



Article

The challenges of fostering and maintaining continuity in a music therapy group for mothers and children who meet primarily during school holidays

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ABSTRACT

This paper explores the concept of *continuity* in the context of a long-term open music therapy group for mothers and children with learning disabilities between 5 and 18 years old. Based in a small rural village in Japan where there was no previous access to music therapy, the group has been active for 13 years and meets primarily during school holidays. Over time, up to 27 Japanese mothers with their children have participated in the group. The therapist encourages musical interaction and expression through musical improvisation and engagement with the family.

The significance of continuity in therapeutic practice is explored in different ways. In addition to focusing on a case study of individual music therapy with a child on the autistic spectrum (who attended the group), this paper presents feedback from the mothers who participated together with their children in the group. Theories and methods which the music therapist has found helpful in her work with the group are also discussed, such as the “back to basics” music therapy approach (Drake 2008) which draws on attachment theory (Bowlby 1988) and the writings of Winnicott (1960, 1963, 1971). Continuity is discussed in terms of helping the group to develop a safe environment to which the mothers and children repeatedly returned. It is proposed that the process of developing this safe environment, in turn, may eventually lead to the type of parent networking that may be able to support children with learning disabilities throughout their lifetime.

KEYWORDS

group music therapy; children and family; continuity

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INTRODUCTION¹

In Japan, young children (under 5 years old) with special needs and their parents are supported by services such as development centres. In April 2005 a law called '*The Act of Support for Persons with Developmental Disabilities*' took effect (Act No. 167 of 2004). By this act, understanding of and support for people with developmental disabilities became an obligation for society. As a result, development centres were built up in all prefectures and specific cities according to this law. In the education system, children (6 to 12 years old) who have developmental disabilities attend a special needs class either in a mainstream primary school or a special needs school. There is mandatory education until the age of 15. However, there are not enough specialists to support children with special needs in schools after 6 years of age. Only 52.7% of those between ages 6 and 15 in need of special education had access to support specialist teams (Cabinet Office, Government of Japan 2012).

In Japan, there is also the issue of consistency in continuing support for families with special needs children (Takahashi 2005). Nakashita et al. (2012) found that families with children with learning disabilities stressed a need for improved access to information and higher quality services. These same families thought it important that a greater understanding of special educational needs be encouraged. This was particularly true for nuclear families and families of children with autism between 6 and 14 years old.

It is also still a fact that children and families often drop out from existing services, and that support for children with special needs varies depending on the local authority (Tsuji 2014). Therefore, it is a reality that some mothers and children are isolated and that families sometimes decide to move to other areas where they can access better services.

THE PROJECT

The music therapy project started in 2001 in a small rural village with a group that parents themselves had built up for their children before a system of day care or development centres was put in place. The parents ran it by themselves, partly funded by

the child welfare department of their local authority. They also made plans each year that included group trips or events. Such activities are sometimes a very important source of information about the care of children with special needs; they are also a very important potential source of contact between parents of such children.

The request for this music therapy group came from a mother in the community group expressing the need for quality experiences in children's lives and also the need to deal with feelings of fragility and isolation. Therefore, the suggestion for music therapy was based on the fact that music could provide a meaningful way of being together. Organisational issues for the implementation of the music therapy group involved identifying a location for the sessions, and arranging a suitable time schedule for both parents and children.

The music therapy group

Set up 13 years ago as part of a summer and spring holiday programme, this music therapy group now consists of 15 children between the ages of 5 and 18 and their parents. They live in the same local area, but each child goes to a special needs school or a special needs class in a mainstream primary school. The children have communication difficulties such as autistic spectrum disorder and learning difficulties such as Down's syndrome. Most of the time the mothers come with their children, but occasionally the fathers come instead.

The music therapy group takes place for five weeks during the summer holidays and three weeks during the spring holidays. The weekly sessions last for 30 minutes. Children and mothers who live in the same local area are welcome to join this group. A few people have joined this group as new members while some children have grown up and left, but there are 15 to 20 members who have had consistent participation in the group for 13 years.

