

ARTICLE

Music therapy with individuals with severe multiple disabilities

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ABSTRACT

The present study uses a qualitative approach to explore music therapy with individuals with severe multiple disabilities (SMD). Six music therapists with wide experience in this field took part in a focus group discussion that featured questions about the potential of music therapy with children, adolescents and adults with SMD, the ways individuals with SMD use music therapy, the interrelation of functional and psychotherapeutic aspects in music therapy, and the challenges in conducting research studies including individuals with SMD. The data were analysed using a grounded theory approach, and the findings highlighted the following macro areas: opportunities, music therapy approaches, and research challenges. Participants emphasised the wide range of developmental opportunities that music therapy can offer to individuals with SMD. They outlined the unique characteristics music therapy interventions offer for working with individuals with SMD, especially when combining functional and psychotherapeutic approaches. The broad spectrum of competencies and qualities of the music therapist was also highlighted. The experiences and insights of the international group of music therapy experts about their practical work with individuals with SMD are promising and open up many possibilities for further development of this field of work in research, teaching and therapeutic practice.

KEYWORDS

music therapy,
severe multiple
disability,
functional and
psychotherapeutic
approaches,
focus group
discussion

Publication history:

Submitted 13 Dec 2021

Accepted 24 Jul 2022

First published 28 Oct 2022

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INTRODUCTION

Individuals with severe multiple disabilities (SMD) are part of our society. However, they often remain unnoticed or are even systematically ignored in everyday life, as well as in professional practice and academic research. Evensen (2020, p. 58) defines individuals with SMD “as full-worthy active and perceiving [individuals] who, when moving in space, in time with objects and in relations with other persons, live experiences with the same values as everyone else”.

The term ‘individuals with severe multiple disabilities (SMD)’ in this context refers to individuals who have profound cognitive limitations, as well as physical and/or sensory impairments, and have no – or severely limited – verbal expression. There are many inconsistencies in the terminology used to

describe this group of people. The socio-critical view proposes conceptualisations that do not view individuals with SMD in isolation but as subjects of certain experiences in their environment, such as “people with intense experiences of disability” (Schuppener, 2017). Within the social model, *impairment* is recognised as a physical condition or as an individual attribute, while *disability* is identified as a matter of how society responds to, or fails to respond to, the needs of people with impairments (Cameron, 2014). Being aware of the risk of labelling a very heterogeneous group, it seems important to find terminology for individuals with special challenges and high support needs, in order to act against their marginalisation in all areas of life, in practice as well as in science and politics. As Fröhlich et al. (2017) point out, individuals with SMD are still hardly considered and taken seriously with regard to their needs, their learning opportunities and their developmental possibilities. They are easily forgotten and overlooked, when, for example, it comes to self-determined participation in society, to education and inclusion. Moreover, in the current scientific sphere, research is only found on music therapy with those individuals with clear, distinguishable diagnoses, such as children with autism spectrum disorders (Crawford et al., 2017; Helm & Ramezani, 2021; Raglio et al., 2011) or cerebral palsy (Gilboa & Roginsky, 2010; Marrades-Caballero et al., 2018; Roginsky & Elefant, 2021). Individuals with combined disorders, severe intellectual or multiple disabilities are mainly overlooked, with the exception of rare, individual cases, which remain almost unnoticed internationally. Reimer (2016, 2019b) is one of the few music therapists who does research with adults with SMD. In addition to the fact that music can stimulate the human senses in a very fundamental way, Reimer was able to show how music therapy treatment can support the process of affect regulation and enable the individual’s experience of self-efficacy, both of which form the basis for the development of interpersonal relationship skills.

In the present article, the author aims to explore key opportunities and challenges of music therapists working with children, youth and adults with SMD. The main purpose is to meet the needs of the clients in a holistic treatment framework, which explains the specific emphasis of this study on functional and psychotherapeutic aspects of music therapy with individuals with SMD. Due to the lack of empirical studies in this field, our main objective is to gain insight into the research topic from the perspective of experienced music therapists by applying a qualitative research methodology.

MUSIC THERAPY WITH INDIVIDUALS WITH SMD – FROM PAST TO PRESENT

Music therapy with individuals with disabilities has a long tradition, but the specific field of individuals with SMD is rarely in the spotlight. In practice, active and receptive music therapy approaches are used according to the client’s abilities. Depending on the music therapy approach and the therapist’s understanding of individuals with SMD, therapeutic treatment focuses on goals in a variety of areas, from sensory and motor skills, through cognition and communication, to social and emotional development (Meadows, 1997) as well as focusing on the creative experiences of the client in music-centred approaches (Aigen, 2014). The pioneers of music therapy with individuals with SMD were convinced of the musicality within every human being and built the principles of creative therapeutic work on this basis (Nordoff & Robbins, 1965, 1971; Orff, 1974), but a number of additional relevant aspects can be found in the current literature: the importance of ‘corporeality’ (Loos, 2009), empowerment and self-actualisation (Meyer, 2016), sensory perception and the understanding of

physical-emotional signs of distress (Reimer, 2016), as well as the exploration of one's own capabilities based on a psychodynamic understanding of development (Becker, 2002; Reimer, 2016; Watson, 2007). To experience oneself as a subject also enables a shift in the perception of the other and thus the development of relationships (Kuntsche, 2011; Reimer, 2016; Roginsky & Elefant, 2021; Schumacher et al., 2013), which may also result in inclusion in society (Cameron, 2017; Pavlicevic et al., 2014; Watson, 2007).

Recent studies provide an understanding of the effects of music therapy from a neurobiological perspective, providing explanations of the effects of music and specific musical interventions on the brain, thus offering further endorsement for music therapy (Stegemann, 2018; Thaut & Hoemberg, 2016). So far, participants in this type of research have mostly been healthy individuals or individuals with neurological damage acquired after an accident (with otherwise healthy development). Three studies could be found that explore the impact of music therapy interventions from a neurobiological perspective, two of them with children with (severe) cerebral palsy and one with children with severe physical disabilities (Bringas et al., 2015; Marrades-Caballero et al., 2018; Samadani et al., 2021).

PSYCHOTHERAPEUTIC AND FUNCTIONAL ASPECTS IN MUSIC THERAPY WITH INDIVIDUALS WITH SMD

To date, the relationship between functional and psychotherapeutic aspects in music therapy has not been explored in the population of individuals with SMD. However, there is some literature and initial research on this topic in the related field of neuro-rehabilitation (Roelcke, 2013; Roelcke & Bossert, 2020; Tauchner, 2012). The distinction between more functionally or more psychologically/psychotherapeutically oriented treatment approaches seems to be more common and clearer in other professions that are part of a multidisciplinary team (e.g. physiotherapy, occupational therapy, speech therapy, psychology) than is the case in the profession of music therapy. Thus, Tauchner (2012, following Jochims, 2005), herself a music therapist, counts physiotherapy, speech therapy and occupational therapy among the forms of therapy that mainly focus on the functional level of treatment, while psychologists and psychotherapists deal with the psychological level. It is assumed by the author that in music therapy with individuals with SMD, functional and psychotherapeutic aspects of treatment are inseparably intertwined, which may give it the special potential to be effective at a wide variety of levels of a person's needs.

