction and pull the group back in, away from the wall, but if they don’t hit the wall, then you stay out of the way.” Similarly Participant B talked about boundaries and providing direction, “...my job is to stimulate some kind of creative act, in the direction that they need to go, so, but they’re going to determine what that creative act is...” The boundary is created by giving the client the freedom to choose which direction they would like to go in, yet still remaining present as a guide and facilitator. Participant B touches upon this as well stating, “...the client really gives us a lot of direction on how we’re going to build that container, I guess. I mean I think they are the ones that really give us the clues to how we want to shape that environment.

*Therapeutic Environment.* Both participants talked about creating a nurturing environment in which the client can feel safe to explore their musical world. Participant A speaks about this concept literally in saying, “I know that in that moment the client’s suddenly in touch with something that they couldn’t feel or feel comfortable showing in such a nurturing environment...” Participant B talked about creating a nurturing environment in a more general sense and touched upon the fact that sometimes it doesn’t always work out the way one plans, “you just know that you did your best job to create that space for it to happen and if it doesn’t happen you know, I mean that’s why we see people twice a week...” The differences in the participants responses was that Participant A talked more about being in the present moment and how that pertains to the environmental therapeutic structure, whereas participant B touched upon how the therapy room is literally set up and how one physically sets up their group and the therapy room. Both aspects are valid contributions to creating a therapeutic environmental structure.

### Relationship

*Building a Relationship.* The development of a relationship is something that was referred to as a process that occurs over time. Both participants talked about the progression of building a relationship as a developing process. Participant A talked about this twice stating, “I mean trust, I see as something that needs to be developed and very early on in the whole process” and, “And then what starts to happen is that (the boundary wall of a client) breaks down in the meaningful moment and there’s a transcendence, there’s a kind of this bridge that forms in a meaningful moment...” Participant B refers to this developmental process of relationship in his statement, “I mean yeah you’re definitely thinking about past, because that’s how you know it’s a meaningful moment because you’ve, you know I mean obviously you could be...short of seeing someone in an assessment situation, you’re comparing what’s going on in the present to all the things that have come before it in the past. Or at least like, however your mind has catalogued previous experiences and your relationship together.” This developmental outlook can be seen in both participant’s perspectives however, participant B’s significant level of focus on past, present and future, differs significantly from participant A’s focus on the present, here and now moment. As he states, “...a mutual bonding happens. And again, it’s happening in the now...”

*Together in Music.* Both participants talked about being together in music as a large piece that takes an important role in forming a meaningful relationship. Participant A refers to being in music together as a “co-creative experience” and participant B refers to it as the “highest level” of meaningful moments. Each participant addressed the occurrence of bonding that takes place

when therapist and client or client and client are in music together. Participant A states, "...they were trying to figure out, how to make a friend and how to make, kind of find their relationship with each other." This quote was within the context of two clients playing and interacting within a musical story together. Participant B refers to bonding in this way, "...the individual might give us a note, so they're throwing something into that space and it's our job to, do we grab that note and craft it somewhere and then throw it back to them, and then they're, you know...but the music's what actually filling that void and the person is going to be, has their role that we already discussed, and the therapist has their role, but the music's what's going to be connecting things."

*Relationship with the Music.* The client not only has a relationship with themselves, their peers and their therapist, they also have an established relationship with music. As stated by participant A, "I would try to capture that in the music too, and I would try to bring that in, so that they would somehow get the sense that, that they weren't alone." Participant A uses dynamics to try and help the client build their relationship and awareness with the music, where as participant B talked about the music relationship more directly, "I think they come, the come in with this previous history of their time in other things in music, different relationships of music and then your personal relationship with them."

*Trust.* Both participants agreed that trust is a vital dimension in creating a meaningful relationship. Participant A states, "And, and without trust, there's really, it's hard to establish a, a way to discover and reveal who we are." Participant B states directly, "I think the client hopefully, you know, has some remembrance of that relationship and the trust that's been built..." The half-hour interview revealed that for both participants there are challenges in building effective trusting relationships with clients. They also both stated that clients have some form of awareness or acknowledgement that there is a bond between them and another person. Finally they both touched upon the fact that in a reciprocal relationship the roles of leader and follower become interchangeable. The differences in opinion were that Participant A actually uses the term "friend" as well as "therapist" to describe his relationship with his client. This multi-faceted relationship piece was not something that was mentioned by the other therapist. Additionally, therapist A had a session of two clients and so he spoke about the challenges of balancing those relationships, versus therapist B talking about his challenges with his individual client. This discrepancy is interesting to take note of however it doesn't seem to impact the fact that there are challenges in both scenarios that therapists face. Within a larger context, meaningful moments are not limited to only occurring during individual sessions or dyad sessions.

