THE ROLE OF MUSIC THERAPY IN THE TREATMENT OF PEOPLE WITH INTELLECTUAL DISABILITIES SUFFERING FROM MENTAL HEALTH ISSUES

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Tiivistelmä – Abstract

Mental health issues are more common among people with intellectual disabilities than among others. Therefore, more research is needed on this topic. The main concepts of the present study – intellectual disability, mental disorders, and music therapy – are defined.

The aim of this qualitative semi-structured interview study was to discover how the mental health issues of people with intellectual disabilities affect their daily life. Furthermore, the objective was to find out, whether the mental health issues persons with intellectual disabilities suffer from could be eased by using music therapy, and what music therapy methods are used when treating this group of clients. Music therapists working with people with intellectual disabilities were interviewed, and a grounded theory analysis was applied to the interview data.

The results reveal that as people with intellectual disabilities develop mental health issues, their overall ability to function decreases. The difficulties occurring due the mental health problems persons with intellectual disabilities face, affect their self-esteem negatively, and can isolate them from the society. In addition, their quality of life deteriorates alongside with their ability to work and lead independent lives.

There are various ways in which the condition of people with intellectual disabilities suffering from mental health problems can be improved by music therapy. The methods used when treating this group of clients are unique syntheses of several methodical approaches, and are chosen and adapted in a way that ensures that every client's individual needs are taken into consideration.

Since mental health issues so thoroughly affect the life of people with intellectual disabilities, decreasing its overall quality, more attention needs to be paid to improving the recognition and the treatment of mental health problems persons with intellectual disabilities suffer from.

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MUSIIKKITERAPIAN ROOLI MIELENTERVEYSONGELMISTA KÄRSIVIEN KEHITYSVAMMAISTEN HOIDOSSA

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Tiivistelmä – Abstract

Koska mielenterveysongelmat ovat yleisempiä kehitysvammaisten kuin muun väestön keskuudessa, aiheesta tarvitaan lisää tutkimusta. Tämän tutkielman alussa määritellään keskeiset käsitteet: kehitysvammaisuus, mielenterveyshäiriöt ja musiikkiterapia.

Tämän laadullisen, puolistrukturoidun haastattelututkimuksen tavoitteena oli selvittää, miten mielenterveysongelmat vaikuttavat niistä kärsivien kehitysvammaisten päivittäiseen elämään. Lisäksi tavoitteena oli selvittää, voiko musiikkiterapian avulla auttaa näistä ongelmista kärsiviä, ja millaisia musiikkiterapiamenetelmiä mielenterveysongelmista kärsivien kehitysvammaisten parissa käytetään. Tutkimusta varten haastateltiin musiikkiterapeutteja, jotka työskentelevät kehitysvammaisten kanssa. Haastatteluista koostuva tutkimusaineisto analysoitiin grounded theory -menetelmän avulla.

Tulokset osoittavat, että kehitysvammaisten toimintakyky laskee mielenterveysongelmien vaikutuksesta. Mielenterveysongelmien mukanaan tuomien haasteiden myötä kehitysvammaisten itsetunto heikkenee, mikä yhdessä muiden tekijöiden kanssa voi eristää heidät yhteiskunnasta. Mielenterveysongelmien seurauksena alentuneen työkyvyn ja kyvyn asua itsenäisesti myötä myös kehitysvammaisten elämänlaatu heikkenee.

Musiikkiterapiassa on monia menetelmiä, joiden avulla mielenterveysongelmista kärsiviä kehitysvammaisia voidaan auttaa. Käytetyt menetelmät ovat useimmiten yhdistelmiä monista eri musiikkiterapiamenetelmistä, ja ne valitaan ja muokataan asiakkaan yksilöllisiä tarpeita vastaaviksi.

Tämän tutkimuksen tulokset vahvistavat käsitystä siitä, että koska mielenterveysongelmat heikentävät merkittävästi kehitysvammaisten elämänlaatua, lisää huomiota tulisi kiinnittää kehitysvammaisten mielenterveysongelmien tunnistamisen ja hoidon kehittämiseen.

Asiasanat – Keywords

musiikkiterapia, kehitysvammaisuus, mielenterveyshäiriöt, kvalitatiivinen tutkimus, haastattelututkimus

Säilytyspaikka – Depository

Muita tietoja – Additional information

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1 INTRODUCTION

1.1 Personal Motivation

My research interest has been people with intellectual disabilities for a long time. I did my first practical training in a daycare center for persons with intellectual disabilities after high school, which greatly affected my decision to pursue a career among this group of clients and conduct research on them. After my Bachelor's Degree I have been working with people with intellectual disabilities and I have seen what their every-day life is like, for example in nursing homes they live in.

According to my observation, in addition to other possible issues, persons with intellectual disabilities often suffer from mental health problems. I have been wondering what effects these issues may have on their lives. Perhaps mental health problems affect even these people's ability to function in every-day situations.

From that point of view, there is a reason to believe that the challenges the people with intellectual disabilities face concerning their mental health – suffering for example from schizophrenia, anxiety and challenging behavior – and the condition that follows from that could be eased by using music therapy as a treatment method. I am interested to discover, whether there already exist particular music therapy methods that music therapists commonly use when treating this group of clients.

1.2 Research Aim

When examining the studies made in this research area, I noticed that there seems to be a gap that could possibly be filled with new research made from a different point of view. There is a need, for example, for studies that would concentrate on the combination of mental health issues among people with intellectual disabilities, effects of mental health issues on their lives, and music therapy as a treatment of clients suffering from mental health issues.

Mental disorders have been, until quite recently, often overlooked in persons with intellectual disabilities. Therefore, genuine mental disorders have been left undiagnosed because they were thought of as being a part of intellectual disability itself. (Jopp & Keys, 2001.)

The aim of this study is to find out how the mental health issues of people with intellectual disabilities affect their daily life. In order to attain this goal, I will interview music therapists who work with persons with intellectual disabilities. My data will be based upon their experiences. Furthermore, the aim is to discover, whether the mental health issues of this group of clients could be eased by using music therapy, and whether there already is some commonly used music therapy method that music therapists apply when treating persons with intellectual disabilities suffering from mental health problems.

Many positive effects could be achieved by using music therapy as a treatment for people with intellectual disabilities suffering from mental health issues. Persons with intellectual disabilities also often lack communication skills. Music is an easy way to express oneself, therefore, using music as a communication method, the condition of this group of clients could be improved. It could be assumed that especially those who completely lack communication skills would benefit from music therapy.

1.3 Research Questions

In the present study, I have to define who persons with intellectual disabilities are, in order to clarify what is meant by the term as used in this particular research. The background of the mental health issues of people with intellectual disabilities also has to be addressed: How often do they occur and what may cause the problems?

