Integrating a Child-Centered Play Therapy Approach to Music Therapy Improvisation Facilitation for Children with Developmental Needs Within Mental Health Care Settings: A Philosophical Inquiry

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ABSTRACT

Integrating a child-centered approach to music therapy improvisation facilitation for children with developmental needs within mental health care settings: A Philosophical Inquiry

Elodie Poirier-Fournier

This philosophical inquiry explored the integration of a child-centered play therapy approach in music therapy improvisation for children with developmental needs within mental health care settings. Drawing on Wigram's (2004) five key components of the therapeutic process and on Landreth (2023)'s nine principles of child-centered play therapy, emphasis was placed on how these frameworks can be connected and applied to music therapy improvisation, following procedures typical in philosophical inquiry, such as defining terms, relating ideas, and connecting diverse conceptual and theoretical systems (Aigen, 2005). Relevant literature on the developmental needs of children in mental health care, music therapy improvisation with children, and child-centered play therapy was reviewed to establish a foundation for the inquiry. The analysis highlighted key implications for addressing developmental needs through music therapy improvisation, including adopting an experience-oriented approach, practicing cultural humility, considering individual developmental stages, providing trauma-informed care, and creating space for the expression of physical aggression. The affordances, challenges and limitations associated with the use of music therapy improvisation realized within a child-centered approach are discussed, alongside the limitations of the study and future research directions.

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Chapter 1. Introduction

Research on child development has greatly shaped therapeutic practices aimed at supporting children's growth and overall health. Child development is a process that can be conceptualized within five main stages (Pye et al., 2022). The first stage, prenatal development, spans from conception to birth and highlights the biological and environmental factors that influence growth. Next is infancy and toddlerhood (0-30 months), marked by rapid physical growth and attachment to caregivers. Early childhood (2.5-5 years) focuses on language development, social skills, and emotional regulation through play. In middle childhood (6-12 years), children develop cognitive skills, academic abilities, and peer relationships. Finally, adolescence (13 years to adulthood) involves significant emotional and social growth.

Psychopathologies can appear at various developmental stages and can interfere with child development by impairing cognitive skills, emotional regulation, and social interactions; this can lead to delays and difficulties in reaching normative developmental milestones (Thompson & Mayers, 2007). Additionally, these conditions can affect children's relationships with others and their physical health, further complicating developmental processes (Rubin et al. 2018). In mental health care, addressing children's developmental needs may involve providing emotional support, fostering secure relationships with caregivers, and offering cognitive stimulation through therapy (National Institute of Mental Health, 2022). Within these support contexts, music therapy can address developmental needs through various types of experiences, such as songwriting, recreative musical activities, improvisation, and receptive music experiences (Bruscia, 2014). Specifically, improvisational experiences are widely used to facilitate emotional expression, promote cognitive skills such as problem-solving and creativity, strengthen social skills, and improve communication, especially for children with difficulties in verbal expression (Bruscia, 2014; Oldfield, 2006a, 2006b).

Child-centered play therapy has also been utilized to address children's developmental needs (Landreth, 2023; Ray, 2011). Child-centered play therapy is defined as a therapeutic approach that emphasizes the child's perspective by facilitating self-expression through play (Landreth, 2023). In this approach, the therapist establishes a safe and supportive environment where children can work through challenges at their own pace with the support of the therapist (Landreth, 2023; Ray, 2011). This approach enables children to express, understand, and manage

their emotions through role-playing, and supports the development of social skills by helping them learn essential abilities such as sharing, cooperation, and conflict resolution.

Given the relevance of both music therapy improvisation and child-centered play therapy in supporting the developmental needs of children in mental health, this philosophical inquiry seeks to explore how a child-centered play therapy approach may enhance the facilitation of music therapy improvisation in this context.

Relevance to Music Therapy

Integrating knowledge from related fields, such as child-centered play therapy, aligns with the ethical and professional continuing education standards set by the Canadian Association of Music Therapists (2016), which aim to enhance therapeutic effectiveness and responsiveness. Music therapists often incorporate multiple artistic modalities—such as visual arts, movement, and drama—alongside music to address clients' diverse needs (Malchiodi, 2019). Developing intermodal skills allows therapists to more fully engage with clients and strengthen therapeutic relationships (Knill, 1994). Additionally, continuing education in areas like trauma-informed care and counseling provides music therapists with valuable strategies for addressing a wider range of client needs (Sevcik et al., 2017; Goodman, 2023). The common factors approach (Crits-Christoph et al., 2013) further supports this by suggesting that therapeutic factors impacting outcomes can be identified across various theoretical orientations, emphasizing the importance of expanding skills within one's scope of practice.

Personal Relationship to the Topic

Throughout my musical training, I discovered that music was a powerful means of navigating emotional challenges, exploring self-identity, and improving interpersonal relationships, often offering both relief and insight. This experience inspired me to pursue studies in music and later music therapy, with the aim of offering children the same kind of support music once provided me. Driven by a desire to work in mental health care settings, I decided to pursue a master's degree after completing my graduate diploma in music therapy. During my master's practicum working with teenagers in mental health care settings, my understanding of the therapeutic potential of music was further deepened and validated. Although my internships didn't involve younger clients, as a music teacher, I have been a strong advocate for every child's right to access music, as emphasized by Curtis and Vaillancourt (2012). Additionally, my background as a former nanny, coupled with my deep appreciation for the transformative power

of play in children's lives, has heightened my interest in the potential of play in music therapy. Completing the Play Therapy Certificate at Concordia University in the summer of 2024 has enhanced my emerging professional practice by allowing me to combine play and music therapy in my work with children. This educational experience strengthened my belief in the role of music and play in child development while highlighting the value of integrating a child-centered approach into music therapy within mental health care.

Statement of Purpose

Given the clinical value of integrating knowledge from related fields into music therapy practice, the purpose of this research is to articulate how music therapists can adopt a child-centered play therapy approach to enhance the facilitation of music therapy improvisation experiences to address the developmental needs of children in mental health care settings.

Research Questions

This philosophical inquiry was guided by two primary research questions: (1) Why is music therapy improvisation realized within a child-centered play therapy approach an ideal way to address the developmental needs of children in mental health care settings?" (2) "How might a child-centered play therapy approach be conceptualized within Wigram's five essential components of music therapy improvisation facilitation?"

Assumptions

I believe valuable insights can be gained by examining how a child-centered approach enhances music therapy improvisation experiences. I assume that various therapeutic modalities share core principles that enhance effectiveness and that these principles can be adapted across different professional contexts within one's scope of practice. Exploring music therapy improvisation through philosophical inquiry is beneficial, as it allows for a deeper investigation of essential values like child agency, emotional expression, and creativity.

Definitions of Key Terms

Music therapy improvisation was defined as experiences in which "the client makes up music while playing or singing, extemporaneously creating a melody, rhythm, song, or instrumental piece" (Bruscia, 2014, p.131). The client may improvise alone, in a duet, or in a group setting, and may use any musical medium within their capabilities (Bruscia, 2014).

Music therapy was defined as "a reflexive process wherein the therapist helps the client to optimize the client's health, using various facets of music experience and the relationships

formed through them as the impetus for change. [It is] the professional practice component of the discipline, which informs and is informed by theory and research" (Bruscia, 2014, p. 36).

Child-centered play therapy approach: In this research, a child-centered play therapy approach refers to Axline's (1969) non-directive play therapy, which focuses on the child's developmental needs and their ability to determine what is best for themselves. To support the child's natural growth, the therapist follows the child's lead, engaging in play only when invited, while also observing, encouraging, and reflecting feelings. (Landreth, 2023; Ray, 2011). It is the most frequently used approach among play therapists who adhere to a specific theoretical approach (Lambert et al., 2007; Sudo et al., 2023).

Children in mental health care contexts refers to children 12 years old and under receiving services for a variety of psychosocial-related needs: including emotional, cognitive, social, or behavioral reasons, either in inpatient or outpatient/community settings (Gold et al., 2004).

Developmental needs of children refer to the emotional, cognitive, social, or physical needs that must be fulfilled for children to develop in a healthy way (naître et grandir, n.d.).

Music Therapy Improvisation Facilitation refers to the five essential components identified by Wigram (2004) when facilitating music therapy improvisation experiences. The five essential components are: motivation, sensitivity, understanding, integration, and containment.

Summary of Chapters

Chapter 1 discussed the significance, need and relevance of this research thesis. The research questions, my personal relationship to the topic and the key terms were presented. Chapter 2 justifies the use of a philosophical inquiry methodology to investigate the thesis topic. Chapter 3 examines the developmental needs of children in mental health care contexts, while chapter 4 reviews the tenets of child-centered play therapy practice. Chapter 5 further defines music therapy improvisation by presenting improvisation models and considering how they can be used to address developmental needs with children. Chapter 6 examines the intersection of music therapy improvisation and a child-centered approach, integrating nine key components and principles of a child-centered approach (Landreth, 2023) into Wigram's (2004) five key components of the therapeutic process to address the developmental needs of children in mental health care contexts. Finally, Chapter 7 discusses research findings and their potential implications for research, education, practice and interdisciplinary collaboration.

Chapter 2. Methodology

A philosophical inquiry methodology was used to articulate an argument for the benefits of a child-centered approach in music therapy improvisation to support the developmental needs of children in mental health care contexts. This chapter elucidates the rationale behind this methodology's selection and details the materials, data collection, and analysis procedures utilized in this research.

Methodology

This study employed philosophical inquiry, which is defined as a rigorous method for investigating fundamental questions about knowledge, reality, and values (Leng, 2020). In Anglo-American philosophy, researchers aim to clarify terms, evaluate assumptions, compare ideas, and inquire using arguments to provide conceptual understandings (Aigen, 2016). Within the field of music therapy, philosophical inquiries have been used to examine key questions concerning the nature of music therapy, the role of the therapist, and the therapeutic process itself (Stige & Strand, 2016). The rationale for adopting this methodology is its effectiveness in exploring emerging themes and new insights on a topic through a careful review of relevant existing literature (Stige & Strand, 2016). Additionally, it aligns with the pre-paradigmatic phase of research, which is conducive to exploring practices that are underrepresented in literature (Kuhn, 1996).

Delimitations

This research focused on how music therapists can incorporate a child-centered play therapy approach to enhance music therapy improvisation experiences, supporting the developmental needs of children in mental health care settings. It did not explore how play therapists might integrate music therapy improvisation into their practice, as this would involve distinct scope of practice considerations. Since music therapy improvisation is a method rather than an approach, its integration by play therapists would require a separate discussion. This philosophical inquiry focused on children aged twelve and under, excluding adolescents. Adolescence, which typically occurs between the ages of 13 and 18, is marked by significant physical, emotional, and social changes as individuals transition from childhood to adulthood (American Psychological Association, 2020). Adolescents' intricate emotional, social, and identity challenges necessitate a different music therapy approach, separate from that of younger children, to effectively support their development. Additionally, the student researcher delimited

to child-centered play therapy (Axline, 1969), which is the most commonly used play therapy approach (Lambert et al., 2007; Sudo et al., 2023). While a child-centered approach could be relevant for other types of music therapy experiences, this research focuses on its relevance to music therapy improvisation facilitation. To further delimit the scope of research, improvisational methods discussed specifically pertained to those applicable to children in mental health care contexts. The literature selected was delimited to research published in French and English.