### Communication

*Expression of Feelings.* Both therapists stated that they believe that music acts as a communicative voice for those who have difficulty and/or challenges with verbalizing feelings and/or emotions. Participant A spoke about his efforts in modeling how he uses his voice to express his emotions in the hope that his clients may do the same,

"I'll provide them with either instruments or I might model it with my voice and using music is a way to communicate something that is going on. Maybe it's a sense of frustration or a sense of disappointment and I'll show that, or I'll try to demonstrate that with my own voice."

Participant B talked about music as a form of communicating between two people for those who have difficulty verbalizing as well, "...it plays the thread between the two people. It plays the

means of communicating, especially for a lot of individuals who maybe, you know, do not have a verbal means...” Both participants believe in music as a form of communication and that through the development of a communicative relationship, through music, meaningful moments may occur. Participant B supports this idea with this statement,

...those magical moments I’m talking about or when it’s like, it’s so undefined who’s calling and responding, who the leader is, who the follower is, you’re just both together there in that, in that moment and I think, it sounds kind of flowery, but it’s actually probably the most advanced form of real social kind of communication that can occur in a musical setting.

In a way participant B’s statement above also connects back to the aforementioned idea of the “here and now” concept that participant A originally spoke about. However, the majority of his interview participant B focused on using past and present experiences to inform future ones.

*Two-Way Interaction.* When asked about what may be some of the defining attributes that make up a meaningful moment in therapy, both participants mentioned that there is some type of two-way interaction that occurs. This “back-and-forth” form of communication is referred to directly, as well as indirectly by both participants. Both of them talked about the use of call and response within the music as well as playing with the roles of leader and a follower. Participant A talked about two-way interaction in this manner, “...the other big part of it is, is that there is some kind of, some kind of interaction, usually vocally at least where we have an exchange of some sort of language...” Participant B confirms,

Well, obviously it’s a, it’s a two-way interaction. I think the client has a lot, I think there’s a lot of responsibilities, not responsibilities, but there’s a lot of things that the client has to, that have to be working for the client in order for them to be open and to engage in that kind of interaction.

The importance of this reciprocal manner of communicating was further supported by recollections of this type of interaction occurring in the therapist’s observed sessions.

There were two types of reciprocal dialogue that were identified by both therapists, one was a musical dialogue, i.e. clients using instruments that may call and respond to one another.

Another form of dialogue that was identified was simply linguistic dialogue that occurs between client and therapist or clients among one another. Another important aspect of communication that was mentioned in both half-hour interviews was that the therapist has to find a child’s language. Each child has their own manner of communicating, and both participants touched upon how important it is to learn about each individual’s language and how to then go about using it with them in an appropriate manner to further open lines of communication in the therapeutic relationship.

#### Awareness

*Client Self-Awareness and Awareness of Others.* Awareness in general ended up being a very large and important theme that was repeatedly addressed by both participants as it pertained to meaningful moments in music therapy. The different types of awareness that were addressed created a multi-faceted approach to gaining insight about the self as well as others. Participant A again returned to talking about the present moment and the development of awareness for the client as coming into the present,

I get the sense from as far of what I pick up on that there’s a sense of coming into the present, coming into the now, coming into something that is mutually shared, that goes, that almost transcends the perseverative type of typical behaviors.

Participant B talked about client-self-awareness as well in this manner,

...all of a sudden one day whenever you're playing for some reason they fall into a pattern and they, you know, and there's that awareness piece, maybe that's the next thing, is a clear shift in awareness for the individual.

Although this was repeatedly talked about in the hour-long interview, both therapists were very focused on their own self-awareness when it came to watching the videos in the second interview. They mainly talked about their own sense of self-awareness in the half hour interviews. However, the client's heightened sense of self-awareness often times is found to also enable them to become more aware of others that are playing with them as evidenced by Participant B's statement,

...And all of a sudden for whatever reason something clicks and all of a sudden, it, for the therapist and for the student, it becomes very clear, the both, especially for the student, they become aware that their playing is having an effect on somebody else...

Participant A's quote that was first mentioned in this section also supports this awareness of others on the behalf of the client in his statement, "something that is mutually shared", not in the physical sense of sharing an instrument but more within the context of the sharing of awareness that therapist and client are having a moment together.