Challenging behavior, anxiety and schizophrenia are often among the issues from which persons with intellectual disabilities suffer (Koskentausta, 2012). In this study I want to find out, how mental health issues present themselves in the lives of persons with intellectual disabili-

ties? I will also try to discover how mental health problems affect the every-day lives of these people.

An additional aim is to find out, whether music therapy could be used to ease the issues that may occur among this group of clients due to mental health problems. Music can be used as a communication method and a way to express oneself, therefore, using music therapy among people with intellectual disabilities suffering from mental health issues could help when trying to ease their condition, especially if they lack other ways to communicate.

2 LITERATURE REVIEW

2.1 Defining Intellectual Disability

The process of defining intellectual disability has had various phases. Harris (2006) described those phases in detail and clarified the meanings of the different word choices and changes, among other significant stages in the history of the classification of intellectual disability.

According to Harris (2006), there are currently four different commonly used systems of classification of intellectual disability. These four systems provide different approaches to defining intellectual disability, either medically, functionally, or according to the intensity of support needed. The systems are: The International Classification of Diseases (ICD-10), the DSM-IVTR, the AAMR Definition, Classification and Systems of Supports and the International Classification of Functioning, Disability, and Health (ICF).

The very commonly used definition, the ICD-10 (WHO, 1996), defines intellectual disability as a condition of incomplete or arrested development of the mind, which is characterized especially by impairment of skills that manifest during the developmental period, contributing to the overall level of intelligence, i.e. language, cognitive, motor, and social abilities.

The ICD-10 (WHO, 1996) defines mild, moderate, severe, profound, and unspecified intellectual disability. The definitions are mostly based on how the person with the disability manages his or her daily life and what kind of support he or she needs.

Lower intellectual functioning often leads to reduced ability to adapt to the needs of daily living. Intellectual disability is known by different names in different countries – it can be called mental retardation, intellectual disability, mental handicap, or disability, and sometimes learning or developmental disability. (Maulik & Harbour, 2010.)

Intellectual disability is the most common developmental disorder and its effect on the individual, community, and family can be vast since most individuals are affected from an early

age. Intellectual disability is mostly reported to be more common among males than females, especially among less than 15 years old children. (Maulik & Harbour, 2010.)

Causes of intellectual disability can be divided into prenatal, perinatal, and postnatal causes. Prenatal causes of intellectual disability are genetic and exposure to toxins and congenital malformations. Perinatal factors are related to infections and delivery-related causes. Postnatal causes are associated with childhood infections, and psychological and physical growth of the child. Most cases of intellectual disability are, however, unknown etiology. (Maulik & Harbour, 2010.)

2.1.1 Interpersonal Communication

People with intellectual disabilities often have difficulties with their communication skills. Hartley (1999) defines communication simply by claiming that anything that one does with other people must involve communication. According to Hartley (1999), there is variety of definitions of communication; for example it is being able to speak and write properly, or being a good listener. There are different situations where communication exists, but all of them involve people. Different communication situations are separate experiences, because there are various processes involved for example when comparing a conversation between two friends, or sitting in the cinema watching a film.

Hartley (1999) claims interpersonal communication as being communication between one individual and another, being vis-à-vis communication, and both the content and the form of the communication reflecting the characteristics of the individuals as well as the social relationships and roles of the individuals.

2.2 Defining Mental Disorders

Mental disorders are defined by the World Health Organization (2015) being sort of combination of abnormal emotions, thoughts, behavior, and relationships with others. Examples of mental disorders are depression, schizophrenia, intellectual disabilities, and disorders due to substance abuse.

Mental disorder is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a clinically significant behavioral or psychological syndrome or pattern. This syndrome or pattern is associated with present distress; for example a painful symptom, or disability, such as an impairment in one or more important areas of functioning, or with a significantly increased risk of suffering pain, disability, death, or an important loss of freedom. (Stein et al., 2010.)

The pattern or syndrome must not be only an expectable and culturally sanctioned response to a certain event, for example such as the death of a loved one. Behavioral, psychological, or biological dysfunction can be found in a person suffering from mental disorder. Neither conflicts nor deviant behavior (for example religious, political, or sexual) that are primarily between the society and the individual are mental disorders, unless the conflict or deviance is a symptom of a dysfunction in the individual. (Stein et al., 2010.)

To date, there is no definition which adequately specifies the boundaries for the concept of mental disorder precisely. The concept of mental disorder lacks a consistent operational definition that would cover all situations when trying to define mental disorders. (Stein et al., 2010.)

2.2.1 Mental Health of People with Intellectual Disabilities

The interest and attention towards the mental health needs of people with intellectual disabilities has lately increased. This area of study has not been very actively researched until recent decades. It seems that before the first few properly conducted research studies in this area,

there has been a common belief without any doubt, that simply because one has an intellectual disability, one cannot suffer from a mental health disorder; especially, if a person has not a proper way to communicate, it would be very unlikely for him or her to develop a mental health disorder. (Matson & Shoemaker, 2011.)

However, once this research area arose, there have been some studies questioning this belief. For example, Dykens (2000) suggests that adolescents and children with intellectual disability have a significantly greater risk of psychiatric disorder when compared with their peers who are not intellectually disabled. Thus, compared with those without intellectual disabilities, the incidence of mental health and behavioral disorders is 5-7-fold among people with intellectual disabilities (Dykens & Hodapp, 2001; Emerson, 2003; Bouras et al., 2004).

Also, both Reiss (1994) and Sovner (1986) note that persons with intellectual disabilities are at a noticeable higher risk of developing a mental illness than those with average intelligence. That is partly because of the persons' limits in communication, cognitive functioning, processing skills, and social skills.

Mental health disorders and behavioral disorders are indeed quite common among people with intellectual disabilities. The numbers presented of the incidence of these disorders among persons with intellectual disabilities vary between 10-60 percent of the population, and the true incidence is probably between 30-50 percent of the population. (Bregman, 1991; Borthwick-Duffy, 1994.)

The distribution of the mental health disorders among people with intellectual disabilities is slightly different compared with others: among persons with intellectual disabilities there are more, inter alia, psychoses, autistic disorders, attention disorders, and behavioral disorders found than among those without intellectual disabilities (Dykens & Hodapp, 2001; Emerson, 2003; Bouras et al., 2004). The incidence of the disorders depends on the severity of the intellectual disability, so that attention and behavioral disorders occur more often among people with mild intellectual disability, and autistic disorders occur generally among people with severe intellectual disability (Bregman, 1991).

