

## **Experiencing Pleasure in Working with Severely Disabled Children**

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*This qualitative research study examines the author's experience of pleasure in working as a music therapist with children with severe, multiple disabilities. The impetus for the study came when she experienced great pleasure in working with these children, and sought to better understand what made the experience so enjoyable. Videotapes of music therapy sessions were studied from several angles, and the following categories into which enjoyable experiences fit were formulated: Intentionality (allowing assistance, continuing on own after assisted initiation, initiation upon request, spontaneous initiation); emotionality (smiling, physical closeness); communication (humming, specific sounds or words); and mutuality (with another child, with therapist, upon request, with physical cues, spontaneous). Themes of responsiveness and expectations were found to run throughout the author's experience of pleasure, and she relates these themes to other areas of her life. Possible applicability to others, both in ways in which the findings might be used directly, and ways in which themes (such as her themes of responsiveness and expectations) might be used to increase others' understanding of themselves as therapists, are discussed. It is suggested that when music therapists make connections between their personal lives and clinical enjoyment, it can help them to find more pleasure in their work and thus better serve their clients.*

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This paper addresses a topic that has received little attention in the music therapy literature—the music therapist's experience of pleasure when working with certain clients or a particular population. Although many music therapists are probably influenced in their choice of employment by an awareness of the population with

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The author wishes to thank Kenneth E. Bruscia for his assistance as consultant for this research and Kenneth Aigen for comments on the manuscript.

which they enjoy working, only a few references to this were found. Several studies have examined elements of music therapists' feelings about their work, including job satisfaction (Braswell, Decuir, & Jacobs, 1989) and burnout (Oppenheim, 1987), but have included the population with which therapists work only incidentally.

Countertransference concerns therapists' reactions to their clients. Although countertransference is a psychoanalytic concept and the literature on this topic is focused on the client-therapist relationship in analytic therapy, the general issues in countertransference are the therapist's feelings about the client and how these feelings are utilized in the therapeutic encounter. While countertransference is addressed in the music therapy literature (Bruscia, 1998a; Díaz de Chumaceiro, 1992; Priestley, 1975, 1994), the focus has not generally been on the clients with whom or interactions through which the therapist finds satisfaction. An exception to this is a chapter by Bruscia (1998b) in which he suggests that music therapists' preferences for particular clinical specializations are based on the therapists' own psychological characteristics.

In an encouraging development, several music therapists (most of whom work with the terminally ill) have recently examined personal motivations for and influences on their choices of clients with whom to work. Thomas and Lee (1997) examined various aspects of how music therapists come to work with particular groups. Lee (1996) introduced his study of music therapy with a musician with AIDS with a searching examination of his feelings about working with people with this disease. Delmonte (1995), in looking at his motivations for working with terminally ill clients, suggests that through "acknowledging why I am involved in palliative care, addressing my motives and needs . . . I will hopefully not use clients *unconsciously* for my own ends . . ." (p. 112).

Meadows (1995) examined his own "motives, prejudices, biases and needs" (p. 12) as he sought to understand his experience of a music therapy session with a child with multiple profound disabilities. More generally, in a discussion of qualitative music therapy research, Bruscia (1995c) suggests that music therapists' choices of research topics may be a result of their personal motivations.

#### *Personal Context of the Researcher*

Since my own interests and biases affect my research (Aigen, 1995, 1996), I would like to make some of them clear. My interest in

this topic arises from the joy that I experienced at times during my work with children with multiple disabilities. As I reflected on this experience, its intensity, and how it felt, I often wondered exactly what the experience meant to me. Why did I have this feeling of joy when doing this work? Was it different (as it seemed) from the feelings that I had in other music therapy situations? Was it specific to certain children or certain experiences, or were there consistent themes with all of the children? These questions guided my study.

I spent some months feeling that this topic was, perhaps, too self-absorbed. Why would anyone other than me care about my experience of working with these children? How could I justify the time and effort spent on a topic of such limited interest? My decision to pursue the study came during a discussion with a colleague who had begun working with severely multiply disabled children. Although earlier in her career she had found this kind of work gratifying, she was questioning whether she would enjoy it at this point. When we discussed my pleasure in the work, I realized that being able to understand why I enjoyed it might prove valuable to others who were considering working with children with multiple disabilities. Since I was aware of experiencing such intensity in my pleasure, my study of this experience might help others become aware of possibilities for their own pleasure with this population. Beyond that situation, perhaps my research would prove useful to others who were trying to determine what would make their experience of working in music therapy most gratifying; perhaps they would be able to use some of what I discovered to guide themselves toward greater pleasure in working with their clients, whatever their disabilities.

Part of my decision to study this experience was my interest in pursuing a qualitative research study. Although I have had considerable training and some experience in quantitative research, I had become interested in qualitative research as an alternative way of learning about music therapy. My interest in why I found the work with these severely disabled children so appealing merged with my interest in qualitative research, leading to the present study.

### *Related Literature*

Four qualitative research studies in music therapy were particularly helpful to me as I thought through my research. Each focused on the experience of a music therapist in a particular situation.

