

# Music Therapy in Educating Children with Developmental Disabilities

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## Abstract

*Music therapy acts as a separate discipline in the interdisciplinary field of science and art. Unlike music education, music therapy is aimed at developing and enhancing non-musical skills by using music as a symbol of emotional and personal growth. The purpose of this paper is to present an overview of the theoretical foundations of music therapy in the field of human psychology and music pedagogy, as well as the development of music therapy models that have arisen from these theoretical approaches. The most commonly used music therapy models in special education are based on improvisational music therapy techniques, which include free improvisation therapy, creative music therapy known as the Nordoff-Robbins model, and Orff music therapy. Improvisation in these models plays a key role during the acquisition and promotion of skills. Using sounds, playing instruments, making music here and now, allows for expression and exploration, and enables children to acquire skills in different developmental domains. Finally, the paper offers an overview of the use of music therapy in education of children with developmental disabilities, its unique features and connections with the education through music approach, in accordance with the set-up goals of the Individual Education Plan.*

**Key words:** *Individual Education Plan; music therapy; improvisational models; education; children with developmental disabilities.*

## Introduction

Music therapy as a discipline encompasses the interdisciplinary field of science and arts and can be effective in fostering child's skills in various developmental fields. A music therapist, as a professional counsellor in programs for the education of children

with disabilities, can support the work of other professionals, but also contribute uniquely to classroom work.

This review paper describes the benefits of music therapy and how it can be integrated into different aspects of the education of children with developmental disabilities. The paper will cover the definition of music therapy and offer an overview of its basic theoretical foundations in the educational process. It will also outline the possibilities of applying music therapy in special education and explain the improvisational models of music therapy that are most commonly used in the education of children with disabilities.

## **Definition and theoretical foundations of music therapy**

Bruscia (1989) defines music therapy as a systematic process of intervention in which the therapist assists the client in achieving health by using the musical experience and the relationship created between them as dynamic force of change. A music experience can include singing or vocalizing, playing various percussion and melodic instruments, as well as listening to music. The music therapist is often involved in playing and interacting with the client through the use of musical elements. Unlike music education, which aims to harness the knowledge of music theory and history, and to develop the skill of playing an instrument, the goal of music therapy is to improve functioning through music experience. The goals of music therapy can be focused on cognition, expression, social functions, self-esteem and motivation.

The use of music as therapy, in relation to assumptions that musical behaviour such as the way a child creates music reflects psychological functions in the background of perceived behaviour. Systematic intervention in music therapy can bring about changes in musical behaviour that are also indicative of simultaneous changes in the psychological functioning of the child (Pellitteri, 2000). Thus, a change in the dynamics and tempo, while playing in a spontaneous music improvisation, can be an indicator of a greater ability of self-regulation, social perception and better expression of different emotions. It is precisely the main elements of music - rhythm, melody, harmony, tempo and dynamics - that are used in specific combinations at varying degrees of intensity to encourage changes in the child's functioning.

In addition to music as a therapeutic modality, interpersonal relationships between client and therapist play an equally important role in the process of the change. In order for music to serve as therapy, it needs to be applied by a music therapist, an expert who has gained the knowledge and skills to establish professional therapeutic relationship with a client through music experience. Through the child's expression and the level of confidence, the therapist observes the child's musical and non-musical behaviour and attempts to meet his/her particular needs. The therapist observes the child's musical and non-musical behaviour as an expression of his or her confidence and adaptive attempts to meet a particular need. The music therapist's effort is to support the positive

and productive behaviours that the child may experience in the music making process. The therapist does not condemn, but empathizes with and unconditionally accepts the child in a therapeutic relationship. In music therapy intervention, it is important to apply the client-centred therapy approach (Rogers, 1961).

Within the framework of the application of music therapy in the field of education, its theoretical foundations can be found in the humanistic psychology of Abraham Maslow and in the philosophy of composer and music educator Carl Orff.

In human psychology according to Maslow, the view is expressed that the way in which a person's basic needs are fulfilled is as important as the needs themselves. Human experience defines social fulfilment, that is, establishing meaningful relationships with other people. In other words, establishing meaningful relationships in external reality is a necessary component of self-actualization. Self-actualized persons have more extraordinary experiences, so-called peak experience, as well as moments filled with acceptance and understanding during which they feel more complete (Gfeller & Thaut, 1999). Maslow uses the term metamotivation to describe self-actualized persons who are driven beyond their basic needs so that they can explore and reach their full potential. Humanists believe that every person has a strong desire to realize their full potential, that is, a desire to reach the level of self-actualization.

A comprehensive music pedagogical approach known as Orff Schulwerk, the work of Carl Orff and Gunild Keetman, advocates the process of active learning through music making. Music, represented through word, dance, movement, playing, singing and improvisation, encourages the acquisition of skills in all developmental domains. The child perceives music as an integral concept because he or she is able to create the so-called elemental music (Voigt, 1999).

## **Improvisational models of music therapy**

Improvisation is the starting point for music playing in a music therapy setting. The use of vocal sounds as well as playing instruments in a different way allow great freedom of expression and exploration. For each client's musical expressiveness, vocal or instrumental, and for all the music content that a client brings into the therapy, the therapist is supposed to create the appropriate music frame.

Models of music therapy that are based on improvisation and are most commonly used in the educational process of children with disabilities are: (1) free improvisation therapy; (2) creative music therapy, known as the Nordoff-Robbins model, and (3) Orff music therapy.

The foundations of free improvisation therapy were founded by Juliette Alvin. Wigram (2004) states that Alvin, as a pioneer in music therapy, laid the groundwork for improvisational models of music therapy and paved the way for the use of music as a therapeutic tool in clinical practice in Europe. Alvin's theory is based on the primary claim that music is a creation of man and therefore man can see himself in the music he creates. This claim opened the door to the development of free improvisation where

the client and the therapist can improvise without musical rules and where music is an expression of the client's character and personality (Bunt, 2005). The client is free to establish or not establish the pulse, measure, rhythm, scale, melody theme or harmony (Wigram et al., 2002).