Psychotherapeutic aspects of music therapy with individuals with SMD

Music therapists argue that music is one of the most suitable media for therapeutic work with individuals with SMD, one of the key arguments being that, in most cases, the impairment itself originates in the period prior to speech development. Even the associated problems in the development of attachment and social relations, which become noticeable only later, have their origins in this very early period of development. At the same time, it is known that the foetus is already connected to the mother and her environment through sounds, noises and rhythms in the womb, and that it retains the basic memory of these early sound experiences even after birth (Kuntsche, 2011). Tauchner (2012) draws mainly on Baumann (2004) and Jochims (2005) when describing her

understanding of a music therapy treatment approach at the psychological level, which is primarily a traditional European approach to music therapy addressing communicative, emotional and interactional aspects, and as such is experience- and resource-oriented. Instead of goals and achievements, such an approach focuses on processes and the therapeutic relationship, whereby the individual expressions of the client are at the very core.

As a representative of analytical music therapy with adults with SMD, Becker (2002) also focuses on very basic vital parameters, which become important in therapy and can be accompanied by music. She argues that, because of its close connection with vital parameters, music is suitable for making relationships audible: "To find one's own experience taken up in music can be comfort and hope, triumph and joy for the human being, since it enables him to devote himself to something that exists outside of him and he knows that he is connected with his experience in a larger context" (Becker, 2002, p. 21). Other authors refer to similar very basic interventions (Decker-Voigt, 2016; Meyer, 2016; Reimer, 2016; Roginsky & Elefant, 2021). Since individuals with SMD are mainly without verbal language – or at least without the ability to use verbal language symbolically to reflect on their own experiences – (verbal) psychotherapeutic approaches in this area are often neglected or are at best aimed at parents or caregivers of individuals with SMD. With its potential for self-awareness, non-verbal contact, the shaping of relationships through shared experience and reflection upon that experience, music therapy could fill this gap.

Functional aspects of music therapy with individuals with SMD

However, as mentioned above, the potential of music therapy work can also be considered from the aspect of supporting and developing particular physical functions. Jochims (2005), a music therapist in the field of neuro-rehabilitation, describes a focus on improving functional, sensory and cognitive deficits. The tradition of this way of working comes mainly from the United States of America, where Thaut (2005) is considered the founder of 'Neurological Music Therapy'. This approach, which is now also practised in Europe, is based on findings from brain research. Studies suggest that music, and in particular the rhythm embedded in music, activates, stimulates and structures brain functions in a comprehensive way (Wieland & Santesso, 2017). Thaut and his colleagues developed various music-supported methods that make exercise and learning processes in neurological rehabilitation more efficient and enjoyable. The emphasis here is on the inherent effects of music, which can have a relaxing, calming, stimulating or activating effect on the person treated. The strong reference to the body is based on the client's often disturbed or non-integrated perceptions. Through multimodal musical offerings, such as hearing, seeing and sensing at the same time, failed channels of perception are stimulated and sensory experiences from different modalities are brought together, a process that is also described by Reimer (2016) as 'sense linkage'. Through guided activity on the instrument and tactile experiences, the music therapist gives the client the clearest possible information about their body and its position, thus promoting self-awareness (Baumann, 2004). There have already been some theoretical attempts made to transfer these findings to music therapy with individuals with SMD (Mertel, 2016).

Intertwining of psychotherapeutic and functional aspects in music therapy

Baumann's description clearly shows that even in a more functionally oriented approach, it is not only about practising and achieving a certain result; rather, the described interventions are aimed at the client's experience of self-awareness and self-efficacy. Nonetheless, the effect that can be achieved – the client's improved proprioceptive perception – does represent an improvement of functional deficit. Experience-centred methods can therefore also be found in a functionally oriented music therapy approach, which demonstrates that it is not easy to define clearly what can be considered functional and what psychotherapeutic. Tauchner (2012, p. 38) emphasises that for music therapy it can be assumed "that the basic therapeutic attitude, characterised by interest, appreciation, confidence and unconditional acceptance, forms the starting point of both approaches", functional as well as psychotherapeutic. For the time being, it remains a distinguishing criterion that the term 'functional' is used primarily in connection with the physical-functional level.

Working on many levels, it seems only natural that music therapists, wherever possible, collaborate with other disciplines – e.g., physical therapy, occupational therapy, psychology, speech therapy, special education and the other arts therapies – as well as other individuals in the personal environment of the client, including family members and caregivers. Only when all parties communicate and share their knowledge and experiences in contact with the client, can appropriate action be ensured for the benefit of the person with SMD (Boxill, 1985; Meyer, 2016; Roginsky & Elefant, 2021; Twyford & Watson, 2008). In all of this, we should not lose sight of the possibilities for collaboration with the individuals themselves; after all, it is their needs that are to be met.

Based on the theoretical backgrounds described above it was aimed to gain an in-depth insight into opportunities, best practices and challenges in music therapy with individuals with SMD from the perspective of experts in the field.

METHOD

A qualitative research approach was used to gather essential information on music therapy with individuals with SMD from the perspectives of music therapists and researchers. A focus group discussion (Ochieng Nyumba et al., 2018) was conducted with experts in the field, exploring three main topics introduced by the facilitator with short introductory questions. Focus group discussion is frequently used as a qualitative approach to gain an in-depth understanding of social issues. The method aims to obtain data from a purposely selected group of individuals (Ochieng Nyumba et al., 2018). Grounded theory (Corbin & Strauss, 2008) was used as the theoretical background for data analysis; involving the production of a theory that is inductively developed through data analysis.

Participants

The sample consisted of six music therapists from four countries (Australia, Germany, Israel and the UK). All the therapists have long-term practical experience in the treatment of children, adolescents or adults with SMD, while also teaching at universities and undertaking research in the field in question. The age of the participants ranged from 33 to 70 and their professional experience as practising music therapists varied from 8 to 33 years, with an average of 25 years. Two participants had previously met, but otherwise, participants did not know one another.

Focus group discussion

Based on the concepts of focus groups and group discussion in qualitative research settings (Mishra, 2016; Šarić, 2007), the aim was to enable interaction between participants so that their experiences and views would complement and deepen each other, with an openness to the possibility of different views on the subject. The common theme and three foci were determined by the researcher, who was also in the role of the facilitator of the group and is the author of this article.