The children can participate in this group until the age of 18. While this differs from shorter term therapy, such as a closed group over two years, when looking back over the whole process, the boundaries maintained by the therapist have clearly been important for the parents. A growing awareness of the value of boundaries has resulted in a secure framework. It may also have helped to maintain good relationships between therapist and parents.

The aim of *engagement with family* was initiated in the following stages:

¹ This paper is based on a poster presented at the first conference of the British Association for Music Therapy (BAMT), February 2014, Birmingham, UK.

Beginning the group

In the early stages of starting a group, the therapist assesses the needs of the participants while the participants slowly get to know one another. Initially, an individual or small group music therapy assessment session took place, tailored to individual children's needs and dependent on individual consultations with their mothers. After the first such session, and while watching a video recording of the session, parents and therapist reflected on the future aims for the larger music therapy group, and the possibilities and limitations of the proposed work.

Processing sessions

After each music therapy session, the parents and the therapist took time to talk for 15 to 20 minutes. During this time the parents and the therapist reflected on the session and discussed life events which had occurred during the week prior to each session.

Encouraging and maintaining confidentiality with respect to each child, between therapist and parents and between parents was important to the developing process. The parents and the therapist found time to talk with each other during the school term without their children being present. Video extracts of the work were presented to the parents as a whole group at the request of, and with permission from, the parents involved. The mothers shared feedback regarding other children, their own child, and/or their own feelings. In this way they received feedback and information from one another.

THEORETICAL INFLUENCES

At the start of the group in 2001, the therapist faced a challenge: how could she foster and maintain continuity for a music therapy group when the group could only meet all together during the school holidays?

School holidays grant freedom, rest and relaxation for children and mothers from the structures of the school term. Home and leisure times may come as a welcome relief from study and a rigorous timetable. However, in some cases, school holidays are not always 'positive'. For example, some children and mothers have difficulty enjoying leisure time or going out without special support. Some children may have feelings of anxiety, anger and depression upon being left in the world at large without the regularity or structure

of the timetable of school and without external support (Salzberger-Witternberg 1983). The same may be true for mothers as well.

Music therapy is known to provide an appropriate opportunity to recreate the vital process of attuning to one another, for both children and parents, through sharing experiences of musical elements (Drake 2008; Oldfield 2006). This means that not only is the therapist 'tuning in' to the child, but also encouraging attunement between child and parent through musical interaction (Drake 2008; Oldfield & Bunce 2001). Watanabe et al. (1982) state that the feelings of mothers of special needs children can be similar to what Klein refers to as the loss of the good object resulting in mourning (Klein 1940). Mothers expect and hope an unborn baby will be healthy. In reality, if a mother knows that her child will have a disability and that she will have to live with this, she may need to find ways to accept her own difficult feelings. Since the process of exploring her feelings about her child's disability is similar to the process of the "loss of object" and mourning, a mother is likely to encounter within herself complex and difficult responses. Entering into music therapy may offer a way of working through emotions for these mothers and children.

At the beginning of the work, insecure parents are often surprised when they perceive their child's potential to communicate with a therapist in musical interaction (Drake 2008; Oldfield 2006, 2008; Oldfield & Bunce 2001). Working with parents alongside their children has shown to affect dynamics positively. These findings influenced the way in which the therapist worked with these Japanese mothers and children. When working with children, engagement with their family can be beneficial (Alvarez & Reid 1999; Grogan & Knak 2002; Oldfield 2006, 2008; Oldfield & Bunce 2001; Woodward 2004). This approach draws on the influence of Winnicott's writings.

Winnicott (1963: 77) writes of the mother's "continued presence" having a specific value for the infant, particularly if the instinctual life is to have freedom of expression. This concept informed the therapist's attitude with respect not only to the practical management of each session, but also in her thinking about how, without the therapist's presence, the group could be held during this long process. In other words, their understanding and sense of "continued presences" (Winnicott 1963) could also help children to prepare for separation from the therapist. Winnicott (1960: 47) also proposed that "continuity of being" is important for the development of the personality. He describes how the sense of continuous time in the infant

comes to be understood through the completion of the separation process.