Alvin considered the child's relationship with music in the therapeutic process to be of the utmost importance. In her work with children with autism spectrum disorders and developmental disabilities, she emphasized that the child's relationship with the instrument is the primary and initial therapeutic relationship. The child is attracted to the therapist's instrument and creates a relationship with it, focusing his or her own feelings in the music they create together. According to Alvin, the therapist's instrument is the primary means of communication and interaction, where the relationship between the child and the therapist develops. The concept directed towards the goals of therapy, the therapeutic process itself and the success of the therapy outcomes, begins and develops within the musical relationship. The therapist and the child share the musical experience at the same level and have joint control over the musical situation (Wigram et al., 2002).

Creative music therapy (Nordoff-Robbins model) is one of the most known improvisational models of music therapy. In their approach, Nordoff and Robbins based the idea of how every human being reacts to music. This idea was particularly important in their work with multiply disabled children who, they believed, have the ability to react to music despite their complex difficulties (2007). Therapeutic goals are related to the humanistic concept, that is, the pursuit of self-actualization, the possibility of experiencing peak moments, and the development of specific creative skills through expression and communication through music. Their relationship with the child is built on an emotionally warm, supportive approach, accepting the child as he or she is. An unobtrusive approach is needed, with recognition, reflection and respect for the child's feelings, in order to give him or her maximum independence. The therapist is in the role of one who follows the child and facilitates his or her implementation of goal-directed activities (Wigram et al., 2002).

Placing music at the heart of the experience is the starting point of therapy, and the resulting musical response enables the collection of materials for analysis and interpretation. The hallmark of this model is work in pairs, where the therapist establishes a musical relationship with the child through playing the piano, and the co-therapist facilitates the child's reactions and participation (commitment, engagement, involvement). Music making is at the focus of the therapeutic process and is used for the purpose of establishing relationship with the child, providing meaningful communication and self-expression, and acting on positive changes and realization of the child's potential (Gfeller, 1999). At the core of this approach is the belief that music, which serves as a vehicle for growth and development, can reach every person, regardless of the difficulties they have. The therapist creates a musical framework, often establishing a clear rhythm and singing about what the child is doing at the moment, in order to bring to the focus of the music experience what is currently going on.

The Nordoff - Robbins model has also developed assessment instruments that are used in therapeutic work. Thus, three assessment scales were developed: (1) The Child-Therapist Relationship Assessment Scale; (2) Musical Communication Assessment Scale and (3) Musicality Assessment Scale: Activity Forms, Levels and Quality of Participation (Nordoff & Robbins, 2007).

The approach known as Orff Schulwerk emerged as a whole musical pedagogical approach to mastering music, combining speech, movement, dance, rhythm, singing and playing. Carl Orff (1980) believed that rhythm was the most important part of music. Rhythm is one that is common to movement, speech and music, and that binds all these elements together to create, as Orff called it, elemental music. Elemental music is never music for itself, it is associated with movement, dance and language. Elemental music is natural, physical, the one anyone can create and feel, and is appropriate for children.

Improvisation was the starting point of elemental music for Orff. From the beginning, he introduced gestures (clapping, snapping one's fingers, stepping) as the first instruments. An important element of Orff Schulwerk is the multisensory features of music - instruments of various shapes, made of various materials, and movement and dance (Orff, 1980).

Orff Music Therapy, the work of Gertrude Orff, was developed on the foundations of Orff Schulwerk and on using the Orff Instrumentation. As Orff Schulwerk provides opportunities for a multisensory experience of music: it is clear that various aspects of music can help the therapist to understand the needs of the child. Activities are not limited just to the acoustic aspect (Voigt, 1999), but are based on a multimodal experience of musical activities. Orff music therapy has evolved based on clinical experience. Gertrude Orff has always emphasized the positive potential of children with developmental disabilities (Orff, 1980; 1989). Her work in the field of social paediatrics has highlighted the developmental processes of Orff music therapy (Voigt, 1999; 2002). Given that this is an integrated model that takes into account the comprehensive and reciprocal action of developmental domains, it is extremely important to be able to use different forms of stimulation and an individualized approach to each child in empowering his or her development.

## **Application of music therapy in special education**

Music therapy has been used as a treatment for children with various developmental difficulties and needs for over 30 years (Nordoff & Robbins, 1983). There are a number of studies in the literature that indicate its effectiveness in stimulating the development of children with developmental disabilities (Boxill, 1985; Brunk & Coleman, 2000; Bunt 1994; Bunt, 2003; Bunt & Hoskyns, 2002; Chester et al., 1999; Daveson & Edwards, 1998; Jellison, 2000; Ockelford et al., 2002; Wilson, 1991).

The referral, assessment, treatment, documentation, and evaluation process shape a music therapy intervention that is consistent with the child's individual education plan (Davis et al., 1999). The music therapist can contribute in educational programs as a

therapist working with the children directly, depending on the identified needs, or as a counsellor to support the work of other professionals in the educational institution.

If acting as a therapist in direct work with children, the music therapist may conduct music therapy individually or with a group of children. Working in groups has the advantage of involving more children, tends to be more structured, but often requires the presence of another member of educational staff (e.g. teaching assistant) that will facilitate the maximum participation of all children in the music experience. Individual work has the ability to target the needs of only one child, so the therapeutic approach itself uses more improvisation in music making. Although it is desirable in educational institutions to offer both models of work, individual work in particular can have advantages when working with multiply disabled children who need more adjustment, as well as when working with children with behavioural problems. In contrast, the group environment in music therapy is ideal for facilitating socialization and interpersonal interaction and enhancing social skills such as taking turns.