Focus groups are characterised by relatively indirect management of the conversation, creating and directing a relaxed and permissive climate in the group (Šarić, 2007), whereby interaction serves as a key component (Mishra, 2016). In this case, this was only possible to a limited extent due to the group discussion being held via Zoom. The role of moderator was slightly more directive and the possibilities for spontaneous interaction between the participants were certainly limited. Still, the values and special characteristics of a group discussion provided the basis for the facilitation of the meeting.

After an initial introduction of the participants by themselves, touching on their past and current working environment in relation to music therapy with individuals with SMD, the following questions were addressed, with brief explanations:

1. In your view, what special potential does music therapy hold for people with SMD?
2. How do you describe the correlation between functional and psychotherapeutic aspects in your own work with individuals with SMD? Here I understand “functional” as focused on the development of specific physical executive functions from a perspective based on fields such as neuropsychology, neurobiology, anatomy and physiology. “Psychotherapeutic”, on the other hand, is construed as working on mental health and wellbeing from the perspective of developmental psychology, clinical psychology, psychiatry and psychosomatics.
3. In response to a previously conducted quantitative survey, I received several messages from colleagues in the field expressing that music therapy with individuals with SMD is very important to them, but is addressed in research far too rarely. My impression is that although individuals with SMD are very much a relevant clientele in practical music therapy work, they are hardly given any importance in scientific discourse and research? How do you see this? What could be the reasons for this?

Data collection

The music therapy experts for the focus group discussion were recruited through personal contacts (previous work in international music therapy associations, conferences, etc.) and as a result of an international survey on music therapy with individuals with SMD conducted by the author in 2021. A joint appointment with six experts was arranged. The 90-minute meeting took place via Zoom, was recorded and then transcribed verbatim. The transcript was subsequently anonymised (Meyermann & Porzelt, 2014). The participants had an opportunity to read the transcript to verify the content and correct any misunderstandings, but only one participant took advantage of this. This research study was conducted in accordance with the Declaration of Helsinki (World Medical Association, 2013) and the Ethical Codes of the European Music Therapy Confederation (EMTC, 2005). Ethical approval for

data collection was granted by the University of Ljubljana's Research Ethics Committee, Department of Philosophy (reference number: 176-2019), and all of the participants gave informed, written consent before taking part in the study.

Data analysis

The transcript of the focus group discussion was analysed using an inductive method based on the concept of qualitative content analysis according to Mayring (2002), with codes and categories emerging from the data through an intensive coding process. The transcript of the focus group discussion was analysed using an inductive method developed within the theoretical framework of grounded theory (Corbin & Strauss, 2008). In the first step, the transcript was read several times and specific themes that seemed relevant were highlighted. During this process, several topics relevant to the research question emerged. A second review then identified two macro-areas quite clearly: Opportunities and Research Challenges.

The next step involved the elaboration of a coding scheme (Mayring, 2002), which was then used to analyse the group discussion further. An independent researcher separately tested and verified the coding scheme to validate the coding process and discussed the findings with the researcher until full agreement was obtained. The codes were later sorted into the macro areas and themes listed in Table 1.

Since there was a particular interest in the correlations between functional and psychotherapeutic aspects, the entire transcript was searched for statements that had relevance to this topic. Gradually it became clear that there were several themes that were related in one way or another to the question of the therapeutic approach and thus also relevant to the research question. In order to do justice to this complexity, it was decided to group all the topics relevant to this research question into one macro area called "Approaches." This macro area summarises the functional and psychotherapeutic perspectives and their correlations, as well as interdisciplinary aspects, the clients' needs and the therapists' competencies required to meet these needs. The statements were paraphrased and abstracted. Thus, a category system was developed step by step. Finally, each macro area was assigned 4–6 themes, within which 2–6 categories were placed.

RESULTS

The content analysis highlighted three macro areas (see Table 1): *Opportunities* that can arise in music therapy with individuals with SMD, several aspects of the therapeutic *approach* that influence the opportunities for development of the individual with SMD in a wide range of areas and attempts to highlight the *research challenges* in this area. Each of these macro areas is described below.

Opportunities

Asked about the potentials of music therapy, the participants¹ of the focus group discussion talked about several opportunities that may arise in music therapy with individuals with SMD, as summarised in the following themes: waking up, change, motivation, relationship and bridge.

¹ Subsequently referred to as "therapists"

Macro areas	Main themes
Opportunities	Waking up Change Motivation Relationship Bridge
Approaches	Functional perspectives Psychotherapeutic perspectives Correlations and connections Cooperation and interdisciplinarity Competencies and qualities of the therapist
Research challenges	Researchers' perspective Ignorance and despair Societal perspective

Table 1: Macro areas and their main themes

Waking up

In the conversation about the potential of music therapy for individuals with SMD, the phrase “waking up” kept appearing. It seems to describe a process that the therapists consider particularly important and that needs to be consciously experienced for a successful *beginning* of the therapy process.

Therapist 4: I quite often talk about pre-therapy. [...] it's like where someone's just sort of sunk. And you know that it's going to take a bit of time, but you can wake them up.

Therapist 4 appeared to be describing a preparation process in the first part of the therapy, which is mainly about this waking up taking place. This process can take very different lengths of time. It seems to be a capacity that is perceived as inherent in the individual with SMD; it is not something the therapist does from the outside, but something that they facilitate within music therapy by responding to the clients “moment by moment” without requiring them “to fit in” (T4)². Therapist 6 explained it like this:

If people feel that something's going on, when they've been recognised, met, then they don't need to be woken up. They just wake up. It's that capacity to wake up that is present actually already. It's [music therapy is] just what's the right place for it to come to life. (T6)

Conscious use of this capacity on the part of the therapist enables individuals with SMD to feel a different kind of experience. The musical framework in particular was mentioned here as being especially conducive to this process. The opportunity of “waking up” in the context of music therapy was described by the therapists as something that colleagues from other professions, such as physiotherapists and nurses, also notice and appreciate.