Materials

To structure the philosophical inquiry, relevant sources were identified to help address the research question. Journal articles, monographs, and academic books or chapters were explored using research databases such as Google Scholar, PsychInfo, ProQuest, and the Concordia University library database, Sofia. Music therapy journals, such as *Music Therapy Perspectives*, *British Journal of Music Therapy*, *Voices: A World Forum for Music Therapy,* and the *Nordic Journal of Music Therapy*, were consulted. In related fields, journals such as *The Arts in Psychotherapy*, *The Canadian Journal of Psychiatry*, and *Practice in Clinical Psychology* were consulted as needed, based on their relevance to the research questions. Additionally, sources on play therapy were examined, including journals such as the *International Journal of Play Therapy*.[1]

Data Collection Procedures

The literature search focused on the following key concepts: developmental needs of children, music therapy improvisation, play therapy, child-centered play therapy, children's mental health, therapeutic stance, pediatric music therapy, and music therapy in mental health care. The collected literature was systematically organized in an Excel spreadsheet, categorizing sources by author, year, key ideas, summary (including noteworthy quotes), and reflexive notes. The data collection process was iterative: as new sources were consulted, relevant sources from the reference list were added to the spreadsheet.

Data Analysis Procedure

Using the Excel template described previously, each data source (e.g. journal article, book chapter, etc.) was systematically organized, and analysed. Each source was read multiple times in

[1] As of the publication date of this thesis, only one play therapy journal is officially recognized by the Association for Play Therapy.

order to be summarized and for key ideas to be extracted. When identifying key ideas, the relevance of the sources with regard to the three primary areas of inquiry within this research was considered. Those three areas were: (1) components of music therapy improvisation facilitation (2) developmental needs of children, as well as (3) child-centered play therapy principles. To build an argument for the relevance of a child-centered play therapy approach to music therapy improvisation facilitation, emphasis was placed on the philosophical inquiry characteristic procedure of relating ideas and showing the connection between diverse conceptual and theoretical systems (Aigen, 2016).

Considering Trustworthiness

Publication standards pertaining to North American publications are described by the American Psychological Association (American Psychological Association [APA], 2020). These include that all researchers must protect intellectual property rights and ensure the accuracy of findings. To do so, as a master's student researcher, I had the objective of using rigorous data retrieval, organization, and analysis to ensure accuracy of findings and citation of works. This was addressed through thorough examination of the literature to limit the omission of important findings, including the work of researchers who might have opposite views, reflection on the process through journaling of thoughts, and research supervision.

Chapter 3. The Developmental Needs of Children in Mental Health Care Context

This chapter presents the developmental needs of children, and examines how they may be addressed in mental health care contexts. It begins with an exploration of the mental health care context in Canada, followed by a presentation of the different levels of care provided to this population in support of their developmental needs. It further explores the impact of attachment on children's emotional development and resilience, emphasizing the role of developmental support.

Children's Mental Health Care in Canada

In the Canadian health system, children can receive support across two levels of care that include inpatient and outpatient settings. Inpatient services provide intensive, hospital-based care for patients needing more support than outpatient options can offer, focusing on crisis management and stabilization of severe symptoms such as emotional dysregulation, aggression, or psychosis (Doak, 2013; Preyde et al., 2017). These short-term programs prioritize immediate goals, with music therapists typically using receptive and active experiences, including song listening, improvisational drumming, and simple compositions, due to the brief duration of the stay (Doak, 2013). While psychiatric hospitalization is costly and restrictive, it remains the most accessible care option for children, aiming to alleviate symptoms, mitigate risks, and facilitate a transition to less intensive care (Blanz & Schmidt, 2000; Lamb, 2009; Steele & Roberts, 2005). Music therapy in inpatient settings supports emotional and behavioral regulation by providing a safe, supportive environment with predictability and structure (Doak, 2013). Experiences may include group and individual activities such as song listening, discussion, improvisational drumming, instrument playing, and simple compositions. (Doak, 2013). Common goals in pediatric mental health include improving functioning, reducing stress, and managing symptoms and distress for both children and parents (American Academy of Pediatrics, 2019).

Outpatient and community care differ from inpatient care in that children receiving the former do not reside at the facility where they receive treatment, and therapy is generally considered less intensive (eMental Health, n.d.). These settings may offer day programs, support groups, and community resource centers across various contexts (eMental Health, n.d.). In Canada, outpatient mental health care is predominantly offered through clinics, which are administered differently across provinces. In outpatient music therapy settings, similar goals to those addressed in inpatient settings can be pursued. However, youth in outpatient contexts may

receive services for more extended periods, making long-term projects such as more extensive compositional projects and performances more feasible (Doak, 2013). Music therapists have reported that structured and unstructured improvisations are their most frequently used techniques with children in outpatient psychiatric settings, followed by song re-creation and verbal analysis of music (Gold et al., 2007). In spite of the important supports provided in these settings, barriers to care can and do exist. After discussing the levels of care, the chapter will now explore the developmental needs of children in these contexts.

Barriers to Access

A nationwide shortage of mental health professionals limits timely access to mental health care (Kieling et al., 2011), and long wait times for services often exceed Canadian Psychiatric Association (2006) benchmarks. This exacerbates emotional distress, which worsens mental health conditions and further obstructs access to care (Owens et al., 2002; Brown et al., 2002). Issues such as anxiety, depression, severe mood swings, or difficulties with social interactions often prompt the need for professional support. Factors such as family history of mental health issues, trauma, or school-related struggles can further influence the decision to seek care (Canadian Psychological Association, 2022). Although 14% to 25% of Canadian children and youth are diagnosed with mental disorders, only a quarter of them have access to mental health services (Manion, 2010). Potential solutions to improve access to these services include increasing funding, gathering more detailed data to strengthen the mental health care system, and implementing a Universal Basic Income (Canadian Mental Health Association, 2024) A Universal Basic Income, importantly, could lead to better mental health outcomes by enhancing parental supervision and strengthening the parent-child relationship (Wilson & McDaid, 2021).

The Developmental Needs of Children

Developmental needs vary greatly depending on age, context, diagnosis, and individual circumstances. Understanding these needs within mental health contexts is vital for providing appropriate support and addressing the varied challenges children face. One way to conceptualize the developmental needs is to consider four key areas: cognitive, physical, social, and emotional growth (naître et grandir, n.d.). Cognitive developmental needs generally encompass a range of skills necessary for effective learning and intellectual development, including knowledge acquisition, memory, attention, and logical thinking skills (MacGowan & Schmidt, 2021). The physical needs of children are varied and can be classified into three main categories: basic

survival needs, such as being kept warm, being fed and participating in physical activities, protection from illness and injuries, and sensitive and responsive care from adults (Waldfogel, 2010). Children's social needs refer to the basic requirements that enable them to interact positively with others. This includes forming relationships, communicating, cooperating, and engaging in group activities (Gunnar & Quevedo, 2021). Addressing these social needs is crucial for children's overall development because fostering empathy, social competence, and the ability to navigate complex social environments supports effective communication and success in both academic and social settings (Ginsburg, 2007). These competencies are closely linked to emotional needs since meaningful social interactions depend on understanding and managing emotions (Van't Wout et al., 2010). Thus, emotional needs involve developing the skills required to recognize, express, and regulate emotions, empathy, and the capacity to build positive connections with others (Eisenberg et al., 2010).

Failure to address children's developmental needs can lead to a limited emotional range (Toth & Manly, 2018), prolonged negative affect, delays in early social behaviors (Valentino et al., 2011), negative self and caregiver perceptions (Toth et al., 2000), delays in theory of mind (Cicchetti et al., 2003), and academic difficulties (Lansford et al., 2002; Manly et al., 2013; Shonk & Cicchetti, 2001). Therefore, it is imperative that we prioritize and address these developmental needs to prevent long-term consequences and promote healthy emotional, cognitive, and social growth.

The Influence of Attachment on the Development of Children

Attachment and development are mutually influential (Briggs, 2015). Meeting children's developmental needs is crucial for fostering secure attachments, which not only support emotional regulation but also promote overall growth (Bowlby, 1969, as cited in Bretherton, 1992). Children can exhibit different attachment styles, including secure, anxious-avoidant, anxious-ambivalent, and disorganized, with variations across caregivers (Main & Solomon, 1990; Cowan & Cowan, 2007). These attachment styles are closely linked to emotional regulation, which in turn strengthens the child's relationship with caregivers and supports their development (Cassidy & Shaver, 2016). However, early trauma or loss can disrupt these bonds, impeding the child's overall development (Malchiodi, 2019). Secure attachment is associated with lower cortisol levels, leading to reduced stress and better regulation of physiological stress responses (Nachmias et al., 1996; Braungart-Rieker et al., 2001; Luecken & Lemery, 2004). In contrast,

insecure attachment has been linked to physical health challenges such as failure-to-thrive syndrome (Ward et al., 2000). As children grow, they continue to seek attachment figures in times of distress, reflecting the evolving nature of attachment relationships and their lasting impact on development (Bowlby, 1980).

Building Resilience in Children Through Developmental Support

Resilience is a dynamic process of adapting to adversity, often described as "the child's ability to bounce back in difficult situations" (Fondation Dr Julien, 2013, p. 137, as cited in Zuyderhoff, 2015). It is a crucial aspect of child development, shaped by environments that provide comfort, stability, and hope, which help children overcome challenges (Graves-Alcorn & Green, 2014; Luthar et al., 2000; Pasiali, 2012; Vanderbilt-Adriance & Shaw, 2008). Resilience is strengthened by enhancing protective factors and reducing risk factors. Protective factors include a child's internal characteristics (e.g., intelligence, emotional regulation, temperament), family support (e.g., material resources, protection, secure attachment), and community resources, such as additional caregivers and educators (Goodyer, 1995; Vanderbilt-Adriance & Shaw, 2008; Waldfogel, 2010). Supporting the development of resilience is essential, as it enables children to achieve key developmental milestones, including language acquisition, literacy, and appropriate school behavior, while also promoting emotional and physical health and overall psychological well-being (Masten & Barnes, 2018). Exposure to manageable stressors fosters the development of adaptive skills and self-regulation, contributing to a well-adjusted life (Masten & Cicchetti, 2015). Secure attachment and creative expression foster resilience, while also promoting autonomy and self-realization, supporting healthy development (Zilberstein, 2014; Buber, 1958; Garai, 1979; Malchiodi, 2019).

Conclusion

This chapter explored the developmental needs of children within Canada's mental health care context, revealing a significant gap between the demand for services and their availability. With many children unable to access necessary care, it is crucial to focus on experiences that consider the multifaceted developmental needs of children. Secure attachments are essential for healthy self-concept development, as they provide the emotional support necessary for children to navigate their environment. As such, taking a holistic approach that focuses on the physical, emotional, cognitive, and social domains is necessary to effectively support children's

developmental needs. Chapter 4 will discuss how child-centered play therapy can help address these needs.

Chapter 4. Child-Centered Play Therapy

This chapter explores child-centered play therapy, a prominent nondirective play therapy approach. It examines the significance of play in child development, the concept of directivity in play therapy, and defines the child-centered play therapy approach along with its facilitation process.