Therefore, agreeing on the duration of therapy from the start, and keeping to the original timescale, is the most helpful way of providing a secure container (Grogan & Knak 2002). By building up a “secure base” (Bowlby 1988: 171) the quality of parting (at endings) and of reinstatement on the next meeting can be prepared for and worked through. Being aware of endings may also make clear the presence and absence of therapy. O’Shaughanessy (1964) points out that the absent object is a spur to the development of thought. It is possible to apply this concept to music. De Backer (1993) illustrates psychic acceptance of presence and absence in music. Therefore, these thoughts also supported this work. The musical framework itself can encourage confidence and engagement with another person through experience of musical interaction and expression in free improvisation.

CASE STUDY

In this section, the focus is on the description of a particular case of a boy within this project who has been attending the group for 13 years.

Vignette: An autistic boy, M

M, who has autistic spectrum disorder, was a six-year-old boy when the therapist first met him. In the beginning, he was tentative and was restlessly moving around. The therapist had individually worked with his mother, who was also tentative and showed lack of confidence. Although the therapist was not sure how well he understood this situation from his non-verbal behaviour, she explained the aims of music therapy to him and his mother.

First two weeks

M’s ability to concentrate on music was very limited, and he freely moved around the room while laughing. The therapist was surprised by his restless moods. He was, however, sensitive. He could make some simple musical interaction vocally and through drum, tambourine and piano sounds. His rhythmic character was fragmented but he was interested in musical material using songs. Physically, he was resistant to contact with the therapist and made no eye contact but his voice, such as screaming, responded to her vocal improvisation. His mother calmly observed him from a corner of the room without any intimacy. Later, his mother and the therapist could talk

composedly without him while other mothers looked after him in another room. When talking with the therapist, words of apology were repeated many times by the mother. She always seemed to have guilty feelings in regards to her son, which seemed to account for her tentativeness and perhaps his as well through her influence on her child.

One day, this mother had an opportunity to watch a video and see how her son behaved after the session. The therapist pointed out to the mother the therapist’s sounds and helped her take note of how M felt fragile in this new situation. For M, music therapy focused on these aims: (1) increasing/prolonging the musical interaction, (2) offering opportunities for emotional expression by making the environment as safe as possible. By watching the video, the therapist confirmed the extent to which it was necessary to offer a framework to M.

After two weeks

M gradually showed some differences over time. He often sat down in front of a drum and cymbal and could maintain this position for a short time. He responded vocally with phrases such as “oya, oya” to the therapist’s vocal improvisation. The therapist picked up his pitch, and he could also imitate the same pitch. He also prolonged the playing of a tambourine with stable beating. Sitting nearby him, the therapist was able to sing a short melody. He also showed interest in other instruments such as a xylophone but he could not find ways of communicating with the therapist through these. When this happened, he sought out physical attachment with his mother such as through piggybacking or holding on to her. She was sometimes embarrassed by his sudden strong jumping.

During parents’ group

M’s mother was normally very calm in the group and rarely talked about her own feelings. Other mothers’ words were often supportive and friendly when addressing her. She was well-accepted by the group and she warmly listened to the other mothers’ worries.

After eight months

The spring following his first summer in the group, M showed difficulties and instability by trying to leave the room. He positively came beside the therapist, saying “drum”, but he soon left the room.

His mother tried to stop him, and then she initiated the making of sound, saying, "Let's play a drum". M repeatedly came back to play a drum and then left the room. In her feedback at the time, M's mother said that he sometimes showed rebellious phases and that she had difficulties dealing with him, but she spoke more positively about her feelings saying that she did not feel as bad as she had done. We thought that any difficulties might be due to his unstable feelings in these situations and she understood that this was likely the case.