*Therapist Self Awareness.* Both therapists were very hard on themselves in terms of being self-aware and knowing their limitations and biases. They talked in depth about what goes through their mind during a meaningful moment as well as how they process in their minds what may be the best possible interventions for the client. They also both talked about self-awareness in terms of knowing how to separate their feelings from the client's feelings. As addressed by participant A,

...and I think that's kind of the foundation for a lot of what I try to do, is pulling back, waiting, and listening, and out of that I feel I can be a much more supportive, present, creative therapist in that sense.

Participant B also supported this idea in saying,

I think if I am feeling anything, it's quickly to figure out why I am feeling this way. And then, and then is it impact... is it how I'm feeling, does it matter, it is impacting what's going on, is it influencing the course of things? I mean, I guess there's feelings that come from the music, and then there's feelings that come from the session.

In their half-hour interviews the majority of the awareness piece came up for both therapists in the areas of personal-self-awareness. They often questioned themselves, or reaffirmed why they chose a specific clinical intervention. Due to the nature of the work and the context in which this researcher was asking the therapists to reflect on their session, a self-reflective process occurred. This process was in-depth and proves the validity of therapist-self-awareness during and after sessions.

*Supportive Guide.* Each therapist talked about their role in a meaningful moment and what it means to be a part of such a situation both of them came to the same conclusion that their role is to support the client in the music and guide their journey or process. In being supportive both therapists remained vigilant in talking about how they balance the guidance process with stepping back. Stepping back and giving directives are two aspects that involve self-awareness on the therapist's part, however they have been repeatedly addressed in other areas and so evidence in this section was omitted to avoid redundancy.

*Planning Ahead.* Within the occurrence of a meaningful moment and in speaking about

awareness with the participants, something that was interesting that came up was that after the acknowledgement and awareness of the occurrence there was an immediate following concern with planning ahead. Both participants, as they described a meaningful moment, then went on to address that before it's even over they immediately begin to think about whether or not the client will be able to retain what they learned, will it remain consistent in other activities that they complete in their day, and what as a therapist, one should do next? Participant A stated, "...I will start to wonder is this client going to be able to carry that on, I mean, and so there's a real sense of concern." Participant B also touched upon this in stating,

I think a lot of times we have to be like where's the goal work or I'm thinking what's, what am I working on here, and maybe we've already met a goal and okay, I've got to meet my next goal, you know. So I think sometimes those are the feelings that I have to keep in check in the process sometimes.

This immediate need felt by both therapists, to know what to do next, seems to clash slightly with the aforementioned, "present moment" idea that they both talked about in some way. However, it is obvious that there needs to be some kind of structure and understanding of where to take the session next on the behalf of the client. Upon reviewing the evidence, balancing this "present being" and "future planning" is a challenging aspect of the work.

### Empowering The Client

*Honoring The Client.* A theme that was repeatedly touched upon by both therapists was the authentic need to honor or empower the client. The way in which this theme was talked about was both directly as well as through other concepts, such as; giving the client a sense of ownership over what they are doing or playing, and giving the opportunity for a client to do activities independently. Participant A spoke about honoring a client's decision to take the music in a different direction. Participant B supported honoring the client by stating that he tries to honor whatever the client comes into session with, or accepting the client as they are, and whatever type of situation or mood they may be in. Participant A touched upon ownership in this way, "I'll use it maybe nonverbally or in a way that...and, and I try to do it without taking the, like I'll try to do it by example rather than taking the experience from them." Participant B also stated something similar in saying,

...trying to go with what's preferred and whether it's music or just whatever...trying not to impose too much of my own agenda even if I am going to impose my own...you know like we're doing a song with a specific topic or we're trying to do something, I'm trying to take as much as I can from the person.

In this way the topic of facilitating independence and opportunities in which to build up the client's sense of autonomy were repeatedly addressed. Within the half-hour interview both participants statements about the observed session supported the above statements with concrete examples of these concepts. Participant A stated, "...and he needs that, I feel so much these...you give him that space, to feel empowered and in control." Participant B also stated,

... I think that for him to be able to experience what it's like to be in a social relationship where he has control but he's doing it in a positive way. Moving things that are very constructive, conversational way I think it, you know, I think that's very meaningful for him.

Both therapists make clear and honest attempts to consistently find ways to facilitate independence, a sense of autonomy and ownership for the client.