Bruscia (1995d) studied the shifting of his consciousness into various domains as he guided a Guided Imagery and Music (GIM) session in order to gain greater insight into what he meant by "being there" for his client. After analyzing transcripts of GIM sessions, he developed a schema of consciousness of what "being there" meant. This schema comprised three different experiential spaces and four levels of experience through which he moved his consciousness while guiding a GIM session. The experiential spaces included moves into the client's world, his own personal world, and the therapist's world, while the four levels of experience accessed in each were sensory, affective, reflective, and intuitive.

Comeau (1991) studied the experience of music therapists when they felt effective and ineffective. To do this, he interviewed therapists, asking them to describe two music therapy sessions, one in which they felt effective and another in which they felt ineffective. Through his questioning, Comeau helped the therapists elaborate their experiences of these sessions. He found six themes around which the experience of being effective or ineffective seemed to center: "what they perceived the client was experiencing, how they experienced themselves in the role of the therapist, how they perceived the role and influence of the music, how they perceived the usefulness of the method they were employing, how they perceived the process going, and miscellaneous other concerns" (p. 49).

Amir (1993, 1996) studied meaningful moments in the music therapy process. She utilized in-depth interviewing to study four music therapists and four clients. After extensive analysis, Amir found 15 types of meaningful moments that occurred in music therapy sessions, 12 on an intrapersonal level and 3 on an interpersonal level. Amir says, "The fact that there is so much congruity among the observed categories and the language describing the experience of meaningful moments suggests that there is indeed a phenomenon which was common to the participants and which could be identified as meaningful moments" (1996, p. 128). All meaningful moments were experienced on multiple levels, all were difficult to describe, and all happened spontaneously.

Meadows (1995, 1996) reflected on his experience of working with a child with profound multiple disabilities as he sought to understand the child's experience in music therapy. He studied a videotape of an individual session with the child, utilizing his interpretations as well as those of another observer of her experience.

His analysis included descriptions of the child's actions, his actions, and his thoughts. As he reflected deeply on his experience of the session, he concluded that being in the session with the child had an important effect on his sense of the child's experience of the session. He concluded, "I cannot separate my experience from Becky's in order to understand her experience. What I do is listen to my experience of a session, make conscious certain parts, and then project these onto Becky" (Meadows, 1995, p. 11).

In addition to the qualitative research studies described above, a conception of her work with people with multiple disabilities by Møller (1996a, b) contributed to the way that I conceived of my experiences in working with these children. Møller focuses on using music to contact people with multiple disabilities, whom she identifies as "poor communicators." She describes five levels of contact in her work: "(1) I feel contact between us; (2) I see/hear the contact; (3) You control the contact; (4) Our contact takes the form of dialogue; and (5) we contact each other through free, improvised music" (1996a, p. 149), although she says that the latter category seldom occurs with this population. Møller's descriptions of her work and videotapes that she uses to accompany it leave no doubt of the pleasure that she experiences in working with these children and were influential as I sought to understand my own experience of pleasure.

### Focus of the Study

Over the time that I worked with these children with multiple disabilities, I often thought about why I found the work so enjoyable. I had some ideas, in particular that it was exciting when a child initiated a response. I knew that I wanted to learn more about why I enjoyed this work so much. My next decisions helped me focus on how to study this experience.

The questions that I asked as I focused on my topic were: What were my experiences of feeling pleased in working with these children? Did my experiences vary and, if so, in what way? Were there similarities in the rewards that I found from the various children? What did the children do that made me find working with them so rewarding? Were there responses beyond initiating, which I had already noted, that I found enjoyable? What seemed to be the most important aspects of the experiences that I found enjoyable? Did the responses fall into particular categories and were they con-

sistent from child to child? Were my reactions with these children related to other reactions that I have in my clinical work, or in my life?

Among the definitions of pleasure found in the dictionary is: "a source of delight or joy" (*Webster's New Collegiate Dictionary*, 1975, p. 882). This definition expresses the feeling that I wanted to understand, and that formed the basis of this study.

I realized, as I worked to focus my study and after speaking with my consultant,<sup>1</sup> that I wanted to investigate my own experience of pleasure in working with these children. I also decided that I wanted to get as broad and holistic a description of this experience as possible, then look for underlying themes. Consistent with the emerging nature of qualitative research (Ely, Anzul, Friedman, Garner, & Steinmetz, 1991; Lincoln & Guba, 1985), not all of what I have stated here as the focus was apparent as I began the study; rather, some became the focus later in the research process.

At several points during the time that I was working on this study, I had the opportunity to summarize and refocus my information for conference presentations (Wheeler, 1996, 1997, 1998). Each presentation allowed me to assess where I was at that point in the study, to refocus, and to gain new perspectives.

Another time to focus occurred after I had conducted part of the data analysis and reached some tentative conclusions. At that time, I spoke again with my consultant and reread some literature on qualitative research. This process helped me to stay on target. Two of the points that it helped me keep in mind were: (a) this study was about *my* experience so I needed to stay focused on it, and (b) there is a continuing need for integrity in the qualitative research process. The need to stay focused on my own experience (rather than trying to determine what was correct for others, either the children with whom I worked or other music therapists) was consistent with principles of heuristic research, of which Moustakas says, "To know and understand the nature, meanings, and essences of any human experience, one depends on the internal frame of reference of the person who has had . . . the experience" (1990, p.