For a short while, he continued to occasionally try to get out of the room. The therapist continued to give him musical structure, such as hello and goodbye songs at the beginning and ending of sessions. In particular, he usually came beside her towards the end of the session and certainly seemed to understand the session would end soon.

Outside the sessions

Other mothers talked in a friendly way with M's mother and M. M's brother and father occasionally appeared to support M's mother while M waited in another room.

After one year

One year after commencing music therapy, M showed signs of development, such as playing with a drum and the piano while sitting beside the therapist. His responses to the therapist's sounds became more musical through the use of instruments. His mother held his instruments, such as a tambourine, or made simple sounds, staying beside him. These were more enjoyable moods. He also interacted vocally while rocking his chair. The therapist improvised using her voice and held a repeating musical form by playing the piano, tuning into his rocking beats. His mood had changed and become more relaxed. He smiled and made eye contact with the therapist. When M smiled at her or his mother, the therapist noticed his mother's smile.

During parents' group

After three years, M's mother had to take her turn as the group leader of the group and liaise with the administrative services for making plans and preparations, including but not limited to reserving work spaces, and collecting and submitting documents in order to secure funding. She devoted herself to these responsibilities and came closer to other group members. At the same time, she showed confidence when she spoke out more to

others in the group. Gradually, her participation made her a more experienced member by developing her skills as a good listener and adviser for other mothers who had children younger than M.

After six years

M came to enjoy playing instruments more than he had in the beginning. He was mostly interested in playing a snare drum. He often explored its various sounds, such as those of the snare wire, frame, skin head or sticks. He also preferred to play his drum with my playing of a conga or a djembe drum. On the other hand, M still occasionally came into the room while tightly holding his mother's arm. Such being the case, he would come wearing the hood of his parka up with his head down. M's mother always talked to him calmly, telling him that music therapy's time had started. M mostly sat in front of the drum by himself. Even though he did not make any sounds, he glanced and smiled bashfully at the music therapist while listening to her playing the piano.

After 12 years: Towards the end of the sessions

M continued consistently coming to music therapy for 12 years. He turned 18 years old and was taller and bigger than his mother. Over the past few years, he had happily entered the room without his mother and started smoothly playing a drum. In the summer of 2013, the therapist responded to his improvisation with sticks by playing a conga. He often gazed at the therapist with a big smile and became somewhat shy when their music became more interactive. Near the end, his stable beats seemed to become more prolonged than usual as if in acknowledgement of the approaching ending of the session. When the therapist started playing a familiar goodbye song, he made eye contact many times, and he calmly gave her the pair of sticks. He had come to understand the end phrase. The therapist confirmed that the sessions would end next spring.

After this session's ending, M's mother smiled warmly at him. He bowed to the therapist, after saying words such as "goodbye". His mother laughed, saying "Did you enjoy yourself?". He laughed and nodded, saying "ah, ah". During feedback time with his mother, her attention was turned toward his future after graduation. Her speech seemed to show more confidence and

feelings of fulfilment regarding his growth, rather than expressing anxiety.

EVALUATION

The evaluation context

Over 13 years, 27 families participated in the community. However, due to children growing up and graduating, then being replaced by younger children, at any given time there were 15 families involved in the evaluation of this work. The evaluation was carried out mainly for the purposes of music therapy practice evaluation, rather than researching the effectiveness of the work. The aim was to define: (1) mothers' and children's needs in relation to the music therapy group; (2) any possible benefits that mothers and children may have experienced from taking part in the music therapy group; (3) whether or not the parents felt that the music therapy group was addressing their needs. Therefore, when this project passed the 11-year mark, a questionnaire (Table 1) was given to all of the parent members of the group to fill in and return to the music therapist.