There are some factors that expose individuals with intellectual disabilities to mental health disorders. Repeated failures, negative life experiences, and experiences of being bullied can result in a low self-esteem and learned helplessness. Defective social intelligence and lack of communication skills of people with intellectual disabilities impair their ability to function in social situations. (Bregman, 1991; Reber, 1992; Dekker & Koot, 2003.) Communication deficits alone predispose persons with intellectual disabilities to mental illnesses (Perkins, 2007).

Prospective disorders of senses, and physical disabilities, epilepsy, and neuropsychological disorders, such as problems with attention, hyperactivity, and verbal disorders not only expose people with intellectual disabilities to mental health disorders but also affect their manifestation. Furthermore, factors regarding the family of a person with intellectual disabilities, such as low socio-economic situation, single parenthood, psychiatric disorders of the parents, and stressful situations in the family predispose people with intellectual disabilities to mental health disorders. (Bregman, 1991; Reber, 1992; Dekker & Koot, 2003.)

2.2.2 Treatment of Mental Health Disorders among People with Intellectual Disabilities

Evaluation of the mental health and behavior disorders among individuals with intellectual disabilities is complicated by many factors. These include lack of communication skills, concrete thinking, difficulties in defining feelings, disorders of senses, physical disabilities, and limited amount of social relationships associated with deviant behavior. (Tonge, 1999.)

Intellectual disability and concurrent problems also cause difficulties in the treatment of mental health disorders. It is beneficial, if the therapeutic relationship is constant between a person with intellectual disabilities and those providing the treatment; this simplifies the diagnostics and planning of the care and increases the patient's and the relatives' commitment and confidence in the treatment. (Allen & Felce, 1999.)

Insufficient stimulus and scope for action and excessive demands in relation to ability to function can lead to problematic behavior and frustration. Minimal turnover of caretakers and predictability of events, however, have great importance in the mental health of people with intellectual disabilities. (Koskentausta, 2006.)

Fairly little research has been done on the usage of psychotherapeutic methods in the treatment of people with intellectual disabilities (Willner, 2005). The difficulties the persons with intellectual disabilities have in their cognitive processing and ability to handle their feelings are the reason for the fact that verbal psychotherapy methods are suitable mostly for those with mild intellectual disability. Methods influencing behavior are primarily applicable for people with severe intellectual disability. Also, methods concentrating on replacing the disturbing behavior with appropriate, same-effect course of action can be fruitful. (Reber, 1992.)

Recent studies have partially proved wrong the old belief that having an intellectual disability protects a person from reacting to certain intellectual and psychological stress factors and thus prevents him or her from developing a mental disorder. Reiss (1993), inter alia, notes that, for example, maladaptive behavior and psychiatric disorders are two separate issues which may, or may not be related, and should be examined and evaluated separately.

Some of the mental health issues people with intellectual disabilities possess are related to the lack of communication skills that many of them experience. In her study, Edgerton (1994) shows that music therapy is a potential tool when trying to solve mental health problems that individuals with intellectual disabilities suffer from, especially the ones that mostly occur because of insufficient communication skills.

Edgerton's (1994) study suggests that improvisational music therapy increases the communicational behavior among autistic children. If the outcome could be adapted into different groups of clients as well, music therapy could have a significant role when trying to ease mental health problems among people with intellectual disabilities.

If mental health problems among persons with intellectual disabilities were mostly a result of communication skills that are insufficient to meet their essential needs, the fact that improvisational music therapy could increase communicational behavior, at least among some groups of clients facing these kinds of issues, sounds remarkable and could be more often utilized.

2.3 Defining Music Therapy

Bruscia (2014) writes about two different angles of music therapy. According to Bruscia (2014), music therapy has a two-sided identity. As a discipline, it is an organized body of knowledge consisting of theory, practice, and research, all based on the professional use of music for therapeutic purposes.

On the other hand, Bruscia (2014) defines music therapy as a profession. According to Bruscia (2014), music therapy is an organized group of people using the same body of knowledge in their respective vocation as educators, clinicians, supervisors, administrators, et cetera.

Wigram (2000) defines music therapy as the use of music in clinical, educational, and social situations in order to treat patients or clients with medical, educational, or psychological needs. When defining music therapy, there are three factors that have to be taken into consideration: the professional background of practitioners, the approach used in treatment, and the needs of the clients. (Wigram & Bonde, 2002.)

The World Federation of Music Therapy (1996) has created an all-embracing and more generic definition of music therapy. Music therapy is the use of musical elements (sound, melody, rhythm, and harmony) and/or music by a qualified music therapist with a group or client, in a process designed to promote and facilitate relationships, communication, mobilization, learning, expression, organization, and other relevant therapeutic goals, in order to meet emotional, mental, physical, and cognitive needs. Music therapy aims to develop potentials and/or restore functions of the individual to enable his or her better intra- and inter-personal integration, and, as a result, a better quality of life through prevention, rehabilitation, or treatment.

2.3.1 The Usage of Music Therapy among People with Intellectual Disabilities

Music therapy has been found beneficial in the care and treatment of people with intellectual disabilities. In their study Savarimuthu and Bunnell (2002) came to the conclusion, that musical interventions among clients with learning disabilities are effective in reducing the clients'

self-injurious behavior, aggression, or other types of behavior that caretakers found challenging. They also discovered that music has the potential to maintain clients' psychological well-being and improve their social skills. According to Savarimuthu and Bunnell (2002), music can be effective medium when trying to enhance clients' quality of life.

Moreover, music therapy can have a positive influence when treating children with developmental disabilities facing challenges in their communication development. In their study Braithwaite and Sigafoos (1998) suggest that embedding communication opportunities within a musical activity can increase appropriate communication responses in some children with developmental disabilities, such as delays in language development and adaptive behavior.

Although learning and developmental disabilities are not always linked with intellectual disabilities, it could be assumed that musical interventions, in general, have similar positive influence also on this group of clients. Particularly, because people with intellectual disabilities often face equivalent challenges concerning developmental and learning issues.

Functionally Oriented Music Therapy is a commonly used music therapy method among persons with intellectual disabilities. It is a non-verbal music therapy method developed by Lasse Hjelm. In Functionally Oriented Music Therapy, the therapist's instrument is piano and the client's instrument can be drums, cymbals, or wind instruments. Each music therapy session consists of codes that are short-structured melodies having corresponding patterns of drums and/or cymbals or wind instruments. These codes can be used according to the diagnosis and assessment of the client. Changes in positions of instruments necessitating varying postures, as well as adapted drumsticks and wind instruments, and blocks of wood or drums under the feet, can stimulate motor and sensory systems (Johansson, 2008.)

Music therapy interventions which are used among people with developmentally disabling conditions include, among others, the following: sensory stimulation and processing, early intervention, instrument play and other musical activities, computer music, proactive/prosocial co-operation and interaction, music therapy in elementary school, music therapy with adults, and music therapy assessment. (Farnan, 2007.)