*Empathy.* There is an awareness that is presented by each therapist that addressed the issue of having an empathetic ability to try to understand where the client may be coming from. This remains necessary to the work, as stated by participant A, because one does not know what it may feel like to be in the client's shoes, "I think sometimes that, that clients will appear to be displaying certain behaviors or responses and yet what's going on for them could be a totally different world that is shaping inside." Participant B demonstrated his awareness about empathy by describing a particular psychological theory that he believes is a great approach at making an attempt to understand where the client may be coming from,

It's, you may be incredibly spatially intelligent, but perhaps you really struggle with interpersonal or intra-personal skills. Or something like that, so...and his thing is that working on one will then help all the other kinds of intelligences. That's a hard thing to quantify but it's something that I really believe in.

Both therapists further supported the use of empathy in their work by showing empathy towards their clients after having viewed the session on video. They both talked about their clients often being in a position outside of music where they are dragged from one place to another, told what to do, and have little control or power over their own world. They both spoke of music therapy as being a way that they may access those feelings.

*Music as a Vehicle for Expression.* Both participants talked about music being the main catalyst in what enables a client to truly express themselves in the music room. Participant A addressed music as setting an example in stating, "...oh yeah, I can show my frustration *this way*." Participant B also stated, "I think that viewing that music as a real strength if that's the core way that somebody's going to be able to gain access to the world..." Concrete examples that were given in the half hour interview again supported these statements.

### Silence/Space

*Allowing Clients to Find Their Own Voice.* Another aspect deemed equally essential to facilitating the possible occurrence of a meaningful moment was the aspect of creating space and honoring silence during sessions. Both participants stated that it is of the utmost importance to sometimes get out of the way and allow clients to find their own voice. This can also be seen as one of the many methods that not only honors the client and creates a sense of dignity but it is also a method that fosters independence and a sense of ownership within the client. As stated by participant A,

...I think a big part of meaningful moments lie in the silences, and in the pulling back, even though I have in my gut oh wow, this chord sounds so cool in here, or this rhythm would be great, I have to kind of pull back as a therapist.

Participant B also supported the use of silence and space by stating,

Sometimes the most important role is getting out of the way, and not, you know, not doing, not just saying not doing anything, but that like...oh that's a hard thing to understand, getting out of the way or not doing anything, is a very valid and very important clinical choice to make a lot of the times.

Within the hour-long interview both therapists validated that silence is a necessary tool in therapy and in the hope of the occurrence of a meaningful moment. The differences in the manner in which each therapist uses silence differed, participant A talked about the philosophical



meaning of silence and how it serves us. He states,

...and just the idea that in every pulse there's a space for silence, there's a space for sound and you find this even in vibrations and I, I was fascinated of, always been fascinated with how, again, silence is as important as the sound we hear and without the silence there can be no sound.

Participant B talked about the use of silence to create humor within a group, however, later on he differentiated between the space or void between two people that music can fill, and the space we use as clinicians within music itself. He states,

...so there's space, music fills that space. I mean the amazing thing about it is that it's this critical tool that we can use and, and by space, I mean like physical metaphorical space. I mean obviously there's like I mean using space, musical space in music is a whole 'nother kind of space...

There are many different aspects to the concepts of silence and space in music therapy. This is surely an area that can use more research in terms of differentiating the multiple aspects and definitions of these words in therapy.

Within the half-hour interviews both therapists supported their previous general statements about the value of silence by stating from example that leaving space or silence in the music creates opportunity for the client. They differed in how they each used the spaces that they created, participant A used silence to signify waiting, listening to the client, as well as the client needing personal space and finally as an opportunity to have their voice be heard. Participant B used spaces in a more psycho-educational goal orientation in the way that he used a space as a, "fill in the blank" anticipatory space, or finish the sentence or phrase. He also used space in session to allow for the client to process the moments that just occurred in music.

#### Transformation

*The Shift.* Within the context of a meaningful moment both participants additionally spoke about the undeniable incidence of some sort of emotional shift or transformation that affects the client and/or therapist's way of being. This shift was noted, by both therapists, to be the remaining constant in the occurrence of a meaningful moment in the manner that it is the main attribute that defines that a meaningful moment has occurred. Participant A supported this in stating,

I think that one of the big things that consistently happens is that there's some kind of transformation of some sort, on the client's part, that they either reach a new insight or that they reach another way of relating on some level...

Participant B also supported this in his statement, "...I would say one thing that's consistent is like when that, when a moment has happened, it, like whether the person can fully express it or not, they don't... well they leave the session differently." This consistent occurrence of a shift was further supported by statements made in the half-hour interview referring to shifts that occurred within the observed sessions, some small, some large, some goal oriented... Participant A spoke about a client's shift in beginning to join the group in music and participant B spoke about a client's major shift that occurred concerning his verbal abilities.