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<sup>1</sup> It is recommended that a qualitative researcher work with a consultant (Bruscia, 1995b) or "disinterested peer" (Lincoln & Guba, 1985, p. 308) to "help you monitor your ideas and experiences as a researcher while also guiding the direction of the project itself" (Bruscia, 1995b, p. 399).

26). I was influenced on the second point by an article by Bruscia (1996) on the need for authenticity in the qualitative researcher. He emphasized the need to be sure that one is doing *research* and that this process involves honesty, and suggested procedures for insuring the *study* of the area. These reminded me to have integrity as I continued to delve into this material and its meaning for me. I kept these points in mind throughout the research.

## Method

### *The Setting*

The clinical work on which this study was based was conducted when I was employed part-time as music therapist at a school for children with severe multiple disabilities. I worked with children who were designated by their school districts to receive music therapy; music therapy was included in their Individualized Education Plans (IEPs) and the school districts paid the school for the music therapist's services. I worked at the school for almost 2 school years.

I worked with eight girls and one boy, individually or in dyads; all except one provided moments of pleasure that are included in this paper. Sessions were 30 or 45 minutes in length. The children's ages were from 4 years to nearly 12 years at the beginning of the work that was taped for this study, and they had a variety of diagnoses (see Table 1 for information on the children included in the study). All were classified as multiply handicapped and had serious intellectual deficits as one of their problems. None used words to communicate.

The music therapy was aimed at achieving goals and objectives that were appropriate for the children as stated in their IEPs. I formulated the goals based upon the children's responses to music therapy and their IEP goals. Typical goals included: repeat simple words or sounds on cue, follow one-step directions, increase frequency and variety of spontaneous vocalizations, increase attention span, manipulate instruments, increase appropriate use of objects, decrease impulsive behaviors, and increase interaction with others.

I used a variety of vocal, instrumental, and movement activities. Many songs were improvised and some were precomposed. Songs that were initially improvised were frequently continued in future sessions when they were successful. Since the children's progress was very slow, a great deal of repetition was used.

TABLE 1

*Children Included in the Study*

Name <sup>a</sup>	Gender	Age Range while Taping <sup>b</sup>	Diagnoses <sup>c</sup>	My Personal, Subjective Impressions of Child <sup>d</sup>
Mary	F	4 yrs. 0 mos.— 5 yrs. 6 mos.	Rett syndrome; nonambulatory	A tiny, fragile, lovable child, with an alert sense about her and a beautiful smile.
Tammy	F	6 yrs. 7 mos.— 7 yrs. 11 mos.	Apraxia; trainable mental retardation	The most capable child, adorable and alert. Made many clear syllables but her speech was seldom comprehensible.
Julie	F	7 yrs. 1 mo.— 7 yrs. 8 mos.	Static encephalopathy; visual impairment	A sweet child who would gently reach out to me.
Ian	M	7 yrs. 2 mos.— 8 yrs. 8 mos.	Trisomy 12P; visual impairment; repaired cleft palate	An enjoyable boy with a wonderful, infectious smile. Only responded sporadically.
Christine	F	7 yrs. 9 mos.— 9 yrs. 3 mos.	Profound mental retardation; Pallister-Killian syndrome; nonambulatory	Referred because "nothing is reaching this child." Slept through most early sessions. I worried at first that it was wrong to make her stay in music.
Dorothy	F	9 yrs. 1 mo.— 9 yrs. 10 mos.	Profound generalized developmental delays	Seemed to enjoy the sessions and responded physically quite consistently.
Alice	F	9 yrs. 1 mo.— 9 yrs. 10 mos.	Rett syndrome	Her pleasure in music was a joy. When she grinned, her whole "being" glowed.
Lisa	F	11 yrs. 11 mos.— 13 yrs. 5 mos.	Static encephalopathy; submucous cleft palate; oral-verbal apraxia; dysphagia; anarthria	I loved her sense of humor. Her responses were unpredictable—I never understood what made her respond sometimes but not others.

<sup>a</sup> The children's real names are not used.

<sup>b</sup> The children began music therapy at different points in the school year. Thus, the range of times from their first to last taping varies.

<sup>c</sup> All children were classified as Multiply Handicapped; Tammy's classification was changed to Trainable Mental Retardation part way through the music therapy work.

<sup>d</sup> These are my subjective impressions and are presented to attempt to give a sense of each child.

*Procedures*

*Informed consent.* I received written permission from the parents of all of the children to videotape them and to use the videotapes and their children's records in a research study. I also received permission from all parents to show the videotapes.