Music-based sensory stimulation, integration, and processing programs are planned jointly with occupational therapist. Rhythmic and auditory stimulation are paired with vestibular stimulation. Tactile desensitization techniques with specific fabrics and physical vibration of low tones, between 62-110 Hz are also used together with upper extremity range of motion sequences. The pairing of specific movements and rhythmic stimuli is utilized in order to provide multisensorial stimulation and to develop improvement in sensory integration and processing. (Farnan, 2007.)

Early intervention taps into the children's experience of music through innovative, melodic, and rhythmic experiences. Interactive children's songs, children's music from various cultures, and multisensorial percussion instruments are used, and through them, peer interaction, vocalization, and movement encouragement is propped. Children are assisted and supported to experiment and improvise with different instruments, equipment, and material – they are also encouraged to listen to music. Every child's cognitive and motoric development objective is taken into consideration in the music therapy setting. (Farnan, 2007.)

The purpose of instrument play is to provide opportunities to develop better object manipulation skills and functional hand use. Open hand pattern instruments, such as hand drums and tambourines, are used. In order to elicit cylindrical grasp patterns, also other instruments, such as conga shakers, maracas, bells, sticks, and adapted mallets are used. In a group setting, communication of choices, self-expression, self-determination, turn-taking, peer interaction, socialization, and group ensemble play are emphasized. (Farnan, 2007.)

Through the combination of electronic musical instruments and computer software, music therapists utilize current technology to enable the clients to reach goals in areas, such as communication, visual, auditory, and tactile stimulation, expression of preferences, functional hand use, sensory development, peer interaction, and enjoyment. (Farnan, 2007.)

Proactive or prosocial co-operation and interaction allows the clients to further develop prosocial behavior, such as co-operation, active participation, and acting together in groups, rhythm providing the impulse to act. Tasks to enhance interactive object manipulation skills through instrument play are kept structured and brief. (Farnan, 2007.)

Music therapists provide developmental music experiences which commensurate with the age and ability levels of the client in a classroom setting. Adult groups are held in multidisciplinary teams, and individual program plan objectives and goals are integrated into music therapy sessions. Functional life skills are improved through playing with and handling of handheld objects and instruments, and verbal cues are embedded in the lyrics of specifically composed songs. (Farnan, 2007.)

Based on a music therapy assessment, specific objectives are developed. Reports are generated with recommendations for beneficial uses of music in a person's life, involvement in music-based groups, and resources that may be available in his or her home country. In addition, specific recommendations for active treatment in music therapy are provided when necessary. (Farnan, 2007.)

In conclusion, it can be stated that the usage of music therapy among people with intellectual disabilities is versatile. Different objectives for the therapy are set after the individual needs of clients are assessed. Common goals of music therapy for persons with intellectual disabilities are, for example, supporting the development of their motoric and communication skills, providing tools for improving the clients' social skills, and helping them to find alternatives for their possible challenging behavior.

The objectives of music therapy for this group of clients are met by using variety of methods. Functionally Oriented Music Therapy can be beneficial for clients' development of motoric skills, utilizing variety of sensory stimulation necessary for attaining this goal. People with intellectual disabilities are encouraged to social interaction in different kinds of group music therapy settings, and musical activity in general can increase their communicational behavior. Challenging behavior, such as aggression and self-destruction, can be reduced by offering models of more appropriate reaction to problematic situations that this group of clients faces.

3   METHOD AND MATERIAL

3.1 Phases of the Research Process

Regarding the reliability of the present study, it is essential to describe the different phases of it as clearly and accurately as possible. Relation of the various stages of the research process and the factors which possibly influenced on the decisions made concerning the study, enables the research to be evaluated as a whole. (Grönfors, 1982; Mäkelä, 1990.)

3.1.1 Choosing the Topic and Contemplating the Research Method

Figure 1 shows the phases of this research process. During the autumn 2014, I chose the tentative topic for my thesis. Choosing the topic was quite clear for me from the very beginning, since throughout my studies and previous work history, people with intellectual disabilities has always been my main research interest and the group of clients among whom I wish to work also in the future. Combining music therapy and mental health issues among individuals with intellectual disabilities with the framework of my study seemed natural and sensible, because before starting my research I was mostly familiar with the usage of music therapy among people with intellectual disabilities with other treatment goals (for example, supporting of the client's development of motoric skills, or speech development) than psychological.

During the autumn 2014, I started to consider how to conduct the research in more detail. I found it somewhat difficult to decide on the suitable source of data for my research, since the group of clients themselves is most often incapable to reflect on their experiences, or communicate verbally. At first, I considered interviewing the staff of the nursing homes for people with intellectual disabilities, but then I noticed that this research setting would very much lack music therapy point of view, which formed a major part of my research aims and research questions. Thus, according the recommendation of my thesis supervisor, I decided on interviewing music therapists working with people with intellectual disabilities instead.

FIGURE 1. Phases of the research process.

3.1.2 Intended Schedule for the Research and Choosing the Research Method

During the spring 2015, I finished my research plan and contemplated some ideas of the theoretical basis of my research. I explored the literature of the field and the previous research done on the subject matter of my thesis. At that time it was essential to become familiar with the literature in a broad sense, and I browsed also through some literature that was close to my topic, not necessarily in the core of it.

During this period, I drew up a schedule for conducting the research. The planned timetable for conducting it was the following: collecting the data in the early autumn of 2015, analyzing the data before the Christmas 2015, writing the report during the spring 2016, and submitting

the thesis in the late spring 2016. Later it became evident, however, that I would have to be flexible as for the schedule for various reasons and events during the research process.

I chose interviewing as my research method during the spring 2015; a qualitative, semi-structured interview study to be more specific. Semi-structured interviewing seemed the most suitable method for my purposes, since I wanted the interviews to have a clear outline but still to allow enough space for discussing themes that would emerge in the interview situation.

3.1.3 Choosing the Informants and Making the Initial Contact with Them

I chose the suitable interviewees for my research based on my thesis supervisor's recommendation: music therapists working with people with intellectual disabilities would be the most valuable source of information for my research. I found it reasonable to concentrate only on music therapists working in the Jyväskylä area, considering my own resources for conducting the interviews.

Based on the literature about the research field I was exploring, and on the issues I was interested in, I formulated the interview questions during the spring 2015. Finally, I defined ten different questions about the topic. At the same time, in May 2015, I made the initial contact with the suitable music therapists and agreed on the preliminary dates of the interviews with them. All of the music therapists I contacted were willing to share their knowledge and participate in my study.