² Abbreviation for “Therapist 4”

Change

The second theme is the change on different levels that can become possible within the music therapy process. The therapists reported *spontaneous* turns that occur unexpectedly or opportunities that can suddenly be used at a certain moment. Most of the situations mentioned in which change occurs describe actions that seem to happen for the first time with *intention* – like active music making, communicating or making choices. These moments were described as very special in the therapists' statements, as, for example, by Therapist 5:

But then I remember, the first time she realised, the look on her face, when she realised she could communicate with intention, and then started to do that, it was one of the most exciting things in my life. (T5)

This great enthusiasm was contrasted by challenges in the area of emotional support, understanding and processing emotions when there was *no apparent development*. Approaches to understanding were described by the therapists as observing one's own countertransference, listening and observing closely, and responding to the client's emotional expression in a musical way. Especially the experience of "feeling stuck" was highlighted by Therapist 6 who encouraged the questioning of assumptions and remaining attentive:

...something gets into our countertransference, about people's sense of feeling stuck, or, you know, that this is all there is. And I think that part of the business of any kind of therapy is saying: Are you sure? Might there be more than one way to think about this? And that capacity to improvise, which I suppose starts in us, in our capacity to be imaginative, is then what, with any luck, we can offer our patients just through the experience of being with us and us staying awake. (T6)

The change in the area of *emotional expression* could therefore be found in the way the client's emotions are heard and evoke a response in a particularly sensitive counterpart, the music therapist. The metaphor of waking up appeared here again – this time on the part of the therapist as the one who "stays awake", who does not get tired of listening to the individual with SMD.

Motivation

The client's motivation plays a major role in successful therapeutic work. In the group discussion, several statements describing this effect were found. Firstly, the expression "*fun factor*" was used as something that music and the improvisational stance of the therapist can add to the context of therapy. The pleasure that children, but also adults, feel when it comes to making music freely within a reliable therapeutic relationship was described in several ways.

Motivation was also evident in the therapists' perception that their clients make a special *effort* to contribute to the music, as Therapist 1 described a scene from a session:

...and they really try hard. They do. Yeah, I've had little children with very severe disabilities playing on a harp and just being like this and sweat just running down them because [...] they're so motivated. (T1)

The fact that they receive *feedback* (particularly musical-nonverbal) on their being and their actions from the therapist seems to contribute to this, especially when individuals get "their own self-competency mirrored to themselves" (T1). The therapists described an overall joy and a pleasant feeling of being in "absolutely the *right place*" (T6), which seems to refer equally to both the individual with SMD and the therapist. T5 said about her clients with SMD "They just, they love to work. You're right. It's great." (T5)

Relationship

Music therapy work is already fundamentally defined as work that takes place within a therapeutic relationship. However, since it is also the ability to relate where individuals with SMD face major barriers, it is not surprising that the opportunities afforded by music therapy were also addressed in this area. One of the therapists talked specifically about examining the quality of the relationship within the therapy with an assessment tool³ developed for this purpose. What happens in music therapy may positively influence the client-therapist relationship as well as the client-caregiver relationship, if the latter is included in the process. There was a focus on the (further) development of the ability to interact with others, acknowledging the individual's own possibilities. A special potential inherent in music and the improvisational use of music was mentioned as something that facilitates the development of relationships. Therapist 4 called it "the responsiveness of music."

A particular opportunity offered in music therapy, then, seems to be the enabling of individuals with SMD to engage in a wider, relational context. Therapist 6 described, that the client's expression "becomes part of something wider. And I think that's so often what our patients miss out on, is some sort of sense that, actually they're in a proper, you know, in [a] relational context" (T6).

Connected to these thoughts of the relational context, there were some statements in the group discussion that referred to the influence of the music therapy work beyond the boundaries of the therapy room, to which there was assigned a separate theme.

Bridge

The idea of understanding individuals with SMD as "non-symbolic" individuals was introduced by Therapist 3 and then taken up several times by others. This perspective leads to an awareness of two worlds of understanding that need something connective in order to be able to interact with each other. Music therapy was, in this part of the discussion, defined as the expertise of bridging between the individual and their environment, "person to culture and culture to person" (T3) and so in some way music therapists would be able to "*bypass the need for symbolic language*" (T3). Therapist 6 added to this the idea that within the sessions "maybe we also stay in that non-symbolic place in a way ourselves, with some translating to do for other reasons." The "translating do to for other reasons" was not clearly explained, but could refer to the therapist's written documentation and verbal exchanges with co-workers or other persons involved.

³ AQR – Assessment of the Quality of Relationship (Schumacher et al., 2019)

Another theme that was outlined several times was reaching individuals with SMD in a way that others cannot. This was always linked to the idea of music therapists having a more far-reaching influence through music and empowering other colleagues or caregivers “to use music or some of our techniques to actually communicate or connect with them [individuals with SMD] as well” (T5). This became even more concrete in the idea of the music therapist as an “accessibility expert” (T3) – someone who could make the environment *more accessible* for individuals with SMD by giving other professionals a different perspective or even concrete tools – a thought that came up several times in the conversation.

I think music therapists that really do this good preparation or work and that have the knowledge can support, can make these people accessible to other health professionals, psychotherapists, teachers, you know, educational professionals. So, I really think about coordinating and making these people know we’re the accessibility, the real accessibility experts. (T3)

Similar ideas expressed in a slightly different way used the word ‘translator’ to name part of the music therapist’s role of both being in a confidential, understanding relationship with the person with SMD and also communicating with other people in their environment.

And so, I’m like the translator. And in the UK, if you have a patient who has a different language, you can get a translator. And I often think that I am the translator. (T4)

Macro area	Themes	Categories
Opportunities	Waking up	Beginning Preparation Consciousness
	Change	Spontaneity Actions with intention No apparent development Emotional expression
	Motivation	Fun factor Making an effort Getting feedback The right place to be
	Relationship	Therapist-client/caregiver-client relations Ability to interact Responsiveness of music Relational context
	Bridge	Bypass the need for symbolic language Accessibility

Table 2: Themes and categories for the macro area: Opportunities

The next macro area delves more into the therapists’ self-image, their therapeutic attitudes and approaches.

Approaches

The second macro area contains all of the issues related to the approaches of music therapy work with individuals with SMD. In the group discussion it became clear that the starting point of the work is the needs of the clients. The therapists clearly stated that when it comes to the question of a more functional or psychotherapeutic orientation of their work, the individual needs of the client take precedence over their own approach and preferences. Nevertheless, different approaches were discussed in the course of the conversation.

The first two themes in the macro area *Approaches* are the *functional* and the *psychotherapeutic perspectives* on music therapy work with individuals with SMD, followed by a third theme which explores the therapists' statements concerning the *correlations and connections* of these two perspectives. The last two themes then complement and broaden the previous thematic areas. *Cooperation and interdisciplinarity* therefore deals with aspects of including other people in the music therapy process, and the last theme, *competences and qualities of music therapists* necessary in this specific field, is presented.

The entire text of the focus group discussion was searched for statements that indicate aspects of a functional or psychotherapeutic perspective, and noticeably more content was found on the topic of the psychotherapeutic perspective.