In group work, groups mainly consist of 4-8 children, depending on their abilities and needs. Within the established structure, where a music therapist performs a song at the beginning and at the end of a therapy session that has a transitional function between other classroom activities and the music experience, various musical activities such as singing, playing or moving to the music alternate.

Children can play different instruments from the Orff Instrumentation, alternately or simultaneously. They can share larger instruments, play solo, in duets or in small groups. If a child improvises in a solo performance, the way he or she plays the instrument, how he or she creates music, or how he or she moves along with it, is viewed as a means of self-expression and creativity.

The application of music therapy is transdisciplinary as it can address multiple needs from different developmental areas at the same time. It is not defined by a specific area of functioning, rather is characterized by specific activities that involve music in focus (Pellitteri, 2000), and aims at change in the non-musical domain. For example, a music therapist can work on improving pronunciation, language development, attention, socio-emotional and interpersonal skills, gross and fine motor skills, mastering concepts, problem solving, etc. Songs can serve as a mnemonic tool for memorizing sequences or categories and can facilitate associative learning if sound is related to a term or a particular body movement. The multimodal stimulation offered by the music experience through visual, auditory and kinaesthetic sensations accelerates learning as it relies on multiple neurological pathways (Joseph, 1990).

The creative process itself can be seen as a problem-solving task. Children with disabilities adjust their existing abilities to make music. Such problem-solving requires perceptual skills and the initiation of one's own performance, which are cognitive processes that can be generalized to another type of academic assignment. Finally, the musical experience provides the motivation, stimulation of emotional state, and the structure that supports these cognitive processes.

Integrating music therapy into the Individual Education Plan contributes to recognizing music therapy as a necessary form of treatment and the music therapist as a member of a multidisciplinary professional team of an educational institution. A critical element for incorporating music therapy into an Individual Education Plan is determining its effectiveness in achieving defined goals.

Information that can be gathered by assessing a child's functioning during music therapy may give a different picture of his or her ability that is seen in other settings (Bunt, 1994; Gantt, 2000; Loewy, 2000; Wigram, 2000; Band, 2016). Despite significant developmental disabilities or neurological impairment, children respond to music (Gantt, 2000; Sacks, 1995), and there is a possibility that this response may be valued as their developmental potential (Wigram, 2000). Starting from a developmental potential, the music therapist works in collaboration with teachers and other professionals to help the child in achieving the defined goals of the Individual Education Plan.

In a systematic review (Jellison, 2000), research findings show how a structured musical stimulus can improve the accuracy of responses and increase the level of student participation. Improvements in the functional use of hands, writing skills, social skills, understanding, academic skills and interaction have been observed.

It should be emphasized that situations where teachers and other professionals use the therapeutic potential of music do not by themselves constitute music therapy. Such situations can rather be considered as the application of music in education (education through music) because music is an aid, not the main focus (Brusica, 1989). Music therapy uses the unique relationships between the child and the music therapist, the child and his or her own music, and the child's music and other children's music as a dynamic force of change. The changes it causes in a child's musical behaviour reflect changes in his or her psychological functioning. In fact, the basic therapeutic principle in music therapy is to meet the child where he or she is now, allowing him/her to express his/her current emotional state (Swanson, 2020).

The differences between the therapeutic and academic approaches are large, but each has its own value and a corresponding place in the education of children with disabilities. Both the teacher and the therapist can benefit from mutual collaboration and appreciation of both approaches.

## **Conclusion**

Music therapy is described as a clinical modality that uses music as the central basis of activity. The intrinsic potential of music can be applied in the various educational settings of children with disabilities. Thus, an inclusive, integrative and supportive environment is created within individual or group activities where the multisensory modality of the music experience enables expression and creativity.

In the educational process, music therapist, through working directly with children and in collaboration with the educational institution's multidisciplinary team, can foster the development of a child's skills in a number of areas, including academic performance.

Although approaches of education through music and music therapy in the education of children with disabilities have unique characteristics, they are also highly complementary. While both academic and therapeutic approach are geared toward maximizing student development and independence in accordance with the goals of the Individual Education Plan, music therapy intervention is based on the relationship that develops between the therapist and the child, and on the creation of music that is the dynamic force of change.

## References

- Band, J. P. (2015). Using music and imagery to explore bullying behavior in elementary school children. *Journal of the Association for Music & Imagery*, 15, 1–18.
- Boxill, E. H. (1985). *Music therapy for the developmentally disabled*. Pro-Ed, Inc.
- Brunk, B. K., & Coleman, K. A. (2000). Development of a special education music therapy assessment process. *Music Therapy Perspectives*, 18(1), 59-68. <https://doi.org/10.1093/mtp/18.1.59>
- Bruscia, K. (1987). *Improvisational Models of Music Therapy*. Charles C. Thomas.
- Bruscia, K. (1989). *Defining music therapy*. Spring House Books.
- Bunt, L. (1994). *Music Therapy: An art beyond words*. Routledge.
- Bunt, L. (2005). *Music Therapy: An art beyond words*. Routledge.
- Bunt, L. (2003). Music therapy with children: A complementary service to music education? *British Journal of Music Education*, 20(2), 179-195. <https://doi.org/10.1017/S0265051703005370>
- Bunt, L., & Hoskyns, S. (Eds.). (2002). *The handbook of music therapy*. Brunner-Routledge.
- Chester, K. K., Holmberg, T. K., Lawrence, M. P., & Thurmond, L. L. (1999). A program-based consultative music therapy model for public schools. *Music Therapy Perspectives*, 17(2), 82-91. <https://doi.org/10.1093/mtp/17.2.82>
- Daveson, B., & Edwards, J. (1998). A role for music therapy in special education. *International Journal of Disability, Development and Education*, 45(4), 449-455. <https://doi.org/10.1080/1034912980450407>
- Davis, W. B., Gfeller, K., & Thaut, M. H. (1999). *An introduction to music therapy: Theory and practice* (2nd ed.). McGraw-Hill.
- Eagle, C. (1978). *Music psychology index*. Institute for Therapeutic Research.
- Gantt, L. (2000). Assessments in the creative arts therapies: Learning from each other. *Music Therapy Perspectives*, 18(1), 41-46. <https://doi.org/10.1093/mtp/18.1.41>
- Gfeller, K.E. (1999). Music: A human phenomenon and therapeutic tools. In W.B. Davis, K.E. Gfeller, & Thaut, M.H. (Eds.), *An Introduction to Music Therapy Theory and Practice* (pp. 35-39). McGraw-Hill Comp.
- Gfeller, K.E., & Thaut, M.H. (1999). Music therapy in the treatment of mental disorders. In W. Davis, K.E. Gfeller, & M.H. Thaut (Eds.), *An Introduction to Music Therapy Theory and Practice*, McGraw-Hill Comp.