*Development and Emergence of "Self"*. In the event of a transformation a client is often viewed to have emerged to show their true self, or they may have some type of heightened self awareness, this was expressed by participant A in his statement, "...meaning the client really got, got into this and discovered or emerged or came out of something." Participant B also expressed this emerging of the self in his statement, "I think it really does affect the psyche of those leaving the room, especially those who were able to express it, so I can only assume that... perhaps for

the student where it's a little bit more difficult.”

*Wanting to Be Heard and Hearing Others.* The participants now have determined that an emergence of self for the client also takes place within the transformational shift. The participants also noted that this shift in awareness also may lead to a heightened sense of awareness in feeling that their voice is heard or needs to be heard, and that they, in a reciprocal way, may listen to others as well. Participant A evidences this,

...a lot of what I pick up on, is the emotions, the language of the emotions that come through, the frustration with either not being heard or not being acknowledged somehow or the sense of I'm really proud of what I just did.

Participant B supports the concept of clients being able to hear one another within this shift in his statement,

... And their parts were really important for each other, like one person had to play these three notes and then the other person had to answer back, with three different notes and it worked together in this, in like a song we're doing.

*Amazement.* Finally, within the context of the transformation that occurs within a meaningful moment in a music therapy session both therapists admit that there is, at most times a sense of wonder and amazement that the moment occurs. Participant A stated this in saying, “I definitely feel a sense of relief, a sense of just wonder that, and a sense of amazement in your, in your, this client being able to reach that.” Participant B supported this feeling of amazement by describing his sense of disbelief,

...when I feel like a moment is really...like I feel it, know, really know a moment, something profound has happened or there, where there has been a group, or none or, or just a session with consistent kind of things happening, just one of those good sessions, I just don't, I don't feel like, it's not in my head.

Both participants, in their above statements concerning transformation and the feelings and observable events and behaviors that occur, show that there are aspects of meaningful moments that can be measurable and consistent among different therapists experiences.

## CHAPTER 5 DISCUSSION & CONCLUSION

With three main questions in mind I set out to discover, what are the significant benefits in using music therapy techniques and methods with children that have severe special needs, what defines a “meaningful moment” when working with this population, according to my two respondents, and what is so profound about meaningful moments in music therapy when working with this population? I believe that the two participants in this study answered these three questions in providing the researcher with major insight into what they deem are important dimensions in advent of a meaningful moment. They both addressed the significant benefits that they observe from their clients in music therapy, they both defined, in their own opinions, what makes up a meaningful moment and finally, they explained what aspects of meaningful moments are profound to them and why.

I want to clarify that my goal was not to scientifically find an equation or method that will automatically generate a meaningful moment, I don't believe that doing that is possible. What makes a meaningful moment in fact meaningful, is going to differ among different people. What one person deems meaningful may be seen as completely unimportant to another. However,

within the work that we do it is our obligation to make an attempt at providing substantial validity to subjective matters. I believe that in some sense there can be common occurrences that can be measured that will lay a foundation or perhaps open the door of possibility to the potential occurrence of a meaningful moment in music therapy when working with children with severe special needs.

The hope in conducting this study was that the emerging themes would prove to become foundational tools that we as therapists may come to understand and use in our work with this population. These tools are important not to begin to strive only for meaningful moments, they are tools that are used by two therapists that were found to be effective in building amazing relationships and connections with children who face challenges in communication and other various aspects. It just so happens that in using these tools, as evidenced by these two participants, that sometimes meaningful moments do in fact occur! More research needs to be conducted in order to determine whether or not meaningful moments could happen without these seven methods or themes also occurring. However, the hope was to provide the field with some insight into the magical moments that happen and to discover what one may be able to do as a therapist to further understand them.

The main challenge that seemed to be evident in discussing meaningful moments in music therapy with this specific population was that there is no sure fire way to measure if a child (with communication difficulties) is truly experiencing what they feel is a meaningful moment. As stated by the participants it is clear that there can be some observable changes/transformations that occur in verbal and nonverbal children, but it is important to keep in mind the statement made by participant A, "I think sometimes that, that clients will appear to be displaying certain behaviors or responses and yet what's going on for them could be a totally different world that is shaping inside." As therapists it is impossible to know for sure exactly what a child with severe special needs is feeling, this has been made very clear by the results that were derived from the interview data. In trying to name what a client may be feeling, when they are unable to verbally express it, one may do the client a disservice in taking away the ownership of the client's feelings.