Ethical considerations

The evaluation methods were based on Ethical Guidelines for Research 2005 (Japan) and the Data Protection Act of 1998 (UK). All interviewees were given a verbal explanation regarding their participation. An information sheet on the study including information on protection of anonymity, confidentiality, and privacy was distributed to all participants. The information sheet and consent form was signed by all interviewees. Data prepared for publication excludes specific information (i.e. local area, name). The sessions, however, had been recorded, based on a consent form for participation signed by parents. Regarding the case study and the interview of the mother in this particular case, in addition to the above procedure, permission for photos and the presentation of the case was requested and the mother signed the necessary form, which also stipulated that subjects would remain anonymous.

Data collection and questions

Parents were given a verbal explanation to complete a semi-structured feedback questionnaire anonymously. The questions were both closed and open (see example 1: Questionnaire). In addition,

an interview was conducted with M's mother in order to determine: (1) her feelings at the beginning of the music therapy programme, (2) the reasons for continuing, (3) any changes in her feelings since the beginning of the music therapy programme, (4) her feelings after the end. All completed sheets were collected for evaluation by the therapist.

1. Have you experienced any benefits from coming to this group for children and mothers? If so, what are the benefits?
2. Do you feel any benefits from coming to the music therapy group? If so, what are the benefits?
3. Do you feel it's appropriate to have music therapy group sessions during holidays? Why do you think so? If not, when would be appropriate? (e.g. when, frequency, and so on)
4. Do you have any other comments about this music therapy group?

Table 1: Questions included in the questionnaire

Data analysis

The first set of qualitative data was collected and analysed using the thematic analysis method, which consisted of stages of coding, categorising, and identifying themes (Ansdell & Pavlicevic 2001; Tsisir, Pavlicevic & Farrant 2014). The qualitative data with coding provide the themes illustrated in the table below.

FINDINGS

Mothers' views

The answers of the closed questionnaire for Q. 1-3 were 100% positive. Only for Q. 4 regarding the appropriate time for sessions did one parent answer with a negative response. The reason for the response was that she wanted to increase the benefits, as her child had benefited from these sessions. Her request was to meet once a month, not only during spring and summer holidays. These results indicate the benefits of this work.

The qualitative data from the open-ended questions were identified using the thematic analysis method (see Table 2). From the data, these themes emerged: i) relation to others; ii) the value of being a member of a long-term group; iii) holding environment. Descriptors under the two codes 'group feedback' and 'music therapy' show there were benefits from both the group feedback and the music therapy sessions. Common codes

were found such as 'experiences together' and 'experiences of communication' with others through music in both contexts, meaning there is correspondence between the group and music therapy work.

Theme I: Relation to others

This theme includes the categories 'experiences with others', 'expression of feelings', and 'co-operation in a group'. Linking the theoretical thinking of 'object relation' (Klein 1940), experiences in relatedness to others are important. The need for, and benefits of, sharing experiences with others and being able to express feelings to others are clearly felt by parents of disabled children as well as the children themselves. This implies that the group, or the workings of this music therapy group, can provide continuity between the inner concerns of the parents and children and the external world. The group may serve the function of "a potential space" (Winnicott 1971: 41).

Theme II: The value of being a member of a long term group

This theme is evident in three categories: 'seeing the development of children in relation to mothers' self-confidence', 'need for and benefits of long-term support', and 'hope for continuity'. Firstly, many parents felt the benefits by seeing the development of their own and other children in a long-term frame. This also led to greater self-confidence on the part of the mothers. All of this may indicate the importance of being members in a group for a long-term period for all involved members, such as the therapist, the parents and the children. Secondly, all parents indicated the need for some support. They characterised the intervention of a therapist or specialists in the group as a benefit. This corresponds to the results of Nakashita et al. (2012) indicating a need for continuity of specialists' support. Bunt and Hoskyns (2002: 36) state that at the most fundamental level, the therapist needs simplification to "be with" the person needing therapy, which is also related to the theme of presence of being. Finally, members of the group hope that this group and the music therapy work will continue. It is a fact that planning, preparations and securing necessary funds for running this project require much effort from parents every year.