- Jellison, J. A. (2000). A content analysis of music research with disabled children and youth (1975-1999): Applications in special education. In *Effectiveness of Music Therapy Procedures. Documentation of Research and Clinical Practice* (pp. 199-264). American Music Therapy Assn.
- Joseph, R. (1990). *Neuropsychology, neuropsychiatry, and behavioral neurology*. Plenum. <https://doi.org/10.1007/978-1-4757-5969-3>
- Loewy, J. (2000). Music psychotherapy assessment. *Music Therapy Perspectives*, 18(1), 47-58. <https://doi.org/10.1093/mtp/18.1.47>
- Nordoff, P., & Robbins, C. (1983). *Music therapy in special education*. Magnamusical-Baton.
- Nordoff, P., & Robbins, C. (2007). *Creative music therapy*. Barcelona Publishers.
- Ockelford, A., Welch, G., & Zimmermann, S. (2002). Music education for pupils with severe or profound and multiple difficulties - current provision and future need. *British Journal of Special Education*, 29(4), 178-192. <https://doi.org/10.1111/1467-8527.00266>
- Orff, G. (1980). *The Orff Music Therapy*. Schott & Co.
- Orff, G. (1989). *Key concepts in the Orff Music Therapy*. Schott & Co.
- Pellitteri, J. (2000). Music therapy in the special education setting. *Journal of Educational and Psychological Consultation*, 11(3&4), 379-391. [https://doi.org/10.1207/S1532768XJEP113&4\\_06](https://doi.org/10.1207/S1532768XJEP113&4_06)
- Rogers, C. (1961). *On becoming a person*. Houghton Mifflin.
- Sacks, O. (1995). *An anthropologist on Mars: Seven paradoxical tales*. Alfred A. Knopf.
- Snow, S., & D'Amico, M. (2010). The drum circle project: A qualitative study with at-risk youth in a school setting. *Canadian Journal of Music Therapy*, 16(1), 12-39.
- Swanson, A.L. (2020). Music therapy in schools: Stimulating the mind and body to create positive change. In C. Maykel & M. A. Bray (Eds.), *Applying psychology in the schools. Promoting mind-body health in schools: Interventions for mental health professionals* (p. 233-244). American Psychological Association. <https://doi.org/10.1037/0000157-016>
- Voigt, M. (1999). Orff Music Therapy with multi-handicapped children. In T. Wigram, T. & J. De Backer (Eds.), *Clinical Applications of Music Therapy: Developmental Disability, Pediatrics and Neurology*. Jessica Kingsley Publishers.
- Voigt, M. (2002). Promoting parent-child interaction through Orff Music Therapy. In D. Aldrige & J. Fachner (Eds.), *Conference - Music Therapy in Europe* (pp. 1012-1029). University of Witten-Herdecke.
- Voigt, M. (2013). Orff Music Therapy: History, principles and further development. *Approaches: Music Therapy & Special Music Education*, Special Issue 5(2), 97-105.
- Wigram, T. (2000). A method of music therapy assessment for the diagnosis of autism and communication disorders in children. *Music Therapy Perspectives*, 18(1), 13-21. <https://doi.org/10.1093/mtp/18.1.13>
- Wigram, T., Pedersen, I.N., & Bonde, L.O. (2002). *A comprehensive guide to music therapy*. Jessica Kingsley Publishers.
- Wigram, T. (2004). *Improvisation methods and techniques for music therapy clinicians, educators and students*. Jessica Kingsley Publishers.
- Wilson, S. (1991). Music therapy in education. *British Journal of Music Therapy*, 5(2), 14-17. <https://doi.org/10.1177/135945759100500204>

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# Muzikoterapija u procesu obrazovanja djece s teškoćama u razvoju

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## Sažetak

Muzikoterapija djeluje kao zasebna disciplina u interdisciplinarnom području znanosti i umjetnosti. Za razliku od glazbenoga obrazovanja, muzikoterapija je usmjerena prema razvoju i jačanju neglazbenih vještina koristeći glazbu kao simbol emocionalnoga i osobnoga rasta. Svrha je ovoga rada prikazati pregled teorijskih osnova muzikoterapije na području humanističke psihologije i glazbene pedagogije, kao i razvoj modela muzikoterapije koji su proizašli iz navedenih teorijskih pravaca. Modeli muzikoterapije koji se najčešće koriste u procesu obrazovanja djece s teškoćama u razvoju zasnivaju se na improvizacijskim tehnikama muzikoterapije, a obuhvaćaju: terapiju slobodnom improvizacijom, kreativnu muzikoterapiju poznata kao Nordoff-Robbins model i Orff muzikoterapiju. Improvizacija u ovim modelima ima ključnu ulogu tijekom usvajanja i poticanja vještina. Korištenje zvukova, sviranje instrumenata, stvaranje glazbe ovdje i sada, omogućava izražavanje i istraživanje, a djeci pruža mogućnost samoostvarenja na različitim razvojnim područjima. Naposljetku u radu se nudi prikaz primjene muzikoterapije u obrazovanju djece s teškoćama u razvoju, njegove jedinstvenosti te poveznice u odnosu na pristup obrazovanja kroz glazbu sukladno postavljenim ciljevima Individualnog edukacijskog plana.

