

Singing about you and me
Situation songs
and their use in pediatric Music Therapy



Master Thesis in Music Therapy
Institut for Kommunikation
Aalborg Universitet, May 2013

Agnes Kolar-Borsky
Supervisor: Ulla Holck

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I confirm, that this thesis is my original work and that I have not used any other sources but the ones cited in my thesis.



Agnes Kolar-Borsky, 27th of May, 2013

Picture on the front page: *"A child and an adult, playing together"*

- drawing by my three year old daughter Paula

This thesis contains of 161.834 characters (with spaces) = 67 standard pages

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Abstract

This master thesis is a qualitative study about the use of one particular improvisation method in pediatric music therapy: the “*situation song*”. The term *situation song* comes from the German word “*Situationslied*”. This describes an improvised song, which is sung by the therapist or/and the child and which relates to the actual occurrence and the therapeutic relationship. In my thesis I surveyed the therapeutic intentions to use such songs. I further investigated if music therapists find situation songs helpful to handle situations within the therapeutic setting, which are difficult for them.

The investigation took part on three different levels: First, I elaborated on my own use of situation songs in my work as a music therapist, at a school for children with special educational needs. Second, I studied relevant literature in English and German. On the bases of hermeneutic text interpretation, I extracted any data about the therapist’s intentions to sing situation songs. I coded these data and summarized these in categories of primary aspects, following the coding strategies from grounded theory. In a third step, I designed a semi-structured interview guide and interviewed music therapists, who use situation songs with children. This was done on the basis of my pre-understandings and the literature study. I interviewed three music therapists from three different countries: **Hilde Skrudland** (Denmark), **Örbrún Guðmundsdóttir** (Austria) and **Ingrid Erhardt** (Germany). All three interviews were done in English and transcribed. I analyzed the data using the same strategies as for the literature – looking at the text in a hermeneutic way and using coding strategies from the grounded theory approach. I used the software program AtlasTi to do so. Each set of findings led to further elaborations on my own intentions to use situation songs. This helped to deepen my understanding about the subject-matter.

The findings of my thesis show that situation songs are used by some pediatric music therapists, especially with children at an early developmental age. The many different intentions behind the use of *situation songs* can be summarized as such: (1) to create a therapeutic space; (2) to support the therapeutic relationship; to enhance experience and development in the fields of (3) emotion, (4) behavior, (5) expression and (6) social skills; (7) to transport messages in language and (8) to give structure to the child. The overall aim behind the use of situation songs is to offer essential experiences to the child in order to support his or her development.

In this study I focused on the use of one specific clinical method and thereby learned about general therapeutic attitudes, aims and priorities of other pediatric music therapists.

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1. Introduction

1.1. Personal motivation

The motivation for this study comes from my own experience as a novice music therapist working in a school for children with special educational needs. Looking back at the course of fourteen months of music therapy at the school, I notice, that the use of improvised songs played an important role in the work with some of the children.

In music therapy literature, different terms can be found describing this form of song, such as *“improvised song”* (Wigram & Baker, 2005, p. 11), *“spontaneous singing with text”* (*“Spontanes Singen mit Text”* - Lutz-Hochreutener, 2009, p. 181), *“spontaneous tunes”* (Stegemann, 2007, p. 40) or *“situation song”* (*“Situationslied”* – Plahl & Koch-Temming, 2008, p. 180; Schumacher & Calvet-Kruppa, 2008, p. 292; Voigt, 2008, p. 218; Stegemann, 2007, p. 50). In this thesis I am focusing on the specific concept of the *“situation song”*. This form of improvised song is *“directly related to the actual therapeutic occurrence...”* and *“...invented spontaneously by the therapist for the child, together with the child or by the child himself within the situation...”* (Plahl & Koch-Temming, 2008, p. 180, my translation). For further definitions and delimitations see part 2.2.

For me, singing is a natural and fundamental way of expression. During music therapy with children at our school, vocal improvisations were of major importance. Sometimes I felt the intuition to transmit a verbal message on top of the non-verbal one, so I created a song. The songs were often accompanied by a strong rhythmical structure or a gentle melodic arpeggio. I played drums, the guitar or a melodic instrument such as a sansula, while singing. Sometimes the child and I moved to the music through rocking, dancing or spinning around in circles.

I used *situation songs* particularly in music therapy with children with a developmental delay and sometimes with children with early relationship disorders. The form of our songs varied. Often it was me singing to a child in response to the child’s actions. The child again responded by singing back, by moving, sighing or clapping. At other times it was the child who was singing. I was playing a musical foundation for the child¹ and his song. Frequently a dialogue of singing developed.

¹ In support of the reading flow, I use the pronoun *“he”* for the term *“the child”* and the term *“the client”* in a gender neutral manner. Similarly, I use *“she”* for the term *“music therapist”* in a gender neutral manner.

I felt the impulse to sing *situation songs* in a broad spectrum of situations. The feelings before and the intentions behind it varied, too. By shortly illustrating two different songs, I want to give the reader the opportunity to put herself/himself in the position of these moments of interaction.

Am6 (add 9)

Therapist

p

Das ist ein Lied für den Nicki für den Nicki ist das Lied
 ba da da da da da da dam das
 ist ein Lied für den Nicki denn der Nicki, ja, der be- e- kommt eine C-
 D zum Ab- schluss ei- ne C- D zum Ab- schluss

Figure 1: A song for Nicki²

Song 1 (see figure 1): Nicki³ was a seven year old twin boy, who had been pre-maturely born and had a history of early childhood neglect. After he and his brother had set fire to the house at the age of 6, their mother had rejected them and sent them into state care. The end of the school year was near and the course of music therapy was coming to an end. Nicki had agreed on making a CD together with improvised music - a lasting, concrete object for him to take home. In the example below, he improvised and experimented with his voice and with mouth percussion. I felt deep feelings of loneliness and a craving for safety and security. I further felt a great wish to care for him. I accompanied him on the sansula by playing a gentle, ongoing arpeggio in Aminor6/9. I responded to his sighs, screeches and mouth percussions. When his improvising paused, I felt the great wish to tell him somehow, that in this very moment, I was just here for him. I expressed this by “dedicating” the song to him. I further referred to the lasting object of our time together – the CD, which we were going to make together.

In the above example, a *situation song* emerged in a rather quiet moment. At other times, *situation songs* helped to lighten up the atmosphere, especially in moments of emerging conflicts.

² Translation: “This is a song for Nicki. For Nicki is this song. Badada... This is a song for Nicki. Yes and Nicki shall get a CD when we finish, a CD when we finish.”

³ Names of all children changed in order to warrant privacy.

Example 2 (see figure 2): Jacob was a ten year old boy, diagnosed with a developmental delay and severe behavioral difficulties, who was often emotionally distressed. He had just arrived in the room and found it very difficult to engage in the situation. He wanted to leave and go downstairs. Jacob started a *situation song*, a little musical discussion, which eventually led to our *hello song*. The song helped us to move from a frustrating experience towards a shared experience of joy and laughter. It led to the flow of playfulness again and facilitated a positive relationship experience.

The musical score is written for a child and a therapist in a 4/4 time signature. It begins with a tempo marking of ♩ = 100. The child's part starts with the lyrics "Runter gehen!" and "Runter gehen!". The therapist's part also includes "Runter gehen!". The score then transitions to a key signature of one sharp (F#) and includes lyrics such as "Nein, nein!", "D", "D Ja, ja, ja, jaja jaja jaja jaja", "Nein, nein nein, wir gehn nicht runter!", "Ja, ja, jaja ja, jaja jaja ja ja", "Ah -", "Ha! (high squeaks)", "Ha! Ha! Ha! Ha! Ha! Ha!", "Ahl -", "-ah!", "Ha! Ha! Ha!", "Ha, ha, ha, ha, ha!", "D", "Nein, nein!", "D", "Ha!", "Ha, ha, ha, ha!", and "Nein, nein!".

Figure 2: Runter gehen!⁴

In the course of the therapy with Jacob, *situation songs* were used by me as a means to communicate to Jacob but also to myself. Singing *situation songs* supported my ability to offer a therapeutic space and to relate him in a therapeutic way. The impulse to sing *situation songs* arose from my feelings of countertransference rather than from intellectual considerations.

⁴ Translation: "J: Going downstairs! A: Going downstairs! J: Going downstairs! A: Going downstairs! J: No, no! A: No, no, no, we are not going downstairs. J: Yes, yes, yes. A & J: Yes, yes, yes, yeahhh ahhhh! J: Ha! A: Ha! J: Ha, ha, ha!... J: No, no! A: No, no!"

In most cases where I sang *situation songs*, the lyrics were simple and repetitive. I sang our names, about the child's actions and about what I was doing. I mentioned in the songs, that it was music therapy now and that this was our music therapy room. Sometimes I asked questions or answered to the child. I expressed thoughts and feelings. The main focus of the lyrics was on the *Here* and the *Now*, the *You* and the *Me*.

Through group supervision and during music therapy conferences, I found out, that *situation songs* are used in music therapy with children by other therapists, too. The use depends on the personality and the interests of both therapist and child and on the actual situation. But there seems to be little literature which focuses on this form of improvisation. I am happy, that this master thesis has opened up the opportunity for me to look more closely on how other therapists use this form of improvisation – a way of musical-verbal expression, which very much fascinates me.

1.1.1. The intention behind my own use of situation songs

I asked myself, why I was using *situation songs* in music therapy processes with children. Which mostly intuitive intentions were giving me the impulse to sing these songs? By reflecting on my session sheets as well as on video and audio recordings, I initially came to the conclusion, that I was using *situation songs* for various reasons. These different intentions were summarized in two categories: 1) *Appreciation & space* and 2) *Relationship* (see table 1).

In order to support the comprehension, I distinguished between my intentions for the child and the effects on myself.

Appreciation & space

To show interest, openness, empathy, appreciation and patience: *My intentions for the child:* By singing about the child and his actions, I want to give him the experience of being accepted and reassured. I want to show the child my empathic presence and my interest in his world, like it would normally happen in a parent-child play situation in the early childhood. *Effects on me:* The song helps me to open myself up to the child and show him my empathy and my true interest. Due to my commenting singing, I have a close focus on the child and his behavior, which enables me to understand the child in his current needs better. This helps me to be patient in situations where I usually find it hard to stay calm.

To show authenticity, clarity: *My intentions for the child:* Sometimes I use *situation songs* to sing “no” to the child and to tell him to stop with a certain behavior (see figure 2). I want the child to feel the safety of an authentic and clear vis-à-vis. A vis-à-vis, who is aware of her own limits. *Effect on me:* Singing “no” helps me to look at my own limits and accept them. Within the flow of the musical improvisations it is easier for me to feel, when I need to set boundaries. This can happen when the child shows destructive behavior and when I have the feeling that he is asking me for more securing structure.

Categories of primary aspects	Intentions behind my use of situation songs
1) Appreciation & space	a) to show interest, openness, empathy, appreciation and patience
	b) to show authenticity and clarity
	c) to create humorous and serene moments
1) Relationship	a) to focus on “you” and “me” in the “here” and “now”
	b) to give feedback on the child’s actions
	c) to give feedback on countertransferences
	d) to encourage progress

Table 1: Pre-understandings - my intentions behind my use of situation songs

To create humorous and serene moments: *My intentions for the child:* The use of *situation songs* sometimes helps us to create an atmosphere of humor and serenity again (see figure 2). I am convinced, that focusing on the joyful and humorous aspects in music therapy sessions can be very useful at times, in order to support new correcting experiences. *Effect on me:* Singing *situation songs* helps me to get into a serene flow of therapy, when I try too hard to make everything right.

Relationship

To focus on “you” and “me” in the “here” and “now”: *My intentions for the child:* With the signaling words of the lyrics, I want to help the child to arrive mentally in the situation or to come back to the situation again. Often the song leads to moments of shared focus, for example, when it suddenly stops and the child initiates a start again (Plahl & Koch-Temming, 2008, p. 167). *Effects on me:* Due to the effect of intense countertransferences, my mind sometimes wanders off and I

suddenly feel very sleepy. This happens mostly in sessions with children with a severe attention disorder. Then I need the signaling lyrics on top of rhythm and melody to help myself to stay focused on the child and the current situation.

To give feedback on the child's actions: *My intentions for the child:* I want to give the child feedback on the observed actions and on how I see the child. I am convinced that this experience is an important milestone in the development of the core self and the self in relation (Stern, 2007; Schumacher, 1994; Schumacher & Calvet-Kruppa, 2008). Through my synchronal feedback on his actions, I want to support the child in his exploration of self-efficiency, which is an essential step towards self-confidence (Plahl & Koch-Temming 2008, p. 166). *Effects on me:* Observing and singing about this observation helps me to focus entirely on the child and to be with him.

To give feedback on countertransferences: *My intentions for the child:* I want to let the child know, that I am emotionally touched by him. *Effects on me:* Feedback on the countertransferences helps me to empty myself in order to make myself available to the child. For example, I find it easier to find back to an accepting attitude after expressing my feelings of restlessness or confusion carefully in a song.

To encourage progress: *My intentions for the child:* I sometimes give instructions by singing a song, for example: "Now, you play the drum. Now, I play the drum". Through the flow of the music, some children seem to find it easier to get engaged in the situation and to accept an offer. *Effect on me:* Singing *situation songs* helps me to find the right intensity when setting impulses and to make clear offers, when this seems appropriate.

In general, *situation songs* are a way to give to the child but also to give to myself within a therapeutic situation. Especially in situations where I feel uneasy - for example, when a child shows challenging behavior - singing about the situation can help me to regulate my own emotional state. Then I can be there for the child again and create the so important therapeutic space for him.

For further elaborations on my intentions to sing *situation songs* see part 2.5. and 3.4.

1.2. Problem formulation

On the basis of my own experience, I want to investigate the following questions:

1) Is the *situation song* a method which is regularly used in pediatric music therapy?

If yes:

2a) What are the music therapists' intentions behind the use of *situation songs*?

2b) Do other music therapists experience that singing *situation songs* helps them to cope with situations in the music therapy sessions, which are difficult for them?

1.3. Method

In order to answer the above questions, I am using a flexible and qualitative investigation approach (Robson 2011, Stakes 2010). I am investigating the subject-matter on three different levels: by reflecting on my own experience, by reviewing the literature and by conducting semi-structured interviews with three music therapists, who have experience in the use of *situation songs*.

First, I have investigated my own data about *situation songs*. My session sheets contain notes on the situations, on my countertransferences and to some extent on my intentions behind the use of *situation songs*. My audio and video recordings give information on the lyrics and music of the songs.

Then, I review relevant literature about *situation songs*. I interpret and analyze my findings by developing codes and categories about the intentions behind the use of *situation songs*. On the basis of the knowledge gained through experience and literature studies, I develop an interview guide and interview three music therapists, who regularly use situation songs in their work with children. One music therapist works in Denmark, one works in Austria and one in Germany. Before conducting the main interviews, I practice interviewing with a former study colleague from Germany.

The interviews take place via the internet, using the program *Skype*⁵. In order to record the audio data of the interviews, I use the program *Pamela Professional*⁶.

After the transcription of the interviews by use of the software program *Express Scribe*⁷, the text is sent to the music therapists for a first member check (Robson, 2011). In this procedure the interviewees have the chance to alter some statements or to add something to the text.

⁵ <http://www.skype.com> (12.5.2013)

⁶ <http://www.pamela.biz> (12.5.2013)

⁷ <http://www.nch.com.au/scribe/index.html> (12.5.2013)

I analyze the data by keeping phenomenological principles in mind and by using a hermeneutic approach. Since I am building up my study on pre-knowledge, a hermeneutic approach seems the most appropriate to use (Kvale & Brinkmann, 2009). Some inspirations for the analysis are found in the grounded theory approach, particularly regarding the structured procedure of coding and categorizing.

In order to analyze the data, I use the computer software *AtlasTi*⁸. I compare the findings of the interview analysis with my own experience and the knowledge gained through my literature review. This knowledge is then combined into a synthesis.

1.4. Methodology

1.4.1. Flexible design and qualitative research

In flexible design studies the theoretical framework and the exact questions to be investigated are developed dynamically during the course of the investigation. The investigation is started with some ideas and some decisions about the methods used to collect data, but there is no pre-fixed decision on how to get to the outcome. The development of the problem formulation is forming the design of the study. Different research traditions may be blended together and used step by step during the study (Robson 2011).

Flexible design studies (Robson, 2011) or qualitative research studies (Stakes, 2010) are very much influenced by the person investigating. Therefore they are to some extent personal and subjective. As Stakes puts it:

“Research is not a machine to grind out facts. The main machine in all research is a human researcher.... Humans are the researchers. Humans are being studied. Humans are the interpreters, among them the readers of our reports” (Stakes, 2010, p. 36).

Since the researcher brings in his own life and life experience, it is very important to thoroughly distinguish between own experience and the research. Kvale and Brinkmann (2009, p. 242) speak of *“reflexive objectivity”*, meaning to carefully pay attention to one’s own subjectivity and prejudices. Pre-knowledge and subjectivity however are not obstacles but resources:

“Meeting “the other” opens the possibility of revising one’s foreknowledge. A work of art or a person can have such an impact on us that it may change our horizon of understanding. To let this happen there must be sensitiveness toward what is different. There is no need for

⁸ <http://www.atlasti.com/index.html> (12.5.2013)

neutrality or a self-effacing attitude – on the contrary, the foreknowledge and prejudices must be enhanced. Thus by being open and listening, the case can appear in its difference and get a chance to challenge one's view” (Lindvang, 2010, pp. 73-74).

1.4.2. Phenomenology

Phenomenology as a philosophy goes back to Edmund Husserl and was further influenced by Martin Heidegger, Jean-Paul Sartre and Maurice Merleau-Ponty. According to Kvale & Brinkmann (2009), phenomenology is of core relevance when doing life world interview research. Phenomenology focuses on the perspectives of the world as seen by the individual person rather than on objective issues, which can be generalized. The investigator listens to the descriptions and meanings of the subject and tries to read between the lines. From a phenomenological point of view, interview investigations give deeper insight into the world of the subject but do not lead to generalized opinions.