*Data gathering.* Prior to initiating the research study, I had videotaped some sessions. They were videotaped as documentation of how the children responded in music therapy, to give myself feedback on the sessions, and as material for conference presentations and teaching. The videotapes had been done at various times, with the selection of times based on when they were needed for the above uses; the timing of the taped sessions had nothing to do with the research study. While all of the children present on any day were taped, due to children who began music therapy late and/or were absent, not every tape included every child. The tapes were of sessions on 7 different days, over a period of approximately a year and a half. Although the timing of tapings was for purposes other than the research study, the range of children, the variety of points in their treatment, and the time spanned by the tapes provided for maximum variation in the sampling, as recommended by Lincoln and Guba (1985).

As the first research step, I viewed all of the tapes and wrote descriptions of what had happened, tied to notations of the point on the tape at which they occurred. After viewing each tape, I wrote comments about the tape—things that I noted, things that were exciting, comments on my work or the children's responses.

*Data analysis.* I then selected particularly exciting spots from the tapes on which to focus. I watched those spots again, referring also to my written descriptions, and formulated categories. I then reflected on those categories, and formulated subcategories for each.

After a period of time had elapsed, I reviewed the places on the transcripts that I had marked as rewarding. I reviewed these chronologically for each child to see if the categories still made sense, looking back at the tapes when I had questions about them. I then repeated the review by category.

At several points in the process, I revised categories and added to descriptions. I also made comments along the way about the focus of the research, the research process, my work with the children, and related topics.

The final step of my data analysis was to look at my experience of working with each of the eight children, looking at the experience that I found the most enjoyable with each child.

*Research process.* In working on the study, I went through the process of decontextualizing and then recontextualizing on several occasions (Bruscia, 1995a). Consistent with heuristic research (Mous-

TABLE 2

*Music Therapy with Severely Disabled Children: Sources of Therapist Pleasure***Intentionality**

- Allowing assistance
- Continuing on own after assisted initiation
- Initiation upon request
- Spontaneous initiation

**Emotionality**

- Smiling
- Physical closeness

**Communication**

- Humming
- Specific sounds or words

**Mutuality**

- With another child
- With therapist
- Upon request
- With physical cues
- Spontaneous

takas, 1990), I returned repeatedly to the data to be sure that my conclusions continued to match the data. The consistent results that I found lend support to the belief that I have found my own reasons for pleasure in working with these children.

As recommended for qualitative research (Aigen, 1995; Bruscia, 1995b; Ely et al., 1991; Lincoln & Guba, 1985; Moustakas, 1990), I kept a journal throughout the study. I wrote my thoughts and feelings, as well as procedures, in this journal. It served as a means of looking at the process from a number of different angles and allowed me to remember my perceptions from earlier points in the research.

### Results

The results are presented according to the categories around which I found my experiences of pleasure to be organized. I have selected responses in each category that I hope will convey the children's responses and my reasons for feeling pleased. The categories are presented as they evolved after several revisions (see Table 2).

*Intentionality*

During my work with these children, I had been most aware of finding it rewarding when the children appeared to be doing

something intentionally. I believe that, with these children who often do not seem to be acting intentionally, it is extremely rewarding when they do. I found the following components of this category: allowing assistance, continuing on own after assisted initiation, initiation upon request, and spontaneous initiation. One of the things that seemed to influence my sense of whether a child was working intentionally was the consistency, frequency, or duration with which he or she responded. A consistent or frequent response or one that lasted over a period of time seemed to imply intentionality and was thus likely to be rewarding. While in some cases in which I found this category of responses to be pleasant, the children were meeting the goals that I had established (such as follow one-step directions, increase frequency and variety of spontaneous vocalizations, or manipulate instruments), it seems that other responses went beyond simply meeting the goals in order for me to have found them pleasurable. It may have been that the consistency, frequency, or duration of the child's response, as mentioned above, led me to feel that their behavior was intentional. Of it may have been that an emotional response was also included, leading me to believe that the child was enjoying the musical activity and thus bringing me pleasure. Or it may even have been that the child did not normally reach the goal, thus bringing an element of surprise and pleasure into my reaction. In any case, I perceive the responses that gave me pleasure to have often included something beyond meeting the goals that I had established.

*Allowing assistance.* This occurred when two of the children clearly allowed me to help them move their hand or arms. In each case, the segment also included instances of another aspect of Intentionality, lending support to the idea that a child may allow assistance prior to other, higher level responses.

Two of these instances took place during a session in which I had access to a device called a MIDI Creator, which includes a small box that makes various programmed music sounds when one's hand passes over or near it. Both Ian and Christine allowed me to move that box under their hand, thus allowing their hand to move over it. In both cases, my perception is that they moved their hands on their own at times, but that this was aided by my moving the box. My joy in their responses was no doubt helped by them continuing on their own, but I believe that the response of allowing assistance also stands alone as rewarding—it indicated some cooperation and

allowed them to have the experience of the box and its music. (These responses are also described below under Emotionality/smiling; it was the children's emotional responses that led me to believe that they were aware of the experience.)

Other instances when I found allowing assistance to be rewarding were times that I helped the children to play or manipulate instruments. One was when I supported Ian in raising rhythm sticks over his head, interspersed with times that he more or less did it on his own. Similarly, Christine allowed me to move her hand over the guitar strings and later continued this on her own.