**Ključne riječi:** Individualni edukacijski plan; muzikoterapija; improvizacijski modeli; obrazovanje; djeca s teškoćama u razvoju.

## Uvod

Muzikoterapija kao disciplina obuhvaća interdisciplinarno područje znanosti i umjetnosti te može biti učinkovita u poticanju djetetovih vještina u različitim razvojnim područjima. Muzikoterapeut kao stručni suradnik u programima obrazovanja djece s teškoćama u razvoju može potpomoći radu drugih stručnjaka, ali isto tako jedinstveno pridonijeti radu u razredu.

U ovom preglednom radu opisuju se dobrobiti muzikoterapije i kako se ona može integrirati u različite aspekte obrazovanja djece s teškoćama u razvoju. Radom će biti obuhvaćena definicija muzikoterapije i ponudit će se osvrt na njena osnovna

teorijska uporišta u obrazovnom procesu. Također će se prikazati mogućnosti primjene muzikoterapije u obrazovanju te objasniti improvizacijske modele muzikoterapije koji se najčešće upotrebljavaju u obrazovanju djece s teškoćama u razvoju.

## **Definicija i teorijske osnove muzikoterapije**

Bruscia (1989) definira muzikoterapiju kao sustavni proces intervencija u kojem terapeut pomaže klijentu u postizanju zdravlja koristeći glazbeno iskustvo i odnos koji se između njih stvara kao dinamičku snagu promjene. Glazbeno iskustvo može uključivati pjevanje ili vokaliziranje, sviranje različitih udaraljki i melodijskih instrumenata, kao i slušanje glazbe. Muzikoterapeut je često uključen u sviranje te stvara interakciju s klijentom koristeći glazbene elemente. Za razliku od glazbenoga obrazovanja koji ima za cilj usvajanje znanja iz teorije i povijesti glazbe te razvijanje vještina sviranja instrumenta, cilj muzikoterapije je poboljšati funkcioniranje kroz glazbeno iskustvo. Ciljevi muzikoterapije tako mogu biti usmjereni na spoznaju, izražavanje, socijalne funkcije, samopoštovanje i motivaciju.

Korištenje glazbe kao terapije temelji se na pretpostavci da glazbena ponašanja, kao npr. način na koji dijete stvara glazbu, reflektiraju psihološke funkcije u pozadini opaženoga ponašanja. Sustavna intervencija u muzikoterapiji može dovesti do promjene u glazbenom ponašanju koja je ujedno pokazatelj i istodobne promjene u psihološkom funkcioniranju djeteta (Pellitteri, 2000). Tako promjena u dinamici i tempu sviranja tijekom spontanoga muziciranja može upućivati na veću sposobnost samoregulacije, socijalne percepcije drugih u skupini kao i na samosvjesnost i izražavanje različitih emocija. Upravo se glavni elementi glazbe – ritam, melodija, harmonija, tempo i dinamika – koriste u specifičnim kombinacijama u različitom stupnju intenziteta kako bi se potaknule promjene u djetetovom funkcioniranju.

Osim glazbe kao terapijskoga modaliteta, interpersonalni odnos između klijenta i terapeuta ima jednako važnu ulogu u procesu promjene. Kako bi se glazba mogla koristiti kao terapija, nužno je da je primjenjuje muzikoterapeut, stručnjak koji posjeduje znanje i vještine za uspostavljanje profesionalnoga terapijskog odnosa s klijentom kroz glazbeno iskustvo. Terapeut djetetovo glazbeno i neglazbeno ponašanje promatra kao izraz njegove osobnosti i adaptivnih pokušaja da se zadovolji određena potreba. Nastojanje muzikoterapeuta je u podržavanju pozitivnih i produktivnih djetetovih ponašanja koje ono može doživjeti u procesu muziciranja. Terapeut ne osuđuje, suosjeća i bezuvjetno prihvaća dijete u terapijskom odnosu, oslanjajući se na teorijska uporišta terapije usmjerene prema klijentu (Rogers, 1961).

U okviru primjene muzikoterapije na području obrazovanja, njene teorijske osnove mogu se pronaći i u humanističkoj psihologiji Abrahama Maslowa i u filozofiji kompozitora i glazbenoga pedagoga Carla Orffa.

U humanističkoj psihologiji prema Maslowu zastupljeno je mišljenje kako je način na koji se ispunjavaju osnovne čovjekove potrebe jednako važan kao i same potrebe. Ljudsko iskustvo definira socijalno ispunjenje, tj. uspostavljanje značajnih odnosa s

drugim ljudima. Drugim riječima, uspostavljanje značajnih odnosa u vanjskoj stvarnosti nužna je komponenta samoaktualizacije (*engl. self-actualization*). Samoaktualizirane osobe imaju i više izvanrednih doživljaja, tzv. doživljaja vrhunca (*engl. peak experience*), kao i trenutaka ispunjenih prihvaćanjem i razumijevanjem tijekom kojih se osjećaju cjelovitiji (Gfeller i Thaut, 1999). Maslow koristi izraz metamotivacija kako bi opisao samoaktualizirane osobe koje su vođene iznad svojih osnovnih potreba, tako da mogu istražiti i dosegnuti svoj puni potencijal. Humanisti smatraju da svaka osoba ima jaku želju shvatiti svoj puni potencijal, tj. želju za dostizanjem razine samoaktualizacije.