The Developmental Significance of Play

Play is a universal phenomenon found in all societies, with variations influenced by cultural perspectives on childhood and play's value (Whitebread, 2012). Children engage in five types of play: physical play, play with objects, symbolic play, pretense/sociodramatic play, and games with rules, all manifested differently based on available technology in various cultures (Whitebread, 2012). Play therapists use developmental theories to guide their understanding of children's play behaviors and emotional needs (Ray, 2011). As children engage in different types of play, these theories help therapists select appropriate experiences that align with the child's developmental stage (Ray, 2011). Developmental theories of play primarily focus on behaviors up to age 4, the point at which children typically master key play structures for communication and processing (Ray, 2011). While many play therapy clients are older, understanding these milestones helps therapists assess growth. This understanding not only enhances therapeutic outcomes but also supports the child's overall emotional well-being and developmental growth (Ray, 2011). For instance, Vygotsky (1978, as cited in Duncan & Tarulli, 2003) emphasizes the crucial role of play in developing language skills and controlling cognitive and emotional processes, which are interrelated and predictive of academic achievement and emotional well-being (Ayoub et al., 2011; Whitebread, 2011).

In child-centered play therapy, developmental theories provide the foundation for interpreting the child’s play expression, which in turn informs the therapist’s facilitation strategies.The following section explores how child-centered facilitation enhances the therapeutic relationship and fosters children's autonomy during play.

Directivity in Play Therapy

Various play therapy approaches exist along a range of directivity within the therapeutic process. Drewes and Bratton (2014) define Adlerian play therapy (Kottman, 2003), prescriptive play therapy (Schaefer, 2003), ecosystemic play therapy (O'Connor and Braverman, 2009), and cognitive-behavioral play therapy (Knell, 2003) as directive or integrative approaches. In

contrast, Jungian play therapy (Allan, 1997; Green, 2011), psychodynamic play therapy (Goodman & Halfon, 2021) and Gestalt play therapy (Carroll & Oaklander, 1997; Ray, 2011) are classified as non-directive methods, alongside child-centered play therapy, which stands as the most commonly utilized approach among play therapists adhering to a particular theoretical framework (Lambert et al., 2007; Sudo et al., 2023).

Challenges in play therapy can include acting-out behaviors, such as inappropriate actions, which are not acceptable in the therapy setting (Landreth, 2023). In other contexts, a structured approach may limit a child's growth. As Landreth (2023) notes, the challenges children face are linked to their sense of self, and non-directive methods, with their unstructured and dynamic nature, provide a flexible framework that adapts to the child's emotional and developmental needs. Directive and non-directive approaches in play therapy each offer distinct benefits, and choosing the most appropriate approach is an important therapeutic decision that should be guided by the child's specific needs and circumstances.

Defining Child-Centered Play Therapy

Child-centered play therapy was first developed by Axline (1969). This approach was founded on the believe that children have an innate ability to understand what is best for them. The child-centered play therapist's role is then to create a safe, supportive environment that allows children to express their feelings through play, helping them process experiences and enhance mental flexibility (Axline, 1969; Ray, 2011). This is achieved by offering a consistent play space with consistent limits and a fixed set of toys enabling children to engage in various ways during one-on-one sessions (Landreth, 2023). Based on psychoanalytic and humanistic theories, this approach encourages children to integrate new experiences through free play, promoting problem-solving, decision-making, and initiating change (Rasmussen & Cunningham, 1995; Ray, 2011). Since children think differently from adults, lacking full reasoning and judgment abilities (Elkind, 2007), play supports their progression through cognitive stages, leading to more adult-like thinking in both content and structure (Ray, 2011). Though therapists do not directly participate in play unless invited to do so, they observe, encourage, reflect actions and feelings, and ensure the child's safety (Ray & Bratton, 2016) while conveying empathy, acceptance, and understanding (Landreth, 2023).

Principles of Child-Centered Play Therapy

Garry Landreth (2023) outlines nine key principles for child-centered play therapy, as follows: (1) The relationship is more important than techniques, emphasizing the priority of the therapeutic connection over specific methods; (2) How the therapist feels about the child matters most, underscoring the importance of the therapist's emotional attitude and connection with the child; (3) Autonomy: The freedom to choose leads to change, suggesting that true change occurs when the child is given the freedom to make choices; (4) Accepting one's own weaknesses, which is essential for both the therapist and child to acknowledge and accept vulnerabilities; (5) Attunement to the child's worldview, meaning the therapist must tune into the child's perspective; (6) Listening with both eyes and ears, ensuring the therapist is fully present and attuned to both verbal and non-verbal cues; (7) Trusting instinct, allowing the therapist to rely on their intuition to guide their responses; (8) Not answering unasked questions, respecting the child's pace and readiness to engage; and (9) Consistency, fostering stability and predictability in the therapeutic environment to ensure safety and trust (p. 211).

The Impact of Early Trauma on Attachment

Early trauma can significantly affect a child's ability to develop stable attachment relationships, disrupting emotional regulation, resilience, and self-esteem. Bowlby (1965, as cited in Bretherton, 1992) highlights that both children and adults can experience a mourning process when attachment behaviors are activated in the absence of an attachment figure, which becomes especially relevant in the context of early trauma. Such traumatic experiences can lead to hyperarousal or dissociative behaviors (Perry et al., 1995) and impair the right hemisphere of the brain, which is crucial for socio-emotional processing and empathy (Schore, 2001; Gerhardt, 2004; Panksepp & Trevarthen, 2009). Children exposed to early trauma may develop disorganized attachments (Gerhardt, 2004; Prior & Glaser, 2006), displaying contradictory behaviors such as alternating between seeking attachment and avoidance, often resulting in emotional dysregulation. These disruptions can hinder the development of a consistent sense of self and diminish trust in others, potentially leading to defensive and controlling behaviors as children grow (Prior & Glaser, 2006; Robledo et al., 2022).

Integrating a child-centered approach aligns with Trauma-Informed Care (TIC) by addressing the developmental impact of Adverse Childhood Experiences (ACEs). Felitti et al. (1998) conducted a study of over 17,000 adults, identifying a strong connection between

childhood trauma and increased risks of medical, mental, and social challenges in adulthood. ACEs disrupt emotional regulation, cognitive growth, and social interactions, leading to increased anxiety, aggression, and long-term reliance on medical, social, and mental health services (Felitti et al., 1998; Beer & Birnbaum, 2022). The cumulative effect of ACEs is linked to chronic health conditions, mental health struggles, academic difficulties, and financial instability (Center for Disease Control and Prevention, 2019). Additionally, children with high ACE exposure often develop trust and behavioral challenges, reinforcing the need for early trauma-informed interventions to support resilience and positive developmental trajectories (Parker et al., 2021). In a study by Ray et al. (2021), the effects of child-centered play therapy were evaluated on 112 children with adverse childhood experiences, who were recruited from five elementary schools in the Southwest United States. The findings revealed that this approach led to significant improvements in empathy, self-regulation, and social competence, while preventing a decline in social-emotional skills. Furthermore, child-centered play therapy demonstrated its effectiveness in supporting children from diverse and economically disadvantaged backgrounds, helping to mitigate the impact of adverse childhood experiences for at-risk populations (Ray et al., 2021). In this framework, ACE-related symptoms are seen as normal responses to stress (Ray et al., 2021). A predictable, stable environment is essential to reduce anxiety and increase a sense of control for children affected by ACEs (Felitti et al., 1998), and well-organized, child-friendly spaces support comfort and self-regulation by providing both predictability and a sense of order (Landreth, 2023).While TIC is emerging in music therapy literature, a clear framework for addressing ACEs in this context is still developing (Beer & Birnbaum, 2022).

Format of the Sessions

In child-centered play therapy, the child takes the lead in determining the theme, content, and pace of the session. Sessions are typically offered in a one-on-one context, and last between thirty to fifty minutes. The child-centered play therapy session begins with the therapist announcing that the child can play with the toys “in a lot of the ways that they want” (Landreth, 2023, p. 206). Throughout the session, the therapist narrates the child’s actions in order to communicate empathy and provide limits; but only those that are required to maintain structure and support the child’s sense of responsibility within the therapeutic relationship (Landreth, 2023). The therapist offers a 5-minute warning before the session ends to ensure that the child can prepare for the transition, making the process feel more predictable and less abrupt. To track

progress and development of themes, the therapist takes notes immediately after each session whenever possible, and uses video recording when available (Landreth, 2023, Ray, 2011).

Materials

Children develop critical thinking, problem-solving skills, and resilience through play challenges, which are further enriched by their interactions with materials that hold expressive and imaginative potential (Bratton et al., 2005; Landreth, 2023; Ray, 2011). Although there is no specific list of toys, there are categories that ought to be represented in the playroom (Landreth, 2023). Some toys, like play-dough, can serve dual purposes, being both creative and aggressive, since it can be molded or smashed to express anger, while also used for imaginative play (Landreth, 2023). Landreth (2023) gives various recommendations such as organizing two or three similar items on shelves for easy visibility, avoiding storybooks, boardgames, and certain toys like Lego or snack food, since they can distract from the therapeutic process. He also states that the playroom should be arranged with functional, intact toys displayed consistently to support unrestricted exploration, including spaces for hiding. Broken toys should be removed to prevent frustration, and containers, which would hide the toys, should be avoided to prevent confusion (Landreth, 2023).

The Facilitation Process in Child-Centered Play Therapy

In *Play Therapy: The Art of the Relationship* (2023), Garry Landreth explains that the play therapist's role is to be fully present and authentic, creating a space where they "just are" with the child. This experience orientation differs from an outcome orientation to therapy (Wake & Erickson, 2010) since the therapist focuses on supporting the child's natural direction and fostering a genuine relationship. Key traits of effective therapists include patience, flexibility, and being nonjudgmental (Landreth, 2023). This approach focuses on encouraging the child's creative potential rather than giving them solutions (Landreth, 2023). The therapist's role is to facilitate self-exploration, in line with Landreth's assertion that a play therapist "does not try to make things happen" (Landreth, 2023, p. 129). The freedom of the child, which is also central in this approach, is conveyed using words such as "you've decided", "you are choosing", or "looks like you have an idea" (Landreth, 2023). By staying in a neutral position and only engaging when invited, the therapist creates a consistent expectation that can contribute to fostering the child's sense of control. For example, a phrase like, "Melissa, this is our playroom, and you can play with the toys in many ways you like," conveys freedom within clear boundaries (Landreth, 2023,

p. 206). This therapeutic space is created both verbally and non-verbally by conveying a “be with” attitude (Landreth, 2023). It can be conveyed through affirming words such as : “I am here—I hear you—I understand—I care—I delight in you”, or by the therapist ensuring that their nose and toes are following the direction of the child.(Landreth, 2023).

Garry Landreth (2023) outlines six key objectives for the therapeutic relationship in a child-centered approach: (1) The therapist seeks to establish a safe environment for the child and (2) to gain a deep understanding and acceptance of the child’s perspective. (3) A critical aspect of this approach is encouraging the child to express their emotions, (4) while also fostering a sense of permissiveness. Additionally, (5) the therapist supports the child in making their own decisions and (6) offers opportunities for the child to take on responsibility, thereby helping them develop a sense of control. In the playroom, the child has freedom within a structured environment, with choices about play, conversation, and interaction. This autonomy is key to child-centered play therapy, where the child controls their experience. The therapist respects this by staying neutral until invited to engage, avoiding interference such as asking questions or offering suggestions. Maintaining boundaries is essential for protecting the child’s well-being and respecting their possessions as extensions of themselves, in line with developmental principles (Landreth, 2023, Ray, 2011).