Theme III: Holding environment

This is the theme which returns to Winnicott's idea of "the holding environment". It also indicates that an important factor in therapy is helping the work in a group. The code, 'feeling comfortable in a group', and category, 'offering a safe environment', are included. This is the comfort that comes from a holding environment, which also links to Bowlby's "secure base" in therapy.

One of the mothers said that:

"This group always makes me feel like I am back home. My son also seems to feel that way. I feel comfortable in the group. Everyone who has attended over the years has created a bond in this group. Everyone has come to know my son and me over the years. I do not feel that anywhere else."

This shows that this small group has provided a safe, comforting environment to this child and his mother.

Codes		Categories	Themes
Group	Music therapy		
<input type="checkbox"/> experiences together <input type="checkbox"/> learning from experienced mothers <input type="checkbox"/> many eyes could look after children	<input type="checkbox"/> experiences of communication with others through music <input type="checkbox"/> experiences of concern for others <input type="checkbox"/> learning/experiences of new things <input type="checkbox"/> enjoy expressing their own feelings <input type="checkbox"/> enjoy feeling something through music <input type="checkbox"/> co-operation with others	<input type="checkbox"/> experiences with others <input type="checkbox"/> expression of feelings <input type="checkbox"/> co-operation in a group	<input type="checkbox"/> relation to others
<input type="checkbox"/> being happy to see children have been enjoying a full life <input type="checkbox"/> could be more confident about the future after seeing older child <input type="checkbox"/> can feel less isolated <input type="checkbox"/> can communicate with other parents <input type="checkbox"/> hope the group continues running	<input type="checkbox"/> felt development of child in the music group <input type="checkbox"/> could see other children's development <input type="checkbox"/> could notice the ability of child <input type="checkbox"/> can talk with a specialist <input type="checkbox"/> the therapist has followed children's development long-term <input type="checkbox"/> hope the music therapy group continues running	<input type="checkbox"/> seeing development of children and relation to mothers' self-confidence <input type="checkbox"/> need for and benefits of support long-term <input type="checkbox"/> hope for continuity	<input type="checkbox"/> the value of being a member of a long-term group
<input type="checkbox"/> can share many feelings <input type="checkbox"/> feel comfortable <input type="checkbox"/> has created a bond in this group <input type="checkbox"/> get various points of view and information <input type="checkbox"/> need somebody's support during the holiday <input type="checkbox"/> feel difficulties doing everything by themselves during holidays	<input type="checkbox"/> feel comfortable	<input type="checkbox"/> offering a safe environment	<input type="checkbox"/> holding environment

Table 2: Findings arising from the thematic analysis

Analysis of the individual interview with M's mother

A summary of findings is reported below on how music therapy has affected M's mother and, conversely, how her feelings have helped her son and this work.

As previously discussed, parents with special needs children may experience a process of mourning that takes time to overcome. Watanabe et al. (1982: 242) referred to this as a "chronic sorrow" which may affect the parents of a special needs child for a long time and may not be easy to absorb or deal with.

At the beginning

Codes: How to communicate; Difficulties; Hopelessness

M's mother said:

"I did not understand how I should communicate with him. At that time, I did not have any hope at all that he would develop and his difficulties would be reduced."

She sometimes showed mourning feelings such as guilt in the sessions (#1), which may simply be a part of various feelings in the early stages of therapy. Difficulties surrounding M's communication ability and how to communicate with him may have created feelings such as cutting off continuity of hope for all participants.

The reason of continuing:

Codes: Love music; Mother's self feelings; Easily continuing; Help

"He loved music; however, he sometimes tried to leave the session room. As I thought that he would get used to music therapy, I was never absent from any sessions. Maybe, I also may have had too much pride and obstinacy for myself. Another reason why I could easily continue to participate in these sessions was the cheaper cost, because the local authority helped me with the payments."

M's mother now knows that he loves music. She recognised evidence of his love of music in sessions, even though he tried to get out of the room. This factor led to the continuation of this work. She also acknowledged her own feelings of pride and obstinacy, which stem from her self-

regard on the one hand and outside pressure on the other. The ability to easily take part in music therapy helped to continue. This may have partially removed much of the pressure. In this case, economic support was doubtlessly an additional form of help.