Cjelovit glazbeno-pedagoški pristup poznat pod imenom Orff Schulwerk, djelo Carla Orffa i Gunild Keetman zagovara proces aktivnoga učenja kroz stvaranje glazbe. Glazba, predstavljena kroz riječ, ples, pokret, sviranje, pjevanje i improvizaciju potiče usvajanje vještina na svim razvojnim područjima. Dijete doživljava glazbu kao integralni koncept jer je ono samo u mogućnosti stvarati tzv. *elementarnu muziku* (Voigt, 1999).

## Improvizacijski modeli muzikoterapije

Improvizacija je polazna točka muziciranja u terapijskom okruženju. Korištenje vokalnih zvukova, kao i sviranje instrumenata na drugačiji način omogućava veliku slobodu izražavanja i istraživanja. Svaka glazbena izražajnost klijenta, vokalna ili instrumentalna, ugrađena je u glazbeni okvir, a terapeutova je zadaća stvoriti odgovarajući glazbeni sadržaj za klijentovu izražajnost, podudaranje ili odražavanje glazbenoga materijala.

Modeli muzikoterapije koji se zasnivaju na improvizaciji, a najčešće se koriste u obrazovnom procesu djece s teškoćama u razvoju su: 1) terapija slobodnom improvizacijom; 2) kreativna muzikoterapija, poznata kao Nordoff-Robbins model i 3) Orff muzikoterapija.

Temelje terapije slobodnom improvizacijom utemeljila je Juliette Alvin. Wigram (2004) navodi kako je Alvin kao pionir u muzikoterapiji postavila teorijske osnove improvizacijskim modelima muzikoterapije i utrla put upotrebi glazbe kao terapijskoga sredstva u kliničkoj praksi u Europi. Alvinina teorija izgrađena je na primarnoj tvrdnji kako je glazba tvorevina čovjeka i zbog toga čovjek sebe može vidjeti u glazbi koju stvara. Ova je tvrdnja otvorila vrata razvoju slobodne improvizacije gdje klijent i terapeut mogu improvizirati bez glazbenih pravila i gdje je glazba izraz karaktera i osobnosti klijenta (Bunt, 2005). Klijent je slobodan uspostaviti ili ne uspostaviti puls, mjeru, ritam, ljestvicu, melodijsku temu ili harmoniju (Wigram, Pederson i Bonde, 2002).

Alvin je smatrala kako je djetetov odnos s glazbom u terapijskom procesu od iznimne važnosti. U svojem je radu s djecom s poremećajima iz autističnoga spektra te s razvojnim teškoćama isticala kako je djetetov odnos s instrumentom primarni i inicijalni terapijski odnos. Dijete je privučeno instrumentom terapeuta te s njim stvara odnos, usredotočujući svoje osjećaje u glazbi koju zajedno stvaraju. Terapeutov instrument je, prema Alvin, njegovo primarno sredstvo komunikacije i interakcije gdje se razvija odnos između djeteta i terapeuta. Koncept usmjeren prema ciljevima terapije, sam terapijski proces i uspješnost ishoda terapije, započinje i razvija se unutar

glazbenoga odnosa. Terapeut i dijete dijele glazbeno iskustvo na istoj razini i imaju zajedničku kontrolu nad glazbenom situacijom (Wigram i sur. 2002).

Kreativna muzikoterapija (Nordoff-Robbins model) jedan je od najpoznatijih improvizacijskih modela muzikoterapije. Nordoff i Robbins u svojem su pristupu zagovarali ideju kako svako ljudsko biće reagira na glazbu. Ova ideja bila je osobito važna u njihovom radu s djecom s višestrukim teškoćama u razvoju za koje su vjerovali kako unatoč složenim teškoćama, imaju mogućnost reakcije na glazbu (2007). Terapijski ciljevi povezani su s humanističkim konceptom, tj. težnjom za postizanjem samoaktualizacije, mogućnošću doživljaja vrhunca i razvijanju posebnih kreativnih vještina kroz izražavanje i komunikaciju putem glazbe. Njihov odnos s djetetom izgrađen je na emocionalno toplom, podržavajućem pristupu, prihvaćajući ga takvog kakav jest. Potreban je nenametljiv pristup uz prepoznavanje, odražavanje i poštivanje djetetovih osjećaja, kako bi mu se omogućila maksimalna samostalnost. Terapeut je u ulozi onoga koji slijedi dijete i olakšava mu provođenje cilju usmjerenih aktivnosti (Wigram i sur. 2002).

Postavljanje glazbe u središte iskustva početna je točka terapije, a dobiveni glazbeni odgovor omogućava prikupljanje materijala za analizu i interpretaciju. Obilježje ovoga modela je rad u paru, gdje terapeut uspostavlja glazbeni odnos preko glasovira, a koterapeut olakšava djetetove reakcije i sudjelovanje (zalaganje, zauzimanje, uključenost). Stvaranje glazbe je u središtu terapijskoga procesa te se koristi u svrhu uspostavljanja odnosa s djetetom, osigurava smisao komunikacije i vlastitoga izražavanja i djeluje na pozitivne promjene i ostvarivanje potencijala (Gfeller, 1999). U srži ovoga pristupa je uvjerenje kako glazba koja služi kao sredstvo rasta i razvoja, može dosegnuti svaku osobu, bez obzira na teškoće koje ima. Terapeut stvara glazbeni okvir, često uspostavljavajući jasan ritam i pjevajući o onome što dijete radi, kako bi u središte iskustva doveo ono što se trenutačno zbiva.