3.1.4 Conducting the Interviews

During the summer 2015, I made some progress with the theoretical basis of my research by continuing to write the literature review. At the same time, I made some practical arrangements for the interviews, such as selecting the sites for the interviews in close co-operation with the interviewees. I conducted pilot-interviews with my circle of acquaintances, and practiced the interview situation itself, while ensuring that I was confident with the use of equipment, such as the audio recorder.

In September 2015, my thesis supervisor approved my interview questions. The same month, I once more confirmed that the dates and places for the interviews were convenient for the informants – the interviews would take place either at the University of Jyväskylä or the work places of the music therapists. Most of the interviews were conducted that month.

However, I felt that the amount of informants was not sufficient for the purposes of my research. Therefore, I contacted more music therapists working in the Jyväskylä area to ask them to participate in my study. This way, I would increase the reliability of my research and make sure I got enough data for the analysis. During October 2015, I conducted the rest of the interviews. In the end, six music therapists participated in my study.

3.1.5 Transcribing and Analyzing the Interviews, Writing the Report

I started transcribing the interviews almost immediately after conducting them. This way I had the interviews still fresh in my mind during the transcription. I finished transliterating the interviews by the end of October 2015.

During the late autumn of 2015, after meeting with my thesis supervisor, I decided on the way to analyze my data. Since there were not that much information available about my particular research topic in the literature, and it could be stated that there is no actual theory formulated of the matter, I decided that the best method to produce new information based on the material gained from the interviews, would be utilizing the principles of grounded theory analysis.

I familiarized myself with grounded theory and started to analyze the data during December 2015. Following the steps of grounded theory analysis method provided in the literature, I finished analyzing the data in the early spring of 2016.

With the results gained from the data analysis, I drew certain conclusions about the topic. During the late spring of 2016, I concentrated on writing my thesis. I had been taking notes during every stage of the research, thus writing the final report of the study was considerably easier when utilizing these notes.

3.2 Qualitative Semi-Structured Interview Study

Treating individual subjects as persons, who are self-contained and create their own behaviors and meanings, is characteristic for qualitative methodology. Researchers conducting qualitative study focus on reporting and recording subjective accounts of individuals. Research scientists do not try to understand a person's subjectivity as influenced by conditions and other people. (Ratner, 2008.)

Usually, qualitative research questions are formulated as explorations of behaviors, the meanings associated with behaviors, factors accounting for behaviors, and contexts in which meanings, behaviors, and other factors occur. Questions may also relate to changes over time regarding certain phenomenon. (Schensul, 2008.)

The following factors may be included in the rationale for selection of the study population for qualitative research: the study question, research design considerations, population need, personal values, and funder requirements. The study sample is chosen from the study population, and sampling units can include, for example, events, individuals, or cultural rituals. Sampling units can be chosen for convenience or coincidence, depending on the characteristics of the study in question. Respondent characteristics, ends or midpoint of a continuum, ideal case, uniqueness, or geographic representation may be criteria for sampling units. Respondent driven sampling; a network or snowball approach to sampling, guaranteeing accurate representation of a population can also be utilized. Systematic and random sampling are used commonly in larger studies. (Schensul, 2008.)

Methods of data collection in qualitative research involve almost always face-to-face interaction with the study community and the study participants, and data collection occurs through observation and interviewing. The researcher is the most essential instrument of data collection. The person conducting the research must be aware of possible biases that may influence the research setting. Variety of factors can change, narrow, or bend the collected data and the researcher's observations. Maintenance of personal notes helps the researcher to reflect on how his or her personal values, personality, and implicit prejudices can interact with the research situation. (Schensul, 2008.)

Unstructured and semi-structured open-ended interviews with individuals or groups are included in qualitative data collection techniques, aside from different types of observations. Unstructured interviews can be used to discover the individual perspective of a certain area in the research model, while semi-structured interviews obtain patterns of similarity and variations characterizing the study sample. (Schensul, 2008.)

The research design for this study is a qualitative semi-structure interview study method. Semi-structured interviews are often the sole data source for a qualitative research project. These interviews are usually scheduled in advance at a designated location and time. (DiCicco-Bloom & Crabtree, 2006.) Many semi-structured interviews are conducted at mutually agreed upon locations, which makes participants feel more comfortable about the whole interview process (Patton, 1990).

Qualitative semi-structured interviews generally include a set of pre-determined open-ended questions with other questions emerging from the dialogue between interviewer and interviewee (DiCicco-Bloom & Crabtree, 2006). The list of questions is flexible, so that it is possible for the interviewer to follow the flow of the conversation; for example, if certain subject is important to the informant, the interviewer can spend more time on that topic than something else that is in the list of questions (Croucher & Cronn-Mills, 2015).

The topics of the pre-determined interview guide are based on the research questions and the tentative conceptual model of the phenomenon underlying the research. The interviewer must avoid leading questions to ensure interpretive validity. The development of rich, relevant data depends on the interviewer's ability to interpret, understand, and respond to the verbal and nonverbal information the informant provides. (Ayres, 2008.)

Semi-structured in-depth interviews are most commonly conducted only once with one individual and take between 3o minutes to several hours to complete. (DiCicco-Bloom & Crabtree, 2006.) Typically semi-structured interviews are used when the interviewer meets with many interviewees in the field (Bernard, 1999). Semi-structured interviews are especially beneficial in research questions where the concepts and relationships among are fairly well understood (Ayres, 2008). Semi-structured interviews offer informants a possibility to openly express their opinions on the topic that is being covered. The open expression of views can

provide thick description: an in-depth understanding of a setting, or culture provided by the members of the culture, and captured by others. (Geertz, 1973.)

3.3 The Informants

Regarding the informants of this study, the plan was to interview music therapists working with people with intellectual disabilities. I hoped to find music therapists who have work experience especially with persons with intellectual disabilities who may suffer from mental health issues.

The aim was to find at least five, preferably more, music therapists who have knowledge of the themes I am interested in. I utilized my thesis supervisor's contacts with music therapists who might be suitable for the research. I also viewed the website of the Finnish Society for Music Therapy to find suitable music therapists working with people with intellectual disabilities in the Jyväskylä area and contacted them personally in order to get enough informants for the research, in addition to the ones recommended by my thesis supervisor. Eventually, I had six suitable interviewees for my study, and according to the website of the Finnish Society for Music Therapy, there are not that many other music therapists working with persons with intellectual disabilities and also having experience in treating mental health issues available in the Jyväskylä area.

3.4 The Interviews

I planned to conduct interviews lasting maximum 30 minutes each. There were ten semi-structured questions (see Appendix 1) the aim of which was to find out the following: What kinds of challenges do the people with intellectual disabilities with whom you (the music therapist) work have concerning their mental health? In your opinion, and according to your experience and observation, what kind of effects do mental health issues have on the lives of the people with intellectual disabilities? How do mental health issues present themselves in the every-day lives of people with intellectual disabilities? Can mental health problems be eased with music therapy? How or with which music therapy method?