Strictly speaking, in investigations, which follow the principles of a phenomenological method, the investigator is supposed to let go of any pre-assumptions and beliefs in order to open himself completely to the other (Forinash & Grocke, 2005).

1.4.3. Hermeneutics

“Understanding is the original characteristic of the being of human life itself”
(Gadamer, 2004, p. 250).

The hermeneutic tradition has been used since ancient times for the interpretation of various texts, such as the bible. Hermeneutics is not to be seen as a clearly outlined method, but as a general way of principles, which can be used to interpret language (Kvale & Brinkmann, 2009). The central issue is the understanding and interpretation, rather than the explanation and verification (Kinsella, 2006).

According to Gadamer (2004, p. 306), understanding happens within a *“fusion of horizons”*. When trying to understand a text, the interpreter's own thoughts are being put into it. The interpreter's own horizon is not static but constantly re-forming through the interpretation of the text of another person.

The *“hermeneutic circle”* describes the constant interaction between the understanding of parts and the understanding of the whole (Kinsella, 2006, paragraph 15), as well as the interactive process between investigator and subject (Kvale & Brinkmann, 2009). According to Kvale and

Brinkmann (2009), the hermeneutic circle helps the investigator to move deeper and deeper into the matter of understanding.

The interpreter acts like a “*translator*”. A translator always puts emphasis on certain aspects rather than on others. He highlights these aspects on the basis of his individual experiences and perspectives, while other interpreters would highlight other aspects (Gadamer, 2004, p. 386). Therefore, a hermeneutic approach supports a deeper insight into the described subject-matter, but does not lead to objective results. Member checking methods are necessary in order to improve the quality of the interpretation of the other (Robson, 2011, p. 158; Kvale & Brinkmann, 2009, p. 114).

1.4.4. Grounded theory

Grounded theory as a research strategy goes back to Glaser and Strauss in the 1960s. The main characteristic of grounded theory is the very systematic analysis of data. The researcher goes out to collect data, comes home to analyze these and goes back into the field of research again to collect more information. The analysis eventually leads to a theoretical concept. This is in contrary to the hermeneutic way of thinking, where a generalized theoretical concept is not the goal and believed as impossible. Grounded theory can be used as a method of investigation without the need of pre-existing theories and knowledge, because the data give the “*grounded*” basis for the later theory (Robson, 2011).

The analysis of grounded theory studies is done in three steps: “*open coding*”, “*axial coding*” and “*selective coding*” (Robson, 2011, p. 149). Through *open coding*, keywords are created for patches of the text, called “*codes*”. These codes are summarized into different “*categories*”. In *axial coding*, the different categories are linked together, looking at the relationship between these. The process of *selective coding* is used to find a core category which summarizes the very essential common meaning of the codes and categories. The main aspect of the study is being named on this stage.

In my study, pre-knowledge from my own clinical experience is the basis for my literature review. The literature review is the basis for the conduction and analysis of the interviews. Thus, a hermeneutic approach seems the most appropriate method. The coding strategies of the grounded theory approach are still useful for my study.

1.4.5. Qualitative interview

To gain information about qualitative interviewing, I focused on literature by Kvale & Brinkmann (2009) and Stakes (2010). I was further inspired by reading the master thesis by Barbara Harbo Ilskov (2010) and the PhD thesis by Charlotte Lindvang (2010).

According to Stakes (2010), an interview study can have three different goals: It can aim on gaining information and interpretation which is held by the interviewee. It can focus on collecting quantitative data from a great number of interviewees. And it can further aim on finding out more about a subject, which the interviewer could not find out by himself. In this particular study, the first and the third aim are relevant. The experienced music therapist holds information and interpretation about the use of the *situation song*. I have gained some information about this subject-matter through own experience. But the interviews with experts shall lead to a deeper insight into this matter.

Kvale and Brinkmann (2009) describe the “*semi-structured interview*”, which is neither an everyday conversation nor a very structured direct questionnaire. The basis for the interview is an interview guide. This guide focuses on the subject-matter and includes probable questions. These questions are not rigidly used but serve as orientation in the process of each interview. The interview is both formed by the person questioning and the person answering.

Before conducting interviews, it is important to study relevant literature, so that one does not “*re-invent the wheel*”. Furthermore, it is necessary to explicate own pre-assumptions in order to be open for the subjective perspective of each interviewee (Kvale & Brinkmann, 2009).

1.5. Pre-understandings

1.5.1. The importance of a therapeutic space

In my view, the therapeutic *being* is the essential pre-requisite for the therapeutic *doing*. The basic therapeutic attitudes and principles are the most important fundament for the therapeutic encounter with clients. These attitudes correlate with my ethical principles on the basic emotional rights of all humans. The necessity of therapeutic attitudes is common sense throughout most schools of music therapy – especially the necessity of meeting the client with empathy (Bruscia, 1987; Lutz-Hochreutener, 2009; Plahl & Koch-Temming, 2008).

For me, *real interest* in the client, *appreciation* and *openness* towards his unique personality are essential. This can lead to *respect* and *empathy* despite any difficulties and differences. The client

needs to feel the therapist's *realness* and *authenticity*. He needs to be sure, that the therapist is emotional available (Axline, 2002; Lutz-Hochreutener, 2009; Plahl & Koch-Temming, 2008). *Authenticity* means to me, that the therapist, who works with children, will at times set clear *boundaries*. These have to be offered in a respectful and understandable manner and often result from the child's questioning behavior. Difficult behavior of a child can be seen as a way of asking the therapist for structure, in order to feel more secure and reassured by a caring and clear vis-à-vis (Axline, 2002; Lutz-Hochreutener 2009; Irle, 1996). *Flexibility*, *humor* and *serenity* are further necessary attitudes when working with children (Lutz-Hochreutener, 2009), in order to be able to offer joyful and healing experiences.

I share Lutz-Hochreutener's (2009) belief, that the music therapist's attitude towards herself, her own limits and her vulnerability is very important. Only if the music therapist accepts her own weaknesses and needs and allows herself to make mistakes, can she encounter the child in a therapeutic manner. I remind myself at times of this important aspect of the therapeutic being.

Through supervision, I have come to the view, that all clients - no matter if adult, child, disabled or not disabled - have a right to experience *transparency* (Plahl & Koch-Temming, 2008). Openness, not just in a perceiving but also in a sending manner, is necessary in order to relate to the child as an equal partner. I have started to speak out questions and thoughts to the child - sometimes in a song - when I am wondering what is needed right now. Despite all the verbal and intellectual limits, the child has the right to be treated equally and non-judgmental.

I believe that the above mentioned attitudes lead to the *therapeutic space*, within which progress takes place: If the child feels secure and safe, he can express any feelings and try out new ways of relating and communicating without pressure. He can make mistakes and will not be let down. He will be carried and held, when necessary (Davies, 2005). According to Bruscia (1987), the development of trust and a good therapeutic relationship is the first stage of the interpersonal progress in music therapy.

1.5.2. My view on music therapy with children

My view on music therapy is based on *psychodynamic* theories. In the safety of the therapeutic space and relationship, the client has the opportunity to bring in patterns of relating and of dealing with life, which have established themselves throughout the client's history. On the principle of repetition, learned patterns of relating are projected onto the real relationship between the client and the therapist (Timmermann, 2004) and establish themselves within the *transference*.

In *psychodynamic* therapy, the phenomenon of *transference* is an essential aspect of the therapeutic relationship. *Transference* has been defined in very different ways throughout different schools of psychotherapy and throughout time. In my thesis I want to refer to an inclusive definition by Bruscia:

“A transference occurs whenever the client interacts within the ongoing therapy situation in ways that resemble relationship patterns previously established with significant persons or things in real-life situations from the past” (Bruscia, 1998, p.18).

Transference describes the phenomenon that the client’s past experiences unconsciously affect the way the client relates to the therapist in the here and now. The term *countertransference* has also been described in various ways through the years. Bruscia defines:

“Countertransference occurs whenever a therapist interacts with a client in ways that resemble relationship patterns in either the therapist’s life or the client’s life” (Bruscia, 1998, p. 52).

Countertransference, therefore, refers to all the unconscious reactions of the therapist on the nature and behavior of the client and on the therapist’s own past. It would go beyond the scope of this thesis to define the many different types of *transferences* and *countertransferences*, as described by various authors (e.g., Lutz-Hochreutener, 2009; Priestly, 1994; Bruscia, 1998). *Transferences* and *countertransferences* can have both positive and negative effects and can support the therapeutic progress or disturb it. This depends on the therapist’s awareness of these phenomena and her personal contributions to these (Bruscia, 1987; Bruscia 1998). I believe that it is of great importance to sense these *countertransferences* in order to facilitate essential healing experiences (Austin, 2008). I have noticed, that the more I get involved in the therapeutic relationship with a child, the more intense the feelings and sensations of *countertransference* become.

I am convinced that the actual healing process happens within the therapeutic relationship, rather than through the mere use of methods in order to reach certain goals. Meeting the Swiss music therapist and psychotherapist Barbara Gindl during a workshop about *“emotional resonance”* has strengthened my view about the importance of the therapeutic relationship. In her PhD thesis, Gindl (2002) has investigated *“emotional resonance”* (*“emotionale Resonanz”*), which according to her is the foundation for synchronization and attunement. Only if the therapist gets into contact with her own emotions again and again, will she be able to offer *“resonance willingness”* (*“Resonanzbereitschaft”*, p. 68), sense the client in his true nature and be able to create space for

him (Bruscia, 1987, p. 152). Therapeutic process happens through real emotional experiences and within the present moment of the therapeutic situation. As Stern has put it:

"...the "here and now" has the greatest power in bringing about change" (Stern, 2004, p. 3).

My view on music therapy is further based on infant development psychology (e.g., Stern, 2007). Early experiences of resonance, synchronicity and attunement are of major importance for the development of a concept of self awareness and *intersubjectivity*. From the view point of object relation theory (e.g., Austin, 2008; Robarts, 2003), the feeling of being loved and accepted without conditions and the experience of successful parent-child interactions are necessary in order to develop a sense of *"self"* and a sense of *"self-in-relation"* (Robarts, 2003, pp. 146-147). Due to the music's emotional content and the interactive and communicative nature of music, music therapy can facilitate these important experiences (Plahl & Koch-Temming, 2008). Within the flow of musical improvisations, the child can try out new ways of expression, interaction and relation while staying in the serene mode of play.

I believe that an *interest-oriented* and *child-led* approach is necessary to support the child in his personal development. Bruscia (1987, p. 570) distinguishes between three different modes of directiveness: *"therapist-directed"*, *"jointly directed"* and *"client-directed"*. I favor a *client-directed* approach. This means however, that I am not passively following but trying to be present and tangible to the child. At times it is necessary to use a *jointly directed* approach, when the child seems to need more security and structure.

2. Literature review

“Songs are ways that human beings explore emotions. They express who we are and how we feel, they bring us closer to others, they keep us company when we are alone. They articulate our beliefs and values. As the years pass, songs bear witness to our lives. They allow us to relive the past, examine the present, and to voice our dreams of the future. Songs weave tales of our joys and sorrows, they reveal our innermost secrets, and they express our hopes and disappointments, our fears and triumphs. They are our musical diaries, our life-stories. They are the sounds of our personal development” (Bruscia 1998, p. 9).

2.1. Literature overview

My literature review refers to English and German literature only. I have focused on literature about pediatric music therapy as well as on comprehensive literature and literature about clinical methods.

In the English and German music therapy literature, different terms are used to describe a song, which is improvised within the moment, such as *“improvised song”* (Wigram & Baker, 2005, p. 11; Oldfield & Franke, 2005, p. 24; Robarts, 2003, p. 141; Turry, 1999, p. 13), *“spontaneous singing”* (Austin, 2008, p. 179), *“spontaneous singing with text”* (*“Spontanes Singen mit Text”* - Lutz-Hochreutener, 2009, p. 181), *“spontaneous tunes”* (Stegemann, 2007, p. 40) or *“situation song”* (*“Situationslied”*- Plahl & Koch-Temming, 2008, p. 180; Stegemann, 2007, p. 50; Schumacher & Calvet-Kruppa 2008, p. 292; Voigt, 2008, p. 215).

Wigram and Baker (2005, p. 11) refer to the *“improvised song”* as a form of *“songwriting”*. Further terms used for songwriting in the therapy process are *“song creating”* (Davies, 2005; p. 66), *“song creation”* (Aasgaard, 2002, p. 9) and *“process songwriting”* (Jones, 2006, quoting Brunk, 1990).

Improvised songs are regularly used as the raw material for developing composed songs which can be repeated (e.g., Nordoff & Robbins 2007; Davies, 2005; Schumacher, 1994). However, songwriting does not always start with an improvised song. Children might bring lyrics, which they have written themselves. With the help of the therapist a melody can be created on the basis of the lyrics (e.g., Aasgaard, 2002).

In music therapy literature the term *“song”* mostly refers to pre-composed songs which are repeatable and structured. Usually the song has been composed by known musicians and pop singers (e.g., Austin, 2008; Jones, 2006; Mc Ferran, 2011; Richardson, 2004; Kern, Wolery & Aldridge, 2007; Kern, Wakeford & Aldridge, 2007; Goodman, 2007). Sometimes music therapists

compose songs for their clients (Jones, 2006). Pre-composed songs are predictable and are supposed to support the feeling of safety. The client can relate to the lyric's meaning and use it to work through difficult themes or to find comfort in them (Austin, 2008).

"*Improvisation*" on the other hand refers to a far more open, creative and non-predictable approach. In the literature "*improvisation*" and "*song*" are sometimes described as two contrary ways of music making, leading to opposite results (e.g., Richardson, 2004; McFerran, 2011). The song gives structure and security, improvisation is venturous and encourages new experiences.

According to Austin (2008), the pre-composed song is a lot safer to use in music therapy than the improvised spontaneous song. The unpredictability of the lyrics and the music of the latter may lead to anxiety and a feeling of insecurity. Here she refers to adults only.

2.1.1. Improvised songs

2.1.1.1. Definition

The term "*improvised song*" refers mostly to the client's active spontaneous singing. The music therapist accompanies the song instrumentally or listens. Sometimes music therapists join in the singing and a spontaneous song-dialogue is created. The lyrics of the songs deal with various themes of the child's world (e.g., Oldfield & Franke, 2005; Robarts, 2003; Turry, 2009; Turry, 1999; Davies, 2005). In the English literature, the term *improvised song* also refers to songs, which are sung by the therapist to the child or by the therapist and child together. Here, the lyrics of the song focus on the current situation and the relationship between child and therapist. This latter form of improvised song will be discussed in more detail in part 2.2. I want to make a clear distinction between these two similar and partly overlapping forms of *improvised songs*, because my interview study focuses on the latter form only.

2.1.1.2. Client groups and intentions behind the use of improvised songs

The *improvised song* in its main form is regularly used with children, who can express themselves well through language. Through using *improvised songs* in music therapy, the child can communicate intrapersonal issues - past time experiences, current difficulties, joys, fears, suppressed emotions and so on. Younger children often put these themes into the symbolic form of a story with different characters (e.g., Baker & Wigram, 2005; Oldfield & Franke, 2005; Robarts, 2003; Turry, 2009; Turry, 1999; Davies, 2005).

A case example by Amir (2005) shows very clearly, that within *improvised songs*, the child can find a way to express verbally-musically, what so desperately has to be expressed. Amir describes a girl with selective mutism. She creates song lyrics to put into words what needs to be said. After doing so for a while, she eventually learns to use spoken language again.

According to Lutz-Hochreutener (2009), this form of improvisation is especially valuable in the work with young children. From about two years of age, healthy children use this form of singing as a natural way of expression. *Improvised songs* are part of a young child's play behavior (Luce, 2004), while adults use this form of improvisation even earlier in their interactions with toddlers (Wheeler & Stultz, 2008).

Improvised songs are frequently used in music therapy in pediatric clinics. The *improvised song* is supposed to help children with cancer and other life threatening illnesses, to express and work through the physical and emotional pain and to handle the immensely stressful challenges of the illness. The improvised state of a song is often just the first step. Songs are then developed and altered with support by the therapist and written down or recorded, so that these can be repeated as needed (Stegemann, 2007; Grießmeier, 2008; Turry, 1999). As mentioned before, with this client group, songs are not always created on the basis of an *improvised song* but often on the basis of self-created lyrics (e.g., Aasgaard, 2002; Stegemann, 2007, Grießmeier, 2008).

Improvised songs are also used in the work with children with psychiatric needs, such as disorders arising through childhood traumata, emotional regulation disorders, social behavior problems or Asperger's syndrome (e.g., Davies, 2005; Oldfield & Franke, 2005; Robarts, 2003). Here again *improvised songs* are used to express inner conflicts, suppressed emotions and burdening past time experiences. Oldfield & Franke (2003) use improvised songs in order to assess the children's needs, strengths and difficulties. The therapist encourages the child to sing his own story and tries to read the symbolic content.

With adolescents and young adults with social difficulties, *improvised songs* are often created in the style of rap or hip hop. Here the client shall experience the therapist's interest in his musical socialization. The use of *improvised songs* is supposed to help the client to externalize and work through major difficulties in his life and learn to gain insight into his own being (Hadley & Yancy, 2012; Lutz-Hochreutener, 2009; Davies, 2005; Olson-McBride & Page, 2012).