About changed feelings after finishing a music therapy

Codes: To realise child's potential; Continuing without pressure; Mother and child both becoming stronger

"I realised the fact that he could concentrate on doing music... I believe that continuing with this work will develop over time without any pressures, and we might become stronger."

A code, to realise a child's potential, leads to the same categories in Table 2, which is seeing development of children in relation to mothers' self-confidence. Seeing the children's development affected the process positively and may have helped mothers recover from the process of mourning. It was also clear that continuing without pressure helped them. Watanabe et al. (1982) said that overcoming emotional experiences of parents' selves will grow the capacity for adaptation to face other problems. "Being stronger", M's mother's expression, will build this capacity towards autonomy.

After the ending

Codes: Gratitude; Experienced mothers; Foresight; Valuable experiences beyond music group

"Thanks to the experienced mothers who had foresight, both my child and I enjoyed our time here over the years... He was able to experience not only music but also other things beyond it. I feel many thanks for this group."

The completion of a process typically finds a person reflecting back on that process. This engages feelings of confidence and fulfilment such as those shown at the ending session (*'Towards the ending session'*) and leads to gratitude for all experiences and relation to others. In the above statement, one finding is that "foresight" is an important point to help parents have hope for the future. The core of music therapy work may also affect other valuable experiences in a group.

Other comments

Codes: Confined self with child; Hope; Benefit

“When this music therapy was just starting, I did not have any support. I confined myself with my child in our home during holidays... The times became better than before. I hope many people have a chance to benefit from this and have the opportunities to experience it.”

M's mother's view has changed as an experienced mother to one who has gained perspective on the entire (and long) process. In other words, an experienced mother has overcome emotional experiences with her own child. Her hope connects with a hope that her positive experience will spread to many other people, and to hope for the future.

DISCUSSION

There were three aims for the evaluation: (1) what the children and mothers need from the music therapy group; (2) any benefits that the mothers and the children may derive from belonging to the music therapy group; (3) whether or not the music therapy group was addressing their needs.

1) What the children and mothers need from the music therapy group

Three themes arose from the interviews with the mothers: 'relationships with others', 'the value of being a member of a long-term group', and 'the holding environment'. All three themes connect to the children's and mothers' needs. The themes also closely match the core theoretical concepts previously outlined (Drake 2008; Oldfield 2006). Examples included stimulating the vital process of attuning to one another in the group work and the individual work the therapist undertook with M. In the work with M, simple vocal interaction and attuning simple musical elements helped the music therapy process between M and the music therapist, particularly at the beginning of the work.

In addition, there was the value of having a long-term group in which not only the mothers, but a specialist music therapist together with the mothers, was engaged in trying to understand the children's development. Their needs were being supported by this well-contained and supported environment.

2) Any benefit that the mothers and the children may derive from belonging to the music therapy group

By belonging to a music therapy group, mothers and children could experience relating to others. A music therapy group itself may give them as well as the music therapist a sense of long-term presence. This is also a benefit of music therapy. Belonging to a music therapy group can offer them the holding environment and the secure base relationship in a group.

3) Whether or not the music therapy group was addressing their needs

The positive answers of the closed questionnaire may indicate their needs were addressed; one person, however, requested meetings once a month, not only during holidays. This request for more meetings might indicate a need for more support, not only benefits. In addition, the case study may indicate that the music therapy group also helped the development of M and his mother. Factors considered mainly helpful to foster and maintain music therapy meeting primarily during school holidays might include: (1) the core of musical work in facilitating interaction made a "secure base" (Bowlby 1988: 171) in therapy; (2) continuity supports made a bonding-relationship and secure environment in a group; (3) repetitive stable musical space created and formed a frame of time and space in holidays; (4) "mother's continued presence" (Winnicott 1963: 77) supports children during the space of absence of therapy.