Nordoff-Robbins model razvio je također i instrumente procjene koje se koriste u terapijskom radu. Tako su razvijene tri skale procjene: (1) Skala procjene odnosa djeteta i terapeuta; (2) Skala procjene glazbene komunikativnosti i (3) Skala procjene muzikalnosti: oblici aktivnosti, razina i kvaliteta sudjelovanja (Nordoff i Robbins, 2007).

Pristup poznat pod imenom Orff Schulwerk nastao je kao cjelokupan glazbeno pedagoški pristup svladavanja glazbe, kojim su objedinjeni govor, pokret, ples, ritam, pjevanje i sviranje. Carl Orff (1980) je vjerovao kako je ritam najvažniji dio muzike. Ritam je taj koji je zajednički pokretu, govoru i muzici i koji povezuje sve ove elemente zajedno te stvara, kako je to Orff nazvao, *elementarnu muziku*. *Elementarna muzika* nikad nije glazba sama, ona je povezana s pokretom, plesom i jezikom. *Elementarna je muzika* prirodna, tjelesna, koju svatko može stvoriti i osjetiti te je primjerena djeci.

Improvizacija je za Orffa bila polazna točka elementarnoga muziciranja. Od početka je kao prve instrumente uvukao geste (pljeskanje, pucketanje prstima, stapanje). Važan element Orff Schulwerka je multisenzorno djelovanje glazbe - instrumenti različitih oblika, izrađeni od raznih materijala te pokret i ples (Orff, 1980).

Na temeljima Orff Schulwerka i uz upotrebu Orffova instrumentarija razvila se Orff muzikoterapija, djelo Gertrude Orff. Budući da Orff Schulwerk pruža mogućnosti multisenzornoga doživljaja glazbe, jasno je kako razni aspekti glazbe mogu pomoći terapeutu u shvaćanju djetetovih potreba. Aktivnosti nisu ograničene samo na akustički aspekt (Voigt, 1999), već počivaju na multimodalnom doživljaju glazbenih aktivnosti. Orff muzikoterapija razvila se na osnovi kliničkoga iskustva. Gertrude Orff uvijek je naglašavala pozitivni potencijal djece s razvojnim teškoćama (Orff, 1980, 1989). Njezin rad u području socijalne pedijatrije istaknuo je razvojne procese Orff muzikoterapije (Voigt, 1999; 2002). S obzirom da se radi o integriranom modelu koji uzima u obzir sveobuhvatno i uzajamno djelovanje razvojnih domena, izuzetno je važno imati mogućnost korištenja različitih oblika stimulacije razvoja te individualizirani pristup svakom djetetu.

## **Primjena muzikoterapije u obrazovanju djece s teškoćama u razvoju**

Muzikoterapija se kao tretman u radu s djecom različitih razvojnih teškoća i potreba primjenjuje već više od 30 godina (Nordoff i Robbins, 1983). U literaturi postoji niz istraživanja koja ukazuju na njenu učinkovitost u poticanju razvoja djece s razvojnim odstupanjima (Boxill, 1985; Brunk i Coleman, 2000; Bunt 1994; Bunt, 2003; Bunt i Hoskyns, 2002; Chester, Holmerg, Lawrence i Thurmond, 1999; Daveson i Edwars, 1998; Jellison, 2000; Ockelford, Weich i Zimmermann, 2002; Wilson, 1991).

Postupak upućivanja, procjene, tretmana, dokumentiranja i vrednovanja oblikuje muzikoterapijsku intervenciju koja je u skladu s Individualnim edukacijskim planom djeteta (Davis, Gfeller i Thaut, 1999). Muzikoterapeut može u programima obrazovanja pridonijeti kao terapeut koji individualno ili grupno radi s djetetom, ovisno o identificiranim potrebama, ili kao stručni suradnik koji potpomaže radu drugih stručnjaka u ustanovi.

Ako djeluje kao terapeut u izravnom radu s djecom, muzikoterapeut može muzikoterapiju provoditi individualno ili sa skupinom djece. Rad u skupinama ima prednost uključivanja većega broja djece, teži za većom strukturom, ali često zahtijeva i prisutnost druge odrasle osobe (npr. asistenta u nastavi) koja će facilitirati maksimalno sudjelovanje sve djece u glazbenom iskustvu. Individualni rad ima mogućnost usmjeravanja na potrebe samo jednoga djeteta pa i sam terapijski pristup koristi više improvizacije u stvaranju glazbe. Iako je poželjno u obrazovnim ustanovama ponuditi oba modela rada, individualni rad osobito može imati prednosti u radu s djecom s višestrukim teškoćama u razvoju koja trebaju više prilagodbe, kao i u radu s djecom s problemima u ponašanju. Nasuprot, okruženje skupine u muzikoterapiji idealno je za facilitiranje socijalizacije i interpersonalne interakcije te jačanja socijalnih vještina poput čekanja na red.

U grupnom radu skupine se sastoje od 4 do 8 djece, ovisno o njihovim sposobnostima i potrebama. Unutar uspostavljene strukture, gdje muzikoterapeut na početku i na kraju terapijske seanse izvodi pjesmu koja ima tranzicijsku funkciju između drugih

razrednih aktivnosti i glazbenoga iskustva, izmjenjuju se različite glazbene aktivnosti poput pjevanja, sviranja ili kretanja uz glazbu. Djeca mogu svirati različite instrumente iz Orffova instrumentarija naizmjenično ili istodobno. Mogu dijeliti veće instrumente, svirati solo, u duetu ili u malim skupinama. Ako dijete improvizira u solo izvedbi, način na koji svira instrument, kako stvara glazbu ili kako se uz nju kreće, promatra se kao sredstvo samoizražavanja i kreativnosti.