2.1.2. The therapist singing to the child

According to a study by Kern, Wolery and Aldridge (2007), songs can help children with autistic spectrum disorders to perform appropriately during the daily greeting time in school. However, the study refers to songs, which have been composed for each child individually by the music therapist and are sung by the teacher. A similar study by Kern, Wakeford and Aldridge (2007) investigates the use of composed songs with children with autistic spectrum disorders within certain daily care routines, such as washing hands and toilet time. Here again the songs are sung by the teachers to each individual child. A positive effect can be seen on the children's coping ability during these usually stressful care routine situations. Similar studies focus on the effect of songs on the children's ability to cope with outdoor play sequences (Kern & Aldridge, 2006) and on the effect on pre-school children's hand washing routines (Kramer, 1978). Further studies have been summarized by Jones (2006) in her investigation of songs, which are composed by music therapists for the use with clients, in order to reach certain therapeutic goals. Jones's results show, that songs, composed by therapists and sang to the client, are mostly used with children and adolescents. She does not focus on the improvisation or writing of songs within the current therapeutic situation.

2.2. The situation song - definition

The German term "*Situationslied*" (*situation song*) was introduced by Plahl & Koch-Temming (2008, 2nd edition, p. 180) and is used in some German literature (Stegemann, 2007; Schumacher & Calvet-Kruppa, 2008; Voigt, 2008). Descriptions of the same type of songs could also be found in the English literature, mainly under the term "*improvised song*" (Turry, 1999; Nordoff & Robbins, 2007, 2nd edition; Aigen, 1998; Beer, 2011, p. 120) and "*song improvisations*" (Bruscia, 1987, p. 377).

Plahl & Koch-Temming describe the *situation song* as such:

"Situation songs are directly related to the actual therapeutic occurrence and are invented spontaneously by the therapist or the child, together with the child or by the child himself within the situation" (Plahl & Koch-Temming, 2008, p. 180, translated by me).

I would like to highlight the phrases "*related to the actual therapeutic occurrence*" and "*within the situation*". Guided by these two phrases I define the *situation song* as a song which puts the main focus on the current interpersonal dynamics. It is a song, which deals with the *you* and *me*, in the *here* and *now*.

Of course one could say that the above described *improvised songs* (see part 2.1.1.) are just the same as *situation songs*. The child brings in life issues into every therapy situation, which then develop into issues of *transference* and *countertransference* to be worked on within the current therapeutic relationship. My literature review shows however, that the *improvised song* as described in part 2.1.1. has a stronger focus on the intrapersonal content. The *situation song* in contrary deals with interpersonal dynamics between child and music therapist and is closely related to the present moment. This song is often sung by the therapist alone or by the child and therapist together. It can be used in the work with children, who have no or little verbal language and limited intellectual opportunities. It is also used with children, who at certain times need moments of regression (see example 1 in part 1.1., “*Song for Nicki*”).

In my interview investigation I focus on the therapist’s use of *situation songs*. Literature examples about therapists singing *situation songs* can be found in both the German and English literature. The main clientele are children with developmental delays, often combined with behavior problems and/or autistic spectrum disorders (Schumacher, 1994; Schumacher & Calvet-Kruppa, 2008; Plahl & Koch-Temming, 2008; Aigen, 1998; Beer, 2011; Nordoff, & Robbins, 2007; Voigt, 2008).

Coming back to the qualities of the *situation song*: It is a song which deals with the therapeutic relationship and makes us feel the present moment. As Nordoff & Robbins have phrased it so clearly:

“When a song reflects something of the essence of the child’s character or state of mind – at this stage of development, at this present moment in therapy – playing and singing it brings to expression the quality and content of the relationship forming between you. As the child listens to, or sings the song, or beats it, he has the possibility to live in this musically generated bond between you, and find in it healing and strengthening experiences of selfhood” (Nordoff & Robbins, 2007, 2nd edition, pp. 242-243).

2.3. Literature examples – situation song

Literature examples of *situation songs* sung by the music therapist to a child can be found mainly within case examples about music therapy. In most of these case examples, this form of improvisation is not explicitly described. Nevertheless, its use is still mentioned “*between the lines*”. It is used by music therapists of various schools as a way to communicate to the child and give feedback (e.g., Wolf, Ruttenberg, Levin & Levin, 1969; Schumacher, 1994; Nordoff & Robbins,

2007, 2nd edition; Aigen, 1998; Voigt, 2007, 2008; Schumacher & Calvet-Kruppa, 2008; Bruscia, 1987; Wimpory, Chadwick & Nash, 1995; Rainey & Mary, 2003).

In the following part, I summarize literature of main importance to show the core intentions behind the use of *situation songs*.

2.3.1. Schumacher & Calvet-Kruppa – developmental psychology based music therapy

Schumacher and Calvet-Kruppa (2008) call their model of music therapy “*developmental psychology based*” (“*entwicklungspsychologisch fundiert*”). The primary theoretical foundation for their work is Stern’s (2007) concept of “*the interpersonal world of the infant*”. Stern describes the stages of the infant’s self awareness: the “*emergent self*”, the “*core self*”, “*the subjective self*” and the “*verbal self*”. These developmental stages are of major importance for the development of the infant’s awareness of its physiological and psychological self and its self in relation to others. In their work with children with autistic spectrum disorders, Schumacher and Calvet-Kruppa (2007 & 2008) focus on encouraging the accomplishment of these important stages of awareness. Due to its sensory integrating qualities, music can support the development of these stages. When listening to the own voice and the voice of the adult, the child can develop the ability to relate to others and to regulate affections.

In her clinical work with children with autistic spectrum disorders, Schumacher (1994) uses instrumental and vocal improvisation at first to create an atmosphere of acceptance. She does not use lyrics at this stage. In a next step, she offers the child a “*climate of stimulus*” (“*Reizklima*”, p. 103), which allows the child to let go of stereotype actions for a little while. Since the ability to develop natural play is disturbed, Schumacher tries to build up an atmosphere of playfulness. Building upon the child’s interest and nature, Schumacher uses improvised instrumental music, movement, physical touch and holding. She uses composed songs as well as *situation songs*.

Situation songs are mainly used to give feedback on the child’s “*so-state*” (“*So-Zustand*”, the current emotional state the child is in) and his actions. Schumacher describes the child’s actions in very short *situation songs*, tuning in into the child’s current pace and intensity of movement. By doing so, little “*playforms*” (“*Spielform*”, 1994, pp. 8 & 101) can evolve. These are first moments of shared interaction. *Situation songs* can be further used as a mean to give feedback on *countertransferences* (Schumacher & Calvet-Kruppa, 2008).

Schumacher (1994) suggests using composed songs and *situation songs* in turns in order to find the balance between nearness and distance. This balance is of great importance in the work with children with autistic spectrum disorders, since these children find it difficult to stay in contact with another person for more than a moment. A clear, structured and reproducible song can create the necessary distance. Schumacher suggests writing down a *situation song* after the session in order to make it reproducible.

Schumacher states, that singing a *situation song* about the child's actions puts a close focus on the child and creates nearness. This is necessary to let the child feel his own *so-state*. However, this can only be offered for a short time. Singing a song without words in contrary allows more distance. This becomes clearer in the example below:

"I sing about what he does, take in the visible rhythm of his movements, move away slowly by improvising freely and by creating an area of sound, which is not directly related to him and his action" (Schumacher 1994, p. 37, my translation).

In her case study about Max, a seven year old boy who was diagnosed with infantile autism, a severe mental retardation and a speech-development deficit, Schumacher mentions the use of *situation songs* several times. During the second session with Max, a little *situation song* develops, which is combined with a sensory experience. Max is sitting on a big double skin drum. Schumacher is playing on the same drum while singing.

„Max, Max is riding the train, Karin, Karin is also riding the train. Off we go through forests and field, off we go, we go, we go...." (Schumacher, 1994, p. 38, my translation).

In Max's mimics Schumacher can see, that he is listening and taking in what is happening. He is getting up exactly at the end of the song. Schumacher uses this *situation song* to create nearness, to respond to Max and to offer a play situation. In future sessions with Max, *situation songs* are used for the same reasons again. Later, they are further used to encourage Max to make specific progress. Schumacher sings a song, improvising paradox lyrics: *"No, do not sing! Do not tell anyone that you can sing!"* (1994, p. 65). This eventually leads to a gentle hidden try by Max to join in the song.

Schumacher further uses little *situation songs* with Max as a way to link actions together and to offer variations, when she finds it hard to cope with constant repetitions. Here she mentions the use of *situation songs* for her own well-being. According to her, repetitions are of major importance for the development of relationship-creating activities, but these should not develop

a stereotype character. At another times Schumacher puts Max's nonverbal messages about his needs and rejections into the lyrics of a *situation song*. She sings "rather not, rather not" (1994, p. 73) when he does not like an activity, and "rather this way!" (p. 74) when they find a way to play together, which they both enjoy. Through these little *situation songs*, Schumacher shows Max her awareness of his needs and assists him in expressing these.

2.3.2. Nordoff & Robbins – creative music therapy

The American pianist and composer Paul Nordoff and the special education pedagogue Cliff Robbins started to work together as music therapists in 1959 at a children's home in Great Britain. The children, who lived at this residential care unit were called "severely subnormal" (Nordoff & Robbins, 1985, p. 19) and had various developmental delays and behavioral difficulties.

"Creative music therapy" is based on the belief, that everyone is a musical being, despite any disabilities. Through making music together, this inborn musicality is being touched and the client is encouraged to develop his aesthetic musical expression (Turry, 1998).

Situation songs play an important role in the original approach of creative music therapy. Nordoff and Robbins speak of "improvised individualized songs for children and their presence and activities" (2007, 2nd edition, p. 241). The therapist's *situation song* is seen as a way to give feedback on the child's expression. It is a response to the child and his personality and an answer to the child's needs. By singing a *situation song* the therapist can give the child a feeling of reassurance.

Although Nordoff and Robbins do not refer to the concept of *countertransference*, they put emphasis on the "interrelationship" (Nordoff & Robbins, 1977, p. 180) and the "interresponsiveness" (p. 189) of the interaction in music. The term *countertransference* is not normally used in Nordoff-Robbins music therapy, since most Nordoff & Robbins trained therapists believe that it puts too little focus on the musical aspect of the interpersonal dynamics (Turry, 1998).

According to Nordoff & Robbins (2007, 2nd edition), *situation songs* evolve at special moments in therapy and are a way to celebrate these moments of growth and accomplishment. Besides using *situation songs* to "reach out" (p. 241) to the child, they are used to encourage progress and activity. *Situation songs* are further used as a means to regulate the child's state of arousal, to stabilize or to activate. According to the authors, *situation songs* can serve as a place of retreat in moments of emotional turbulences. These can give the child the feeling of safety and have

soothing qualities. Schumacher (1994) in contrary sees the *situation song* as a way to gain interpersonal nearness, which can be emotionally stressful for the child (see part 2.3.1.). Austin (2008) states that the use of improvised song can lead to the feeling of insecurity, due to its unpredictability (see part 2.1.). She refers to music therapy with adults.

Nordoff & Robbins (2007) state further, that through *situation songs*, a child can make new experiences. He can experience excitement, humor and pleasure and overcome depressed moods. Asked about the reason for the improvisation of one particular little *situation song*, Paul Nordoff answers:

“To pull this boy together, to get him out of this kind of negativism, to put heart into him and to bring him to real work with me I began to develop a song on (these) words” (Aigen 1998; p. 109, quoting Paul Nordoff, in Nordoff/Robbins, unpublished manuscript).

Nordoff and Robbins state:

“To the extent that a child becomes attached to such a personalized song, and identifies with it, it has the potential to play a significant role in the course of therapy – and so in his life generally. Because a song originates in your spontaneous response to the child, it becomes an essential, inseparable part of his experience of you as a tending, nurturing person who lives actively in music, and who is the living, giving source of the music that mediates all the discoveries, events, and growth you share together” (Nordoff & Robbins 2007, p. 241).

The lyrics and melody of Nordoff’s and Robbins’ songs are very basic, even so in the work with verbally competent children. In contrary, the piano music is often characterized by dissonant clusters. At times the *situation song* develops into a loud wake up call, at other times it is a gentle and quiet impulse, which brings about a flow of free expression by the child. The songs are very short and easy. They are supposed to give security and to be predictable (Nordoff & Robbins 2007, 2nd edition; Aigen 1998).

Nordoff and Robbins use their songs also to express very specific messages: for example to express their uncertainty about which intervention might be appropriate right now (*“What shall we do?”*), to repeat the child’s verbal expression of pain in a song (*“Her stomach hurts!”*), to prompt a child to play (*“Martha is going to sing a song”*), to encourage a child to sing, by leaving gaps in their song lyrics (*“Terry is ____, Terry is ____*), to sustain contact (*“Walker!” “Walker!”*), or to activate a child and reach out towards it (*“Where is Terry? “Do you exist?” “What world are you in?” “Wake up!”*) (Aigen, 1998).

Aigen (1998) describes a case of one of Nordoff's and Robbins' first patients. Audrey is a seven year old girl with a learning disorder and severe behavioral difficulties. In the therapy process with Audrey, Nordoff sings *situation songs* in various situations on the basis of various intentions. One time he expresses the mood, which he feels she is in ("*I am very sad today*"). Encouraged by Nordoff's own culture of singing, Audrey soon starts to use *situation songs* herself in a very expressive and competent manner. When Audrey tells the music therapists that her stomach hurts, Paul Nordoff starts to sing "*Her stomach hurts, what shall we do?*" By doing so he expresses his uncertainty about Audrey's current needs. Audrey takes over the singing part, and sings about her stomach ache in a gentle and melancholic way (Aigen, 1998, p. 52). When listening to her music (on an audio CD), I can feel her emotional pain very well. Through this gentle and very short *situation song* Paul Nordoff gave Audrey the impulse to develop her expressive self further.

2.3.3. Grinnell – developmental therapeutic process

Bruscia⁹ (1987) describes the "*developmental therapeutic process*" (p. 375), a psychotherapeutic approach developed by Grinnell in the 1970s in Philadelphia. It is used with children with various diagnoses, including children with autistic spectrum disorders, selective mutism and severe emotional disorders. The approach combines music therapy, play therapy and verbal psychotherapy. The main aim is to "*develop interpersonal relatedness*" (p. 376).

Grinnell establishes the use of *situation songs* step by step during the therapeutic process. For a start, she sings *situation songs* to say *hello* and *good-bye*. She then sings about the objects in the room and about the current activities. Later during the therapeutic process, Grinnell uses *situation songs* to respond to the child's moods and emotions. *Situation songs* are applied to foster the child's self-awareness and to show the child empathy, acceptance and acknowledgement. Through her song, the therapist can tell the child "*I see you, I accept you as you are, I am here for you*" and "*we are working together without any pressure*" (Bruscia, 1987, p. 376). *Situation songs* are also used to give gentle instructions to the child. At a later stage in the therapeutic process, Grinnell expresses thoughts and questions about the child's needs and encourages the child to respond through an emotional expression.

Situation songs are further used to comment on the child's puppet play. In these play sequences the therapist uses *situation songs* to create contact and distance, while playing a puppet character. At a next step, Grinnell moves towards verbal psychotherapy. She uses *situation songs*

⁹ Presented from Bruscia 1987, since I had no access to the original text

to tell the child about her interpretations and reflections. According to Bruscia, *situation songs* at this stage in the therapy process...

"... bring the child to a deeper level of awareness of his/her feelings and tolerance for their expression. Through the improvisation, the therapist can give permission and support to the child to express feelings that the child perceives as forbidden, dangerous, or overwhelming" (Bruscia, 1987, pp. 378-379).

At the last step, spoken language is used to comment on themes, which have come up during the child's play or drawing activities. Whenever the child feels threatened by these verbalizations, the therapist goes back to the use of *situation songs* and instrumental music. Listening to verbal messages within a *situation song* makes it more secure for the child to take in these messages.

2.3.4. Voigt – Orff music therapy

Melanie Voigt (2008) works at the children's therapy unit *Kinderzentrum München* on the basis of Gertrude Orff's therapeutic approach - "*Orff music therapy*" (Voigt & Plahl, 2007). The clients are children with developmental delays, autistic spectrum disorders and severe behavior disorders. Orff music therapy is based on the "*concept of elemental music*" (Bruscia, 1987, p. 219, quoting Landis and Carder, 1972). Humans like to express themselves through spontaneous music, which is based on the elemental structures of the rhythm of speech and the movement of the human body. In Orff music therapy, music is usually linked to movement. Different sensory stimuli are offered in an integrated way (Voigt & Plahl, 2007).

During an internship at the *Kinderzentrum München*, I noticed the frequent use of little improvised rhythms and songs. This is done in order to encourage the child's multisensory perception, integrated within the structure of time. For example, the music therapist accompanies a rolling marble synchronously with a little improvised song about this marble. Natural items, basic instruments and items with interesting texture or form (e.g., balls, fabric, wood) are used to offer multisensory experiences (Voigt, 2008).

According to Voigt (2008), *situation songs* are used to give structure, to send signals to the child and to give feedback to the child about his actions and expressions. Voigt describes a case example of a little boy with a developmental delay. While he is playing the drum, Voigt sings a *situation song*: "*Bum, bum, bum_, bum, bum bum_, Lukas is playing, Lukas is playing...*" (2008, p. 219, free translation). *Situation songs* are used by Voigt with Lukas to encourage "*play sequences*" ("*Spielabläufe*", 2008, p. 218) and to extend his attention span. At a later point in therapy, a joyful hide and seek play sequence develops. Voigt joins in with a *situation song*, asking him within her

song where he was. He responds to her song by hiding and by making himself visible again, which leads to moments of shared laughter and close contact.