Based on the parents' reviews by distributed questionnaires and the case study of M and his mother, mothers also experienced their children developing and realised more about their potential through the music therapy process. One example showed M's mother recognised her son's love of music in sessions. Music therapy may have offered her opportunities to recognise that music can help "the vital process of attuning to one another" (Drake 2008: 41). "Mother's continued presence" (Winnicott 1963), such as the case of M's mother, had value and supported M during the space of absence of the therapist and therapy. In other words, during the absence of therapy, the sense of "mother's continued presence" is an important factor. In this case, mothers confirmed the value of playful work through music for their children's development. Mothers recognised how important it

is to tune into their children using musical elements, giving mothers a way of attuning to their children. The music therapy sessions in holidays may also have given a space for confirming the mothers' presence. If the mothers and children are contained in a stable continuity and framed space and time, mothers can make use of the music therapy in holidays, despite meeting only intermittently during holidays. These pieces of holidays are contained and connected time to time by stable repetition. Music therapy may have created the value in space and time in holidays for mothers and children. In addition, witnessing child development and having experiences in relation to others in this work might be one helpful way to support a parent during the long mourning process of one with a special needs child. In this case, the therapist has made a relationship of trust with each child and mother in this process, and at the same time, reflection on the work completed up to now shows trustworthy relationships made between each mother and child, which may lead to a healthy interdependence of the group from the therapist and of members themselves in the group.

The therapist encountered some limitations in working this way. With severely insecure children (or indeed mothers), it may be difficult to work through deep feelings in such a short span as school holidays. The therapist needs also to be open to make further recommendations or referrals for more regular therapy or other specialists. For a music therapist, there are challenges in balancing the reality of the community context and tuning into clients' needs. Procter (2001) suggests the work needs to be flexible, and geared to balancing the needs of individuals in non-medical settings.

Evaluating the work with this group did not arise as a specific research project, rather as a way of evaluating the therapist's own practice. Prior to the interviews with the mothers, the therapy was being evaluated in the normal way by the therapist writing session notes. In thinking about this evaluation process, there is a recognition that gathering qualitative data after 11 years gives a limited view. However this data has provided the therapist with information to be able to make use of in terms of her developing work with this group. The mothers themselves expressed hope that the music therapy group will continue to run in the future. The evaluation has therefore contributed to plans for future work with the group.

CONCLUSION

The challenges of a music therapy group for mothers and children who met primarily during school holidays were around how to encourage musical interaction and expression using music improvisation and engagement with the family. This work was evaluated according to the following aims: (1) what the children and mothers need from the music therapy group; (2) any benefits that the mothers and the children may derive from belonging to the music therapy group; (3) whether or not the music therapy group was addressing their needs. By analysing the qualitative data of mothers' interviews, three themes emerged: i) relating to others; ii) the value of being a member of a long-term group; iii) the continuity of the holding environment. These themes share links with the "back to basics" music therapy approach (Drake 2008), which draws on attachment theory (Bowlby 1988) and the writings of Winnicott (1960, 1963, 1971). The positive responses of parents, gathered from a returned questionnaire indicate that the parents' needs were being addressed by participation in group music therapy sessions. A particular case study and a mother's view illustrated that continuity of music therapy affected the development process of an individual child and a mother. The limitations of the evaluation work, however, gave the therapist space to consider the need for further study to address the group's future development.

Stable continuity became a core part of the way in which this group has developed within a safe environment. The group has become a holding environment for both mothers and children. The dynamics in this community appear to have become more cohesive, positively influencing this work. Reflecting on Winnicott's words, the potential of community itself may encourage a sense of "continuity of being".

Ultimately, fostering and maintaining continuity within a music therapy group that meets primarily during school holidays was a challenge for the therapist. She attempted to fine tune the holding environment by taking into consideration, and working within, the practical limitations of the group's availability. Exploring the significance of continuity in a music therapy process may enhance the efficacy of music therapy for children and mothers. Continuity is also central to providing consistent, continuous and realistic support for children with special needs and their families in Japanese society.

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