*Continuing on own after assisted initiation.* I found this category to apply to two individual children and two pairs of children who continued on their own after assisted initiation. The individual children were the same two described in the previous section, Ian and Christine. One of the instances with Christine was when we were playing the tambourine to accompany a frequently used song that went, "Hello, Christine, hello." Initially, I held her hand to help her raise it, then dropped it onto the tambourine. I always paused long enough to give her a chance to perform the movement on her own, hoping that the rhythm and familiarity of the song would help structure her to do so. On this occasion, I was delighted when she began hitting the tambourine on her own. She followed this by scratching the tambourine. Part of my delight in this instance was the unexpectedness of this response—I had no idea from observing Christine or from previous work that this would occur at this time.

One of the pairs of children for whom I marked this response as exciting was comprised of two girls, Alice and Dorothy. Early in the session, we were using the tambourine and I was encouraging them to hit it. I had turned from Alice to work with Dorothy, and Alice continued playing on her own. This was quite unusual and would have been significant in and of itself, but her reactions after that (described later under spontaneous initiation and Emotionality/smiling) were what made it truly a highlight: She began clapping for herself, then acknowledged and joined in our pleasure by grinning from ear to ear.

The other pair of children, Tammy and Lisa, played the standing drum and cymbal one at a time as I accompanied them on the piano. This was something that we had attempted many times, most successfully when a student assistant or teacher's aide was in the room to help them hold the sticks and move them at appropriate

times; there had been very little sustained responsiveness when I was alone with them and unable to provide such extensive physical assistance. On the occasion that I labeled as exciting, however, while I did move back and forth from the piano to help them, both sustained their responses much longer than usual.

*Initiation upon request.* Responses in this category were central to my work with these children. I worked toward them through the words of songs, melodic and rhythmic prompts, and verbal and physical prompting. It is not surprising, therefore, that I was pleased when the children made responses of this type. I found these responses from most of the children, and will describe a few of the most rewarding here.

Many of Julie's actions and vocal responses seemed to be random. However, on one occasion she moved from playing the drum to the cymbal in a manner that seemed intentional. Since so many of her responses appeared to be by chance, this was exciting! Another child, Ian, who responded infrequently to musical or verbal commands, held a rhythm stick and raised it up in response to a song, "Let's Move Our Arms Up," on several occasions that I labeled as rewarding. In one session that I also labeled as rewarding, Ian also repeatedly took a stick out of his pocket (I would then put it back in so we repeated the action). Both of these children's responses were infrequent and unpredictable, presumably because of their low levels of functioning and extensive neurological involvement. It is probably *because* of this unpredictability that times at which they were responsive were so rewarding.

I also found the responses of children who responded somewhat more predictably to be rewarding. On several occasions, Mary played a tambourine very firmly and over a period of time in response to a rhythmic song and my holding the tambourine in a position from which she could hit it. At these times, the request was through the placement of the tambourine and her knowledge that that was the desired response, probably aided by the rhythm of the music. Other girls who were responsive to playing when requested were Alice and Dorothy, who, in one session, responded to a composed song, "Somebody's Knocking" (on the drum, guitar) by hitting the requested instrument, and then to "Beat the Drum Once" (Levin, Levin, & Safer, 1975) by hitting the drum. The words to these songs made the desired response clear.

With all of the children described, there is no doubt that part of the reason that I found their responsiveness to my requests so exciting was that this did not always occur. It is clear that, when responsiveness is sporadic, I find it rewarding when it occurs.

*Spontaneous initiation.* I considered responses as spontaneous initiation when they occurred outside of my verbal or nonverbal request. Since I generally utilize songs that present requests through the words or rhythm, and use them repetitively, the structure of sessions provides a prompt for children to respond. Thus, spontaneous initiation is generally an extension of one of the previous responses and many of these responses were part of sessions from which other responses have already been reported.

One of these was from a portion of the session in which Mary played the MIDI switches, interspersed with a tambourine and vocal sounds, for an extended period of time. This was remarkably sustained participation for her, near the end of which she was moving her hand among three switches. Another example was described above, under continuing on own after assisted initiation, when I had turned from Alice to work with Dorothy, and Alice continued playing the tambourine on her own. The part that I categorized as spontaneous initiation was when Alice began clapping for herself. As stated above, many of these children's responses were very infrequent; those which did occur were usually elicited by another person. Therefore, times that they initiated things on their own were to be prized, and were certainly rewarding moments.

### *Emotionality*

I think that emotion is conveyed in most of these children's responses, or I would not feel involved enough with the children to enjoy working with them or find their responses rewarding. The emotional responses that I am focusing on as particularly gratifying, though, go beyond this connection.

*Smiling.* Smiling was the primary emotional response that I felt made things rewarding. I have already described one of these instances, when Alice continued playing the tambourine and then clapped for herself. It seemed that when she saw our pleasure (mine and the aide assigned to her) in what she was doing, it added to her own pleasure, and she grinned from ear to ear. As I said in my initial recording of this response, "When she grins like

that, it is so infectious that, combined with the nice extra responses, this was truly exciting!”