The therapist's job is to act as a guide and to facilitate the process or journey of the client so that the client may experience an array of life's emotions and feelings. This connects back to the very quote that we began with, "Each song has an emotional content that it can impart to the children who sing it, a variety of songs with many different emotional qualities gives them experiences of a spectrum of emotional life." (Nordoff and Robbins, 1971, pg. 32). One may not always be able to determine what those emotions are, but as a therapist one does their best to meet the client where they are. Remaining true to honoring the client and in making every possible effort to facilitate the opportunity for a sense of ownership, these two therapists were engaging in the aforementioned concepts of Rollo May (1958), "Can we be sure, one such question goes, that we are seeing the patient as he really is knowing him in his own reality; or are we seeing merely a projection of our own theories *about* him?" (p. ) I believe the two participants demonstrated extreme efforts in remaining aware and conscious of this factor. However as also stated in the literature review section in *Psychology of Being*,

The purpose of existentialism is to recognize one's own state of being and to begin to understand one's own movement in and out of this awareness over the period of the lifespan, a circular process of becoming and being and then forgetting. (May, 1958, p. ). The two participants demonstrated this experience first hand in their hour-long interview, when

they touched upon their awareness of certain aspects of their work, and then they demonstrated the process of “forgetting” when they recalled mistakes or other occurrences that happened during the observed session (the half-hour long interview) that they were unaware of or would have done differently.

The major theme that seemed to penetrate all questions and topics was the theme of “being in the present moment”. This concept was referred to repeatedly by both participants, although participant A was more direct in his understanding and approach to the “here and now moment”. Participant B often referred to, “being in the moment” or “just really know a moment” or, “both together there in that, in that moment”. This concept directly connects to the Existential concepts that were addressed and researched in the literature review section as well. I believe that more research should be done in this area in order to discover what type of impact the theoretical basis of Existentialism has upon further understanding meaningful moments in music therapy with children that have severe special needs. The theories of Existentialism center on the idea that the present moment is valued because it is temporal, and I believe music to be a very supreme example or metaphor of this concept. Sound is extremely temporal and therefore is valued ever more so because within a moment it ceases to exist. I believe that this is why children, aside from the fact that music is simply fun to engage in, that children value music and are motivated by it, for as stated by participant A, it brings the client into the present, and as stated by participant B, it gives children temporary unlimited access to the world. Dorit Amir’s (1993) research in the field upon this connection between music therapy and Existentialism are in this case invaluable, however, further research must be completed within the work that is being done with this specific population to surely validate and confirm such a connection to be true.

I do not doubt that every music therapist in the world will state that in their own opinion there are many different tools or themes that should be used to create meaningful therapy sessions, however I do not think that this simple study should be discounted in the fact that seven main themes arose between two very different therapists who come from two different types of training and two different theoretical backgrounds. The seven themes match up strongly with the multiple concepts and aspects of research that were done in the literature review section, and warrants the continuation of research on this particular topic.



APPENDIX A  
INFORMED CONSENT FORMS

## **What is Significant About Music Therapy that Benefits Children with Special Needs?**

Dear Parents,

My name is Kayla Daly and I am a Music Therapy Graduate Student at Lesley University. This year I will be writing my thesis and my research needs your help!

This is simply an informational sheet that explains the purpose of my study and why I would like to have one of your child's music therapy session observed and video taped.

Music is a powerful aid in helping people to connect, socialize, communicate, heighten sensory awareness, often times inspires motivation and much more. My goal is to be able to interview your child's music therapist to explore the methods that they use and why they find them to be the most beneficial.

Often times as a teaching assistant I would hear other teachers and staff commenting on how music therapy seems to work like "magic" with certain children. I would even see some of this "magic" happening myself when I would help during music therapy sessions. Children would be more vocal, make huge efforts to participate, connect with their peers and become motivated to take part in the activities than they had before music time. I began to wonder, what was happening in therapy sessions that makes that "magic" happen? I also found myself asking "What is that magic?!"

This study is my attempt to de-mystify the magic about music therapy, and to find the particular methods that therapists are using that make this work so beneficial to children with special needs. The therapist will hopefully provide my study with insight concerning the meaningful moments that they share with children in music.

Attached in this packet is a consent form that further explains the purpose of the tape and observed session and why the tape and observation is necessary. It explains in detail the study's method and that the tape shall only be viewed by the therapist and myself. I ask you to read through this information carefully and if you choose to allow your child to be taped and observed, that you may sign the bottom of the form.