Conclusion

Child-centered play therapy involves the creation of a non-directive, yet structured space where children can explore and express themselves freely (Landreth, 2023; Ray, 2011; Drewes & Bratton, 2014). Materials, such as toys and art supplies, are chosen to encourage creative expression and emotional exploration (Landreth, 2023; Ray, 2011). In child-centered play therapy, play is viewed as a key developmental tool that can support children in processing emotions, building social skills, and developing problem-solving abilities (Drewes & Bratton, 2014). Six key objectives in a child-centered therapeutic relationship were presented: creating a safe environment, understanding the child's perspective, encouraging emotional expression, fostering permissiveness, supporting decision-making, and offering opportunities for responsibility to help the child develop a sense of control (Landreth, 2023). These can be achieved verbally and non-verbally through nine key principles for therapists, which will be explored further in chapter 6. Music therapy improvisation, like child-centered play therapy, supports developmental growth through free expression in a structured environment. The next

chapter defines music therapy improvisation, reviews music therapy improvisation models used with children, and explores how music therapy improvisation can meet children's emotional, social, physical, and cognitive needs.

Chapter 5. Music Therapy Improvisation with Children

In this chapter, music therapy improvisation is defined, and 2 salient music therapy improvisational models used with children are reviewed, namely Orff Music Therapy and Creative Music Therapy. The role that music therapy improvisation can play to support developmental growth within emotional, social, physical and cognitive domains is also explored.

Defining Music Therapy Improvisation

Music therapy improvisation is one of four types of experiences used in music therapy: composition, improvisation, re-creative, and receptive (Bruscia, 2014). In music therapy improvisation, clients create music spontaneously using any available medium, either alone or with others, including the music therapist (Bruscia, 2014). This music therapy method is typically used to foster nonverbal communication, self-expression, emotional exploration, interpersonal skills, creativity, and cognitive development (Bruscia, 2014). Within spontaneous musical interaction, multiple relational dimensions emerge, including intramusical (connections within the music itself), intrapersonal (dynamics within an individual, such as between emotions or aspects of the self), intermusical (musical exchanges between two or more people), interpersonal (relationships extending beyond music), personal (one's unique connection to music) and ecological (between a person and the various situations, contexts, structures, values, and environments in which the person lives) realms (Bruscia, 2014). Bruscia (1987) theorized the usage of sixty-four clinical techniques classified in eight categories which are empathy, structuring, elicitation, redirection, procedural, referential, emotional and discussion. Music therapy improvisation techniques are primarily employed to express empathy, provide a musical framework for client improvisation, organize the improvisational process, stimulate referential improvisation, explore emotions, and address therapeutic concerns (Bruscia, 1987). It is essential to acknowledge that each technique can often be categorized in multiple ways, with numerous other possible classifications that could be applied (Bruscia, 1987, 2014). Importantly, these techniques elucidate the relevance of clinical musicianship, which refers to "the ability to play an instrument effectively for therapeutic purposes" (Jenkins, 2013, p. 175), when using improvisation methods.

Gardstrom and Hiller (2022) describe clinical music improvisation (synonymous to music therapy improvisation) as a core music therapy method used for assessment, treatment, and evaluation. It involves clients generating original sounds and music in the moment, either

independently or collaboratively, using various sound media. The method ranges from free to highly structured improvisation and serves different functions within a session, such as warm-up, core activity, or closure. It can be the central therapeutic focus or integrated with other methods, with goals emerging from the client-therapist interaction to support emotional expression, interpersonal skill development, and cognitive growth (Gardstrom & Hiller, 2022).

Seabrook (2018) highlights three defining characteristics of music therapy improvisation: (1) it occurs within a therapeutic relationship, (2) prioritizes the client's health and well-being, and (3) is guided by established therapeutic frameworks (p. 3). Seabrook (2019) uses the terms "music therapy improvisation" and "improvisation in music therapy" interchangeably to encompass all contexts of music therapist-led improvisation while maintaining its distinction from other forms of improvisation. The student researcher determined that this inclusive terminology was the most appropriate for the context of the study.

Music therapists often establish structure and predictability in music therapy improvisation through the use of play rules or predefined elements (Wigram, 2004). This structure can be programmatic, procedural, interpersonal or verbal (Gardstrom and Hiller, 2022) and is designed to provide "a sense of meaning and direction to the improvisational experiences, whether on a purely musical level or within the therapeutic context of clinical work" (Wigram, 2004, p. 41). Relatedly, Wigram (2004) developed a framework represented by the acronym “MUSIC” that outlines the five essential components of music therapy improvisation facilitation. These five essential components, which will be further defined in chapter 6, are motivation, understanding, sensitivity, integration, and containment.

Music Therapy Improvisation Models Used with Children

Many music therapy improvisation models have been developed over the years, some of which were explored in Bruscia’s (1987) seminal book *Improvisational Models of Music Therapy.* Two of these models are briefly presented here, highlighting their documented use with children. These models are Orff music therapy (Orff, 1980, as cited in Voigt, 2013) and creative music therapy (Nordoff & Robbins, 2007).

Orff Music Therapy

Orff Music Therapy, developed by Gertrude Orff during her work in social pediatrics in Munich, adapted the Orff-Schulwerk method designed for music education to address the needs of children with developmental delays and disabilities (Voigt, 2013). The approach incorporates

four key elements: the musiké concept, elemental music, a diverse instrumentarium, and multisensory experiences (Orff, 1980, as cited in Voigt, 2013). Musiké combines word, sound, and movement, while elemental music integrates music, dance, and speech (Orff, 1980, as cited in Voigt, 2013). In therapy, these elements foster self-exploration and relationship building through improvisation and play. The instrument collection consists of both non-adapted instruments and those modified to meet the developmental stages of children. Additionally, everyday materials are used for multisensory engagement, supporting therapeutic goals such as enhancing the child's cognitive, psychomotor, and socio-emotional development. (Orff, 1980, as cited in Voigt, 2013). Improvisation is considered fundamental to engaging in Orff Music Therapy (Voigt, 2013). Gertrude Orff (1989, as cited in Voigt, 2013) viewed structure and form as naturally arising within music through fundamental elements such as sound and silence, or the contrast between playing and pausing. She also recognized both sound and movement as integral to the improvisation process (Voigt, 2013).

Orff Music Therapy, initially created for school settings, has been utilized in school-based bereavement groups to provide a safe space for children to express themselves, yielding positive responses, consistent attendance, and enjoyment (Register & Russel, 2008). Group work is key in this model, as music is viewed as a natural vessel for social interaction. Accordingly, the method was also integrated into a class for children with disabilities to help them develop “acquaintance to (their) bodies and its connection to space and time” (Voigt, 2013, p.127). This program helped children improve social skills, enhance turn-taking, reduce behavioral problems, and culminated in a collaborative play-song performance that highlighted their progress (Voigt, 2013). A study by Kim and Lee (2023) also demonstrated the effectiveness of an Orff-based music program in improving responsivity, joint attention, and language development in children with autism spectrum disorder (ASD). Over five weeks, these children engaged in instrument play and melody creation, requiring cooperation and turn-taking with therapists. After the intervention, non-verbal children began producing monosyllabic vocalizations, increasing their enjoyment and providing more appropriate responses (Kim & Lee, 2023).

Creative Music Therapy

Creative music therapy was developed in 1959 by Paul Nordoff and Clive Robbins, drawing inspiration from Rudolf Steiner’s philosophy (1861-1925), particularly his approaches to supporting children with disabilities and fostering their developmental potential (Wheeler, 2015).

Nordoff (1909-1977) was a pianist, composer, and scholar with a deep interest in the therapeutic applications of music for children, while Robbins (1927-2011) was a Waldorf educator. A key anthroposophical principle that resonated with them was the idea that working with children with disabilities provides valuable insights into human development as a whole (Wheeler, 2015). Nordoff and Robbins began their work at Sunfield Children's Home, an anthroposophical residence in England, where they supported children with various developmental and physical disabilities. In their first individual session, they observed significant changes in a child's emotional expression in response to improvised music featuring contrasting pentatonic scale formulations that created dissonance (Wheeler, 2015). Nordoff and Robbins documented numerous case studies from their work in Philadelphia, including that of Edward, a five-year-old boy with autistic traits, a history of panic reactions, and tendencies for prolonged rocking and head-banging. After nine sessions, he engaged in over 16 minutes of continuous vocal interplay, and after a year, his vocabulary expanded to more than 120 words, including verbs and short phrases (Nordoff & Robbins, 2007).

Rooted in the belief of the universality of musical expression, creative music therapy aims to build therapeutic relationships through musical collaboration, with a strong focus on fostering communication and interresponsiveness (Nordoff & Robbins, 2004, 2007). Traditionally, this method involved two therapists. One provided the musical framework on a piano or another harmonic instrument, improvising to support and encourage the client's development. The other facilitated the musical interaction by physically guiding the client's engagement, adjusting their involvement based on the client's needs (Wheeler, 2015). Session recordings and musical indexing are used to gain a deeper understanding of the child's musical expression (Wheeler, 2015). The concept of the "music child," introduced by Nordoff and Robbins (2007), highlights the innate musical sensitivity present in every human, encompassing their ability to engage, respond, and express themselves through music. This concept emphasizes music's fundamental role in human nature, akin to our capacity for language and bonding (Nordoff & Robbins, 2007). Creative music therapy harnesses this universal human experience towards therapeutic growth (Aigen, 2014). Through improvisation, clients can explore creativity, spontaneity, and emotional experiences, fostering new self-concepts and deeper engagement with their environment. Music is central to the therapeutic process, making this model distinctly music-centered (Aigen, 2014). The approach has been used to support children with a wide variety of strengths and needs,

including those with communication challenges. For instance, a systematic review of music therapy for children with specific language impairments by Wanicharoen and Bonrood (2023) indicates that methods such as song cues and the Nordoff-Robbins approach enhance language skills, including phonology, syntax, morphology, and sentence comprehension. The results demonstrate that music therapy is an effective intervention for improving these language components.

Addressing the Developmental Needs of Children Through Music Therapy Improvisation

Music therapists frequently employ music therapy improvisation as a means of addressing the emotional, social, physical and cognitive developmental needs of children. Within the emotional realm, engaging in spontaneous musical expression allows children to explore and communicate their emotions creatively, enhancing emotional awareness and self-expression (Bruscia, 2014). Through musical interactions during improvisation, they develop resilience and coping strategies while confronting their feelings (Aigen, 2014). Within the social realm, group improvisation can foster listening, adaptability, and empathy, helping children manage emotional regulation and find creative solutions to challenges in both music and life (Bruscia, 2014; Aigen, 2014; Kim, 2016). This music therapy improvisation process can also strengthen the therapeutic relationship, offering a relational space to practice risk-taking and deeper social engagement (Nordoff & Robbins, 2004, 2007). Through music therapy improvisation, individuals can enhance their psychosocial functioning by engaging in key non-musical behaviors, such as initiating social interactions, cooperation, responding to social cues, participating in turn-taking, listening attentively, and mirroring behaviors (Gooding, 2011; Thaut & Hoemberg, 2014). Music therapy programs that incorporate improvisation have shown significant improvements in social functioning and peer relationships among participants (Gooding, 2011). In three separate studies that were conducted in school, residential, and after-school care settings, forty-five children aged 6–17 years labelled with social skills deficits participated in a five-session group intervention program. The program included active interventions such as music performance, movement to music, and improvisation, alongside cognitive-behavioral techniques like modeling, feedback, transfer training, and problem-solving. Results showed significant improvements in social functioning across various measures.