Several of the children smiled when they heard and made the sounds from the MIDI creator. In separate sessions, both Ian and Christine grinned when they heard the sounds created by their hands on the box. I surmise from this that the sound that was generated must have been pleasurable to them. That session was one of several that I found enjoyable when Ian expressed pleasure by smiling. He smiled and appeared to enjoy things even when he was not initiating the physical response to make the sound, and I enjoyed his pleasure.

*Physical closeness.* This was a category that I added on one of my last viewings of the taped segments, and I found one occasion in which it applied. It was during a session when Lisa leaned over and put her hands and then her head on my legs. As I said in my log, “This certainly felt like a tender moment. Then she smiled a beautiful smile.”

### *Communication*

I have always noticed how interested I am in children’s vocal responses. They always seem to be important—and perhaps rewarding—responses. Perhaps it is because most people’s primary means of communication is vocal/verbal, so this is an area in which these children’s responses are near to those of people in the larger society. Perhaps it is that vocal responses come from near the face, the most emotionally engaging part of most people. Whatever the reason, I know that I have always felt rewarded when these children respond vocally, and have worked to help them extend and repeat these responses. As discussed under the first category, there were instances in which I found responses to be rewarding in which the child was meeting the goal that I had established. In this category, such times might have involved repeating simple words or sounds on cue, increasing the frequency and variety of spontaneous vocalizations, or increasing interaction with others. As discussed earlier, I think that something extra was often added to the responses that I found rewarding, something that took them beyond simply meeting my goals.

*Humming.* Surprisingly, I did not mark any instances of humming as rewarding moments in the tapes that I reviewed. I believe this was due to the particular weeks that I taped, which apparently did

not include any of these instances. I remember, though, many occasions in which Christine would hum for extended periods of time, often in the tonality of the music that I was playing. She would change tonality if I changed. Because of my definite memories of getting pleasure from Christine's humming, I have included this as a category in spite of not having it emerge from my study of the videotapes.

I should note that I had originally labeled this category as singing/humming. I dropped singing as a descriptor because I realized that, if it were truly singing, it would include specific sounds and be categorized below. But the quality of these vocalizations was such that they felt as though Christine was singing.

*Specific sounds or words.* There were some wonderful instances in which children made specific sounds—vowels and/or consonants—or words. I do not know if, for these children, they were sounds or words, but they were clearly intentional. Some of the most exciting, and the most extended, were from Mary. Many of these occurred during a song that we used, "Mary Can Make a Sound." This song, which was initially improvised for this purpose, included pauses at the end of each line to allow room for Mary's sound. In these instances, she made many different sounds and clearly enjoyed the vocal play.

Several rewarding experiences in this category were also noted for Tammy and Lisa. Tammy made a number of consonant and vowel combinations in response to cues in the songs, including "aah," "mama," "dada," and "hohoho." In these sessions, she responded with some consistency in contrast with many other sessions in which she seemed unable to make a requested sound. Lisa, whose responses were much more limited, said "yeah" twice in one session. This occurred after a long process, but when she actually said it, it was clearly intentional and very exciting.

### *Mutuality*

In this category, as in several above, there were times in which my experience of pleasure in the child's responses may have been times when the child was meeting the goal that I had established, such as following one-step directions, manipulating instruments, increasing appropriate use of objects, and, of course, increasing interaction with others. As in the earlier discussions, I think that the moments that I found particularly pleasurable were often those in



which the child went beyond his or her normal behavior by making a response of increased consistency, frequency, or duration, or a response that was unexpected or that involved emotion.

*With another child.* These enjoyable moments occurred during several sessions during which the musical activities were structured to help the children take turns. One song, "Beat the Drum Once" (Levin et al., 1975) was used to achieve this with Alice and Dorothy, and with Tammy and Lisa. In both cases, the placement of the drum near the child and the words to the song prompted turn taking. Their responses (moving their own arms, following directions) also contributed to taking turns, and to these being enjoyable experiences for me. Similar responses occurred during a song that Tammy and Lisa enjoyed, "Lisa Give Tammy the Egg," in which we passed an egg shaker to the person who was named.

In a somewhat different activity, Tammy and Lisa took turns playing the keyboard. Although I guided them verbally and helped them play and take turns by moving the keyboard toward one and then the other, they were clearly participating in taking turns.

One of the things that makes this category so exciting is that, not only are the children initiating their responses, which, as has been said, they do inconsistently, but they initiate, stop, and initiate again. Even with my assistance, this is a real accomplishment for them and is thus very enjoyable!

*With therapist.* I found taking turns with me to be particularly rewarding on a day that I saw Tammy, the highest functioning child, alone. She played the horn, then the bells, maraca, and drum, all back and forth as I played and sang, "Tammy can play the XXX." As in the previous category, not only did she continue to initiate playing, but moved back and forth with the directions, which called for taking turns.

*Upon request.* The examples of taking turns upon request were described in the previous two sections. In most cases, the request came through the words of the song, with verbal and physical reinforcement. In the interaction of Tammy and Lisa on the keyboard, the request was verbal.