2.3.5. Ann Turry – cancer in the last stage before death

Ann Turry was trained in “*Creative Music Therapy*” (Nordoff & Robbins). She works with children with life threatening illnesses, such as cancer. Turry (1999) describes the therapeutic process with a little boy and his mother shortly before the boy’s death. When Dany could no longer actively join in the music making, Turry felt the impulse to sing. Using a gentle up and down flowing melody, she sang “*Beautiful Dany, wonderful Dany...*” She writes:

“I felt a need to create something for Dany... It was an intuition on my part as I sat quietly with him and his mother, who appeared frightened and lost... the song, though improvised, emerged in full form and it was never altered... the intent behind the intuition was to improvise a song which reflected his gentle presence and could act as an acknowledgement of his impact on me. I was deeply moved by Dany and his continued efforts towards life and relationship. Shortly after he died, he lay in his mother’s arms and I sang this song to him one last time. It was my way of saying goodbye to him and thanking him for all of our time together. It was my way of acknowledging my loss....The song was improvised, in part, from an intuition based on clinical need in the moment. Yet the intuition was also based on personal feelings related to this situation and this particular moment” (Turry, 1999, pp. 28-29).

Deeply moved by Ann Turry’s words and her song, I do not want to pick to pieces, what she so precisely describes. The importance of her song for the little boy, his mother, but also for herself in these intense moments of relationship becomes immensely clear to me. This very emotionally touching example makes me realize, that a *situation song* can have a significant effect on the relationship of all people involved.

2.3.6. Plahl& Koch-Temming

Plahl and Koch-Temming (2008) define the *situation song* (see part 2.2) and point out that it is a song which relates very much to the current situation. Through the use of *situation songs*, the therapist can playfully respond to the child’s behavior and can help the child to change his mood.

2.3.7. Lutz-Hochreutener

According to Lutz-Hochreutener (2009), singing a *situation song* can be a valuable intervention to be used by the therapist. The therapist can make reinforcing comments and suggestions and can give instructions. Verbally spoken messages can easily have a negative effect, while musical

messages are often less threatening. On the other hand, verbal messages are sometimes not listened to, while lyrics within music can reach the child easier. Lutz-Hochreutener puts emphasis on the need to create clear rules in corporation with the children. Setting a boundary can be necessary at times to give the child the feeling of security. *Situation songs* can be used as a means to set such a boundary, to say “no” to a child’s behavior and articulate clear rules.

Lutz-Hochreutener describes a case example about a group of adolescent boys. All four boys are annoyed by the fact that they have to come to music therapy. They are swearing and rejecting to join in. Lutz-Hochreutener responds to a comment of one of the boys: “*Shit music therapy!*” (*Scheissmusiktherapie*”, p. 183). She starts to rap “*Shit music therapy, shit music therapy...*”, reflecting the children’s moods and joining in their swearing. This leads to a group experience of joined rap. Together they sing about the fact that they always have to do what the grownups want. They have to go to school and to music therapy, although this is not what they want to do. This leads to a playful und humorous atmosphere and to moments of shared laughter.

2.3.8. Beer

Beer (2011) writes about various forms of clinical improvisation in music therapy. She does not explicitly refer to *situation songs* but describes a case example, where she uses a little *situation song* with children with speech and language disorders in a group setting. By singing she gives the children clear instructions, encourages the children’s development of listening skills and the development of an awareness of the other members of the group.

2.4. Findings of my literature review

To summarize my literature review, I created a code for each intention found in the core literature on *situation songs* (see part 2.3.). I merged codes of the same intention and assorted the final codes into five categories. These categories describe primary aspects of the therapeutic intentions. After repeated considerations I bundled the codes into five different categories (see table 2): *Appreciation & space*, *Contact & relating*, *Regulating emotions*, *Structuring session & process* and *Progress enhancing & pedagogic aspects*.

I realized that every therapist uses different words to express their intentions. In the therapist’s personal language, fine nuances are transported which can easily be lost during the process of merging. Therefore, some codes consist of different term phrases, since they describe nearly the same content but not exactly.

I further noticed that therapists often write about their expected effect of the *situation song* on the child instead of their intentions behind the use of it. They write about what the child presumably experiences rather than about what they want to tell the child or give to it. During this analysis I tried to translate the data into the therapists' intentions, since the child's experiences cannot be assessed.

2.4.1. Codes and categories of the literature findings

Therapists		L-H	N&R	T	V	S	P&K-T	GR	B
Client groups, diagnoses		children and adolescents in general	developmental delay, autism, behavioral difficulties	cancer	developmental delay	autism	children in general	severely disturbed children, various diagnoses	speech & language disorders
Categories of intentions	Codes of intentions								
1) Appreciation & space	a) to nurture		x						
	b) to comfort		x	x				x	
	c) to give the child the feeling of a caring and emphatic vis-à-vis		x					x	
	d) to give personal reassurance on behavior, show acceptance		x			x		x	
2) Contact& relating	a) to create nearness, reach out, send signals		x		x	x		x	
	b) to create distance							x	
	c) to respond to the child	x	x	x	x	x	x	x	
	d) to encourage shared play moments/sequences				x	x			
	e) to give feedback on the child's actions and being		x	x	x	x		x	
	f) to give feedback on the counter-transference	x	x	x		x	x		
	g) to let the child feel, that the therapist "lives in music"		x						
	h) to prepare for verbal interpretations							x	
3) Regulating emotions	a) to soothe			x					
	b) to regulate state of arousal, change mood of child		x		x		x		

	c) to enhance experiences of deep emotions		x						
	to create humorous/joyful moments	x	x		x				
	d) to cope with situations (constant repetitions)					x			
4) Structuring session & process	a) to offer structure in time (linking activities together)		x		x	x			
	b) to offer variations to stay at an activity				x	x			
	c) to indicate beginning and end of activity		x			x			
	d) to expand the child's attention span				x				
	e) to mediate the therapy progress through music		x						
	f) to move from music and play towards verbal psychotherapy							x	
5) Progress enhancing & pedagogic aspects	a) to encourage progress (expression) and reinforce	x	x			x		x	
	b) to celebrate progress		x						
	c) to set boundaries	x							
	d) to give instructions, make suggestions	x	x					x	x
	e) to support the development of listening skills								x
	f) to support the development of awareness of others				x				x
	g) to support the development of impulse control								x

Table 2: Codes and categories from the literature review¹⁰

L-H: Lutz-Hochreutener (2009); N&R.: Nordoff& Robbins (2007, 2nd Ed.), Aigen (1998) & Turry, Alan (1998); T: Turry, Ann (1999); V: Voigt (2008); S: Schumacher (1994) & Schumacher & Calvet-Kruppa (2008); P&K-T.: Plahl & Koch- Temming, (2008); GR: Grinnell, quoted by Bruscia (1987); B: Beer (2011)

The above table shows only a fragment of the individual music therapist's work, as described in the literature. If a therapist has not mentioned a certain intention regarding the use of *situation songs*, this must not lead to the assumption, that this aspect is not relevant in her or his work with *situation songs*.

¹⁰ See Appendix VI for this table on a DIN A3 page

2.4.2. Discussion of the findings of the literature review

The findings presented in 2.4.1. confirm that the *situation song* is an improvisation method used by some music therapists who work with children (problem formulation question 1). It is used on the basis of a broad variety of intentions by the music therapists listed above (see 2.4.1.). These intentions can be summarized in five categories: *Appreciation & space, Contact & relating, Regulating emotions, Structuring sessions & process, Progress enhancing & pedagogic aspects* (problem formulation question 2a). The above listed therapists work with various client groups, such as children with developmental delays, autistic spectrum disorders, behavioral difficulties and various other diagnoses. A tendency can be seen, that therapists, who specialize in the work with children with developmental delays, use *situation songs* for a wider range of reasons than therapists who work with children “*in general*”. This suggests a more frequent and broader use of *situation songs* with these clients.

According to my findings, the main impulse to use *situation songs* is to make contact and to relate (see category 2). Nearly all therapists use *situation songs* to respond to the child (2c) and to give feedback (2e, 2f). *Situation songs* are also often used as a means to create a therapeutic space and show the child appreciation (1), in order to give comfort (1b), to give reassurance and to show acceptance (1d). Some therapists use *situation songs* further to regulate the emotional state of the child and themselves (3), to organize and structure time and sessions (4) and to set gentle but also direct impulses to emphasize developmental progresses in therapy (5). Nordoff & Robbins use *situation songs* for the broadest range of reasons throughout all the categories. All categories are of similar importance in their work. Beer is the only author, who mentions only one category of intentions in her text about her work with children with speech and language disorders: the category *Progress enhancement & pedagogic aspects* (4).

Schumacher refers to the opportunity to sing *situation songs* in situations which are difficult for the music therapist. In her case, the *situation song* helps her to cope with the child’s demand for constant repetitions (3d) (question 2b of my problem formulation).

Although *situation songs* are regularly used in pediatric music therapy, the method “*situation song*” as such is rarely a central issue in any of the literature. By investigating the questions raised in my problem formulation through an interview study, I want to shed light on this specific form of improvisation.

2.5. Reflecting on my use of situation songs in the light of the literature review (Hermeneutic circle I)

After categorizing the literature findings, I elaborated on my own intentions to sing *situation songs* again, as described in part 1.1.1. Initially I had thought that I used *situation songs* to foster two main aspects of the therapeutic process: *Appreciation and space* and the development of the therapeutic *Relationship*. The literature findings made me notice more aspects about my use of *situation songs*, which I had not thought about before.

I realized that some music therapists use *situation songs* to structure the process of the music therapy session. They use *situation songs* to link two activities together or to help the child to stay focused on one activity. Furthermore, they use *situation songs* to indicate the start and the end of an activity. When reading about these aspects, I realized that I use *situation songs* sometimes in a similar manner. When working with Jacob (see example 2 in part 1.1.) I often felt confused and stressed, because of his constant change of activities. By singing a *situation song* we managed to extend the time of our shared focus a little bit. I sang about what we were doing and that we were not yet finished. I repeated my song lyrics with little variations, so as to help Jacob to expand his attention span. Here the *situation song* supported the shared focus and little moments of rest. In situations with other children, I sang a *situation song* in order to create a flow of action, when there was little dynamic in the situation.

The findings of the literature review lead to reflections on my own work. They have also influenced the way I have conducted my further study, especially during the phase of designing the interview guide.

3. Interview study

In my study so far, I have reflected on my own use of situation songs and analyzed relevant literature. This chapter describes the next step of my study: the preparation, conduction and analysis of semi-structured interviews.

3.1. Preparations

I started to prepare for the interviews and to work on my interview guide at an early stage of my thesis. The interview guide was altered along the way, as my problem formulation was getting more precise. I focused on methodological literature by Kvale and Brinkmann (2009), Stakes (2010) and Robson (2011) and on examples of semi-structured interview studies (Harbo Ilskov, 2010; Lindvang, 2010).

3.1.1. Interview guide

Kvale and Brinkmann describe two different styles of interviews by using the metaphors “*minor*” and “*traveler*” (2009, p. 48). The *minor* is actively searching for specific knowledge and “*digs nuggets of knowledge out of a subject’s pure experiences*” (p. 48). The *traveler* opens himself to what he might see along the way. He “*wanders through the landscape and enters into conversations with the people he... encounters*” (p. 48).

I designed my interview guide from both viewpoints. Digging up knowledge in the “*minor’s*” style seemed to put too little focus on the therapist’s personality and seemed to leave too little room for unexpected information. Interviewing in the style of the “*traveler*” on the other hand, seemed to put too little focus on the subject-matter. Therefore, I decided to create my interview guide in a mixed style, both being open towards the unexpected and keeping my focus on the questions of my problem formulation.

Stakes (2010) suggests setting a structured frame, in order to secure the focus on the subject-matter, without being too fixated on the actual course of the interview. He recommends asking *open questions*, which can be followed by *probing questions*. I was strongly influenced by Stakes’ use of *exhibit questions*, since these help to link the interview to pre-knowledge: “*We have learned that..... Is this a problem here (too)? “Is this (also) your... approach here?”*” (p. 96).

Kvale and Brinkmann (2009, p. 135) distinguish between nine types of interview questions: *Introductory questions, follow-up questions, probing questions, specifying questions, direct questions, indirect questions, structuring questions, silence, and interpreting questions*. I focused

on these types of questions and created a semi-structured interview guide, consisting of four parts (see Appendix I):

- 1) introduction example
- 2) follow up examples
- 3) exhibit questions - literature findings
- 4) exhibit questions – relationship & benefit for the therapist

In the first and second part of the interview, I wanted to make sure, that the interviewee had plenty of time and room to tell about personal experiences. *Specifying questions* were used to look deeper into certain aspects. *Interpreting questions* helped me to find out whether I had understood the interviewee correctly.

In part 3, I linked the interview to my literature review and asked *exhibit questions* (Stakes, 2010). I introduced the categories of my literature findings to find out whether these categories were important for the interviewees as well. Additionally I wanted to encourage the interviewees to reflect more on their use of *situation songs*.

In part 4, I introduced my own experience of the effects of *situation songs* on myself. I wanted to find out whether the interviewees had experienced the like.

3.1.2. Selecting the interviewees

Although I had some ideas about whom to ask to take part in the interview, I left this still open during the process of my literature review. I finally decided to ask a music therapist in Denmark - **Hilde Skrudland** MA (studied at University of Aalborg), a music therapist in Austria - **Örbrún Guðmundsdóttir** (studied at Universität für Musik und darstellende Kunst, Vienna, Austria) and a music therapist in Germany – Dr. **Ingrid Erhardt** (studied at Hogeschool van Arnhem en Nijmegen, Netherlands) to take part.

I had found Hilde Skrudland through recommendations. She was supposed to be a good informant, because she has plenty of experience in music therapy with children and uses *situation songs* frequently in her music therapy sessions. Örbrún Guðmundsdóttir had supervised me a couple of times during my working period at the school for children with special educational needs in Austria. I knew from our conversations, that she uses *situation songs* regularly in her music therapy sessions. I had heard Ingrid Erhardt speak at a conference in Munich a couple of

years ago about her work on songs with children. I was reminded of her by a colleague, who had done an internship with her.

All three interviews were done in English. If I had interviewed the two German speaking music therapists in German, I would have lost data in the process of language translation. Interpreting the data adequately would have been more difficult. This way the interviewees were requested to express themselves straight away in English. At times where they could not find the right expression, they used German terms.

Due to the physical distance, all interviews took place on the internet, using the audio and video conference program *Skype*¹¹.

3.1.3. Recording the interviews

I used the software program *Pamela professional*¹² for recording the interviews. With this program MP3 data can be created during *Skype* sessions. I was further using two digital voice recorders – an *Olympus VN-6800PC* and an *Olympus DS-2400*. I practiced using the equipment before hand during a couple of *Skype* sessions.

3.1.4. Ethical issues regarding the interviewees

I sent introduction emails to the interviewees and told them that I would of course not mention their names, if they did not want this. I further informed them in my emails that I had to make audio recordings of the interviews for the transcription into text.

One therapist wanted to read the transcription of her interview afterwards in order to check on what she had said spontaneously in English. This was fine for me. Robson (2011) as well as Kvale and Brinkmann (2009) mention member checking of transcriptions as one step towards validation.

One therapist was concerned about having to talk about music therapy in English and asked me if she could see the questions before hand. I sent her three example questions to reassure her that it would not be so difficult. I was interested in her experience and it was not necessary to speak perfect English. It was important for me to make sure, that the interviewees felt as comfortable as possible with the situation.

¹¹ www.skype.com/de (17.4.2013)

¹² www.pamela.biz (17.4.2013)

3.1.5. Probe interview

Henrike Roisch - a music therapy colleague from Germany - was willing to take part in a probe interview. She uses *situation songs* in a school for children with special needs in group situations with eight children.

Her feedback was very important to me. She told me, that the introduction question about a specific situation helped her very much to think herself into her work and to get into a flow of narration. It also helped her, when I gave her feedback about how I interpreted her message. This made her think more about her intentions behind the use of *situation songs* and gave her the feeling of being understood.

We both found it very hard to speak in English, although we normally speak English quite fluently. Speaking to another German native speaker in English seems to be much more difficult than to someone with a different native language. I became aware of the fact that this could also happen when interviewing the other German speaking music therapists. I decided to point out to them, that they should simply use German terms, when they could not find the right English one. Perhaps we could search for an English term together, which suited the essence of their message most.

3.2. Analysis

According to Kvale & Brinkmann (2009) it is very important to start the analysis during the actual interview and not after the process of transcription. Already during the conversation with the interviewee, a lot of interpretation processes take part, and these data must not be lost. Thus, I have designed a guideline of analysis which starts with the actual interview (see table 3).

In qualitative research it is of great importance, that the investigator describes the process of analysis very transparently, so that the reader can understand how it came to the findings (Robson, 2011). Therefore, I explain the process of my analysis in detail.

It is further important to keep in mind, that the schedule of the analysis of the transcribed data influences the outcome of the investigation (Bruscia, 2005). In which sequence should the data be analyzed? One set of data after the other or different sets of data in a parallel manner? I decided to work parallel on all three interviews in order to treat these equally, rather than to build up a hierarchy (see figure 3).

<p>Step 1: The actual interview sending interpretations back (Kvale & Brinkmann, 2009) <i>Interview guide – see Appendix I</i></p> <p>Step 2: Brain storm – first meaning condensation and codes (Robson, 2011; Lindvang, 2010), <i>see Appendix II</i></p> <p>Step 3: Transcription (Kvale & Brinkmann, 2009)</p> <p>Step 4: Member checking of the transcription (Kvale & Brinkmann, 2009), <i>see Appendix III</i></p> <p>Step 5: Patches of interest (Bruscia, 2005)</p> <p>Step 6: Coding (Robson, 2011)</p> <p>Step 7: Reading first notes (Step 2), altering codes. <i>see Appendix III, IV& V</i></p> <p>Step 8: Categorizing (Robson, 2011)</p> <p>Step 9: Meaning condensation of each interview (Kvale & Brinkmann, 2009)</p> <p>Step 10: Member checking of the meaning condensation (Robson, 2011), <i>see part 3.2.9.</i></p> <p>Step 11: Integration and interpretation of data (Robson, 2011), <i>see table 4 (and Appendix VII)</i></p>

Table 3: My step by step guide to the interview analysis

I focused on aspects of phenomenological thinking, hermeneutic interpretation and the coding strategies of grounded theory. I designed this guide during the process of my investigation and altered it along the way. I followed Robson's (2011) guidelines on "thematic coding analysis" (p.476), a flexible analyzing method which is not bound to a certain theory. It involves making oneself familiar with the data, coding and categorizing it and putting it back into a broader meaning through integrating the data and interpreting it.