The physical needs of children can also be addressed in different ways through improvisation. Instrumental and movement improvisation, for instance, naturally facilitate active

physical and musical engagement (Aigen, 2005; Bruscia, 2014; Nordoff & Robbins, 2007). During sessions, playing various instruments encourages the development of fine motor skills, as children explore sounds and adapt their movements in response to the therapist's musical prompts (Nordoff & Robbins, 2007). This physical involvement is central to musical co-creation, which in turn serves as a motivator for reaching physical goals and engaging in further music-making (Nordoff & Robbins, 2007). Regarding the cognitive domain, musical creativity is linked to children's cognitive development, particularly in promoting flexible thinking and problem-solving abilities (Koutsoupidou & Hargreaves, 2009). Improvisation in music therapy can improve cognitive flexibility, focus, adaptability, and creative thinking as children engage with the musical environment (Knapik-Szweda, 2015). This was further investigated in a case study by González-Granero (2021), in which 11 sessions of music therapy improvisation were conducted with a six-year-old boy using percussion instruments and a ukulele. The sessions were recorded for analysis, and weekly data were collected via recording sheets, revealing improvements in attention and concentration.

Conclusion

Music therapy improvisation can effectively support children's emotional, social, physical, and cognitive development. Models like Orff music therapy (1980, as cited in Voigt, 2013) and creative music therapy (Nordoff & Robbins, 2007) use musical improvisation as the primary tool for therapeutic change, fostering expression, cooperation, motor skills, and cognitive flexibility (Aigen, 2005; Bruscia, 2014, Nordoff & Robbins, 2007, Knapik-Szweda 2015, Koutsoupidou & Hargreaves, 2009 ; Orff, 1980, as cited in Voigt, 2013). Through diverse music therapy techniques, session structures and systematic recording and analysis, music therapy improvisation helps clients enhance their creativity, exercise autonomy, and integrate emotional and cognitive experiences, promoting cognitive development and self-expression (Schiavio & Benedek, 2020). Additionally, it supports resilience, communication, and problem-solving, encouraging holistic development through active participation and collaborative expression (Gooding, 2011; Kim, 2016). The next chapter examines how the therapist's role in facilitating music therapy improvisation, defined by Wigram's (2004) "MUSIC" framework, aligns with a child-centered approach. It will highlight the nine key principles of child-centered therapy (Landreth, 2023) and their integration with the therapist's approach to facilitate therapeutic change through music therapy improvisation in children who need developmental support.

Chapter 6. Findings

This chapter articulates why music therapy improvisation realized within a child-centered play therapy approach is an ideal way to address the developmental needs of children in mental health care settings. This argument was formulated by conceptualizing Landreth's (2023) 9 principles of a child-centered play therapy approach within Wigram's (2004) five essential components of music therapy improvisation facilitation, which are motivation, understanding, sensitivity, integration, and containment (forming the MUSIC acronym. As mentioned previously, Landreth's (2023) 9 principles of a child-centered play therapy approach are: (1) The relationship is more important than techniques; (2) How the therapist feels about the child matters most; (3) Autonomy: The freedom to choose leads to change; (4) Accepting one's own weaknesses; (5) Attunement to the child's worldview; (6) Listening with both eyes and ears (7) Trusting instinct; (8) Not answering unasked questions; and (9) Consistency. The attributes of each component of the acronym, MUSIC, are explained, relevant child-centered play therapy principles are identified, and implications for addressing developmental needs within a child-centered play therapy approach to music therapy improvisation are highlighted. Table 1 provides a summary of findings.

Table 1

Summary of Findings

Essential Components of Music Therapy Improvisation Facilitation	Relevant Child-centered play therapy principles	Implications for Addressing Developmental Needs	Examples of CCPT and MTI techniques
Motivation: Encourages children's autonomy by enhancing intrinsic motivation through self-expression and engagement in musical activities.	3. Autonomy: The freedom to choose leads to change 5. Attunement to the child's worldview 8. Not answering unasked questions	**Adopting an experience-orientation approach** involves promoting intrinsic motivation by facilitating self-directed engagement as well as welcoming curiosity and experimentation in the therapeutic process (Landreth, 2023).	**CCPT techniques:** Verbal responses such as: "in here you can decide…" You like that…" "You didn't like that…" You are choosing…." "You have an idea…" "You have made a decision" (Landreth, 2023). **MTI techniques:** Pacing, introducing changes (Bruscia, 1987)
Understanding: Actively listens and validates children's feelings and thoughts, creating a therapeutic alliance.	4. Accepting one's own weaknesses 5. Attunement to the child's worldview 6. Listening with both eyes and ears 7. Trusting instincts	**Practicing cultural humility** involves acknowledging, valuing, and being responsive to the child's worldview, supporting emotional and social developmental needs through identity formation (Ray et al., 2022).	**CCPT techniques:** Offering culturally relevant toys and play food, analyzing session records, narrating the child's actions (Landreth, 2023; Ray, 2011) **MTI techniques:** Mirroring, symbolizing, (Bruscia, 1987, 2023), analyzing session recordings (Nordoff & Robins, 2007)
Sensitivity: Observes and adjusts to the child's emotional state, using a flexible and attuned therapeutic posture.	1. The relationship is more important than techniques 2. How the therapist feels about the child matters most 5. Attunement to the child's worldview 6. Listening with both eyes and ears	**Considering individual developmental stages** involves creating a secure, adapted environment that supports the child as they move across developmental stages at their own pace (Briggs, 2015; Ray, 2011).	**CCPT techniques:** Tracking and reflecting feelings through a specific language and an affirmative tone using words such as: "I am here—I hear you—I understand—I care—I delight in you", the physical implication of the child-centered therapist, in which their nose and toes are pointed in the child's direction (Landreth, 2023; Ray, 2011). **MTI techniques:** holding, doubling (Bruscia, 1987)
Integration: Joins the child's play or music making only when invited, ensuring respect for their autonomy and preferences.	3. Autonomy: freedom to choose leads to change 5. Attunement to the child's worldview 6. Listening with both eyes and ears	**Providing trauma-informed care** involves ensuring a consistent and predictable environment, fostering trust and security to support trauma	**CCPT techniques:** Ensuring a consistent and predictable environment, supporting co-regulation efforts, fostering trust and security (Landreth, 2023; Ray et al., 2021). **MTI techniques:** Pairing, sharing instruments,

		recovery and nurturing all developmental needs (Beer & Birnbaum, 2022; Ray et al., 2021).	providing play rules, establish musical routines, being mindful of sensitivity towards timbre and loudness (Beer & Birnbaum, 2022; Bruscia, 1987; Gardstrom & Hiller, 2022).
Containment: Provides a stable, secure environment for the exploration of challenging emotions and experiences.	3. Autonomy: freedom to choose leads to change 5. Attunement to the child's worldview 9. Consistency	**Allowing space for safe physical and aggressive play** involves providing appropriate materials to address related physical and emotional developmental needs (Landreth, 2023; Ray 2011).	**CCPT techniques:** Consistency in verbal and physical responses, usage of the ACT method, predictable session starts and end times, including destructible material inclusion of aggressive play, (Landreth, 2023) **MTI techniques:** Establishing play rules or givens, rhythmic grounding (Bruscia, 1987; Gardstrom & Hiller, 2022; Nöcker-Ribaupierre & Wölfl, 2010)

First Essential Components of Music Therapy Improvisation Facilitation: Motivation

Wigram (2004) defines motivation as the process by which the music therapist encourages a child's autonomy by enhancing intrinsic motivation through self-expression opportunities in the form of musical engagement. In music therapy improvisation, this may involve freely exploring instruments and musical elements, as well as exploring emotions, symbols, and metaphors through music. This exploration exists along with the sensory experience of engaging different parts of the body in movement, instrument, and vocal play (Bruscia, 2014).

Child-Centered Play Therapy Principles Relevant to the Essential Component of Motivation

Incorporating a child-centered approach into music therapy improvisation is deeply connected to fostering the child's intrinsic motivation, which is central to their self-exploration and emotional growth. The principle of "3. Autonomy: the freedom to choose leads to change" is crucial in motivating the child, as it allows them to take control of their musical expression, which enhances their intrinsic drive. By providing opportunities for the child to explore instruments, sounds, and emotions freely, the therapist fosters motivation and encourages a deeper connection to the therapeutic process. The therapist also does this through their verbal responses such as: "in here you can decide…" You like that…" "You didn't like that…" You are choosing…." "You have an idea…" "You have made a decision" (Landreth, 2023). "5.

Attunement to the child's worldview" aligns with this by ensuring that the therapist's responses are attuned to the child's unique emotional and musical needs, creating a space for authentic self-expression. This principle emphasizes the importance of respecting the child's individual perspective and fostering an environment where they feel understood which in turn strengthens their motivation to engage in the process. The principle of "8. Not answering unasked questions" further supports motivation by allowing the child to lead their exploration. By minimizing unnecessary intervention, the therapist enables the child to make decisions about their musical journey, which nurtures their sense of autonomy and fuels their motivation to continue engaging.

Implications for Addressing Developmental Needs

An experience-oriented approach to practice (Gardstrom & Hiller, 2022, p. 90), central to child-centered play therapy, emphasizes the child's autonomy and agency in guiding the therapeutic process. Because the therapeutic process unfolds without predetermined outcomes, children can engage at their own pace (Landreth, 2023; Ray, 2011). Intrinsic motivation, which is driven by curiosity and the desire for personal growth and mastery, is closely tied to fulfilling core psychological needs such as autonomy and competence (Cooper & McLeod, 2011). In child-centered play therapy, the focus on self-directed engagement naturally aligns with intrinsic motivation, supporting the child's emotional exploration without imposed outcomes (Landreth, 2023; Ray, 2011). The therapeutic process nurtures intrinsic motivation by supporting self-directed growth, allowing the child to lead their own development through exploration and expression without fixed expectations (Gardstrom & Hiller, 2022). Music can serve both as a stimulus for emotional responses and as a medium for demonstrating progress (Gardstrom & Hiller, 2022). For example, the use of improvisational techniques such as pacing (Bruscia, 1987) or introducing changes (Bruscia, 1987) can support the child's intrinsic motivation by creating a dynamic and responsive environment. Pacing involves matching the child's musical energy by adapting the therapist's musical expression to mirror the child's emotional or energetic state (Bruscia, 1987). This reflection of the child's engagement can increase self-awareness which can, in turn, motivate further actions (Bruscia, 1987). Similarly, introducing changes can stimulate the child's intrinsic motivation by encouraging them to respond by exploring new musical possibilities (Bruscia, 1987). Creating a space where experimentation is welcomed promotes the kind of curiosity that is key to intrinsic motivation.

Second Essential Component of Music Therapy Improvisation: Understanding

Wigram's (2004) component of understanding emphasizes the therapist's sensitivity to the child's emotional states, contexts, and individual strengths and needs through their musical expression. It requires paying close attention to behaviors like body language, facial expressions, and verbal and musical communication (Wigram, 2004). This analysis informs the six relational dimensions defined by Bruscia (2014): intramusical, intrapersonal, intermusical, interpersonal, personal, and ecological. A therapist's interpretation is shaped by their relationship with the child and their own experiences. Over time, repeated interactions foster a deeper understanding, creating a meaningful connection that extends beyond the specific context of music therapy improvisation (Bruscia 2014). This component focuses on gaining a holistic view of the child's experience in therapy.