*With physical cues.* Examples of turn taking with physical cues were also described in the previous sections. As described, the physical cues were through the placement of the instrument. I would move the instrument toward her, or pull it away when it was the

other child's turn. Although I helped the children's interaction through the placement of the instrument, they participated in these experiences and it was their participation that made the turn taking rewarding.

*Spontaneous.* The spontaneous turn taking took place in the session that was previously described where Tammy and Lisa were playing the keyboard. In addition to taking turns with my assistance, there were times in which they spontaneously took turns. It is exciting when these children play spontaneously, and then taking turns made it even more rewarding!

### *Synthesis*

As the final step in my data analysis, I looked at my experience of working with each individual child and what made that experience enjoyable. Since I now think of these individual children in the context of what I have learned from this study, I am aware that I cannot approach thinking about my experience of working with them without being influenced by the areas that I found to be enjoyable. With that caveat, I will share the most outstanding things that come to mind when I consider my pleasure in working with each child.

When I think of my pleasure in the work with Mary, her long vocal plays were thrilling, along with the attentiveness and pleasure that accompanied them. Some of her interactions, some around the vocal play and some around other areas, were also very rewarding.

Tammy's attentiveness and awareness were exciting, as was her use of words and syllables. I am sure that the fact that she was the only child with whom I worked who used words and syllables more than occasionally affected their impact on me. Part of my pleasure in these verbal responses came from the sense that they were always on the verge of leading to more intentional (or more obviously intentional) responses. I also found great pleasure in some of her social interactions.

Julie's vocalizations were the main aspect of working with her that I enjoyed. As with Tammy, I always hoped that they would lead to more consistent or predictable vocal work.

Ian's grins were infectious and very enjoyable, and indicated pleasure which then brought me pleasure. In addition, when he responded to my putting the stick in his pocket by taking it out (of-

ten with a grin), I thoroughly enjoyed it. I believe that part of my pleasure was that he seemed to be doing this intentionally, leading me to hope that he might soon do it more consistently.

Two things stand out to me as particularly enjoyable in my work with Christine. When I first worked with her, I was grateful if she stayed awake for even a portion of the session; I see my excitement at her later responses in that context. One of the enjoyable elements of our work was her initiation of physical responses and I know that these were enjoyable particularly because they occurred so infrequently. Her humming and vocal responses, which seemed to be related to me and the music, were another high point of my work with her.

Dorothy's vocalizations were also enjoyable. As with other children, part of my pleasure came from the sense that they might soon lead to additional vocal responses. I also found the interactions between Dorothy and Alice to be wonderful.

The emotional aspects of the sessions were extremely enjoyable in my experience of working with Alice. Her smiles were most enjoyable as they showed her pleasure with what we were doing. As mentioned above, I found Alice's interactions with Dorothy, as they took turns so beautifully, to be very enjoyable.

Lisa's emotional reactions—her beautiful smile, putting her head on my leg, and her sense of humor followed by laughing—were most enjoyable. I also found her interactions with Tammy to be extremely rewarding.

Looking at my experience of pleasure of working with each child in this manner, it is apparent that my pleasure falls into similar categories as those presented earlier for the combined children. It also seems that many of the responses from which I gained pleasure were accompanied by an expression of emotion on the child's part, or by a hope on my part that they might lead to something further.

## Conclusions and Implications

### *Conclusions—Personal Themes*

Two themes run through the areas that I found enjoyable—Intentionality, Emotionality, Communication, Mutuality—and the subcategories under each.

The first theme that underlies all of the categories and subcategories is responsiveness. I find it very enjoyable when clients are re-

sponsive to me, when their responses indicate that they have heard or understood me. This pleasure is closely tied to an ongoing and important theme in my life: When my friends, colleagues, and family are responsive to me, I feel satisfied; when they are not responsive, I am frustrated and dissatisfied. Because of this, I seek out relationships in which I find the other person to be responsive. This is part of my countertransference and is important in my work with these children. It is interesting, though, that it was these children, with whom an enormous effort must be made to encourage their responsiveness, on whom I chose to focus a study that would find responsiveness to be a theme; it is the infrequency of responsiveness that brings me to my second theme.

The second theme has to do with expectations and the role of my expectations in providing pleasure in my clinical work. In any clinical situation, I have expectations of what my clients can do, based on how I understand them, and my reactions to them are framed by my expectations. With these children whose responses were sometimes so infrequent, I often began to fear that they would not respond. Therefore, when they did respond, my expectations were altered and it was rewarding! It may be worth noting the analogy between the role of expectations in my experience of pleasure in working with these children and the role of expectations and change in music, where redundancy and change both contribute to musical enjoyment (Meyer, 1967).

The themes of responsiveness and expectations are connected since I evaluate a child's responsiveness based on my expectations and define responsiveness based on my expectations of how the child will respond. The experiences that I found enjoyable are those where the children altered my expectations by their responsiveness.