If you choose to consent, a copy of this form will be sent to you and one will be kept for my records.

I look forward to hearing from you soon!

Thank you for your time.

Sincerely,  
Kayla Daly  
Music Therapy Graduate Student  
Lesley University  
29 Everett Street  
Cambridge MA

*Kayla may be reached via email at [DalyKayla@gmail.com](mailto:DalyKayla@gmail.com), or via phone at 508-304-2415 to answer any of your questions and concerns regarding*

# **Information and Informed Consent Form:**

## **Study of the significant benefits of Music Therapy when working with Children that have special needs.**

**Principal Investigator:** Kayla Daly, Supervisor: Michele Forinash, Coordinator of the PhD program in Expressive Therapies, Lesley University

You are being asked to give consent to have one of your child's music therapy sessions observed and video taped and for that video tape to be watched by their therapist and myself for educational purposes only.

The purpose of this study is to identify some of the more specific foundational methods and practices that are used in music therapy sessions when working with children that have multiple disabilities. The way in which I will research this information is through a series of interviews that shall be conducted with your child's therapists. This study will attempt to find reason behind the positive outcomes that children may experience, to identify which methods are deemed the most beneficial and why they work so efficiently in the expert opinions of the music therapist. It will also explore how they come to be used and why they were chosen in the context of the therapeutic process.

*What role does my child play in this study?*

Your child will not play an active role in this study, the purpose of the recording of their session is to provide their therapist with a session that they may review and reflect upon. Your child will not be able to be identified on the video; the camera lens will be focused upon the therapist only. This tape will provide the therapist with a contextual experience that they may refer to when speaking about the beneficial therapeutic methods that are used in their sessions with children. There shall be no changes or influences upon your child's therapy experience other than the fact that it is being observed and taped.

*Why is my child's experience in therapy necessary to this study?*

The therapy session that your child will participate in provides myself and the therapist with an example of what an everyday session is like. By taping the session we are able to look back at the events that occurred during your child's therapy session. What interactions and events were meaningful and why? This tape gives the therapist a great opportunity to learn from your child and themselves, and it provides my study with support that there may be beneficial methods behind the "magic" that happens in using music therapy with children that have special needs.

*Is this safe?*

I can assure you that your child will not experience any more stress than what they experience throughout a typical day in school. However, if at any point in time you feel that it is necessary



to withdraw your child from the study you have the right to do so. The safety and health of your child is my number one priority. We are not asking your child to do anything more than participate in their typical music therapy session.

You will be personally interacting with only myself as the principal researcher. This research project is anticipated to be finished by approximately May 2009.

I, \_\_\_\_\_, consent to allow the participation of my child, \_\_\_\_\_ in one music therapy session that may be observed and video/audio taped by Kayla Daly.

I understand that:

- My child will remain anonymous unless otherwise specified by me and my child will be taped from behind so that they will remain anonymous. If I wish to identify my child in this study I will sign an additional consent form giving permission to do so.
- My child's session will be observed and video taped and used only for purposes of supervision, presentation and publication.
- Session materials, including reports, video or audiotapes will be kept confidential and used anonymously only, for purposes of supervision, presentation and publication.
- If for any reason I become uncomfortable or feel the need to remove my child from participating in this study I have the right to do so at any time with no negative consequences. If I choose to do this all information concerning my child and my child's identity will be destroyed.
- My child's participation in this study will not necessarily benefit my child's personal progress. Yet they will be contributing to the learning process and education of music therapists as well as aiding in the further understanding and research of the benefits that music therapy has upon children that have special needs.
- The audio recordings, pictures, and transcripts will be kept in a locked file cabinet in the investigator's possession for possible future use. However, this information will not be used in any future study without my written consent.
- The therapist is ethically bound to report, to the appropriate party, any criminal intent or potential harm to self.

Confidentiality, Privacy and Anonymity:

You and your child have the right to remain anonymous. If you elect to remain anonymous, we

will keep your records private and confidential to the extent allowed by law. We will use pseudonym identifiers rather than your name (or your child's name) on study records. Your name and your child's name) and other facts that might identify you will not appear when we present this study or publish its results.

If for some reason you do not wish your child to remain anonymous, you may specifically authorize the use of material that would identify your child as a subject in the experiment. You can contact my advisor Dr. Michele Forinash at 617 349 8166 or [forinash@lesley.edu](mailto:forinash@lesley.edu) with any additional questions.