Functional perspective

The first category in this theme is *physical wellbeing*. Therapist 2 described particular attention to her client's physical wellbeing at the beginning of each music therapy session, such as the "way they are lying or sitting in their wheelchair" (T2). She stated that, in her view, physical wellbeing was a prerequisite for being calm and attentive. Physical functions were named mainly in terms of what they enable a person to do. Without naming specific difficulties on the physical level, functional problems were mentioned as possible obstacles to achieving goals on a psychological and social level, such as "enabling social engagement" (T1).

Most of the statements in this theme were about the possibilities that arise from certain *abilities*; or the other way around, physical dysfunctions were particularly recognised and mentioned by the therapists, when they restrict the overall development of their client. For example, the therapists talked about how certain skills that can be learned in music therapy, such as "greater motor control using beaters", "waiting and listening" as well as "taking turns" (T6) form the foundations for successful communication and social integration. Besides these, only a few concrete interventions, such as "movement" (T4) and the use of "songs" (T2, T4) were mentioned that might suggest a more functional approach.

Psychotherapeutic perspective

Similar to the previous theme, the first category here is *psychological wellbeing*. In this context, the often vulnerable mental health of individuals with SMD was specifically highlighted. Observations were made that the mental health of people with SMD is often not given enough attention. Referring to the difficult, often traumatic experiences that many of today's adults with SMD have experienced

and in some cases still experience as part of the history of institutional care, Therapist 5 said the following:

I mean, first of all, that the people who come out of the institutions already have trauma, I mean, come on, really. And for all the people I work with, it is still a daily trauma because they are just not treated like human beings. (T5)

Several comments were found with regard to a *psychological framework*, based mainly upon a humanistic view of the therapeutic work and the people involved, represented in statements like:

We're not trying to make people into something else, but to allow people to just become aware that there are possibilities. (T6)

Some of the therapists particularly named a developmental psychological orientation as their theoretical foundation (T1, T2), emphasising a therapeutic stance similar to a "client-centred psychotherapy" (T1).

A major focus was clearly on interpersonal aspects and building the foundations of meaningful exchange within a *therapeutic relationship*, a topic already mentioned in the previous section, named here again as an integral part of a psychotherapeutic perspective. The specific value of the experience of the individual with SMD, of being perceived as a human being, a person that "gets to be heard" and "gets to connect" (T5) was illustrated by examples from the therapist's own practice, in individual music therapy as well as in group sessions, where the "group dynamics" (T6) play an integral role.

The next theme is addressing the integration of functional and psychotherapeutic approaches in music therapy through an initial exploration of their correlations and connections.

Correlations and connections

This section collates the therapists' statements regarding the interrelationships and connections of functional and psychotherapeutic aspects in music therapy with individuals with SMD. Two contrasting aspects of the work that might initially seem incompatible turn out to be interdependent as the following categories show. The first category describes the *process of moving from a focus on physical processes towards psychological ones*, which was described by Therapist 4 as a rather "physical" beginning with "movement, songs" which then "became psychotherapy eventually." Or in other words by Therapist 2:

So, I start physically, often, and then I go on to more the emotional connection and the interpersonal connection with the music. (T2)

The perception of physical presence was described as a basic prerequisite for opening up to the environment. The "psychotherapeutic benefit" (T5), however, appears after all to be the main goal that the therapists have in mind.

There are also statements that emphasised the *interdependence of both functional and psychotherapeutic aspects*, rather than a process of development from one to the other. Some of the therapists expressed their difficulties in even considering the two perspectives as separate. As Therapist 1 put it: "It is very, very difficult to say, I either do this or I do this." In some statements, both aspects were inseparably mixed together, and music itself was described as a medium that is both "physical" and "expressive" and has many other aspects that cannot be clearly assigned to one or the other perspective (T6).

It was only briefly mentioned by Therapist 1 that there are also viewpoints that clearly distinguish functional and psychotherapeutic approaches, according to which they seem incompatible or hierarchically related. Another therapist spoke about her music therapy education being eclectic:

We actually train in what they call an eclectic approach. So, we don't learn psychodynamic [approach] or so. I mean, we know what they are, but we basically just mesh everything together. It works. (T5)

When the therapists talked about their concrete practical work, a high proportion of improvisation was evident, not only in the form of musical improvisation, but above all as an improvisational attitude. In this way, both functional and psychotherapeutic content seem to find their meaning and room for development. Therapist 4 described it like this:

I think we're really improvisational in between those two things. And we know when, okay, that's all we need to just stay in a slightly more functional moment on that, now we can go, okay. And it might be literally minute by minute for me. (T4)

Related to the claim to take the needs of the person with SMD seriously in a holistic way, incorporating both functional and psychotherapeutic aspects, the idea of involving other people in the therapeutic process was discussed. The following theme is dedicated to the various possibilities of involving other people in music therapy with individuals with SMD.

Cooperation and interdisciplinarity

Besides co-therapeutic work with another music therapist, and the importance of supervision for the music therapist, various aspects of interdisciplinary work with colleagues from other professions as well as possible cooperation with caregivers and family members of clients with SMD were discussed by the group. Therapist 4 exclaimed spontaneously: "I'm so interested in interdisciplinary working!"

In the first category, named *exchanging with other professions*, the focus seems to be primarily on exchange and learning from each other. It was emphasised how much there is to learn from other professions, as Therapist 1 explains:

I personally have learned an awful lot from the other professions, because I would not have been able to do my work over these years in the way I did it, had I not had the knowledge that I had gained from other disciplines.

It became clear from the therapists' statements that it is a two-way exchange process in which music therapists seek advice from colleagues in other disciplines and, on the other hand, experience themselves as helpful to their colleagues. Therapist 6 phrased it this way: "We're feeding back and forwards all the time." An important factor here seems to be that in music therapy, individuals with SMD often develop a special motivation, which can then also have a positive influence on other therapeutic treatments. The other professionals mentioned by the therapists were psychologists, other therapists, mainly physiotherapists and once also doctors. Therapist 1 described cases where a therapist from another discipline worked together with her in a particular therapy session with the aim of making it "possible for this person [child with SMD] to have the successful experience he needed" (T1).

Some therapists talked specifically about *involving caregivers* in therapy sessions, and the challenges and benefits of this. The discussion revealed the therapists had a rather critical view of caregivers' ways of dealing with their clients in music therapy group work with caregiver participation. However, the therapists also shared a conviction that they can have a positive influence on caregivers. This might be a reason for their attempts to implement special trainings and supervision for caregivers in institutions. Therapist 6 described some of the intentions:

...working with staff. Not necessarily directly about music, but allowing people [staff] just to feel okay, to kind of notice their own feelings, to notice the atmosphere in the room, to wonder what somebody might be feeling. (T6)

The last category, a subject that repeatedly came up in the conversation, is *supporting parents* and other family members of individuals with SMD. Therapist 3 repeatedly addressed this topic using the terms "parent-child music therapy" as well as "dyadic music therapy", while Therapist 1 explained what she sees as a main goal in the support of parents. Both therapists were referring to music therapy with children with SMD. There was no mention of family members other than parents in the discussion.