#### *Implications—Applicability to Others*

By sharing this self-inquiry, I hope to go beyond my own insights and provide a point of departure for other music therapists to gain insight into their own work. As stated by Moustakas, "The heuristic process is autobiographic, yet with virtually every question that matters personally there is also a social—and perhaps universal—"significance" (Moustakas, 1990, p. 15). A number of things, I hope, will be useful to other music therapists. Possible applications fall into two categories: ways in which the findings may be used di-

rectly, and ways in which themes, such as my themes of responsiveness and expectations, may be used to increase others' understanding of themselves as therapists.

*Direct use of findings by others.* In the first category, the procedures in which I have engaged and the insights that I have had may prompt other music therapists to examine and share their experiences. Others who work with children with multiple, severe disabilities may discover that they find pleasure in the same areas that I do, or that they can use my study as a springboard in determining their own sources of pleasure. Therapists who work with other populations may be able to apply some of the categories of pleasure that I found to view their own work differently and with more pleasure. Finally, others may use similar research techniques to guide their own investigations of what they experience in their own clinical work. As music therapists become aware of more pleasure in their work, it will benefit not only the therapists but also the clients, since a therapist who is drawing inspiration from his or her work will bring more commitment to the work with clients.

*Discovery of personal themes.* I also hope that others may find themes, as I have, that connect their clinical work with their lives. Other music therapists might consider, in line with my discovery, that what they want from their clinical work is also what they want from their lives. Making these connections and applying personal understanding to analyzing their clinical work can only help music therapists to find more pleasure.

My discovery of themes that connect my clinical work and my life, in my case themes of responsiveness and expectations, also has implications for the work of others. I will present these as they relate to the three areas presented at the beginning of this paper: job satisfaction and burnout, countertransference, and choice of clientele with whom to work.

As stated earlier, one area of concern to music therapy researchers has been the job satisfaction and burnout of music therapists. Neither of the studies reported (Braswell et al., 1989; Oppenheim, 1987) pointed to the population with which therapists worked as a consideration in their job satisfaction or burnout. One implication of the present study is that music therapists might look to the clients with whom they work, and whether or not they receive pleasure from working with them, as they look at their job satisfaction.

Related to this issue, one interesting thing to me as I have thought about my work and considered comments from others<sup>2</sup> has been whether I experienced pleasure when the children merely satisfied my expectations by reaching the goals that I had set for them, or whether their responses which gave me pleasure went beyond this. In some cases, I think that the children's responses that I found rewarding did go beyond reaching the goals that I had set for them; some of these differences were discussed in the *Results* section. To some extent, though, I think that I did find satisfaction when the children reached the goals that I had set, or, in other words, met my expectations. In considering this statement and its implications, it occurs to me that one element of the pleasure that I found in this work (and, by extension, that other music therapists might find in their work) may be setting realistic goals so that congruence between therapist goals and what clients can do is a regular occurrence. This seems to be an important element in my experience of pleasure in working with these children. It is important to keep in mind that this study was done with children with multiple, severe disabilities who at times do very little. I do not know the extent to which this general lack of responsiveness may influence the rewards that I found when they did do something.

This brings me to the second area from the introductory comments: countertransference. In what ways can the results of this study provide insights into music therapists' countertransference? When I stated in the *Results* section, under the discussion of Intentionality, "I believe that, with these children who often do not initiate, it is extremely rewarding when they do," I was referring to the rewards that I found when the child responded. This comment, though, raises the possibility that the child's response may have been rewarding to the child as well as to me. If this is the case, I might use my reaction of pleasure in the child's response as a measure of what the child may also be feeling, a typical way of utilizing countertransference. Since these children cannot tell me what they find rewarding, it is particularly useful if I am able to use my emo-

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<sup>2</sup> I am grateful for comments on this aspect of the study from Kenneth Aigen and other participants in the 1998 3rd International Symposium, Qualitative Music Therapy Research, Hochschule der Künste Berlin, Berlin, Germany, as well as Kenneth Bruscia.

tional response to help me to understand their emotions, thereby hopefully creating a course of therapy more congruent with the child's desires for him- or herself.

Another possibility, not so positive, is that there may be times that the music therapist may set client goals that are not realistic, but that would bring pleasure to the therapist. In this case, an increase of the therapist's awareness of his or her own countertransference can lead to more appropriate client goals. This relates back to the rewards found when clients meet the goals that have been set for them, discussed earlier in this section.

Implications of this study for the third area, the clientele with whom music therapists choose to work, can be influenced by both areas previously discussed, job satisfaction/burnout and countertransference. It is clearly helpful in decreasing or preventing therapist burnout if music therapists can use their personal awareness, including awareness of themes that run through their lives, to discover the clients with whom they find the most pleasure. An awareness of countertransference, as well as other aspects of personal awareness, can help in this determination.

In conclusion, I hope that the process that I followed in this study, and what I learned about my pleasure in working with these children with multiple, severe disabilities, will help other music therapists. I hope that others will benefit, as I have, by learning more about their work, how it brings them pleasure, and some of the reasons why they enjoy it. Finding pleasure and satisfaction in our work can only help us and our clients.

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