Child-Centered Play Therapy Principles Relevant to the Essential Component of Understanding

In music therapy improvisation, the therapist's understanding of the child is essential for creating a responsive and supportive environment. The principle of "4. Accepting one's own weaknesses," which encourages therapists to recognize their personal biases, is fundamental for understanding the child's musical expression without preconceptions. By acknowledging these biases, therapists can approach the session with an open mind, allowing the child's emotional and musical cues to guide their understanding. "5. Attunement to the child's worldview," highlights the importance of considering the child's unique perspective when interpreting their musical contributions. This principle encourages the therapist to adapt their responses based on the child's individual context, fostering a deeper connection rooted in empathy and respect. "6. Listening with both eyes and ears," emphasizes the need for the therapist to be acutely aware of both verbal and nonverbal communication, such as body language and musical expressions. These cues are crucial for understanding the child's emotional state, helping the therapist to respond appropriately within the improvisation. Finally, "7. Trusting instincts" underscores the importance of intuition in understanding the child's needs during improvisation. The therapist must rely on their instincts to interpret the child's emotional and musical cues in real time, dynamically adjusting their musical contributions to facilitate emotional exploration and promote growth. Together, these principles ensure that the therapist's understanding is flexible,

responsive, and deeply connected to the child's emotional and musical experience during the improvisation process.

Implications for Addressing Developmental Needs

Cultural humility enriches music therapy improvisation by expanding the therapist's interpretive framework beyond personal biases, allowing for a more inclusive and client-centered perspective (Swamy, 2014; Wheeler, 2015). By adapting therapeutic experiences to reflect each client's cultural understanding, music therapists honor diversity and work towards fostering a sense of belonging (Kim, 2010, Whitehead-Pleaux, 2017). This principle is equally essential in child-centered play therapy, where acknowledging and respecting the child's identity supports emotional safety and self-expression. Hook et al. (2017) define cultural humility as recognizing the limits of one's understanding of another's culture and maintaining an open, client-centered stance. It requires both intrapersonal reflection on personal biases and interpersonal engagement with the client's values and beliefs, ensuring that therapy remains respectful and responsive to cultural differences (Hook et al., 2017). It is particularly relevant in music therapy improvisation, where clients bring unique emotional and cultural expressions into their musical interactions. By remaining open to these influences, therapists create an environment of respect and empathy (dos Santos, 2022; Edwards, 2022, Young, 2016). This requires careful consideration of how personal and cultural backgrounds shape clients' perceptions of instruments, musical elements, and bodily engagement, making it essential for therapists to actively seek client perspectives, research cultural identifications, and select instruments with cultural awareness (Gardstrom & Hiller, 2022).

Techniques like mirroring (Bruscia, 1987) and symbolizing (Bruscia, 1987) play a crucial role in honoring the child's cultural context and enhancing their emotional expression. Mirroring involves the therapist reflecting the child's movements, emotions, or energy through sound, creating an empathetic connection that validates the child's emotional state and cultural influences. This could be related to the child-centered technique of narrating the child's actions, which involved the therapist mirroring through words what the child is doing in the playroom. Symbolizing allows the therapist to encourage the child to use music to represent personal experiences, objects, or people, providing a means for the child to express their worldview and cultural background. In child-centered practices, this is accomplished by offering culturally relevant toys and food (Ray, 2022) and could also be expanded to include culturally

representative instruments that reflect significant cultural events or relationships through sound. By incorporating these techniques, the therapist not only validates the child's emotional experiences but also nurtures a sense of belonging, allowing the child to communicate their cultural identity in a supportive and expressive way

Another technique common to both child-centered play therapy and music therapy improvisation involves analyzing session records to deepen the therapist's understanding of the child's needs throughout the session (Bruscia, 2023, Landreth, 2023). This can be achieved through a structured analytical approach, such as the Nordoff-Robbins' clinical documentation analysis (Nordoff & Robbins, 2007) or through more flexible methods like notational listening (Bruscia, 2023).

Third Essential Component of Music Therapy Improvisation Facilitation: Sensitivity

Sensitivity in music therapy involves attuning to the client's musical style, body language, and expressive qualities, as music serves as a medium of communication (Bruscia, 2023). Wigram (2004) defines this as the therapist's ability to perceive and adapt to the client's emotional and musical expressions in real time. This requires both theoretical understanding and intuitive responsiveness, allowing the therapist to adjust their musical interactions to foster a dynamic, empathetic connection that supports the therapeutic process (Gardstrom & Hiller, 2022). In the context of music therapy improvisation, this attunement guides the use of specific music therapy improvisation techniques aimed at eliciting immediate responses or supporting the client's emotional experience. Bruscia (1987) identifies several types of techniques (e.g. empathy, structuring, intimacy, elicitation, redirection, and emotional exploration), which help shape the flow of the session, encourage closeness between improvisers, and facilitate emotional exploration. The therapist's sensitivity is crucial in selecting and implementing these techniques skillfully and organically in a way that is in tune with the client's needs at each moment (Bruscia, 1987).

Child-Centered Play Therapy Principles Relevant to the Essential Component of Sensitivity

In music therapy, sensitivity is crucial for building an empathetic, responsive therapeutic relationship, which is considered central to the therapeutic process in child-centered play therapy, as reflected in the principle "1. The relationship is more important than techniques." Sensitivity supports the therapist in prioritizing this relationship, fostering emotional safety and trust. This aligns with "2. Attunement to the child's worldview," where the therapist responds to the child's

unique emotional and cultural expression in real time, using their musical intuition to validate the child's perspective. The principle “3. Listening with both eyes and ears” emphasizes the importance of being attuned to all forms of communication, including verbal and nonverbal cues, allowing the therapist to adapt their responses accordingly. “4. Trusting instincts” complements sensitivity by encouraging the therapist to make intuitive decisions based on the child’s cues, further supporting the child's emotional needs and growth.

Implications for Addressing Developmental Needs

Consideration for the developmental stage of the child is central to a child-centered approach (Ray, 2011). In music therapy, Briggs (2015) emphasizes that music therapy experiences can be adapted to the child's developmental needs, such as attachment and self-development, by aligning improvisation with the child's stage of growth. This is achieved by creating a supportive musical environment that features developmentally adapted instruments and materials. Other ways to consider developmental stages in the session involved introducing new instruments gradually and in a way that is coherent with the cognitive and musical development of the child, as well as alternating between turn-taking and synchronous music-making to account for individual attention-span needs. Furthermore, processes linked to preverbal communication can highlight key aspects of the interaction, and thus should be understood within a developmental lens (Perry, 2003). One way to achieve this could be by using action songs, where the child mimics the therapist's gestures and associates them to the various sounds. Similarly, interresponsiveness in Nordoff-Robbins music therapy focuses on the dynamic interaction between the child and therapist, with music as the medium for engagement (Nordoff & Robins, 2007). Engaging with the client's sound world while accounting for their individual developmental stages allows therapists to hear and better understand the child’s strengths and needs (Bruscia, 2023).

As mentioned previously, attunement to the child and their music is key to selecting and implementing developmentally supportive music therapy improvisation techniques. Techniques are used to attune with the emotional and energetic qualities of the child through variations in musical elements such as timing, intensity, and form. Understanding the child’s musical development, for instance, can help in selecting the best musical elements to modulate by considering the child’s musical processing capabilities. This in turn can contribute to sensitive, dynamic and rich musical interactions (Trondalen & Skårderud, 2007). Similarly, improvisational

techniques like holding (Bruscia, 1987) and doubling (Bruscia, 1987) can be used to support developmental growth in the areas of self and emotional awareness. Holding involves the therapist creating a musical base that mirrors the child's emotional state, offering a sense of containment and support. This helps the child feel that the therapist is actively engaged in their musical world and emotionally attuned to them (Bruscia, 1987). This technique mirrors the verbal holding provided through a specific language, using words such as: "I am here—I hear you—I understand—I care—I delight in you", and an affirmative tone allowing the therapist to track and reflect on feelings, which is an important part of child-centered practices (Landreth, 20203, Ray, 2011). This holding is also created through the physical implication of the child-centered therapist, in which their nose and toes are pointed in the child's direction. (Landreth, 2023).

It may also help to normalize feelings that may be overwhelming or scary to the child. Similarly, doubling occurs when the therapist musically mirrors or echoes the child's actions. Unlike holding or simple reflection, doubling emphasizes underlying emotions rather than surface expressions, conveying feelings both alongside and on behalf of the child (Bruscia, 1987). This technique demands that the therapist remain sensitive and responsive to the child's emotional state and musical contributions (Bruscia, 1987), and it can serve as a way to support the child in the identification of emotions.

Fourth Essential Component of Music Therapy Improvisation Facilitation: Integration

Integration refers to the alignment of the therapist's musical contributions with those of the client, fostering a collaborative musical experience. This process involves synchronizing musical timing, direction, and structure, allowing for a dynamic interplay that reflects the client's specific issues and characteristics (Wigram, 2004). For instance, fostering client integration of their experience could be the focus of the improvisation experience.

Child-Centered Play Therapy Principles Relevant to the Essential Component of Integration

The principle of "3. Autonomy: the freedom to choose leads to change" (Landreth, 2023) relates to integration by empowering the child to take the lead in the musical interaction, with the therapist adapting their contributions to follow the child's choices. This collaborative process aligns with integration by ensuring that the child's musical expressions are respected and incorporated, creating a dynamic interplay. Similarly, "5. Attunement to the child's worldview"

(Landreth, 2023) emphasizes the therapist's responsibility to adapt their musical responses to the child's unique perspective, enhancing the alignment of both parties' contributions. The principle of "6. Listening with both eyes and ears" (Landreth, 2023) further supports integration by encouraging the therapist to attend to both verbal and nonverbal cues, ensuring their musical responses reflect the child's emotional and physical state. Finally, "8. Trusting instincts" (Landreth, 2023) guides the therapist in intuitively adjusting their musical contributions in response to the child, fostering a collaborative and interconnected musical experience that strengthens integration.

Implications for Addressing Developmental Needs

The "integration" component of music therapy improvisation is closely linked to trauma-informed care as it asks of the therapist to ensure therapeutic interactions are responsive to the child's emotional and developmental needs. Providing trauma-informed care in this context involves ensuring a consistent and predictable environment, fostering trust and security to support trauma recovery, and supporting co-regulation efforts (Beer & Birnbaum, 2022; Ray et al., 2021). Understanding the child's specific needs and following their personal rhythm is paramount here. The music therapist must collaborate with the child to establish effective support strategies. Examples include paying mindful attention to sensitivities towards timbre and loudness, establishing musical routines, and incorporating sensory materials to support sensory regulation (Beer & Birnbaum, 2022). By providing play rules, the therapist can also foster a sense of safety and trust. As mentioned previously, adapting the therapist's musical contributions to reflect the child's individual needs and cues can foster emotional expression while maintaining stability and consistency (Wigram, 2004).