We can help the parents to discover their own competencies that are often covered just with all of the anxieties and problems that their child has. (T1)

In work with adolescents, however, the opposite – no longer actively involving parents in the therapy process – became a topic of interest for the therapists. In the work with young people and adults, the need for independence, peer experiences and social inclusion was therefore accentuated.

Competencies and qualities of the music therapist

Although no specific question was asked on this topic, there were a lot of statements regarding the special qualities, characteristics and competencies of music therapists that are likely to be important for work in this field. In some cases, they were named specifically, and in others they became clear

from the way the respondents talked about their work. Passion and commitment can clearly be experienced from the words of conviction and enthusiasm with which the therapists talked about working with this group of people. They spoke about their encounters with individuals with SMD as “very exciting and moving” (T6) and called it “a joy” (T4) to be with them. Therapist 4 summed up her experience of the work like this:

So, what we do is amazing, because we do all of that, don't we? We do like waking people up, embodiment, moving, thinking about identity, and then we go all the way to really different kinds of work if it's needed.

Some statements referred to the necessary *skills* and broad *knowledge* of different disciplines that are important in music therapy work with individuals with SMD. Psychological and medical knowledge, the knowledge of the various disabilities and their possible “effects on the person” (T1), “basic and multi-professional knowledge” and “skillfulness” (T3) were mentioned several times.

The ability to *observe* well and wait *patiently* was highlighted as particularly important for this specific area of work. The therapists described moments from therapeutic practice in which waiting patiently played a special role, moments in which they then would acknowledge the smallest impulses of their client, like “this tiny cough” or “this tiny movement” (T4). Therapist 6 described it as a quality of this specific work that music therapists acquire by learning to allow this “silence and listening and waiting” to happen.

Reflexivity and cooperativeness are qualities that became very obvious in the way the therapists talked about their experiences in the broader context of their work. In fact, it seems that when working with non-verbal clients, the therapist's reflexive skills are once again particularly in demand – not only during the therapy, but also in the follow-up of a session and in the exchange about it with colleagues or relatives. The following statement illustrates that this also corresponds to the needs of therapists in this field:

...and ourselves we need support and supervision and interesting colleagues and all of that, to help us sustain that. (T6)

Constantly questioning one's own work with the client and the perceived limitations can also be understood as part of reflexive competence.

A great deal of thought was given to the therapists' *responsibility* and their opportunities to *advocate* for individuals with SMD, not only in the sense of responsibility for the particular client they are working with, but also for the SMD population as a whole, which needs ambassadors who provide spaces for their voices to be heard. Therapist 4 sees the “sort of advocacy” for this “silent population” as one of her most important missions. In addition to the institutional context, the topic of advocacy was expanded in the discussion to include the education of students, the social participation of individuals with SMD and disability rights in the context of society as a whole.

Last but not least, music therapy work in general was characterised by the therapist's ability to *improvise* and to use his/her own *imagination*, an ability that can be severely limited in people with SMD. Therapist 6 used the term “disruptiveness of imagination.” According to the group discussion,

it is not primarily about musical improvisation as an intervention, but about a fundamentally improvisational attitude of the therapist that is open to imagination. As Therapist 4 phrased it:

...that thing about being improvisatory is for me really key. So, I don't just mean musical improvisation. Obviously, that is very important, but as therapists we are improvisatory. (T4)

Macro area	Themes	Categories
Approaches	Functional perspectives	Physical wellbeing Abilities
	Psychotherapeutic perspectives	Psychological wellbeing Psychological framework Therapeutic relationship
	Correlations and connections	Process from physical to psychological Interdependence of physical and psychological aspects Improvisational attitude
	Cooperation and interdisciplinarity	Exchanging with other professions Involving caregivers Supporting parents
	Competencies and qualities of therapist	Passion and commitment Skilfulness and knowledge Observation and cooperativeness Responsibility and advocacy Improvisation and imagination

Table 3: Themes and categories for the macro area: Approaches

Research challenges

The third macro area contains the therapist's answers to the question about research in the field of music therapy with individuals with SMD. During the discussion, it was often emphasised how neglected the scientific discourse on this population group is and how difficult it is to deal with. Therapist 1 said in the very beginning of the group discussion:

I think it's wonderful that you had this topic, because I think it's very important. I think it's neglected a lot. (T1)

While all of the therapists agreed that there is far too little research on this topic, the analysis of their answers brought to light several explanations or possible reasons for this situation. Four themes have been identified, each consisting of two to three categories.

Researchers' perspective

The therapists talked about their own writing, teaching and research activities in this field, but they seemed to feel quite *isolated* with their work and expressed a desire for networking and international collaboration. They articulated their views about the interest of music therapy researchers, which they believe mostly lies elsewhere.

But people with really multiple disabilities, yeah, there seems to be very, very little interest in it. From music therapists. (T1)

Some of the therapists addressed a problem with valuation, stating that working with this client group is not seen “as valuable, as intriguing and worthy of anything” (T3). At the same time, the therapists showed a certain confidence that with the developing “technology and knowledge and the present thought about disability rights, this is really the right moment to get [clients with SMD] into a more central place [...] give them more room for thought in music therapy” (T3). It was mentioned several times that there is a need for individuals committed to this particular area of work and that they do exist – in music therapy, as well as in other professions. In the course of the discussion, several other issues emerged that might explain the underrepresentation of individuals with SMD in music therapy research.

Societal perspective

The societal perspective includes statements in the discussion that described the view of society regarding individuals with SMD, without specifically addressing music therapy. It was about fear and vulnerability of the population, about avoidance and disregard, about shocking abuse that contravenes basic human rights. The first aspect highlighted in the conversation was the mistreatment of individuals with disabilities, referring to recent scandals e.g. in the UK, where it was revealed that several individuals with SMD have been “abused, physically, psychologically, sometimes sexually, all sorts of things” (T6), probably over long periods of time. Fear was one possible explanation that emerged in the discussion, as Therapist 6 phrased it: “Disability represents something that everyone’s very afraid of, actually.”

The second aspect of the societal perspective is the perception of individuals with SMD as a burden. Therapist 3 said very clearly:

I’m sorry, it’s really straightforward: we don’t need them, we don’t really need them, these people, the society doesn’t really have use [for them], they’re a burden. We morally do not decide to not let them live, but we keep them alive. They’re a financial and moral burden. And as long as it is so, then we as society we take revenge unconsciously.