We will give you a copy of this consent form for your records.

a) Investigator's Signature:

\_\_\_\_\_

Date	Investigator's Signature	Print Name
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b) Parent Legal Guardian's Signature:

*I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree for my child to become a participant in the study as described above. I understand that I am free to discontinue my child's participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.*

\_\_\_\_\_

Date	Parent/Legal Guardian's Signature	Print Name
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*There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Dean of Faculty or the Committee at Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138, telephone: (617) 349-8517.*

## **Informed Consent Form:**

### Study of the significant benefits of Music Therapy when working with Children that have moderate to severe special needs.

**Principal Investigator:** Kayla Daly, Supervisor: Michele Forinash, Coordinator of the PhD program in Expressive Therapies, Lesley University

You are being asked to volunteer in this study, as a music therapist, to assist in my thesis research on the significant benefits and themes that emerge from the process of using music therapy with children that have moderate to severe special needs. The purpose of this study is to identify some of the more specific foundational methods and practices that are used in music therapy sessions when working with children that have multiple disabilities. This study will attempt to not only find reason behind the positive outcomes that children may experience, but also it will attempt to identify which methods are deemed the most beneficial and why they work so efficiently in the expert opinions of the participating therapists. The therapists are providing the field with their testimony of their shared meaningful moments in music with children that have severe special needs. It will also explore how certain interventions come to be used and why they were chosen in the context of the therapeutic process.

You will be initially interviewed about your work with children that have special needs. You will be asked a series of open-ended questions regarding your professional and personal opinions concerning which methods most benefit the children that you interact with during your sessions. The interview will be audio/video recorded, transcribed and sent to you for assurance of clarity. The first interview session will be 60-75 minutes in length, take place in the most convenient/private place for you, and will be audio/video taped. After a session observation (a separate consent form will be sent out for this observation) there will be a second interview 30-35 minutes in length asking for particular benefits that were witnessed by you and why certain therapeutic interventions were used during the session. The second interview will also be transcribed and sent back for clarity.

You will be personally interacting with only myself as the principal researcher. This research project is anticipated to be finished by approximately May 2009.

I, \_\_\_\_\_, consent to participate and become a subject in two interview sessions & will be conducting one observed music therapy session.

I understand that:

- I am volunteering for two separate interviews, one which is 60-75 minutes in length and the second which is 30-35 minutes in length.

- I am volunteering to conduct a music therapy session to be observed by the principal researcher (Kayla Daly).
- My session will be observed and video taped and used only for purposes of supervision, presentation and/or publication.
- My sessions will be audiotaped and videotaped and the proper consent forms (from the principle researcher) will be sent out to the participating client's legal guardians.
- My identity will be protected.
- Session materials, including reports, video or audiotapes will be kept confidential and used anonymously only, for purposes of supervision, presentation and/or publication.
- The interview sessions will include verbal discussion about my professional and personal opinions.
- If for any reason I become uncomfortable or feel the need to end the interview I have the right to do so at any time.
- This study will not necessarily provide any benefits to me. However, I may experience increased self-knowledge and other personal insights that I may be able to use in my work. The results of the study may also help to increase public and professional awareness of the needs and experiences of children with moderate to severe special needs.
- The audio recordings, pictures, and transcripts will be kept in a locked file cabinet in the investigator's possession for possible future use. However, this information will not be used in any future study without my written consent.
- The therapist is ethically and legally bound to report, to the appropriate party, any criminal intent or potential harm to self.
- I may choose to withdraw from the study at any time with no negative consequences.

**Confidentiality, Privacy and Anonymity:**

*You have the right to remain anonymous. If you elect to remain anonymous, we will keep your records private and confidential to the extent allowed by law. We will use pseudonym identifiers rather than your name on study records. Your name and other facts that might identify you will not appear when we present this study or publish its results.*

*If for some reason you do not wish to remain anonymous, you may specifically authorize the use of material that would identify you as a subject in the experiment. You can contact my advisor Dr. Michele Forinash at 617 349 8166 or [forinash@lesley.edu](mailto:forinash@lesley.edu) with any additional questions.*

We will give you a copy of this consent form to keep.

a) Investigator's Signature

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Investigator's Signature

\_\_\_\_\_

Print Name

b) Subject's Signature:

*I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.*

\_\_\_\_\_

Date

\_\_\_\_\_

Subject's Signature

\_\_\_\_\_

Print Name

*There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Dean of Faculty or the Committee at Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138, telephone: (617) 349-8517.*

## References

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