By incorporating techniques such as pairing (Bruscia, 1987) and sharing instruments (Bruscia, 1987), the therapist can further enhance the process of integration in a way that is trauma-informed. Pairing involves the therapist improvising and associating different musical motifs to selected behavioral client responses. This technique is used to convey the therapist's availability and willingness to follow the client, establish a means of interacting and communicating with the client, and build rapport (Bruscia, 1987). Sharing instruments, a technique of intimacy, deepens this process by fostering physical collaboration and co-regulation between the therapist and the child. This technique involves the therapist and the client playing the same instrument, either independently or cooperatively, and can also involve the client

sharing an instrument with a peer or significant other (Bruscia, 1987). In the context of integration, this technique can be used to work through interpersonal boundary issues, bring greater intimacy into the relationship, develop cooperation, and establish reciprocity (Bruscia, 1987).

Fifth Essential Component of Music Therapy Improvisation Facilitation: Containment

Wigram (2004) emphasizes the importance of establishing structure and predictability in music therapy to create a sense of safety and direction for clients. This structure can help address challenges and provide containment within therapy sessions. Play rules, or givens, can be divided into four types: vocabulary, referential, interpersonal, and procedural (Bruscia, 1987, Garstrom & Hiller, 2022). Vocabulary givens define the sound elements, timbres, and instruments for the improvisation. Referential relates to the themes or concepts (referents) explored during the improvisation, guiding the creative direction. Interpersonal refers to the roles and relationships among the improvisers, specifying who assumes which responsibilities and how they interact. Procedural involves the timing and sequence of the improvisation, determining how long the session will last and the order in which participants engage. These elements, which may be set by the therapist, client, or collaboratively, shape the structure and flow of the experience (Gardstrom & Hiller, 2022). Givens can provide both containment and freedom of choice by incorporating different types, each fulfilling a distinct role. For instance, Gardstrom (2022) proposes having clients improvise based on an emotion they want to explore (referential), which directs their musical expression. At the same time, offering a selection of instruments (vocabulary given) introduces flexibility in sound production. The interpersonal given, where clients select another group member for a duet, introduces collaboration while maintaining a sense of connection. Finally, the procedural given, where clients control the start and end of the music, allows for spontaneity and autonomy. Together, these givens provide structure while offering room for creative freedom and personal choice. By thoughtfully choosing elements in collaboration with the music therapy participant, music therapists can create a musical space that allows for the expression and exploration of a wide range of emotions, helping children engage with and process complex feelings.

Child-Centered Play Therapy Principles Relevant to the Essential Component of Containment

In music therapy improvisation, Wigram's (2004) concept of containment, which emphasizes structure and predictability to provide a sense of safety and direction, aligns closely

with several child-centered play therapy principles. The principle of "3. Autonomy: freedom to choose leads to change" is vital in supporting containment, as it ensures that the child has the freedom to make choices within the structured environment. By offering a balance between structure and autonomy, the therapist creates a space where the child can explore their emotions freely while knowing there are boundaries in place for emotional safety. "5. Attunement to the child's worldview" relates to containment by emphasizing the therapist's responsiveness to the child's emotional and cultural perspective. By adapting the structure to the child's individual needs, the therapist enhances the containment experience, making it more attuned to the child's unique context. "9. Consistency" is also crucial for containment, as predictable boundaries help the child feel safe within the therapeutic process. As Landreth (2023) notes, "consistency produces predictability, and predictability facilitates a feeling of safety," which is central to Wigram's concept of containment. In play therapy, the therapist is consistent in their verbal and physical responses as well as the use of the ACT method (Acknowledge the feeling, Communicate the limit, Target alternatives), and predictable session start and end times (Landreth, 2023). By offering consistent and clear musical structure, such as play rules and givens, the therapist can create a stable environment where the child feels secure enough to express and explore complex emotions. These principles work together to ensure that the music therapy session remains both structured and flexible, giving the child space to explore and express themselves while also providing the necessary boundaries for emotional growth.

Implications for Addressing Developmental Needs

Containment is particularly relevant when considering key developmental tasks for children, such as emotional regulation. Aggressive play, for instance, is often part of learning how to regulate anger and frustration. While it is not typically a focus in music therapy improvisation with children, aggressive play is commonly incorporated in child-centered play therapy. For instance, objects such as the Bop bag, toy soldiers, and knives help children externalize anger and aggression in a controlled environment (Landreth, 2023). Through symbolic acts like hitting or shooting toys, children can express and process their emotions constructively (Landreth, 2023). Therapists must remain attuned to their own reactions and avoid premature intervention unless safety is at risk (Landreth, 2023). The ACT provides clear boundaries while fostering autonomy, trust, and emotional regulation (Landreth, 2023). This structured approach not only supports emotional processing but also encourages physical

expression within a safe and predictable space. Additionally, materials like egg cartons serve as constructive outlets for frustration, helping children transition toward more positive emotions (Landreth, 2023).

Although not specifically tailored for children, McFerran and Wölfl (2015) describe three music therapy programs designed to address youth violence. They highlight the importance of aligning therapeutic beliefs about the causes of violence, music use, and participants' needs. In these programs, music therapy aids in managing aggression by fostering emotional regulation and relationship-building, using improvisation and active music-making to engage youth in non-violent expression. The interventions are individualized, considering both personal preferences and the social environment, to challenge learned violent behaviors and promote empathy. In a related study, Nöcker-Ribaupierre and Wölfl (2010) explore how music therapy can engage with aggression through active music-making and improvisation. The children in their study use instruments such as drums and tambourines to externalize and control their aggression. The therapist facilitates group improvisations, where children take turns leading rhythms or playing for others, promoting emotional expression and regulating aggressive impulses. Music therapy improvisation, while not typically focused on physical aggression, can create a space for emotional expression through exploring, via sounds and rhythms, constructive elements like power, strength, assertiveness, and boundaries, and how to handle them effectively (Nöcker-Ribaupierre & Wölfl, 2010). One example of a music therapy technique that can be used for this purpose is rhythmic grounding, which involves the therapist providing a basic beat or rhythmic ostinato to help the client organize their improvisation. This technique stabilizes the client's tempo, controls impulses, and fosters a sense of safety and stability. It offers physical and psychological support, keeping the client connected to the rhythm and the present moment. However, it is important not to overcontrol the client's improvisation. Unlike "integrating," which juxtaposes rhythmic complexities, rhythmic grounding focuses on maintaining a consistent pulse and meter. It differs from "holding" as it does not match the emotional intensity of the client's improvisation but rather maintains the rhythmic foundation. Once the client reaches a point where they can begin self-regulating, rather than relying on co-regulation, the therapist may introduce the technique of differentiating. This involves the therapist creating distinct musical elements such as rhythms, melodies, timbres, dynamics, registers, or textures that contrast, but remain compatible with, the client's improvisation. The goal is to establish musical independence

while maintaining a connection between the two. This dynamic enables the child to explore and confront aggressive impulses, learning to distinguish between destructive tendencies and emotional regulation, and ultimately fostering self-regulation (Nöcker-Ribaupierre & Wölfl, 2010).

Conclusion

This chapter articulated the connections between the core principles of a child-centered approach and the therapist's role in facilitating music therapy improvisation. It highlighted how integrating a child-centered approach into music therapy improvisation fosters an experience orientation to practice, cultural humility, the consideration of the individual's developmental stage, the consideration of trauma-informed care, and the integration of aggressive physical expression. Relevant music therapy improvisation processes and techniques were explored in relation to providing structure while allowing space for agency and personal expression. The final chapter will revisit the original research questions, examine the benefits, challenges, and limitations of integrating a child-centered approach into music therapy improvisation, and reflect on the study's limitations and potential implications for future research and education.

Chapter 7. Discussion

This research aimed to articulate the connections between a child-centered play therapy approach and music therapy improvisation facilitation. This relationship was conceptualized, and explicated, Wigram's (2004) five core components of the therapeutic process, which are motivation, Understanding, sensitivity, integration, and containment. The primary research questions were: (1) "Why is music therapy improvisation realized within a child-centered play therapy approach an ideal way to address the developmental needs of children in mental health care settings?" (2) "How might this child-centered play therapy approach be conceptualized within Wigram's five essential components of music therapy improvisation facilitation?" Through an analysis of research in mental health care settings, four primary developmental needs—physical, emotional, cognitive, and social—were identified. A review of the literature on both child-centered approaches and music therapy improvisation revealed several connections between these needs, the five key components of music therapy, and a child-centered play therapy approach. The data, primarily drawn from studies on improvisational music therapy with children and child-centered play therapy, show how music therapy improvisation, when realized within a child-centered play therapy approach, can be an ideal way to meet the developmental needs of children in mental health care settings. This chapter will examine the affordances and challenges of integrating this approach, along with the limitations of the research and its potential implications.

Affordances Associated with the Use of Music Therapy Improvisation Realized Within a Child-Centered Approach

Many music therapists operate within a humanistic framework, and there is considerable evidence that demonstrates that they are already practicing in child-centered ways. This philosophical inquiry presented an opportunity to examine music therapy improvisation practices that align with the principles of child-centered therapy. Three of these principles emerged as particularly relevant when considering music therapy improvisation realized within a child-centered approach: Principle 5. Attuning to the child's worldview; principle 3. Autonomy (freedom to choose leads to growth); and principle 6. Listening with both eyes and ears. The music therapy affordances associated with each of these principles is discussed next.

Principle 3: Autonomy (Freedom to Choose Leads to Growth)

This principle plays a pivotal role in fostering a child's agency within the therapeutic process. By offering children the freedom to make choices in their musical expression, therapy promotes intrinsic motivation (Woolley & Fishbach, 2022) and supports identity formation (Ray et al., 2022), which are essential for healthy emotional and social development. This autonomy enables children to engage in the therapeutic process on their own terms, which not only enhances their emotional regulation but also encourages exploration of developmental themes like power, strength, assertiveness, and boundaries, fostering self-regulation and emotional maturity (Nöcker-Ribaupierre & Wölfl, 2010). Autonomy in music therapy improvisation can be fostered by using techniques like differentiating (Bruscia, 1987) and pairing (Bruscia, 1987). Differentiating allows the therapist to give the child space for their own musical expression, supporting their sense of autonomy while maintaining the therapeutic structure. Pairing further empowers the child by offering choices in sound production, allowing them to explore different emotional states and themes, like power and boundaries.

Principle 5. Attuning to the Child's Worldview

This principle is integral to the alignment of the therapeutic process with the child's unique perspective, cultural background, and individual experiences (Gardstrom & Hiller, 2022). By recognizing and responding to the child's worldview, therapists ensure that the therapy is responsive and tailored to the child's emotional and social needs. This attunement creates a supportive environment where the child feels heard and understood, which is key to fostering emotional expression and deepening engagement in the therapeutic process. Furthermore, by respecting the child's evolving needs, therapists can adjust their interventions to ensure that they remain appropriate and effective throughout the course of therapy. In music therapy improvisation, empathy and elicitation techniques (Bruscia, 1987) are important ways music therapists can attune to the child's worldview. For instance, reflecting allows the therapist to mirror the child's musical expression, ensuring that therapy aligns with the child's emotional state and perspective, which creates a responsive and supportive environment. Elicitation techniques, on the other hand, help the therapist draw out the child's unique expressions.