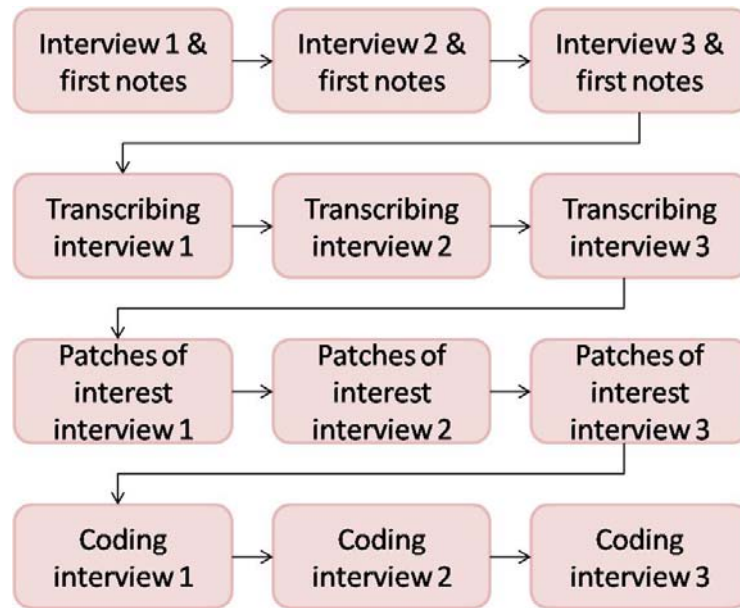


Figure 3: Process of parallel analysis

3.2.1. The actual interview

All interviews took place via the internet with the program *Skype*¹³. Interviewing was very new to me. Kvale and Brinkmann (2009, p. 17) speak of it as a “*craft*”, which I now understand much better. During the first and second interview, I found it rather difficult to lean back in the sense of the “*traveler*”, as described by Kvale and Brinkmann. I focused strongly on getting answers to my questions and on sending my interpretation of the interviewee’s message back to her for a first member check (Kvale and Brinkmann, 2009). During the third interview I managed to give more room to the interviewee and let unexpected issues arise.

As already explained, all interviews were done in English. The music therapists used German and Danish terms, when they could not find an English equivalent. I tried to suggest English terms in response.

The interview transcripts are presented in Appendix III, including all codes and marked patches of interest (quotes & memos), in order to make it easier for the reader to follow my procedure of analysis.

3.2.2. Brain storm – first meaning condensation and codes

Inspired by Lindvang (2010) and Robson (2011), I decided to write first notes immediately after the interview, in order to make myself more familiar with the data. I did this further as not to lose

¹³ www.skype.com/de

important data, which is transported within the oral conversation (Kvale & Brinkmann, 2009). I had just listened to the interviewee's voice and rhythm of speech and I could therefore still feel their personalities more precise. I leaned back in my chair for a few minutes and then wrote down in a free flow, what came to my mind. I decided to write a short summary of the meaning in my own words. Afterwards, I created first codes of intentions (see Appendix II).

3.2.3. Transcription

I noticed during the process of transcription, that the transcribed text can never be the same as the actual spoken text (Kvale & Brinkmann, 2009). Where should I write a full stop, a comma, a quotation mark, a question mark or brackets? The person who transcribes the data has got a lot of opportunities to give additional shape to the text. I decided to use "..." rather than a comma, when there was a short break in the flow of words or a try to start a sentence new. I purposely left out the "ahs", and "hms", and some repetitions of the same words, in order to make it easier to read and understand the text.

I transcribed the text using the software *Express Scribe*¹⁴. Express Scribe allows listening to the conversation on slow speed, in order to enhance the understanding. However, there are a few words and phrases which I could not understand. I marked these areas as such: "_____".

3.2.4. Member checking of the transcription

One music therapist had asked me beforehand to send her the interview transcription, which is recommended as a form of "member checking" (Robson 2011, p. 488). Therefore, I sent each of the therapists the transcription of the interview. One therapist decided to leave the interview as it is, while another therapist decided to change a range of sentences in order to enhance the understanding. The third therapist sent back some comments on passages, which she felt were not easy to understand. I changed the transcriptions according to the comments and added some English translations to German words.

3.2.5. Patches of interest

I used the software program *AtlasTi*¹⁵ for analyzing the data. I first marked patches of interest in all three transcripts by using the tool "create quotation" of the program AtlasTi. Later, I expanded the marked patches in order to enhance the understanding of the quotes.

¹⁴ <http://www.nch.com.au/scribe/index.html> (12.5.2013)

¹⁵ <http://www.atlasti.com/index.html> (12.5.2013)

Here it became clear, that all three therapists have very individual ways of using *situation songs*. I further realized that there was data about new aspects in the interviews, which I had not focused on in my problem formulation, but which I still did not want to lose during the analysis. It was data about a) the reasons, why song lyrics were used rather than spoken words and b) why song lyrics were used rather than vocal improvisations. I marked these patches with the function “*memos*”, in order to find them later again. Further, there was some data about why *situation songs* were deliberately not used in certain situations, which I also marked.

I noticed, that I had to elaborate on the definition of *situation songs* (see part 2.2.) once again. I had to examine each example of the interview data and consider whether it was directly related to the actual situation between the therapist and the child.

Örbrún Guðmundsdóttir often uses songs to enhance the child’s comprehension of situations and emotions. She does so as well in situations, where a child uses dolls to reproduce scenes from her or his family life. When Örbrún Guðmundsdóttir sings about these scenes, there is a focus on the relationship aspects within the moment. I decided to use these data.

Ingrid Erhardt frequently uses songs with symbolic content. The child whispers to her, what she should sing and initiates the development of a story. These songs focus on the child’s inner world and not so much on the actual therapeutic situation, so I did not use these data. One specific song describes a baby (the client) being cared for (by the therapist). There is a clear focus on the therapeutic relationship and the current situation, with the information being transmitted in a symbolic form. Therefore, I used this example for the analysis.

Hilde Skrudland describes one example about an improvised story. Her intention is to give the child the chance to take part in the sharing of a story. There is obviously a lot of interpersonal quality in this activity, but the focus of the lyrics is not on this interpersonal occurrence. I therefore did not code these data.

3.2.6. Coding

Coding the marked patches was an ongoing and often repeated process. After I had given codes to each interview I realized that many codes had nearly the same meaning. This led to merging two or more codes into one code. While merging the codes of all three interviews was an important way to structure the data, it also led to loss of data about each individual interview. I had to go back to step 3.2.5., read the individual interviews again, add new codes and merge

these codes again (see figure 4) - in the sense of the hermeneutic circle (Kvale & Brinkmann, 2009; Wheeler & Kenny 2005).

I tried to save the therapists' personal nuances during this merging process as far as possible, while moving towards generalized key expressions to be used for all three interviews. I realized that this reduction of the data to generalized keywords is of major importance in the process of analysis (Bruscia, 2005).

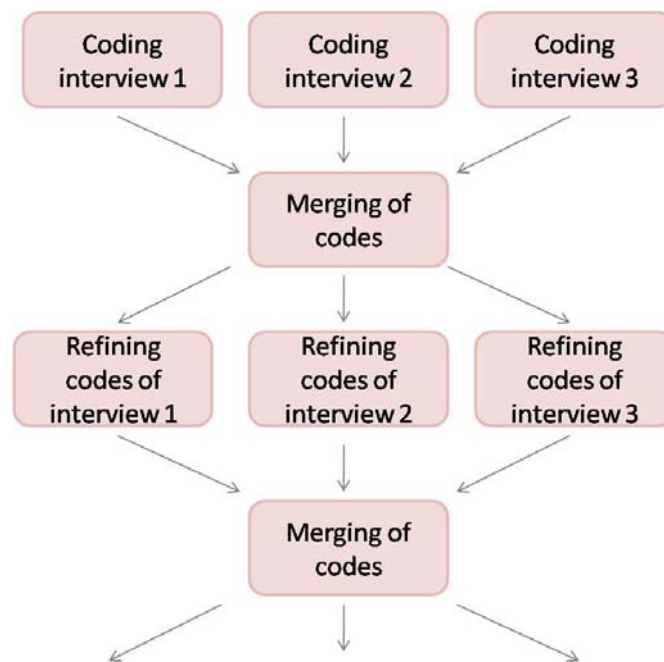


Figure 4: Process of coding and merging

3.2.7. Reading first notes (Step 2), altering codes.

I re-read the notes which I had taken after the interview. I realized that by focusing on the therapists' intentions, data about other aspects could easily get lost. Therefore, it is important not to rely on the codes alone but to look at the data as a whole and to make additional notes.

I decided to shorten the names of the codes, so that they fit next to the transcriptions in the program *AtlasTi*. For better understanding of the codes, I translated them back into a longer version afterwards. I finally decided on 37 codes.

The transcriptions of the interviews (with the codes of my analysis on the side) can be found in Appendix III. See appendix IV for the list of all *AtlasTi* codes with references to the text passages of the transcriptions. Appendix V shows a list of all *AtlasTi* codes and the translation into the codes which are used in the text of this thesis.

3.2.8. Categorizing

After coding the interview data, I started to categorize these codes. I built on the categories which I had created during the analysis of the literature but changed the names slightly and added 3 more categories (see part 4.1.). I realized that many codes could be placed in more than just one category (Robson, 2011). So I decided on a primary category for each code and added little remarks regarding any other category with which the codes could be associated with.

3.2.9. Meaning condensations

After categorizing the data as a whole, I moved back to look closer at each interview and wrote a “*meaning condensation*” (Kvale & Brinkmann, 2009, p. 205). I chose quotes of major importance for each interview to give the reader some examples. For easier reading I shortened the statements and marked this with “...”. Explanations or additions by me – to enhance the understanding, since the quotes are taken out of the context - were put into brackets.

3.2.9.1. Hilde Skrudland

Hilde Skrudland MA uses *situation songs* regularly with children with a developmental delay, including autistic spectrum disorders, and with children with severe physical impairments. Through *situation songs* she communicates with the child in various situations and on the basis of various intentions. A primary message throughout her songs is to show acceptance and to show recognition of the child’s needs.

*“...the girl was tired, and she did not take part in the music therapy so much as she used to. And suddenly she sat up with her mother, and just laying her head to the mother's breast and then I sang “I can see that you are sitting with your mother now. And I think, maybe you are tired today. And just now, it is okay, sitting together with your mother” (S¹⁶, 018¹⁷).
“...I think my motivation is to say: “It is okay... you are doing what you are doing”” (S, 032).*

She further uses *situation songs* to create a room for the child and to nurture her or him.

*“...First of all just to make a situation that was good for her...” (S, 157).
“...And there the situation song can be a part to say “Okay, but I am here, I am singing this to you now, to show that this is what I can give you now”” (S, 219).*

On the basis of this important therapeutic space, the *situation song* is used to express invitations and little hopes and to give feedback to the child on observed actions, thoughts and uncertainties.

¹⁶ S = Skrudland

¹⁷ Referring to “S_Transcription of the interview with Hilde Skrudland”, paragraph 18 - see appendix III

When asked if *situation songs* help her to understand a child's behavior better, Hilde Skrudland explains, that it is not about understanding but about giving room to the behavior and about containing this behavior.

"...the word "understand" don't sounds familiar to me, but more to give it a room... So I don't understand the behavior better but I think I give it a room, I can contain it better, when I sing about it. ...it's a way to tell "What you are doing now, maybe, I can be a part of it in this way"" (S, 229).

Although regulation of the child's moods and emotions is not a primary focus, sometimes a humorous song dialogue develops which helps to regulate the mood of the child.

"The child said "No, no, no" and I said "Yes, yes, yes,"... And that is regulation." (S, 221-223).

An important aspect is the opportunity to add verbal content to a musical form. This is done to stimulate the child's impressive language and to show recognition of the child's intellectual abilities. Children with physical impairments sometimes understand much more than we think they do. Hilde Skrudland might sing:

"...I can see that you are listening to me now. I think you are listening to me now...but I am not sure it is right" (S, 161).

She further uses *situation songs* to give direct instructions to a child, when it seems important to prepare a child socially for mainstream education and society. Through instructions within a song the child is encouraged to develop listening skills and the ability to follow instructions. The child can learn to carry on until asked to stop and to try out something new in order to make positive new experiences.

"...I often make a song, where I put some instruments on a table between the child and me. And then I sing a song..."Now you are going to play the maracas", and play it until I say, and then we are playing together and then I sing "now you shall put it down"....And then the child has to learn to listen to an instruction. Not just following its...impulse. But I do that when I think, that this is important for this child to learn to listen to an instruction" (S, 060-064).

The *situation song* offers a motivating basis on which these new social skills can be safely trained. The music supports the understanding of the verbal message.

"It is easier for them when I sing it, than if I just tell it. And it goes on, through music, so they learn it in a more motivated way, to listen to what is the next thing to do" (S, 074).

Hilde Skrudland states that it is important to give room to oneself within therapy sessions. She presumes she uses *situation songs* also for this aspect:

"...that is a theme, I use it often when I give supervision to other music therapists. ... "How do you make clear that you are also here?" Not just mirroring... but also saying that "I want to be here too".... I find it important to make clear that this is comfortable also for me... when I feel, that now I can't go on unless I do something for myself.... And I guess I used the situation songs also to do that" (S, 113-115).

3.2.9.2. Örbrún Guðmundsdóttir

Örbrún Guðmundsdóttir uses *situation songs* frequently in her work with children with various diagnoses, for example children with a developmental delay, autistic spectrum disorders, anxiety or hyper activity disorders. Throughout the different situations, there is a main intention behind her use of *situation songs*: to give a "securing structure" and "stability" to the child. This is just as important in the work with children who are anxious as with children who are hyperactive. With her songs she regulates the relationship between the child and herself, creates contact but also allows distance.

"And often...I try to give them (the children) some security and some order or structure with a song. For example a song, where I only sing to them where we are, this is the room, here are the things and here am I. And I try...to build a sort of bridge between me and the child...but it is also a kind of wall" (G¹⁸, 005¹⁹).

On the basis of the securing structure – which is given through the *situation song* - she can send the child information which might otherwise be difficult to bear. She describes situations and gives names to emotions, which she can sense. These emotions are often very overwhelming for the child. By giving names to the emotions they become easier to understand and to tolerate. Through singing *situation songs* she combines a securing and stabilizing intervention with a provoking one. She deliberately does not talk about these emotions but uses the stabilizing effect of music to carry the words.

"And I sing these songs...I seldom only play this on an instrument. Because it is too unclear, I think...I think the songs are...a good way to speak, and speak about difficult emotions...without danger for the child...(The music) can make it more safe because it's surrounded...There is a boundary, there is a structure..." (G, 118-122).

¹⁸ G = Guðmundsdóttir

¹⁹ Referring to "G_transcription of the interview with Örbrún Guðmundsdóttir", paragraph 5 - see appendix III

Örbrún Guðmundsdóttir often uses situation songs to give feedback to the child:

"I also use that (the song) a lot with autistic children...Because I think, you very often have to mirror to the autistic children how you are feeling in the situation, also. For feedback for them what I observe what they are doing, but also...for me... I describe, "I sit here"... "I watch you and I don't understand" (G, 138).

She states, that she does not send any interpretations to the child through a song. She describes and gives names to situations and atmospheres. Interpretations on the other hand would take place in spoken words.

"Songs are more (about)...the atmosphere, the emotions that I feel...that I think that the child feels... like atmospheric descriptions" (G, 098).

Additionally, *situation songs* are an important way of self-care for Örbrún Guðmundsdóttir, which help her to cope with difficult situations within the therapy process:

"Especially with children, where I have the feeling I can't really reach them, like autistic children...it (the situation song) gives me also some kind of...stability, to stay myself in the situation and not let me be too much effected by this feeling... And often then I have this impulse to leave the situation, because it is very difficult to stay there and stay present, and I think it helps me then to sing, for me, to stay clearly there, and I am here, to signal for me also, I am not going... I will try to stay although the children make me very helpless... (G, 173-177). It also gives me some breathing space, because I can say, what I am feeling (G, 179). And I know also the history (of the child's difficult faith). I know a lot of the child, and I know what's going on and it can be difficult to bear. And then it can help me to sing it... just to sing it out what's going on" (G, 189).

3.2.9.3. Ingrid Erhardt

Dr. Ingrid Erhardt works as a music therapist with pediatric clients who have severe emotional and social problems, such as children with an early developmental trauma and attachment disorders. She does not sing *situation songs* often when working with these clients, but prefers to work on a nonverbal level, especially when the difficulties and disorders are linked to a pre-verbal stage in development. She states that it is important to be very careful with verbal messages. The meaning, which a certain situation has for the child, could easily be missed. However, she has used *situation songs* with children at a pre-school age.

"...But I used to sing this way when I was working with toddlers. Then I did really phrase, with text, with a singing voice what the child is doing at the moment. And the child responded to this, like looking up: "Oh, what's going on? Oh, she is talking! She is singing about me!" So it was kind of an affirmation that he or she is seen. I try to follow what the child is doing and I try to mirror with my singing voice what the child's doing in order to encourage the child to express him or herself and to foster our interactional structures..." (E²⁰, 026²¹).

Situation songs can help to integrate a young child in a group. They can further be used to show appreciation and create a therapeutic space for this child.

"If a child is new in a group this (the situation song) can be helpful to integrate it, or if the child is sleepy or doesn't want to be there or if the child is distracted by too many different instruments or other children. I would use this to have the child to come back into the group... I would sing something like... "Tom is very tired today", "... I am happy that he is here". Giving a positive feedback... and I am trying to give him the idea that I am here and I am responsive and that the child is part of the group" (E, 052-056).