Primjena muzikoterapije je transdisciplinarna jer može simultano adresirati više potreba iz različitih razvojnih područja. Ona nije definirana specifičnim područjem funkcioniranja, već je okarakterizirana specifičnim aktivnostima koje uključuju glazbu u fokusu (Pellitteri, 2000), a ima za cilj promjene u neglazbenom području. Tako npr. muzikoterapeut može raditi na poboljšanju izgovora, razvoju jezika, pažnje, socioemocionalnih i interpersonalnih vještina, grubih i finih motoričkih vještina, usvajanju koncepata, rješavanju problema i sl. Pjesme mogu poslužiti kao mnemoničko sredstvo za zapamćivanje sekvenci ili kategorija, mogu olakšati asocijativno učenje ako se zvuk poveže s pojmom ili određenim pokretom tijela. Multimodalna stimulacija koje glazbeno iskustvo nudi kroz vizualne, auditivne i kinestetičke osjete ubrzava učenje jer se oslanja na više neuroloških putova (Joseph, 1990).

Sam kreativan proces može se sagledati kao zadatak rješavanja problema. Djeca s teškoćama u razvoju prilagođavaju svoje postojeće sposobnosti kako bi mogla stvoriti glazbu. Takvo rješavanje problema zahtijeva perceptivne vještine i iniciranje vlastite izvedbe, što su kognitivni procesi koji se mogu generalizirati na drugu vrstu akademskih zadataka. Naposljetku, glazbeno iskustvo omogućava motivaciju, stimulaciju emotivnoga stanja i strukturu koja potpomaže odvijanju ovih kognitivnih procesa.

Integriranje muzikoterapije u Individualni edukacijski plan (IEP) pridonosi prepoznavanju muzikoterapije kao nužnoga oblika tretmana i muzikoterapeuta kao člana multidisciplinarnoga stručnog tima obrazovne ustanove. Kritičan element za uključivanje muzikoterapije u IEP je određivanje njezine učinkovitosti u postizanju definiranih ciljeva IEP-a.

Informacije koje se mogu prikupiti procjenom o funkcioniranju djeteta za vrijeme muzikoterapije mogu dati drugu sliku o njegovim sposobnostima nego što se to zamjećuje u drugim okruženjima (Bunt, 1994; Gantt, 2000; Loewy, 2000; Wigram, 2000; Band 2016). Djeca, unatoč značajnoj razvojnoj teškoći ili neurološkom oštećenju, reagiraju na glazbu (Gantt, 2000; Sacks, 1995) te postoji mogućnost da se taj odgovor vrednuje kao njihov razvojni potencijal (Wigram, 2000). Upravo polazeći od razvojnoga potencijala, muzikoterapeut radi u suradnji s nastavnicima i stručnim suradnicima, kako bi olakšao djetetu postizanje definiranih ciljeva Individualnoga edukacijskog plana.

U sustavnom pregledu radova (Jellison, 2000), rezultati istraživanja pokazuju kako strukturirani glazbeni podražaj može poboljšati točnost odgovora i povećati razinu sudjelovanja učenika. Opažena su poboljšanja u funkcionalnom korištenju šaka, vještinama pisanja, socijalnim vještinama, razumijevanju, akademskim vještinama te u interakciji.



Potrebno je naglasiti kako situacije u kojima nastavnici i drugi stručnjaci koriste terapijski potencijal glazbe ne predstavlja samo po sebi muzikoterapiju. Takve situacije se prije mogu razmatrati kao primjena glazbe u edukaciji (obrazovanje kroz glazbu) jer je glazba pomoćno sredstvo, a ne glavni fokus (Brusica, 1989). Muzikoterapija koristi jedinstvene odnose između djeteta i muzikoterapeuta, djeteta i njegove vlastite glazbe te djetetove glazbe i glazbe druge djece kao dinamičku silu promjene. Promjene koje izaziva u glazbenom ponašanju djeteta odražavaju promjene u njegovom psihološkom funkcioniranju. Zapravo, temeljni je terapijski princip u muzikoterapiji susresti dijete gdje ono trenutačno jest, dopuštajući mu da izrazi svoje trenutno emotivno stanje (Swanson, 2020).

Razlike između terapijskoga i akademskoga pristupa su velike, no svaki od njih ima svoju vrijednost i odgovarajuće mjesto u obrazovanju djece s teškoćama u razvoju. I nastavnik i terapeut mogu imati koristi od uzajamne suradnje i uvažavanja oba pristupa.

## **Zaključak**

Muzikoterapija se opisuje kao klinički modalitet koji koristi glazbu kao središnji temelj aktivnosti. Intrinzični potencijal glazbe može se primijeniti u raznim obrazovnim okruženjima djece s teškoćama u razvoju. Tako se u okviru individualnih ili grupnih aktivnosti kreira inkluzivno, integrativno i podržavajuće okruženje gdje multisenzorni modalitet glazbenoga iskustva omogućava izražavanje i kreativnost.

U procesu obrazovanja muzikoterapeut, kroz izravni rad s djecom te u suradnji s multidisciplinarnim timom obrazovne ustanove, može potaknuti razvoj djetetovih vještina na više područja, uključujući i akademsku izvedbu.

Iako pristupi obrazovanja kroz glazbu i muzikoterapija u obrazovanju djece s teškoćama u razvoju imaju svoja jedinstvena obilježja, oni su također međusobno vrlo komplementarni. Dok je i akademski i terapijski pristup usmjeren prema maksimalnom razvoju i samostalnosti učenika u skladu s postavljenim ciljevima Individualnoga edukacijskog plana, muzikoterapijska se intervencija temelji na odnosu koji se razvija između terapeuta i djeteta te na stvaranju glazbe koja je dinamička sila promjene.