After having gained access to the suitable music therapists to participate in the interviews, I had to arrange such dates and places for the interviews that would be convenient for everyone. I preferred the music therapists participating in the interviews to be from the Jyväskylä area, or very close to it, so I could arrange the interviews in the music therapists' workplaces. The other option was the facilities of the University of Jyväskylä. In any case, the ideal position for the interviews would be where the interviewees themselves would feel comfortable, which is why, when contacting the informants I asked their preference for the place the interviews to be held. I conducted all interviews during the autumn 2015.

It was important that the interview setting, the atmosphere, and the environment were as pleasant as possible to ensure the ideal circumstances for the interviews. It was more likely that the informants would share their information with me openly and honestly, if they felt comfortable.

Once the dates and the places for the interviews were set, I prepared for them carefully. This stage was crucial in order for me to get the maximum benefit from the interviews.

Before starting the actual interviews, it was beneficial to pilot test the whole interview setting. This way, I would notice if there were limitations, flaws, or other kinds of weaknesses in my interview and would be able to make the necessary revisions before interviewing the real informants (Kvale, 2007). I pilot tested the interviews with my friends and the interview questions were approved by my thesis supervisor before conducting the real interviews.

As mentioned above, the interview situation itself is very important in order to get the maximum outcome from the interviews. I had to make certain there were as little distraction as possible in the interview setting (McNamara, 2009). The ideal situation would be me being alone with the informant in the interview situation and having made certain no-one would distract us. I succeeded in this quite well, except for one situation where I had forgotten to mark the interview place as occupied – but in the end it was not that much of a distraction for the interview.

The interviewees must know the purpose of the interview (McNamara, 2009). It was essential to inform them about the kind of study in question. The informants also had to know what part the interviews played in the study; in this case their role was essential and the primary source of information for the set research questions.

In addition, the interviewees had to be informed about the terms of confidentiality (McNamara, 2009). I will not publish the names or the workplaces of the informants – the only information about the interviewees I reveal in the current thesis is that they are music therapists working with people with intellectual disabilities.

I also had to inform the interviewees about the format of the interview (McNamara, 2009). I explained that most questions were set beforehand, but if some new themes would emerge in the interview, we would be free to discuss them as well.

Moreover, the interviewees had to know how long the interview would take (McNamara, 2009). That way they would know how much of their own time they had to spare for the interview. The estimated time the interviews would take also informed the informants about the depth of the interviews.

I also had to make sure the interviewees knew how to get in touch with me later if they so wished (McNamara, 2009). By giving my contact information, I ensured they knew they could ask me anything that comes to mind about the interview process at later stage. This increased the reliability of the interview procedure, too.

Before starting the interview, it is recommended to ask the informants if they have any questions in mind (McNamara, 2009). This way the possibilities of misunderstandings are minimized. The interviewees would feel more comfortable and secure later when answering the questions when they are first allowed to make sure they understand the possible unclear issues accurately.

Finally, the last thing to take into account when interviewing was to not rely entirely on my own memory to recall the answers of the interviewees (McNamara, 2009). The situation allowing, I tried to make notes during the interviews. I also used an audio recorder which was

my main information source when transcribing the interviews. At the beginning of each interview session I ensured that the recorder worked properly.

I selected interviewing as the best method for studying the themes I am interested in, because it looked like there is not very much published research about these themes available as yet. There were a rather small number of people involved and it was relatively easy to find potential interviewees. Interviewing was my method of choice also because the questions I am interested in require insight and deep understanding of the topic. (Gillham, 2000.)

Music therapists who work with people with intellectual disabilities were the most suitable persons to answer the questions I am interested in since they have what could be referred to as silent information about the subject. Furthermore, the group of clients itself is often incapable of answering questions because of their possible challenges with communication.

I analyzed the interviews using grounded theory -method. Since it was the first time for me to conduct an analysis using this particular method, I had to thoroughly familiarize myself with its principles first.

4 DATA ANALYSIS AND RESULTS

4.1 Grounded Theory

Grounded theory is one of the more popular methods of qualitative data analysis. Grounded theory is defined by Glaser and Strauss (1967) as the process of breaking down, conceptualizing, comparing, and categorizing data. Themes emerge from the analysis of texts through process of inductive coding, instead of being pre-chosen by the researcher.

Observations and interviews are the most frequently collected types of data for grounded theory. However, almost any kind of written, recorded, or observed material can be used. Data collection can include, for example, journals, videos, drawings, diaries, memos, memoirs, historical records, Internet postings, and internal documents. (Corbin & Strauss, 2015.)

According to Glaser and Strauss (1967), researchers conducting a grounded theory analysis should follow four steps, that are: data collection from participants, in other words, conducting interviews, detailed note-taking during each interview, coding or writing in the margins of transcripts of interviews the central purpose or theme of each line or passage of an interview, and writing down generalized links between what is coded and earlier established theory by others. Researchers sort their memos into broad theoretical categories after the four stages are completed, which, according to Strauss and Corbin (1991), facilitates making theoretical conclusions and arguments.

Grounded theory can be approached in multiple ways. The two major approaches to grounded theory are the Glaserian approach, which was popularized by Glaser (1978, 1992, 1998) and Glaser and Strauss (1967), and the Straussian approach, which was popularized by Strauss and Corbin (1991, 1998). The two approaches share similarities, but differ from each other philosophically.

Straussian approach to grounded theory emphasizes verification rather than emergence of concepts, and it includes additional technical procedures to the main principles of grounded theory. Axial coding, in which researchers treat a category as an axis, was added. Around the axis, researchers identify the dimensions of the category and establish its relationships to oth-

er categories. In the Straussian approach, researchers also develop a conditional matrix in order to map intersections of micro, meso, and macro conditions on actions and to outline connections between these levels of analysis. (Charmaz & Bryant, 2008.)