The fact that individuals with SMD are still often hidden and hardly appear in public was also addressed in the discussion. Nonetheless, the social development towards more *rights* for individuals with disabilities, the growing critique of ableism, and especially the right to participation, was also mentioned several times, but rather as something that exists in theory yet is experienced as hardly implemented in reality.

Ignorance and despair

The last theme is about the *lack of knowledge* and interest on the part of music therapists, about the questionable conviction that it is too much of a challenge to work with individuals with SMD and to involve them in research, and ultimately about the desperation of therapists to achieve anything with individuals with SMD.

The therapists in the group discussion, all of whom are also involved in teaching music therapy, felt that the work with individuals with SMD is rarely addressed in the curriculum of music therapy training courses. They perceived very little interest on the part of their music therapist colleagues. Some also remembered their own convictions when they entered the profession that they would work in other areas of practice.

Therapist 5 expressed very clearly her instant response to the question of why work with individuals with SMD is so neglected. She said it is perceived as *too hard*: "People just see it as too hard, too hard to involve them, too hard to work with them." Therapist 6 connected with this desperate thought by saying:

...that actually brings me back to that sort of 'there's nothing to be done' thought which has been going around in my mind. And what researchers need to feel, to allow them to feel there is something to be done, actually, that there is a possibility of creativity and ingeniousness in finding out. (T6)

The author's preliminary assumption, which, as previously explained, arose from a prior survey among music therapists, as well as from her own professional perception, was that music therapy with individuals with SMD is very important to music therapists working in this field, but it is rarely given any importance in scientific discourse and research. This assumption is confirmed in the evaluation of the focus group discussion, and initial attempts at explanation were made by the experienced music therapists and researchers.

Macro area	Themes	Categories
Research challenges	Researchers' perspective	Isolation Valuation
	Societal perspective	Mistreatment Fear Burden Disability rights
	Ignorance and despair	Lack of knowledge Too hard

Table 4: Themes and categories for the macro area: Research challenges

DISCUSSION

I will now discuss the data obtained in reverse order, starting with the last macro area, the *Research challenges*. The findings regarding research in general reflect what Fröhlich et al. (2017) also point out when they state that children, adolescents and adults with severe disabilities are still hardly considered and taken seriously with their needs, learning opportunities and development possibilities. Bernasconi & Böing (2016) as well as Klauß (2017) are critical of the fact that individuals with SMD have been overlooked in the scientific discourse of all of the relevant disciplines. Beyond that, however, the analysis of the group discussion gives some concrete possible explanations as to what the reasons might be. These explanations need to be questioned and investigated further. What became particularly clear in the group discussion, and seems to be a unifying experience of all the therapists

that took part, is the impression of not being seen by the music therapy community, or the wider community, in their work with this specific client group. The explanations they give for this themselves reveal a great disappointment and give the impression that the therapists perceive that they are the only ones who really care about this issue, who experience the work as valuable. Perspectives from social models and cultural models in disability studies (Rolvjord, 2014) could provide insights into possible reasons for the experience the therapists talked about. Cameron (2014) e.g. was critically asking if “disability studies have anything to say to music therapy? And would music therapy listen if it did?”. At the end of her article, the author urges music therapists to “give up aspirations to be recognized and valued as clinical practitioners, preferring instead to claim a reputation as emancipatory practitioners” (Cameron, 2014, str. 8).

The second macro area - *Approaches* - begins with a consideration of the needs of individuals with SMD, with these needs being the starting point for considerations of functional and psychotherapeutic approaches. Reimer (2016, 2019a) particularly emphasises the importance of perceiving the client’s state of affect in the current moment in order to derive possible needs from it and to find appropriate treatment possibilities, identifying signs of sensitivity and especially signs of distress as indications of the client’s current state of affect. From this, she draws conclusions and looks for possibilities of support both on a physical level (comfortable accommodation) and an emotional level (containment), with the aim of achieving a balanced emotional state. These different levels also emerged, albeit less specifically, in the group discussion. In addition, the need for participation, which can be found explicitly in Watson (2007) and Cameron (2017), was mentioned several times during the discussion.

Regarding the distinction and overlap between functional and psychotherapeutic approaches, it is first clear that, similar to the specific literature on music therapy with individuals with SMD (Kuntsche, 2011; Meyer, 2010; Reimer, 2016), both physical and psychotherapeutic aspects are considered, with particular attention to the overall wellbeing of the client. Statements on correlations and connections between the two perspectives can be found repeatedly in the group discussion. Difficulties in distinguishing one from the other appear repeatedly, and a tendency to move from the physical towards the psychological is particularly pronounced. We are already familiar with such dilemmas from Tauchner’s (2012) remarks on functional and psychotherapeutic approaches in neuro-rehabilitation. The statements of the therapists reveal that even with a functional therapeutic orientation, interventions are to be seen as working with the person as a whole, as a process that is embedded in contact, encounter, relationship and bonding (Petzold, 1993; Roelke, 2010). Nevertheless, of particular importance seems to be the improvisational attitude of the music therapist, which connects both levels situationally and aligns them with the respective needs of the client in the moment.

The findings on interdisciplinarity and cooperation with caregivers or family members largely align with statements of authors who have already dedicated themselves to this topic (Fröhlich et al., 2017; Twyford & Watson, 2008). While there is a tendency in the literature of music therapists to primarily see their contribution towards the other professions, statements from the group discussion also suggests that there is a great deal that music therapists can learn from other colleagues for their own music therapy work. While in the group discussion exceptional commitment and skilfulness of the music therapists were emphasised as essential conditions, the literature seems to lack a

description of the competences and qualities a music therapist needs when working with people with SMD. In this regard, the findings of the study provide valuable insights for further research, which in turn could be relevant for the training and supervision of music therapists working with individuals with SMD.

The first macro area was named *Opportunities*. For the most part, corresponding references to the identified themes can also be found in the literature. The elements of change, motivation and relationship can be found in several publications (Kuntsche, 2011; Meadows, 1997; Reimer, 2016; Watson, 2007), whilst the themes of 'waking up' and 'bridge' emphasise specific aspects in the music therapy work with individuals with SMD which are rarely found in the literature. The idea of "awakening" clients in music therapy can already be found in the work of Boxill (1985) and some elements of the *bridge* theme in the recent work of Roginsky and Elefant (2021). Even though these topics have already been mentioned in individual publications, it is interesting to see how little the authors refer to each other in the specific area of music therapy with people with SMD, especially in an international context. It could be presumed that a possible cause of this is the language barrier, as German-language authors rarely cite English literature and, conversely, English-language literature even less frequently makes reference to German-language publications.

In this respect, this study represents an important step forward, as both the literature and the therapists included represent a broader international spectrum. The literature review refers to German and English-language literature, and the music therapy experts come from four different countries on a total of three continents. Another advantage of this study is the fact that all the therapists included are experts in music therapy with individuals with SMD, with many years of therapeutic practice as well as experience in teaching and scientific research.