Ingrid Erhardt often creates songs on the basis of a theme, which has been introduced by the child. The child gives this theme a symbolic form. Ingrid Erhardt puts it into the musical form for the child. Although these songs are usually not about the real situation, they can also focus on interpersonal aspects between the child and the therapist.

"I remember a girl... She was playing that she is a baby... So we grabbed a blanket, and she lied down on it... And I sang for her... something like "Oh, the baby is sleeping now", and "She has just eaten, so she feels comfortably." And "it's warm and cozy"...which she seemed to enjoy" (E, 037-040).

Ingrid Erhardt uses phrases of the child's former *situation songs* to send signals to the child and to encourage a shared focus.

"I would bring in a certain phrase they sang before to demonstrate that I am with them and listening and trying to help them to communicate. And usually this approach is helpful to bring us in contact again...A boy was always singing "Today is a happy day"...And I would just take the guitar and...sing his phrase repeatedly. And he would immediately pick it up and we would sing it together" (E, 073-080.)

²⁰ E= Erhardt

²¹ Referring to "E_transcription of the interview with Ingrid Erhardt", paragraph 26 - see appendix III

3.2.10. Member checking of the meaning condensation

“Member checking” (Robson, 2011, pp. 158 & 488) is an important strategy to improve the quality of qualitative research. It is further a way to honor the interviewee’s participation (Robson, 2011). Does the interpretation correlate with the experts’ knowledge and experience? Or has there been a misunderstanding or misinterpretation?

I sent the above presented meaning condensation of the interviews to the therapists, asking for feedback on my interpretations. I received some remarks regarding little alterations.

3.2.11. Integration and interpretation of the interview data

After coding and categorizing the interview data, I summarized and compared the findings of all three interviews (see part 3.3.), just as I had done with the literature findings. I want to state once more, that the literature findings were used as a pre-requisite for my interview guide and the conduction of the interviews.

3.3. Findings of my interview analysis

In table 4 the findings of my interview analysis are presented. The first five categories correspond with the categories of the findings of the literature review. The names were changed a little bit in order to fit the findings of the interviews. Category 2 was split into two subcategories: “Relating to the child” (2(1)) and “Relating to oneself & coping with difficulties” (2(2)). Three new categories were added: “Behavior” (6), “Expression” (7) and “Language” (8).

3.3.1. Codes and Categories of the interview analysis

Therapists		Skrudland	Guðmundsdóttir	Erhardt
Client groups, diagnoses		developmental delays, severe physical impairments	developmental delays, behavioral disorders	attachment disorders, early childhood trauma
Categories of intentions	Codes of intentions			
1) Appreciation & space	a) to show acceptance	x		x
	b) to give to the child/to nurture	x		x

	c) to create a situation that is good for the child	x		
	d) to give the child the feeling of a present vis-à-vis (2 (1)) ²²		x	x
	e) to give child feeling of security	x	x	
	f) to recognize child's needs/show understanding (2 (1))	x		x
	g) to build up hope for child's progress (2(1), 2(2))	x		
2) Relationship 2(1) Relating to the child (equivalent to Contact & Relating) ²³)	a) to create nearness/to make contact	x	x	x
	b) to allow distance		x	
	c) to show child, that it is seen and heard/to respond	x		x
	d) to meet child's interests	x		
	e) to give feedback on own thoughts/feelings ²⁴ (2(2), 6)	x	x	
	f) to create shared focus (5)			x
	g) to suggest something/to invite the child (8)	x	x	x
2(2) Relating to oneself & coping with difficulties (new subcategory)	a) to give room to oneself/care for own needs	x	x	
	b) to show own self (2 (1))	x	x	
	c) to regulate own thoughts and emotions (3)	x	x	
3) Emotions & mood regulation (equivalent to Regulating emotions)	a) to describe/name probable emotions (8)	x	x	x
	b) to help the child to regulate his moods/to soothe	x		x
	c) to motivate child (7)	x		
	d) to create humorous and joyful moments (1,2(1), 2(2))	x		
4) Structure of activity (equivalent to Structuring session & process)	a) to create a structure/a frame (1)	x	x	x
5) Social skills & pedagogic aspects (equivalent to Progress enhancing & pedagogic aspects)	a) to teach the child to follow an instruction	x		
	b) to support child's integration in group setting (1)			x
	c) to support development of child's listening skills (7)	x		
	d) to support child to expand his repertoire of actions/foster new experiences (6)	x		

²² The number in bracket refers to other categories which this code can be classed with.

²³ Referring to the categories of the literature review

²⁴ Countertransference

6) Behavior (new category)	a) to give personal reassurance on behavior/to contain it (1)	x		
	h) to give feedback on the child's actions (2(1), 8)	x	x	x
7) Expression (new category)	a) to give the child a voice	x		x
	b) to support the child's consciousness of his own voice	x		
8) Language (new category)	a) to describe/name atmosphere or situation	x	x	x
	b) to support the child's understanding	x	x	
	c) to give a verbal meaning to the music	x		x
	d) to tell the child something specific (2(1),2(2))	x	x	x
	e) to express uncertainties (2(1), 2(2))	x		
	f) to stimulate the child's language (7)	x		
	g) to recognize the child's intellectual abilities (1, 5)	x		

Table 4: Codes and categories from the interview analysis²⁵

It is important to keep in mind, that table 4 shows only a fragment of the individual music therapist's work, as prioritized in the moment of the interview. If a therapist had not mentioned a certain intention in the course of the interview, this must not lead to the assumption, that this aspect is not relevant in her work.

3.3.2. Discussion of the findings of the interview analysis

The findings presented in table 4 show, that the *situation song* is regularly used by Örbrún Guðmundsdóttir and Hilde Skrudland and sometimes used by Ingrid Erhardt (question 1 of my problem formulation, see part 1.2.). The *situation song* is used on the basis of many and very different intentions. These intentions were summarized in eight categories of key aspects: *Appreciation & space, Relationship, Emotion & mood regulation, Structure of activity, Social skills & pedagogic aspects, Behavior, Expression and Language*. Category 2, *Relationship*, was split into two subcategories: *Relating to the child* and *Relating to oneself & coping with difficulties* (question 2a of my problem formulation).

The interviewees work with children with developmental delays, severe physical impairments, behavioral disorders, attachment disorders and early childhood traumata. All three therapists use *situation songs* to create a basic *Therapeutic space* (1). The child shall experience feelings of

²⁵ See Appendix VII for this table on a DIN A3 page

security (1e) and of being cared for (1b, 1c). *Appreciation* is given to the child through the recognition of the child's individual needs (1f), through hope for the child's development (1g) and through acceptance of the child and his behavior (1a). All three music therapists mention *situation songs* as a means to work on the *Relationship* (2), for example to create contact (2a). Örbrún Guðmundsdóttir refers to the opportunity to create distance when this seems necessary (2b).

Situation songs are used to describe and contain the child's *emotions*, as sensed by the therapist (3a). Sometimes the songs help to regulate the current mood of a child (3b, 3d). The findings of the analysis of the interviews show further, that the interviewees do not use *situation songs* to *structure* (4) and regulate the therapy process. They use *situation songs* however, to structure a particular activity and to offer a frame for it (4a). *Structure* is nevertheless an important aspect of *situation songs*, especially in Örbrún Guðmundsdóttir's work. It is not so much a structure in the sense of influence on the process, but more in the sense of offering the child feelings of security - a "*securing structure*" (1e).

The *situation song* can also be used as a means to foster the development of *Social skills* (5), for example when encouraging a child to follow instructions (5a) and to expand his repertoire of actions (5d). Ingrid Erhardt mentions the opportunity to integrate a child in a group by singing appreciating and welcoming lyrics (5b).

Situation songs are regularly used by all three therapists to give feedback on the observed *behavior* (6) of the child (6b). Örbrún Guðmundsdóttir and Hilde Skrudland use *situation songs* further to give feedback on own thoughts and feelings (2e). Hilde Skrudland describes the use of *situation songs* to give feedback on own uncertainties and on hopes (8e, 1g).

Hilde Skrudland and Ingrid Erhardt mention the aspect of *Expression* (7). *Situation songs* can be used to "*give the child a voice*" (7a) and to support the child's awareness of his own expressional abilities (7b).

An important further aspect of *situation songs* is the opportunity to send a message through *Language* (8). Through the song, the child can be told something concrete and specific, which cannot be told through music alone (8d). The child's understanding of an instruction, his mood and emotions and the specific situation can be enhanced through the *situation song* (8b). The song can be further used to show a child with severe physical impairment recognition of his intellectual abilities (8g).

When asked about the effects of singing *situation songs* on themselves (question 2b of my problem formulation), the three interviewees responded very diverse. Hilde Skrudland states, that it is of major importance to create room for her own self at some times. She presumes that she is using *situation songs* also in this manner (2(2a), 2(2b)). Örbrún Guðmundsdóttir is convinced that she uses *situation songs* at times to regulate her own emotional state and that singing *situation songs* helps her to cope with difficult situations in the music therapy process (2(2c)). She mentions two examples: when the knowledge about the difficult life situation of a child is bearing her down and when there seems to be no contact in the work with a child with an autistic spectrum disorder. Ingrid Erhardt states, that she does not use *situation songs* or other forms of musical improvisation to regulate her own wellbeing within music therapy sessions.

3.4. Reflecting on my use of situation songs in the light of the interview study (Hermeneutic circle II)

After analyzing the interviews, I reflected once again on my own use of *situation songs*, as described in 1.1.1. and 2.5. Listening to music therapists speaking about their experiences with *situation songs* made me realize further aspects about my own use of this method.

Hilde Skrudland's remarks on her use of *situation songs* with children who have no or little expressive language have made me conscious of the fact, that I use *situation songs* also regularly in this sense. I had not realized this before. During my reflections I remembered several situations, where I had translated into lyrics, what the child had expressed through mimics and gestures. For example when the child showed interest (I sang "*Oh, what is this?*") or when he showed rejection (I sang for example "*No, no, not now!*"). Especially in the work with children who do not use words, I often feel the need to bring in some words myself. During my work as a teacher for children with special educational needs, I had been working with children who had almost no opportunities to express themselves. I remember a seven year old boy with a degenerative genetic disorder, who could not move anything purposely but his eye lashes. He used two blinks of his eye lashes to communicate "*yes*" and one blink to say "*no*". This experience makes it very clear to me, what Hilde Skrudland means, when she says, that we never know, what the client understands and that it might be more than we presume. Experiencing the work with this little boy and other children with severe physical impairments has led me to a similar approach in my work. I like to sing about my thoughts and presumptions to let the child know about these. I am convinced that this is a way to show appreciation and foster an equal relationship, regardless of the child's explicit language. However, I had not become aware of this

aspect about my *situation songs* until Hilde Skrudland shared her experiences with me during the interview.

All three interviewees use *situation songs* to send the child specific verbal messages. This made me remember several situations where I had used *situation songs* to express messages which simply could not be expressed non-verbally. I often sing about the therapy setting: about how much time we have got before the child has to go back to class, about upcoming holidays or about the approximating end of a therapeutic process. In part 1.1. a song is described, which I had sung to Nicki. In this song and many similar ones, I had prepared Nicki for our farewell. I think that the child needs to know early enough about changes in the setting, so that he can psych himself up to these changes.

Hilde Skrudland uses *situation songs* to show honesty about uncertainties; Örbrún Guðmundsdóttir uses her songs to give feedback on feelings of confusion. I remember using *situation songs* to tell the child my presumptions about his current needs, and asking him if I was right or wrong.

As described in 1.1.1., singing *situation songs* has a noticeable effect on my own wellbeing and supports my ability to create and hold a therapeutic attitude. It was important for me to ask the interviewees if they experienced something similar. Örbrún Guðmundsdóttir's descriptions on the effect of *situation songs* on herself made me elaborate on this aspect once again: When I feel very tired and tend to drift off mentally, I sing about where we are and what we are doing. When I feel tense, singing a humorous dialogue together with the child helps me to find my serenity again. When emotions are in the way, singing about these feelings in a gentle and sensitive way can help to empty myself of these emotional distractions, so that I can turn towards the child again. Thus, I use *situation songs* as a means to regulate my own state, both mentally and emotionally.

I asked the interviewees whether they would use *situation songs* to set a boundary, when a child showed destructive or aggressive behavior. All three therapists told me that they would not do so. I reflected again on situations during my clinical work, where I had used a *situation song* to sing "no". I noticed that I only sing "no-songs" in situations, where humor is still appropriate and where I want to create an atmosphere of serenity and joy. I did so with Jacob in our song, where we played with the words "yes" and "no" (see part 1.1., figure 2). In this song, Jacob had initiated the "yes-" and "no-song" himself. In situations, where the child, an instrument or I are in danger, I stop singing and use either spoken language or touch.

Ingrid Erhardt's remarks on the limits of *situation songs* are an important asset to my understanding of these songs. She states that she would not use song lyrics too early and not with children, whose difficulties come from pre-verbal times. With song lyrics she could miss the meaning which the situation has for a child. Looking back on my own experience, I realized that I had used *situation songs* mainly with children with a severe developmental delay. I had rarely used *situation songs* with children who had come to music therapy "only" due to behavior difficulties. I would fear that these children might feel embarrassed, when I sing about them and us. However, in moments of regression, I sometimes felt that it was appropriate to sing a *situation song*, as in example 1 with seven year old Nicki (see part 1.1.). After reflecting on this, I can understand Ingrid Erhardt's reservations about the use of *situation songs* with her clients.

4. Discussion and synthesis of the findings

In this study so far, I have investigated the use of *situation songs* on three levels: I reflected on my own use of *situation songs* (Chapter 1), analyzed the use of *situation songs* as described in music therapy literature (Chapter 2) and interviewed three music therapists about their use of *situation songs* (Chapter 3) and analyzed the data. This final chapter is used to compare and synthesis the data and to reflect on the course of this thesis.

4.1. Progress of categorizing

When analyzing the literature, I had the feeling, that the name of one category of my pre-understandings (part 1.1.1.) did not quite fit for the literature findings. Later, I noticed, that some names of the categories of the literature findings did not fit the interview findings. At both stages of my study, I introduced more categories and refined the terms slightly. I wanted to precisely describe the range of codes presented in this section. An overview on these three sets of categories can be seen in figure 5.

I changed category 2 of my pre-understanding - "*Relationship*" - to "*Contact and relating*". For some authors a main focus of their work with *situation songs* is to make first contact, especially when working with children with autistic spectrum disorders. This first contact is an initial step towards forming a relationship. So I had the feeling that this should be mentioned in the category.

When analyzing the data of the interviews, the same happened again. Category 2 of the literature was called "*Contact and relating*". During the interviews I realized, that the opposite of contact – *distance* - was just as important. Therefore, I renamed the category to "*Relationship*" again. This term includes both dynamics - *contact* and *distance*.

I split category 2 into two subcategories. 2(1) focuses on the relationship between child and therapist (*Relating to the child*). 2(2) focuses on the therapist's awareness of herself and on creating room for her own needs (*Relating to oneself & coping with difficulties*).

Category 3 of the literature was called "*Regulating emotions*". When analyzing the interviews, I changed it to "*Emotions & mood regulations*". I became aware of the fact, that for the interviewees it is more important to contain an emotion than to change it. If regulation is an aim at all, then it is a regulation of the child's mood and the atmosphere within the room.

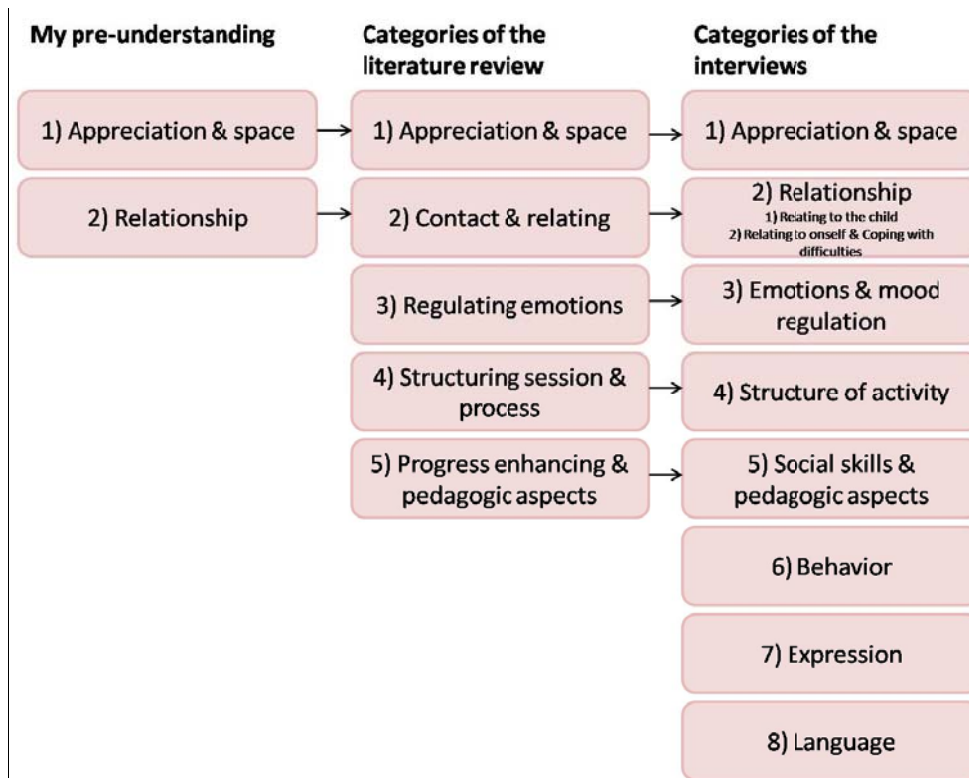


Figure 5: Categories of the intentions behind the use of situation songs from my pre-understandings, the literature review and the interview study

I changed category 4 from “*Structure of sessions & progress*” (literature) to “*Structure of activity*”. I noticed that the interviewees use *situation songs* to create a structure for one particular activity rather than the general process.