Principle 6. Listening with both eyes and ears

Principle 6 enables therapists to take a holistic approach to understanding and responding to a child's needs. By observing both the music-making and the child's body language, therapists

can gain valuable insights into their emotional and psychological state. This stance allows therapists to engage in trauma-informed care by responding sensitively to emotional cues and adjusting their interventions accordingly (Beer & Birnbaum, 2022). Through active listening, therapists are better equipped to address deeper psychological issues while maintaining a supportive and collaborative relationship with the child, which enhances the overall therapeutic process. In music therapy improvisation, the use of givens (Gardstrom & Hiller, 2022) can be applied to assess and address developmental needs by focusing on elements such as instrument choices, handling of instruments, or interactions with the music therapist. This physical and musical awareness can be effectively incorporated into the practice of (6) "listening with both eyes and ears." The use of verbal tools to convey a "be with" attitude as presented in child-centered practices (Landreth, 2023), such as verbally reflecting, tracking, and encouraging agency in the child's musical and verbal expressions can be used to enhance the improvisational process. This can also be accomplished musically through some of the music therapy improvisation techniques described before such as those related to empathy and intimacy.

Integrating these principles into music therapy creates a dynamic, adaptive environment that supports a child's emotional, cognitive, physical, and social development. By providing a responsive and holistic approach, music therapy ensures that each child's unique needs and experiences are met, fostering their overall well-being and growth.

Challenges Associated with the Use of Music Therapy Improvisation Realized within a Child-Centered Approach

Music therapists wanting to adopt a child-centered play therapy approach to music therapy improvisation may also encounter some challenges. I highlight three possible challenges here, namely critiques of humanism, limitations related to materials, dissonance between context-specific expectations and the child-centered play therapy approach

Critiques of Humanism

Child-Centered Play Therapy is rooted in humanistic traditions, which have been critiqued for reinforcing dominant socio-cultural norms, including gender-based expectations, autonomy, and color-blindness (Hadley & Thomas, 2018). These frameworks often prioritize self-actualization and personal growth, focusing on the individual while neglecting the influence of systemic oppression and broader societal factors (Hadley & Thomas, 2018). In a child-centered approach, the emphasis remains on individual growth, even when intersubjectivity is

recognized. However, this focus tends to overlook important issues such as ableism and colonialism, inadvertently reinforcing biases like racism and ethnocentrism. Critical humanism advocates for a more inclusive and reflexive approach that directly addresses these exclusions, supporting methods like Post-Ableist Music Therapy, which aims to eliminate disabling barriers (Shaw, 2022a, 2022b) The normative demands of ableism and colonialism can be particularly harmful when working with children, especially within systems like education and healthcare that aim to enforce normalization. This perspective promotes inclusivity by recognizing and embracing diverse ways of being. In the context of child-centered play therapy, certain principles, such as "6. Listening with both eyes and ears" (Landreth, 2023), may reinforce ableist assumptions. These assumptions could be addressed by exploring alternative methods for conveying presence and engagement, such as non-verbal or other alternative forms of interaction.

Limitations Related to the Materials

Music therapy materials differ significantly from those used in play therapy, which tend to be more flexible and resistant to damage. Musical instruments, in contrast, are often larger, fragile, and require careful handling, which limits the opportunity for spontaneous exploration (Landreth, 2023; Ray, 2011). In play therapy, the destruction and repair of materials are an integral part of the process, encouraging expression through physical interaction. A solution could involve using instruments like Boomwhackers, which are difficult to break, or repurposed materials like egg cartons to allow for creative expression while considering safety and accessibility (Landreth, 2023). Furthermore, cultural and aesthetic factors of music materials—such as the cultural significance of instruments and the comfort level of children when improvising with their bodies—pose additional challenges. Some children may feel uncomfortable or embarrassed improvising with their bodies due to cultural, religious, or family values regarding modesty (Gardstrom & Hiller, 2022). These cultural factors must be considered when choosing instruments and engaging in improvisational practices.

Dissonance Between Context-Specific Expectations and the Child-Centered Play Therapy Approach

The integration of a child-centered approach in music therapy improvisation can be hindered by external expectations, particularly in institutional environments like hospitals, where therapists are often required to report goals and outcomes in measurable terms (Singh & Rangnekar, 2020). This is especially true when physical goals are involved, where more directive

approaches are often necessary (Gardstrom & Hiller, 2022). This conflicts with the flexibility of CCPT, which allows child-directed goal setting and promotes an organic therapeutic process. The expectations in these settings can impose constraints on the way music therapy is delivered, such as the provision of group vs. individual therapy. In group improvisation, these constraints become more apparent, as a more directive approach may be required to manage the group dynamic and simultaneous sounds produced by multiple improvisers (Gardstrom & Hiller, 2022). Despite these challenges, a child-centered approach can still be implemented by making space whenever possible for the child's agency in the therapeutic process. By addressing these critiques, limitations, and dissonances, music therapists may better integrate child-centered principles within their practice, adapting techniques and strategies to promote inclusivity, responsiveness, and effectiveness.

Limitations of the Study

The processes of screening and interpreting literature in this study were shaped by potential biases. As a master's student researcher, I established the criteria for article selection and data extraction, which were influenced by my subjective perspectives, and my limited research experience was a potential limiting factor. These challenges were addressed through engagement with supervision, self-reflection, and the study of ethical standards, research integrity, and professional competence. However, the absence of clinical trials and consultations with practicing music therapists in the grounding literature may limit the practical applicability of the results. Additionally, the link between a child-centered approach to music therapy improvisation and the study's focus was initially informed by my training experiences in both music therapy and play therapy. While valuable, these perspectives may not fully encompass the diversity of practices and views within the field.

The representation of children in this study is entirely focused on those under twelve years old, as child-centered play therapy is designed specifically for this age group (Ray, 2011). A key limitation of this research is its limited consideration of individual needs. The needs of children in mental health care contexts were identified through an analysis of existing research. While this approach identifies broad areas of need, it does not account for the unique needs of individual children. Moreover, many music therapists working with this population do not publish their work in research studies, which can create a gap between documented research findings and current practices.

Potential Implications

Research

The nature of this study was entirely theoretical, and further insights into how the needs of children in mental health care settings can be met through a child-centered play therapy approach to music therapy improvisation could be gained through clinical research studies. Additionally, this study focused on children whose primary developmental needs were concurrent with mental health challenges, thus excluding other populations. Considering the emergence of studies on the use of play therapy with adults (Roehrig, 2007; Garrett, 2014; Doyle & Magor-Blatch, 2017), future research could explore the incorporation of music therapy improvisation within this context. Additionally, research could focus on the developmental needs of children in various settings, such as schools or home care. Comparative studies between child-centered approaches to music therapy improvisation and other approaches, along with the integration of group session strategies into play therapy practices, would also provide valuable insights.

Education

This study could have significant implications for the development of music therapy training curricula by recommending the integration of child-centered approaches and verbal guidance, while considering the professional's scope of practice. By exploring how improvisational techniques can support developmental needs, it could help future music therapists maintain a child-centered focus in mental health care settings. The findings may also inform professional development programs for educators and therapists, offering insights into how music therapy addresses children's developmental needs. While some existing models share principles of a child-centered approach, further research could lead to a new music therapy model that integrates these principles, providing a framework for therapists to use improvisation in line with child-centered practices.

Practice

Integrating a child-centered approach into music therapy improvisation involves creating an environment where emotional expression, autonomy, and self-directed growth are prioritized. The music therapist adapts their interventions to the child’s pace, fostering a flexible and responsive atmosphere that promotes emotional regulation and resilience. By incorporating cultural humility and trauma-informed care, the therapist ensures the approach is attuned to the child’s cultural background and trauma history, providing a safe and supportive space. This non-

directive framework allows the therapist to align with the child's developmental needs while still offering experiences rooted in music therapy improvisation. The findings of this study indicate that the principles of child-centered play therapy are applicable within the context of music therapy improvisation, although their implications may differ for music therapists and play therapists. The integration of both music therapy and play therapy practices presents benefits and challenges. From the perspective of music therapy, this integration can facilitate creative expression and emotional release, allowing children to communicate in unique ways. However, challenges related to the materials used in music therapy, such as the fragility of instruments and the goal-oriented nature of certain therapeutic settings, must be taken into account (Gardstrom & Hiller, 2022; Singh & Rangnekar, 2020). Additionally, cultural considerations regarding body improvisation and vocal self-expression require sensitivity, as children may have varying comfort levels with these activities (Gardstrom & Hiller, 2022). These factors may limit the spontaneous, exploratory nature of play therapy and potentially conflict with its child-directed approach (Ray, 2011; Landreth, 2023).

For play therapists, the ethical integration of music therapy necessitates a thorough understanding of the boundaries and potential of using music in their practice. While music improvisation offers emotional and cognitive benefits (Gardstrom & Hiller, 2022), therapists must consider the child's developmental needs, comfort with the medium, and the cultural context of the therapeutic setting (Gardstrom & Hiller, 2022). Recognizing the limits and principles of both music therapy and play therapy allows for a more responsive approach, ensuring that the strengths of each discipline are maximized while remaining attuned to the child's individual needs.

Interdisciplinary collaboration

The implications for interdisciplinary collaboration in integrating a child-centered approach into music therapy improvisation include improving communication between music therapists and play therapists by fostering mutual understanding of each other's methodologies. By showcasing how a child-centered approach can be applied within music therapy, this research encourages both disciplines to recognize the complementary nature of their practices. A clearer understanding of music therapy's scope of practice could provide play therapists with valuable insights into the limitations of using a musical medium in a play therapy setting, just as music therapists could benefit from a deeper knowledge of play therapy principles and the boundaries

related to their application outside of a play therapy context. By illustrating how music therapy aligns with developmental goals, this research can guide professionals in establishing shared therapeutic objectives. Furthermore, it fosters dialogue across disciplines, promoting cross-professional conversations about addressing the complex needs of children in mental health settings. By exploring the intersection of music therapy and child-centered principles, this research encourages a holistic understanding of children's care, which integrates emotional, cognitive, physical and social dimensions. This approach can lead to greater collaboration among music therapists and other health care professionals, as they recognize the need to address all aspects of a child's well-being.

Conclusion

This inquiry examined the value of music therapy improvisation with children in mental health care contexts through the lens of Wigram's (2004) five key components of the therapeutic process, particularly in relation to a child-centered approach (Landreth, 2023; Ray, 2011). Literature on music therapy improvisation, child-centered play therapy, and children in mental health care settings was reviewed to form the foundation of the inquiry. Following this, literature from both music therapy improvisation and child-centered play therapy was analyzed in light of the identified needs, with a focus on identifying connections in the data and emerging themes. The findings suggest that a child-centered approach to music therapy improvisation may uniquely address the needs of children in mental health care contexts by facilitating emotional expression, supporting autonomy, and providing a secure environment for self-exploration. By allowing children to guide musical experiences, it fosters a sense of control and agency, which is particularly beneficial for those who have experienced adverse childhood experiences. The non-directive nature of a child-centered framework, combined with an awareness of developmental theories, enables therapists to adjust interventions according to each child's unique developmental needs related to their mental health care context. This study aims to inspire music therapy researchers to critically examine the value of integrating frameworks from other creative arts therapy fields into clinical music therapy, while respecting each profession's field of practice. Additionally, it seeks to encourage music therapists to explore the benefits of a child-centered approach to music therapy improvisation and to help play therapy practitioners better understand the unique advantages of music therapy interventions, particularly improvisation, and how these

can be integrated into the broader care of children with developmental needs in mental health contexts.

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