Glaserian approach emphasizes emergent concepts and theory construction, instead of preconceived procedures and verification. Several strategies, such as line-by-line coding, have been omitted from this version of grounded theory. Nevertheless, it has been presented as the classic statement of grounded theory. (Charmaz & Bryant, 2008.)
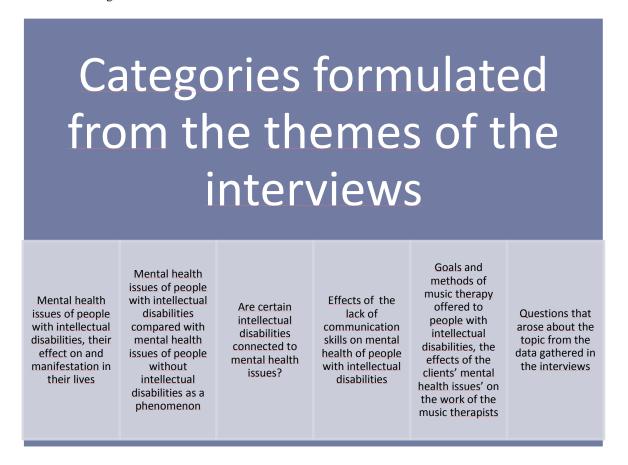
4.2 Stages of Data Analysis

After I had transcribed the conducted interviews, I started to analyze the data. Using the principles of grounded theory -method and keeping the research questions in mind, I systematically went through the transcriptions of the interviews, identifying themes and questions that appeared in each interview. Utilizing line-by-line coding, I noticed that there were certain similar themes presenting themselves in all of the interviews, but also some amount of variety in parts of the answers. I coded the similar themes that appeared in the interviews and combined them together into categories, then giving a more general title to the different categories that consisted of same kind of themes. Finally, I formulated a summary that includes the overall themes and issues which were revealed in the interviews.

4.3 Categories Formulated from the Themes of the Interviews

I formulated six different categories based on the different themes that surfaced in the interviews. Table 1 illustrates these categories. I titled the first category as "mental health issues of people with intellectual disabilities, their effect on and manifestation in their lives". The second category was titled "mental health issues of people with intellectual disabilities compared with mental health issues of people without intellectual disabilities as a phenomenon". The third category was named "Are certain intellectual disabilities connected to mental health issues?" The fourth category was titled "effects of the lack of communication skills on mental health of people with intellectual disabilities". I named the fifth category "goals and methods

of music therapy offered to people with intellectual disabilities, the effects of the clients' mental health issues' on the work of the music therapists". Finally, the sixth category was titled "questions that arose about the topic from the data gathered in the interviews".

TABLE 1. Categories formulated from the themes of the interviews.

Categories formulated from the themes of the interviews					
Mental health issues of people with intellectual disabilities, their effect on and manifestation in their lives	Mental health issues of people with intellectual disabilities compared with mental health issues of people without intellectual disabilities as a phenomenon	Are certain intellectual disabilities connected to mental health issues?	Effects of the lack of communication skills on mental health of people with intellectual disabilities	Goals and methods of music therapy offered to people with intellectual disabilities, the effects of the clients' mental health issues' on the work of the music therapists	Questions that arose about the topic from the data gathered in the interviews

4.3.1 Mental Health Issues of People with Intellectual Disabilities, Their Effect on and Manifestation in Their Lives

The interviews revealed that people with intellectual disabilities suffer from a variety of mental health issues. For example, when people with Down syndrome are ageing, they often suffer from dementia, which, in many cases, is connected to them having depression as well. According to the interviews, schizophrenic, delusional and psychotic symptoms, anxiety, strong aggression, conduct disorders, borderline personality disorders, and living in one's imaginary world also occur among people with intellectual disabilities. Interviewees had noticed conduct disorders especially among people with Autism Spectrum Disorders.

The ability to function decreases, and persons with intellectual disabilities become passive when they suffer from depression. Experiencing loneliness possibly due to mental health issues can lead an individual with intellectual disabilities to feel disinclined and unenthusiastic about his or her key things in life. Cutting and other suicidal features can be present. Mental health issues isolate people with intellectual disabilities from others and make it more challenging for them to be part of society.

Persons with intellectual disabilities who suffer from severe mental health issues and may have required hospital care, or experienced some other kind of intervention, can have delays in their stages of development. Problems with mental health can preclude an individual with intellectual disabilities from completing vocational studies and even lead his or her early retirement.

Restricted abilities to handle problems make it more difficult for a person with intellectual disabilities to overcome them. Intellectual disabilities and conceptualization and learning difficulties make it harder for a person to recognize and understand feelings. Ability to concentrate and learn in general decreases among people with intellectual disabilities due to mental health issues.

Persons with very different kinds of intellectual disabilities can experience challenges and problems in their mental health. Mental health issues affect the interaction and the personal relationships of people with intellectual disabilities, decreasing and narrowing them. The quality of life deteriorates along with the ability to work and, for example to live independently, which has a major influence on the self-confidence of a person with intellectual disabilities.

According to some interviewees, those people with intellectual disabilities who have very limited understanding of everyday-life and reality are in a way forced to live in their own imaginary world, which leads to psychotic disorders. The ones who understand their developmental delay and type of disorder, experience the situation more acutely, and it has a stronger effect on their self-esteem.

4.3.2 Mental Health Issues of People with Intellectual Disabilities Compared with Mental Health Issues of People without Intellectual Disabilities as a Phenomenon

The mental health issues of persons with intellectual disabilities are very much alike the mental health problems of people without intellectual disabilities, and they affect in a similar way a person's ability to function in both groups. However, according to the interviewees, the mental health issues among people with intellectual disabilities are more apparent when compared with those among people without intellectual disabilities.

Individuals with intellectual disabilities suffering from schizophrenic symptoms are not as good in controlling their delusions as people without intellectual disabilities. Persons with intellectual disabilities having personality disorder try not to hide their disorder the same way people without intellectual disabilities do, either.

For example, challenging behavior among individuals with intellectual disabilities is, according to the interviewees, always a reaction to something. When the cause of this kind of behavior is understood, the reaction is no longer needed. The reactions are often much stronger among people with intellectual disabilities, than among those without.

The fact that a person with intellectual disabilities is aware of things he or she is not capable of doing, or does not have the opportunity to do when compared with an individual without intellectual disabilities, can increase the probability of that person acquiring psychological symptoms. Also feeling that certain emotions, or for example expressing one's sexuality, are forbidden, can negatively affect the mental health of people with intellectual disabilities.

According to the interviewees, the intellectual disability of a person can make it more difficult for him or her to make progress and avoid stagnating in his or her symptoms. This in turn can delay the recovery process, i.e. person trying to overcome his or her mental health issues.

4.3.3 Are Certain Intellectual Disabilities Connected to Mental Health Issues?

Interviewees noted that there seems to be no clear connection between certain intellectual disabilities and mental health issues: problems with mental health are developed apart from intellectual disabilities.

However, intellectual disabilities can have an effect on the overall mental health of people with intellectual disabilities. For example, persons with mild intellectual disabilities often realize and understand that they are different from most people. Realizing their limited abilities of life management compared with others increases the probability of people with intellectual disabilities developing psychological symptoms and can, for example, increase the risk of a person to suffer from depression.

People with severe intellectual disabilities do not necessarily clearly understand or realize their difference from the majority of people. That possibly prevents them from having negative thoughts about themselves and comparing themselves with their peers without intellectual disabilities, which also decreases the risk of these individuals developing mental disorders due to awareness of their disparity.