On the other hand, the disadvantages of the study above all can be seen in the selection of the music therapists involved in the focus group, who have special expertise, but only represent a specific point of view. In the course of the discussion, all six therapists showed great agreement in the values they represent and their therapeutic attitude. As a result, there was a lot of complementarity in the discussion and less opposition or contradictory views. This might have been different if there would have been music therapists included with a behavioural therapy background or representatives of neurologic music therapy, who, unfortunately, could not be found for this specific field of music therapy work with individuals with SMD. A shortcoming, however, is that individuals with SMD are only included as part of the study through the impressions of their therapists. It is still a challenge to include non-speaking individuals with severe, multiple disabilities more directly in the research process, although this doesn't mean it cannot be done. Furthermore, the voices of family members, caregivers and other professionals besides music therapists are not part of this study. This study is part of a larger dissertation study, which in further steps at least tries gradually to expand this limited perspective through analysis of video recordings of music therapy sessions and the involvement of therapists from other disciplines in evaluating these recordings.

CONCLUSION

The findings confirm the wide range of developmental opportunities that music therapy can offer individuals with SMD, especially with regard to the meaning of functional and psychotherapeutic aspects. Prior to this study, it was only possible to find literature on this theme from exemplary

neighbouring fields such as neuro-rehabilitation. However, the detailed findings of this study clearly point towards valuable interconnections of both the functional and psychotherapeutic perspectives. I do believe it would be worthwhile to explore these connections in more detail, and especially to involve individuals with SMD themselves in an appropriate way in such research.

Furthermore, it is shown that the two perspectives – functional and psychotherapeutic – are of particular relevance here also because further development of executive functions is dependent on matured psychological development and vice versa. It is not surprising that a phenomenon like SMD that manifests in complex ways on the physical as well as the psychological and social levels of a person and his/her environment requires treatment approaches that work in equally complex ways. Approaches that always keep the human being as a whole in mind. The broad spectrum of competencies and qualities of the music therapist in this specific field of work could, among other findings, also be relevant for music therapy training courses, as these rarely deal with the topic of music therapy with individuals with SMD, at least according to the therapists' statements.

The analysis of the group discussion of the six experts identified many interesting topics that would merit further exploration. The author's perception of the unequal attention paid to the subject in current music therapy research was confirmed and some exciting attempts at explanation were made. An interesting – but at the same time shocking – assumption emerging from this group discussion is that societal ignorance and despair not only has a serious impact on the living conditions of people with SMD, but might also affect music therapists' attempts to write on or research this topic. More active collaboration between music therapy and disability studies could perhaps resolve some of the obstacles and allow further development of the research in this field. But most importantly, such a connection would come closer to the aspiration to involve people with SMD themselves more in research attempts.

In contrast, the concrete experiences and insights of the therapists about their decades of therapeutic work with individuals with SMD are encouraging and open up many possibilities for the further development of this field of work. In this respect, perhaps the most important impact of this study is that experienced music therapy colleagues from various countries and different professional orientations, who to a large extent did not know each other beforehand, exchanged ideas and began to learn about each other's therapeutic and scientific work. New collaborations have been formed, facilitating joint contributions to international conferences and maybe, in a next step, further networking and joint research activities in the field. Such collaboration could also make individuals with SMD more visible (and audible) in the music therapy community and beyond. As one of the involved therapists pointed out:

And sure, if it's hard, we just have to work a bit harder. You know? You can do that....they deserve it. (T5)

ACKNOWLEDGEMENTS

This article presents the qualitative results of mixed-methods research conducted as part of the author's doctoral studies at the Academy of Music, University of Ljubljana. The Andreas Tobias Kind Foundation from Hamburg, Germany, has consistently encouraged this research through financial, practical and moral support.

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Μουσικοθεραπεία με άτομα με σοβαρές πολλαπλές αναπηρίες

Claudia Bajs

ΠΕΡΙΛΗΨΗ

Η παρούσα μελέτη χρησιμοποιεί ποιοτική μεθοδολογία για να διερευνήσει τη μουσικοθεραπεία με άτομα με σοβαρές πολλαπλές αναπηρίες. Έξι μουσικοθεραπευτές με εκτενή εμπειρία σε αυτό το πεδίο συμμετείχαν σε μία συζήτηση ομάδας εστίασης βασισμένη σε ερωτήσεις σχετικά με τις δυνατότητες εφαρμογής της μουσικοθεραπείας με παιδιά, εφήβους και ενήλικες με σοβαρές πολλαπλές αναπηρίες, τους τρόπους που τα άτομα αυτά χρησιμοποιούν τη μουσικοθεραπεία, τη συσχέτιση λειτουργικών και ψυχοθεραπευτικών πτυχών στη μουσικοθεραπεία, και τις προκλήσεις στη διεξαγωγή έρευνας που περιλαμβάνει άτομα με σοβαρές πολλαπλές αναπηρίες. Τα δεδομένα αναλύθηκαν σύμφωνα με την προσέγγιση της θεμελιωμένης θεωρίας, και τα αποτελέσματα ανέδειξαν τις ακόλουθες ευρύτερες περιοχές: ευκαιρίες, μουσικοθεραπευτικές προσεγγίσεις, και ερευνητικές προκλήσεις. Οι συμμετέχοντες επισήμαναν το ευρύ φάσμα των αναπτυξιακών δυνατοτήτων που μπορεί να προσφέρει η μουσικοθεραπεία στα άτομα με σοβαρές πολλαπλές αναπηρίες. Σκιαγράφησαν τα μοναδικά χαρακτηριστικά που παρέχουν οι μουσικοθεραπευτικές παρεμβάσεις στην εργασία με αυτήν την πληθυσμιακή ομάδα, ειδικότερα όταν συνδυάζονται λειτουργικές και ψυχοθεραπευτικές προσεγγίσεις. Επισήμαναν επίσης το ευρύ φάσμα των δεξιοτήτων και ποιοτήτων του μουσικοθεραπευτή. Οι εμπειρίες και οι αντιλήψεις της διεθνούς ομάδας εξειδικευμένων μουσικοθεραπευτών ως προς το θεραπευτικό έργο τους με άτομα με σοβαρές πολλαπλές αναπηρίες είναι πολλά υποσχόμενες και ανοίγουν πολλές δυνατότητες για περαιτέρω ανάπτυξη αυτού του πεδίου στην έρευνα, τη διδασκαλία και την θεραπευτική πράξη.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, σοβαρή πολλαπλή αναπηρία, λειτουργικές και ψυχοθεραπευτικές προσεγγίσεις, συζήτηση ομάδας εστίασης