Category 5 of the literature findings was called “*Progress enhancing & pedagogic aspects*”. When analyzing the interviews, I renamed it to “*Social skills & pedagogic aspects*”. The actual focus is on *social skills*. Often in music therapy, the child is leading the process. But here, the therapist is telling the child what to do, an approach which is more often used in pedagogy than in music therapy. To illustrate this mode of practice I decided to keep the initial phrase “*Pedagogic aspects*”.

The categories “*Behavior*” (6) and “*Expressions*” (7) were found just in the interview data. However, some of the codes can be found in the literature findings as well. I had put these into other categories. The category “*Language*” (8) is new, as well as the codes of intentions in this category.

4.2. Comparison of the findings of the literature review and interview study

When comparing the findings of the literature review and the interview study, I noticed many parallels regarding the intentions behind the use of *situation songs*. In my interview study I could question the music therapists directly about their use of *situation songs*, whereas during the literature review I could simply read. Hence, I found more categories during the interview analysis than during the literature review. The therapeutic focus behind the interviewees' use of *situation songs* differs to some extent from the focus of the authors of the literature.

Using *situation songs* to show *appreciation* and to create a *therapeutic space* is of major importance both for the authors of the literature as for the interviewees (Category 1). In the literature the main focus is on giving comfort, on accepting, nurturing and caring. Further important aspects for the interviewees are to create a secure, safe and good situation for the child and to show recognitions of the child's individual needs. An additional intention mentioned in an interview is "*to build up hope*" for the child's progress. I have put this code into the category *Appreciation and Space*. I am convinced that this is an important form of showing appreciation: *I believe in you and in your ability to develop further. I hope that you make progress and through my hope for you I devote myself empathetically to you.*

Both in the literature and in the interviews, the aspect of *relationship* is a primary focus (Category 2). *Situation songs* are mostly used to make contact, to respond and to give feedback. In both sets of data I could find examples of the intention to create distance between the child and the therapist, if this is necessary for the child. The interview findings show moreover, that *situation songs* can be used to carefully suggest something and to invite the child to take part in a shared activity. The child's interests can be met by singing a *situation song*.

In the literature little can be found about the effects of the *situation songs* on the therapist. When asked about this matter, two of the interviewees confirm that they are aware of the fact, that the intervention has an effect on them as well as on the child. Singing *situation songs* can help to create room for oneself, and to show own needs to the child. Singing *situation songs* can further be a way to regulate own thoughts and emotions. According to the findings of the literature review, singing *situation songs* can help the therapist to cope with constant repetitions.

My findings of the literature review show intentions to help the child to regulate his *emotions* (Category 3). The therapist uses *situation songs* to sooth, to motivate, to create humorous and

joyful situations and to enhance emotions. I noticed a slightly different approach when analyzing the interview data. Here, emotions are contained, described, named and accepted. Some examples of the interviews also show the intention to soothe, to motivate or to share joy. I realized however, that in these examples the mood of both the child and the music therapist and the general atmosphere is addressed rather than an emotion.

In the literature *situation songs* are frequently described as a method to *structure the process* (Category 4). The therapist is mediating this process, indicating beginning and end, offering variations and expanding the time of shared focus. My findings of the interview analysis show a different approach: Structure is important at some times but not so much used to influence the process. It is more a structure within an activity itself, often given through repetition. These frequent repetitions of a little song phrase are used in order to support the child's understanding about what is going on. The interviewees' intention is to help the child to feel secure so that the child can embark on the therapeutic relationship.

One literature example suggests the use of *situation songs* in order to give a boundary to a child in a situation, where the child shows difficult behavior. All three interviewees made it very clear that they would not sing *situation songs* in order to intervene in situations, where the child showed destructive or aggressive behavior. The interviewees would rather stop the music and speak to the child or use another non-verbal approach.

In both the literature and the interview data I found one example on using *situation songs* as a means to support *social skills*, such as learning to listen and following instructions (Category 5). In the literature analysis the intention to enhance the progress and to celebrate achievements through a song was further mentioned. Although this was not the case in the interviews as such, this aspect is still included in some codes of the interview study, e.g., *to build up hope* (1), and *to create humorous and joyful moments* (3).

The interviewees use *situation songs* with a focus on the child's *behavior* (Category 6). The intentions *to give personal reassurance on behavior* and *to give feedback on the child's actions* were found in the literature as well, but put into other categories (1 & 2). When analyzing the interviews I had the feeling, that this should be seen as a separate primary aspect.

A further aspect about the use of *situation songs*, as found in the interview data, is *expression* (Category 7). The therapist can express something on behalf of the child *to give him a voice*. She can support the child's awareness of his own expressional abilities. I found the intention to

encourage expression in the literature review as well, but this relates to the child’s own creation of songs and not to subtle first attempts to use the own voice or mimics and gestures.

An additional aspect about the use of *situation songs* was found in the interviews: *language* (Category 8). The song offers the opportunity to send specific messages to the child about thoughts, uncertainties, feelings and descriptions. The child can experience, that he is appreciated as a human being, who lives within language, even though he might not be able to make use of this expressively – for instance due to severe physical impairments.

4.3. Synthesis of categories

Summarizing the findings of both the literature review and the interview study, I created eight categories of intentions of the use of *situation songs* (see figure 6). I decided on broader terms in order to make the categories fit for both the literature and the interview findings. These categories are: “*Therapeutic space*”, “*Relationship*”, “*Emotion*”, “*Social skills*”, “*Structure*”, “*Behavior*”, “*Expression*” and “*Language*”. The category “*Relationship*” consists of the subcategories “*Space for the child*” and “*Space for the therapist*”.

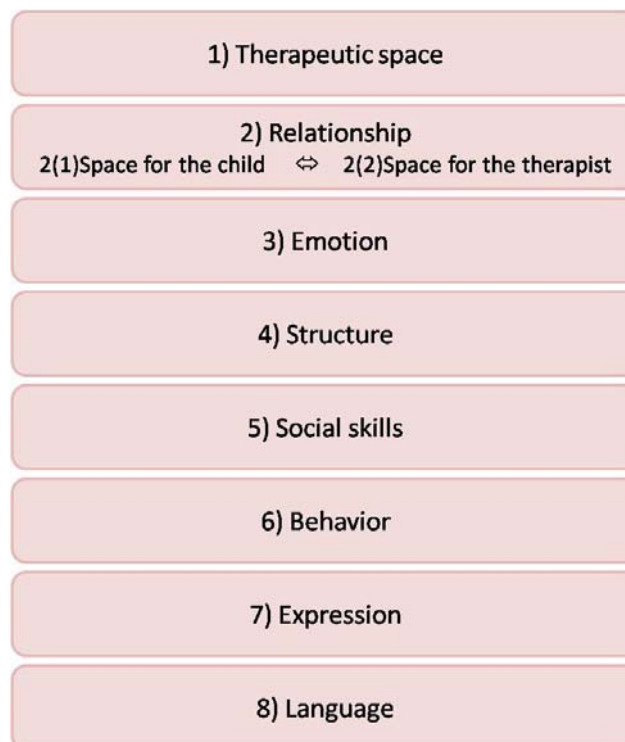


Figure 6: Synthesis of the categories of intentions behind the use of situation songs

I realized that “*Appreciation*” can be seen as included in the term “*Therapeutic space*” (Category 1). “*Relationship*” (Category 2) refers to all dynamics between two people (e.g., first contact, distance, feedback, response). Within relationship there has to be “*Space for the child*” but also at

times “*Space for the therapist*”. The category “*Emotion*” refers to accepting and containing emotions as well as to influencing these. “*Structure*” refers to any structure-aiming intentions. “*Social skills*”, “*Behavior*”, “*Expression*” and “*Language*” refer to any focus on these aspects.

4.4. Further elaborations on the findings

4.4.1. A hierarchic model of the categories of intentions behind the use of situation songs

When elaborating on the eight categories, as described in figure 6, I decided to arrange these in a hierarchical order of importance (see figure 7). This was done on the basis of my own clinical experience.

I started with the most important prerequisite for music therapy, the *Therapeutic space*. The music therapist intends to be a present vis-à-vis for the child, to accept the child in his uniqueness, to show recognitions of the child’s needs and to create a secure surrounding. These experiences are essential for the child, in order to be able to make progress. The therapeutic space facilitates the so important therapeutic *Relationship*, placed on the second level. Child and music therapist create a dynamic relationship between each other, where there is space for both making contact and going into distance. A relationship, where the therapist intends to see and hear the child, responds to him and meets his interest. Moments of shared focus take place on the basis of the child’s interests. The therapist intends to support the *Space for the child*, but also shows her own needs, feelings and thoughts to some extent at times (*Space for the therapist*). The music therapist does so in order to care for herself but also in order to show authenticity and to help the child to develop an awareness of the other.

The category *Language* refers to a resource, which helps to work on any other category. To indicate this in the figure, I drew arrows pointing towards all three levels of categories. *Language* is a resource used to address other categories. It can also be a field of experience and development by itself, when the therapist intends to stimulate the child’s development of impressive language. To indicate this in the figure, I have placed the category *Language* on level 2 but also to some extent on level 3.

The category *Structure* can be seen as a resource as well. Through structure the music therapist intends to give the child a feeling of security. Security is a fundamental requisite for the development of the therapeutic relationship. To indicate this, an arrow is pointing towards the category *Therapeutic space* in level 1. Through structure, the music therapists further intend to

mediate the therapeutic process. Therefore, I drew an error which point towards the category *Relationship* (level 2) and one which points towards the categories in level 3.

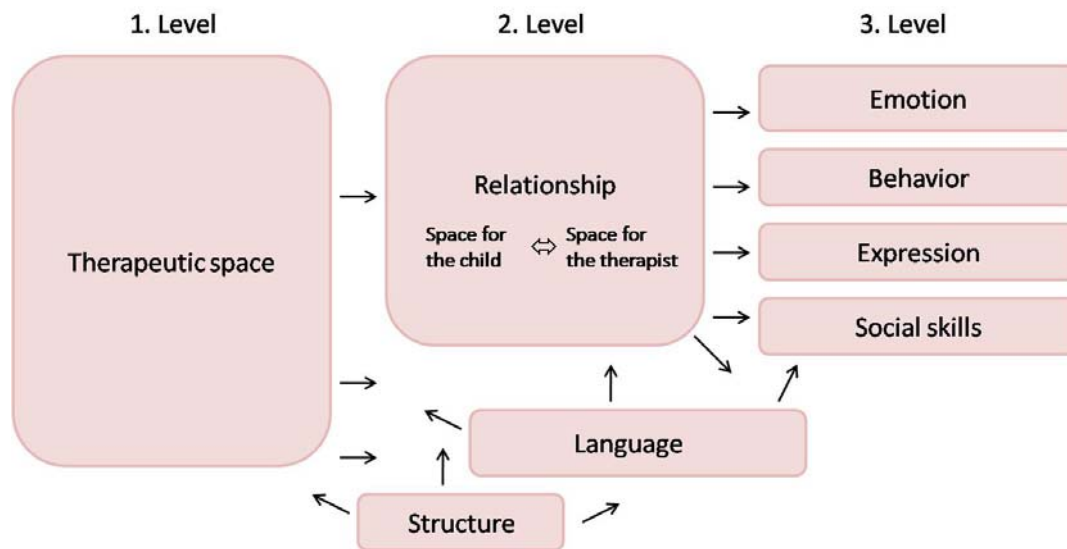


Figure 7: Hierarchic model of the categories of intentions behind the use of situation songs

The category *Relationship* operates as a prerequisite for other aspects, such as *Emotion*, *Behavior*, *Expression*, *Social skills* and *Language*. Based on new beneficial experiences within this therapeutic *Relationship*, the child is supported to develop further in the fields of the above mentioned categories. The music therapist can try to support the child's awareness of his *emotions* and to help him to regulate his mood. The music therapist promotes the child's realization of new aspects about his *behavior*. For example, that there is room for his behavior and how this behavior is perceived by the other.

Another field of development is *expression*. The therapist expresses something on behalf of the child, when the child cannot do so himself. Or she encourages the child to realize that he has got a voice. A further field of learning is the category *Social skills*. The therapist can assist the child through *situation songs* to develop various social skills and experience being part of a social group.

4.4.2. An integrated model of the categories of intentions behind the use of situation songs

In figure 7 the categories are presented in a hierarchic order. Each category stands alone, separate from the others. On the basis of my clinical experience, I designed an integrated model of the categories of intentions to use *situation songs* (see figure 8). I am convinced, that in the reality of clinical work, the categories of intentions are closely interrelated.

From my clinical perspective, the category *Therapeutic space* is not only the first of all levels of categories. It is actually the essential frame for any therapeutic work at any time in the music therapy process. Metaphorically speaking, the *Therapeutic space* is the “*nest*”, in which all other aspects of the therapeutic process are put into. I indicated this in figure 8 through a big circle. The viewer is looking into the *nest* from above. Inside the nest lies the category *Relationship*. Metaphorically speaking, it is the “*padding*” of the nest. Both the nest and the padding are very important to hold and shelter, what is placed in it. The categories *Language* and *Structure* can be seen as further patches of padding. Inside the nest and on the padding, the categories *Emotion*, *Expression*, *Behavior* and *Social Skills* have place.

I am convinced, that experience and development never happen in just one of the above categories, but affect us in an integrated or holistic sense. To do justice to the connectedness of the different categories, the categories in figure 8 are transparent and partly overlapping. They are closely interrelated and do not stand alone. I want to illustrate this in more detail: In my interview study I found the code of intention “*to give feedback on the child’s actions*”. I placed this code in the category *Behavior*, because a primary focus is on making the child more aware of his actions. However, this intention also belongs to other categories: It is a way to foster the *Relationship*, in specific the *Space for the child* (category 2(1)), transported by the lyrics of the song - by *language* (category 8). Here, at least three the categories are interacting.

From my clinical perspective, the categories *Emotion*, *Expression*, *Behavior* and *Social skills* are in constant interaction. To indicate this in figure 8, these categories stand close to each other and overlap. An example shall illustrate this interaction: The code of intention “*to support the development of the child’s listening skills*” was put into the category *Social skills & pedagogic aspects*²⁶. But clearly it effect’s the fields of *Expression* and *Language* just as well. The intention “*to recognize the child’s intellectual abilities*” does not just belong to the category *Language*. It is also an intention which supports the *Therapeutic space* and the child’s development of *Social skills*.

I am convinced, that a primary change in one area brings upon secondary changes in other areas. In my interview analysis I found the code of intention “*to describe/name probable emotions*”. The music therapist intends to support the child’s awareness of his own emotions, so that these emotions become more tangible and less overwhelming with time. Overwhelming emotions can be very unsettling, which can lead to the reaction of destructive or aggressive behavior. By learning to feel and tolerate these emotions, the child develops strategies to cope with these. The

²⁶ The examples of codes of intentions in this part are from the interview analysis

child can find ways to express these emotions in a less destructive way and thereby increase his social skills. In this example, the primary effect takes place in the category *Emotion*. But there are secondary effects in the categories *Expression*, *Behavior* and *Social skills*.

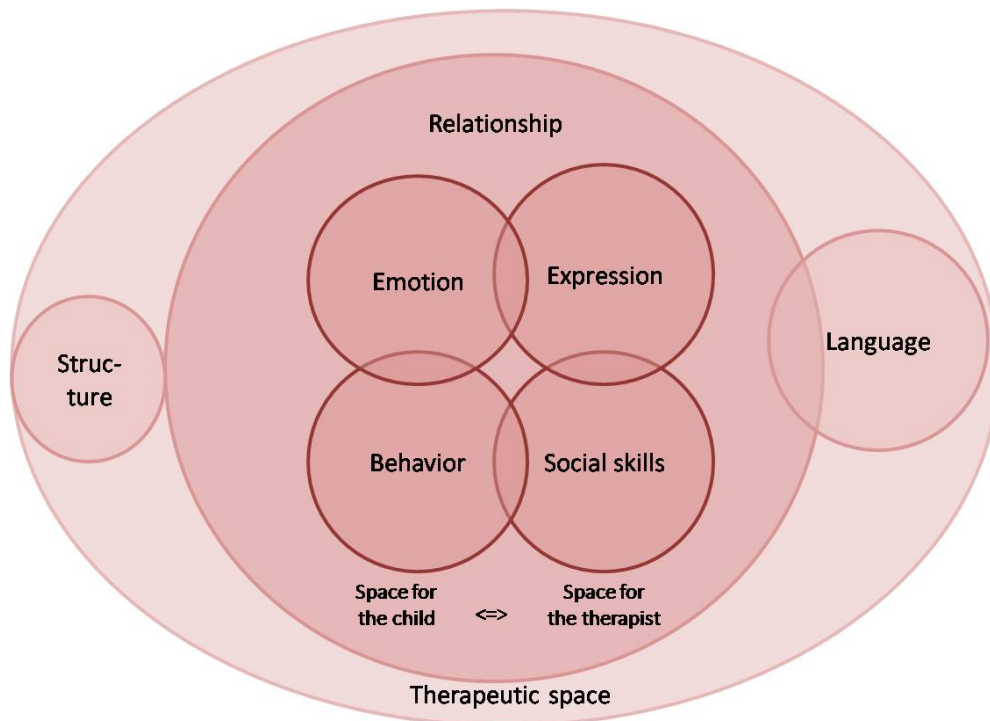


Figure 8: Integrated model of the categories of intentions behind the use of situation songs

The categories of intentions behind the use of *situation songs* outline different fields of *experience* and *development*. The overall aim behind the music therapists' use of *situation songs* is to offer essential experiences in order to support the child's development.

4.5. Further findings

4.5.1. Literature

When initially searching the literature I could not find the term "*situation song*" in any English text. So I decided to translate the German term "*Situationslied*" into English (see part 2.2.). However, after the interview conduction, my supervisor drew my attention to two literature sources, where the term "*situation song*" had already been used before. Gold, Wigram and Voracek (2007) define "*situation songs*" as

"...songs with improvised lyrics describing or interpreting the present situation in therapy"
(Gold, Wigram & Voracek, 2007, p. 582).

This definition correlates with my understanding of the German term *“Situationslied”*. In his PhD thesis, Gold (2003) refers to Wigram, Nygaard Pedersen and Bonde (2002) and uses the term *“situation songs”* (p. 50). Wigram, Nygaard Pedersen and Bonde (2002) use the term *“play songs”* and describe these songs as *“music with a given structure and framework”* (p. 179). These improvised *play songs* are used to summarize aspects of the evolving therapeutic relationship and to give feedback on the child’s actions. This is done in order to support the development of focus, attention and expression. Through the use of *situation songs* the child can experience new social aspects, such as creating something together with an adult or with other children. The view on the social experience of *situation songs* is an addition to my findings.

4.5.2. The verbal and the musical components within situation songs

During the analysis of both the literature and the interviews, I realized that the *situation song* combines two types of communication: verbal communication and musical (non-verbal) communication. Why do some music therapists send a message within a song rather than just through spoken words to the child? Why do they formulate words rather than express themselves through vocal improvisation only? And when do they deliberately refrain from using words or music? I decided to look at my findings about the believed beneficial effects of music and lyrics more closely.

4.5.2.1. The role of the music within situation songs

Why do music therapists sometimes send verbal messages in the “package” of a song, rather than just speak? According to Oldfield and Franke (2005) as well as Nordoff and Robbins (2007, 2nd edition), music touches and reaches the child emotionally, so that he is ready to take in the verbal message. As said by Turry:

“Music intensifies the affect underlying the content of the lyrics and provides a safe structure into which impulses and feelings can be projected and contained” (Turry, 1999, p. 19).

Safety and structure are also mentioned by Bruscia, when he describes Grinnell’s use of *situation songs* (see part 2.3.3.).

“The musical structure and the context of the song make it safer for the child to experience feelings kept out of consciousness because of their threatening nature. The musical mode also allows material that otherwise might remain suppressed to be made explicit, first by the therapist and then later by the child” (Bruscia, 1987, pp. 378-379).

This securing potential of music is also of great relevance for Örbrún Guðmundsdóttir, one of the interviewees. On top of this security, the child can make himself familiar with emotions.

“I have this feeling, that... most of the children can hear it better, when I sing it... So you can transport the....content better with the songs, than only spoken” (G, 43). “And I think the songs are... a good way to speak, and speak about difficult emotions... without danger for the child” (G, 122).

According to Hilde Skrudland, another interviewee, the music, which carries a verbal message, enhances the understanding and has a motivating function.

“And I think when I sing to the children... they use other parts in the brain to understand. So it is easier for them to understand what I mean” (H, 101). “And I think it is more fun to do things in music and sing it. More fun as just giving as a message (through words)” (H, 101).

My findings suggest that music therapists expect the music to carry the emotional content and to provide a secure space for difficult issues to arise. Music is supposed to have motivating function and to enhance the understanding of the emotional but also intellectual content.

4.5.2.2. The role of the lyrics within situation songs

What is the role of the lyrics of a *situation song*? Music therapists are used to interact non-verbally, so why do they use song lyrics at all?

“And then I sing these songs...I seldom only play this on an instrument... I think it’s for the children then clearer, and they understand it better, when they also hear the words” (G, 118).

“Well, words, of course words underline what’s going on” (E, 096). “Maybe (I use words) to give it more... to give it also a meaning” (E, 100).

Thus, song lyrics seem to enhance the clarity of the message to make it easier to understand. Important processes can take part on the intellectual level of our being:

“The added element of lyrics introduces another level of expression that is clear and tangible. Songs offer avenues for processing a child’s experience directly or metaphorically and can be an effective medium for addressing painful issues” (Turry, 1999, p. 19).

4.5.2.3. The limits of the lyrics within situation songs

The findings of the interview study show that there are reasons why music therapists deliberately refrain from using the lyrics of *situation songs*.

"...With children who had difficulties and ruptures in their pre-symbolic development, I would rather work nonverbally (in comparison to singing situation songs)" (E, 012) "...So with these children I would also use... not so many words, but really responding and reflecting musically what is going on now between us. I think for these children it would be kind of irritating if I would be so directly on being "Oh you are here, and I am here and..." (E, 069). "I try to... NOT to give words too early.... I could miss the meaning if I make up my own words" (E, 071-073).

According to my interpretation of the interview with Ingrid Erhardt, making the child aware of the therapeutic relationship processes can be disturbing and threatening, especially if the child has made negative experiences in early childhood relationships. Besides, the child can feel misunderstood, when a verbal message does not fit his own perception of a situation. Verbal messages within song lyrics are more direct and restrictive than musical messages without lyrics.

4.5.2.4. The limits of the music within situation songs

I asked the interviewees, if they used situations songs to set a boundary, when the child showed destructive behavior towards himself or towards instruments. Two interviewees would not sing but speak to the child.

"No, I wouldn't sing that. Usually, in such a situation I stop singing and then I use my speaking voice to say "Please stop that! You know, this is not allowed"... There must be a clear differentiation between the therapeutic level of connection, of expression, inner feelings in music and the outer world which has rules etc. this is where I use words and no singing voice. Because then we have the different levels all mixed up and it would be too difficult for children to distinguish the levels, at least to my experience" (E, 104).

"... maybe I want to keep the songs away from this... kind of interaction (setting boundaries)" (G, 152).

The interviewees want to preserve the appreciating and reinsuring aspects of the *situation song* and signal through spoken language, when they disagree. But in a situation, where a child with a severe developmental delay shows self-aggression, spoken language can be inappropriate. One interviewee explains using musical means rather than *situation songs*:

"...No, not a song, because I think that would probably give more hits (when a child is hitting itself)... Then I would play the rhythm or find a form for it" (H, 199).

4.6. Summary of the findings

By studying music therapy literature and by interviewing three music therapists, I received answers to all three questions of my problem formulation.

1) Is the *situation song* a method which is regularly used in pediatric music therapy?

The *situation song* is used by some pediatric music therapists, especially by those who work with children with developmental delays and with children at a preschool age. Furthermore, it is used with children at a regressive stage of music therapy, for examples during a late stage of cancer treatment or when a child needs the experience of being cared for like a baby. The *situation song* is also occasionally used in music therapy with children who have little or no expressive language.

2a) What are the music therapists' intentions behind the use of *situation songs*?

My findings show, that *situation songs* are used on the basis of various intentions by music therapists. Categorizing these intentions led to the conclusion, that *situation songs* are used to create a therapeutic space and work on the therapeutic relationship. They are further used to support experiences and development in the fields of emotion, behavior, expression and social skills. The *situation song* is used to transport messages in language and to create structure. The overall aim is to offer beneficial experiences in order to support the child's development.

2b) Do other therapists experience that singing *situation songs* helps them to cope with situations in the music therapy sessions, which are difficult for them?

Two out of the three interviewees state, that the *situation song* can help them to create room for their own self and care for their needs, when – at some points during the therapeutic process – there is a need to do so. In the literature there could be found one example, where a *situation song* is used to help the music therapist to cope with a situation which is difficult for her. The findings suggest that it is not generally common to use *situation songs* deliberately as a method for self care, or that it is not common to write about this matter. However, for some music therapists singing *situation songs* seems to be a useful method to regulate own thoughts and moods in order to obtain a therapeutic attitude towards the child.

In addition to the above answers I came to the realization, that *situation songs* contain both music and language. The music is supposed to motivate, to secure, to enhance emotional experiences and to support the child's understanding. The lyrics are believed to enhance the clarity of the message and to stimulate intellectual processes. The interviewed music therapists refrain from

using *situation songs*, when there is a need to set a boundary to the child's behavior, or when the focus on verbal content could easily disturb the child.

4.7. Reflections on the methodology

4.7.1. Flexible design and qualitative research

The flexible design of qualitative research made it possible for me to refine the exact phrasing of the problem formulation along the way. Information, which gathered during my study, shaped the conduction of the whole thesis, particularly the schedule of my analysis.

In any qualitative investigations, the findings are strongly influenced by the person investigating. I am convinced that sharing my elaborations on my own pre-understandings and clinical experiences with the reader was important in order to support the reader's understanding of the process of the thesis.

4.7.2. Phenomenology

Phenomenological thinking affected the way I studied the literature and listened to the interviewees. The personal experiences and the perspectives of the other were an essential focus during my study. This gave me deeper insight into other music therapists' views on the subject-matter. However, my thesis is not a study with use of phenomenology as a method in a strict sense. According to Forinash and Grocke (2005), in phenomenological studies the investigator needs to free himself from any pre-assumptions and beliefs. I started my study on the basis of my own pre-understandings and clinical experiences, building up the knowledge in a hermeneutic sense. Strictly spoken, phenomenology tries to describe rather than interpret and analyze (Kvale & Brinkmann, 2009). I coded and categorized data, and therefore I interpreted it.

I followed Kvale's and Brinkmann's (2009) advise to send the understanding of the interviewee's message back to her, during the course of the actual interview. This was especially important, because I was interviewing via *Skype*. Due to this circumstance I could not sense all non-verbal means of communication, such as the full body language. It was further important to overcome the language barrier, since all interviews were conducted in English.

Although it was important to send my interpretation of the interviewee's statement back, it did not always seem right. Every interviewee has her very personal way to say something. This personal language contains subtle nuances about the subject-matter which can easily get lost in the process of putting the message into own words. My interpreting questions were necessary for

the enhancement of the understanding. Still, I could have refrained from these at some more points during the interview. This way I could have opened myself more in a phenomenological sense to the other. During the last interview I managed let go more of my planned procedure and listen in a more open way to any information which I received from the interviewee. This raised my awareness of further aspects (see 4.5.2.) about the use of *situation songs*.

I am convinced that a phenomenological approach in a strict sense gives more room for unexpected findings. My way of investigation was more secure: I received answers to all my questions and was in control of the collection of data.

4.7.3. Hermeneutics

The principles of hermeneutic enquiries were of essential importance during the study, especially because the data to be analyzed was mainly in the form of written text. Understanding and interpreting was a central issue throughout the study.

After writing down the findings of the literature review, I felt a great urge to change the text of my pre-understandings. I had moved on in my view on the subject-matter and had discovered new intentions behind my own intuitive use of *situation songs*. After analyzing the interview data, the same happened again. I wanted to change the text of my pre-understandings once more and rework again on the findings of my literature review. After all, I realized that it was necessary to leave the findings as they are and give the reader the opportunity to follow my process of thinking.

The hermeneutic circle is an ongoing procedure with no end. When were my codes and categories ready, so that I could move on to the next step? I found it hard to make this decision. I could carry on working on my study in a hermeneutic manner and it would further on lead to new discoveries.

4.7.4. Grounded theory

Since I was building up my knowledge in a hermeneutic way, I was not following the concept of grounded theory in a strict sense. However, the coding strategies used in grounded theory have proved to be very helpful for my study. The process of *open coding* led to the codes and categories described in chapter 2 and 3. During the process of *axial coding* I created a hierarchic and an integrated model in order to discuss the relationship between the different categories. *Selective coding* leads to the essential commonalities throughout all codes and categories: In my study this commonality of all codes and categories is the overall aim to offer essential experiences

in order to support the child's development. The above described coding process led to findings, which are grounded in the data of my study (see part 4.6.6.).

I believe that the real dynamics of relationship do not fit into codes and categories. Nevertheless, coding is a very useful strategy to enhance the understanding of the subject-matter of an investigation (Bruscia, 2005).

4.7.5. Qualitative interview

A semi-structured interview inquiry seemed the most appropriate method to receive additional answers to my problem formulation after the literature review. The only other possible method I had thought about was a questionnaire. I am convinced that spoken language supports the understanding of the other person much better than written language. Due to the reciprocal and conversational mode of the semi-structured interview, this method allows an intensive interchange of information. However, the findings do not lead to generalizable results. Had I interviewed different therapists, the findings would have not been the same.

Interviewing was new to me. Practicing it during more than one probe interview would have been sensible. It was a very interesting experience to *meet* music therapists this way and I would like to make use of this method of inquiry again at some time in future.

4.7.6. Reflexive subjectivity - triangulation

I conducted the study on three different levels: First, I reflected on my own clinical experience of the use of *situation songs* and developed my pre-understandings about these. Second, I carried out a cross-comparing analysis of the relevant literature. Third, I designed a semi-structured interview guide and interviewed clinicians about the subject-matter. Each level of investigation affected the other two levels. My pre-understandings were the point of departure for the literature study. The results of the latter affected my pre-understandings retroactively. Both my pre-understandings and the findings from the literature review shaped the interview study. The findings of the interview analysis allowed me again to check on my pre-understandings and especially on my literature findings. I asked the interviewees, whether they used *situation songs* in regard to the categories which I had found in the literature. This was a way to check, whether the literature findings were meaningful to other music therapists. In other words, the interviewees helped me to verify my findings of the literature review. I further asked the interviewees, whether they had experienced, that singing *situation songs* was useful for themselves in difficult situations during the therapeutic process. Here, I was linking the interview to my own experiences.

The three levels of investigation can therefore be seen as three angles of a triangulation. The categories of intentions are grounded in the data of each area of the triangle. Each area interacts with the other two areas in a reciprocal manner, which helps to refine the findings of the study.

4.8. Reflections on the process of the study

During the course of the study, I made notes on doubts and ideas which came to my mind. These notes concerned the focus of my problem formulation as well as the selection of data. By looking back at my notes I reflected on these issues.

4.8.1. Problem formulation

At the beginning of the study I was aware of the fact that I needed to put my focus on the music therapists' experiences rather than on the child's. I could not ask music therapists what the child experiences, since only the child could give me valid answers on this. Thus, I focused on the music therapists' perceptions on their use of *situation songs*. In which sort of situations do music therapists sing these songs?

When I reflected on my own use of *situation songs*, I first wrote about the effects of the song on the child. How could I judge, what the child really experienced? I realized again, that I needed to focus on the therapists' view and experiences and came to a clearer problem formulation: I focused on the intentions to sing *situation songs* rather than the general experience and the situations.

However, I questioned myself, if this focus made sense at all. Does the music therapist have any specific intentions in mind, when applying a certain method? Isn't it the therapeutic relationship, which leads to the therapeutic change and development, rather than specific actions? During my involvement with this thesis, I realized that intuition and intention complement each other. In my work as a music therapist, I often use a certain method through intuition rather than through conscious decision-making. When reflecting on the music therapy session afterwards, however, I often become aware of the intentions behind my intuitive action. Although the main focus in *psychodynamic* music therapy is on the dynamics of the therapeutic relationship (*transference* and *countertransference*), the therapist still draws on an internalized catalogue of actions, in order to provoke a more or less specific reaction.

I considered narrowing down the client group, since *situation songs* are mostly used with children with a developmental delay. My thesis focuses on the method as such, so I am now convinced that it was important to keep my broader focus: children in general.

4.8.2. Data selection

In the literature, I could not find one set English term which matches the German term “*Situationslied*”. But I found various sources of data, which describe the same type of improvised songs under various different names. The data outline the effect of these songs on the child, from the perspective of the author - like my own mode of thinking at the beginning of the process of this thesis. How could I use these data? I became aware that the music therapists’ believed effects give information about the music therapists’ intentions. Some authors focus on the observed reactions of the child, which in consequence shapes the music therapists’ intentions. I was in a way “*reading between the lines*”, interpreting the authors’ statements regarding the questions of my problem formulation.

When reading the literature, I decided to distinguish between the client’s song about intrapersonal themes (for example memories) and the therapist’s (and client’s) song about interpersonal dynamics between child and therapist in the here and now (see part 2.2). The latter type of improvised song – the *situation song* - was the sort I had experienced myself in my work as a music therapist.

When analyzing the interview data, I considered which songs met the criteria of *situation songs* and which ones did not. I realized that songs with symbolic, story-like content can just as well focus on the relationship aspect and the current situation. Since intrapersonal issues are reproduced on the interpersonal level of the therapeutic relationship, a clear distinction between songs about the child’s inner world and songs about the relationship aspects is not always possible (see part 3.2.5.)

4.9. Retrospection and Perspectives

Looking at one small “*spot*” in the “*world of music therapy*” has given me more insight into this specific “*region*”. This close-up investigation, however, enhanced my understanding of a much broader surrounding. Not only did I gain knowledge about the use of *situation songs*, but also about general therapeutic attitudes, aims and priorities of other music therapists.

In this investigation I focused on the music therapist’s view on *situation songs* and on the reasons, why these are used. By learning about the experiences of others, I have gained knowledge about presumed and observed effects of *situation songs* on the child. But what are the actual effects? Since interviewing children at an early developmental age about this matter is not possible, the intrapersonal effects on the child cannot be evaluated. It would be possible however, to focus on the visible effects of applied *situation songs* by analyzing video sequences. What are the

children's reactions to the music therapist' *situation songs* compared to the children's reactions to music therapists' vocal improvisation? Does listening to a *situation song* with basic lyrics (e.g., names, actions) lead to more eye contact between children with autistic spectrum disorders and the music therapist, than listening to a vocal improvisation without words? Do children with attention deficit hyperactivity disorders change their movement behavior, when they receive feedback on their movement-related actions through a *situation song*, in comparison to feedback through lyric-free improvisations?

Combining an interview investigation with video analyses would be very interesting as well: What do music therapists intend with their use of *situation songs*? And what are the reactions which can be observed on video data? Does the interview analysis correlate with the video analysis?

With this thesis I want to shed some light on *situation songs*. The study has deepened my own personal and professional understanding about the use of these songs and beyond that on general therapeutic intentions. I am convinced that *situation songs* will further on be a relevant method in my clinical work as a pediatric music therapist.

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