Some of the interviewees also stated that there is no reason to separate intellectual disabilities and mental health issues, since they are both included in the way a person experiences his or her life. Intellectual disabilities bring additional challenges to the interpretation of the environment, and to the interaction with others.

One can also argue that the environment and the circumstances in which people with intellectual disabilities live in, can be a powerful factor in whether they develop mental health issues or not. The environment has a great significance when persons with intellectual disabilities are trying to build a meaningful life for themselves.

Diagnosed mental health disorders are not connected with any specific intellectual disability – the intellectual disability is separate from the mental health disorder. However, intellectual disability does not necessarily make the overall situation of the person any easier.

4.3.4 The Effects of Lack of Communication Skills on the Mental Health of People with Intellectual Disabilities

One of the themes that came up in the conversations during the interviews, besides the themes I had planned to cover beforehand, was the communication skills of people with intellectual disabilities. Especially the lack of communication skills, and its effects on the lives of individuals with intellectual disabilities was in the very center of our interest during the conversations.

It is very often that people with intellectual disabilities lack communication skills. According to the observations and experiences of the interviewees, the lack of communication skills has a very strong unfavorable effect on the well-being of persons with intellectual disabilities.

The lack of communication skills can be behind many mental health issues of people with intellectual disabilities. The fact that many individuals with intellectual disabilities may not have any language with which to communicate, express themselves, and their needs, can be a serious impediment for their mental health.

Some of the music therapists that were interviewed said that they come across with this issue with almost every client with intellectual disabilities. Interviewees stated that limited communication skills lead to anxiety, frustration, and aggression among the persons with intellectual disabilities.

The limited abilities to communicate can also further accentuate the mental health issues that clients with intellectual disabilities experience. It is obvious, that being understood by others is significant to everyone – people with intellectual disabilities are no exception. "-- it is important to be understood. I believe that a big tangle of problems would go away this way, and then it would be easier to recognize the mental disorders that are real" (Interviewee). Intellectual disabilities bring restrictions to communication skills, such as understanding and production of speech, or other forms of communication, which is an important aspect to be considered, especially when planning therapy.

4.3.5 Goals and Methods of the Music Therapy Offered to People with Intellectual Disabilities, the Effect of the Clients' Mental Health Issues' on the Work of the Music Therapists

When discussing the goals that are set for the music therapy for people with intellectual disabilities suffering from mental health issues with the informants, it came across that usually the diagnosis and the problems the client experiences in general define the kinds of objectives that are set for the therapy. The diagnosis also affects the way therapy is conducted. The methods utilized in the music therapy for persons with intellectual disabilities are usually unique syntheses of variety of methods, and are chosen and adapted in a way that every client's individual needs are taken into consideration.

If the client is suffering from depression, the interviewed music therapists related that it is important to provide experiences of success, and good, positive experiences in general for the client; this can improve the client's overall self-confidence. It is essential that the client receives experiences of learning and being able to do things, as well as experiences of tolerating some amount of discomfort and being challenged to try something new. When succeeding in something, the client could assume a more positive attitude, and this might improve his or her everyday-life cooperating skills. Playing and being active is also known to have a good effect on the client's well-being.

Listening to music, and especially the client's favorite music, came up as one method music therapists use with people with intellectual disabilities experiencing mental health issues. Singing and turning the client's attention to the present moment by different activities; trying to make him or her forget the negative feelings he or she may have; and uplifting his or her mood are also beneficial methods. Using songs and music the client is already familiar with can increase his or her sense of security, bring him or her pleasure, and a feeling of continuity.

The feeling of being accepted and understood is essential for the client's therapeutic progress. In order to succeed in this, music therapists must use various channels of interaction, such as pictures, sign language etc., in addition to spoken language – especially if the client's communication abilities are limited. Many of the interviewees believe that if it could be made certain that the client is being understood through some communication method, a significant

amount of problems could be avoided and the mental health disorders that are not related to challenges of communication and being understood properly could be identified.

Improving the client's interaction and communication skills with others is often one of the goals of music therapy for people with intellectual disabilities. The interactional relationship between the client and the therapist is important as a whole: playing alone and together, listening to each other, and also talking, if the client is capable of verbal communication. In the one-on-one musical interaction it is possible for the client to offload his or her bad feelings and possible aggression.

Through music, it is possible for the clients to express things that are on their minds and subjects that could be difficult to express verbally; this holds true for everyone, but especially for people with intellectual disabilities. Psychotherapeutic approach could perhaps be used among people with mild intellectual disabilities, but according to the music therapists that were interviewed, it is recommended to use as concrete an approach to the client's issues as possible, to enable optimal chances for him or her to handle the themes being covered. Among persons with the most severe intellectual disabilities, the musical language itself can be satisfactory, and there is no necessity for understanding everything when interacting musically.

Listening to the client and talking with him or her, i.e. paying full attention to the client is significant. Musical improvising and allowing the client to share and discuss his or her memories were also mentioned as utilized methods in music therapy for people with intellectual disabilities. Relaxation and having a permission to express one's feelings freely improve the client's well-being.

One of the goals of music therapy is helping the client to become independent and reach his or her developmental objectives. This promotes the client's chances to have more power over decision about his or her life – it may also increase the client's feeling of being in control of his or her life. Finding and strengthening what could be defined as the client's own basic rhythm through music is one method when trying to meet this goal; it can also help him or her to accept and learn how to cope with challenging situations.

Some music therapists also utilize vibroacoustic therapy in their work. Making the client feel better physically, his or her psychic well-being is also improved. Principles of Functionally Oriented Music Therapy and Dance and Movement Therapy are also used to help the client to control and understand their body and improve their ability to function in his or her every-day life. Drawing and the usage of colors, combined with music was also mentioned in the interviews as one of the methods used in music therapy.

Working with emotions is often one of the goals of music therapy for people with intellectual disabilities. That means analyzing one's feelings through music, i.e. learning how to identify, express, and direct one's emotions, how to regulate one's feelings, and how to control one's aggression.

The structure of the therapy has to be flexible and cater for the special needs of the client. Flexibility is a good principle for therapy in general; it is essential to be able to change the plans according to each situation, and not to, for example, continue a demanding activity if the client is already exhausted.

There is variation in the way the interviewed music therapists see their way of working with people with intellectual disabilities suffering from mental health issues, and whether the possible diagnosis influences their way of working or not. Some of the interviewees stated that they equally respect each client, and the reason he or she is referred to therapy does not make a difference in the way they work. Others told that knowing the client has psychical symptoms significantly changes the working method, communication, and goal-setting: "I do work completely differently" (Interviewee).

According to the interviewed music therapists, therapist's patience is essential; even the fact that therapy process will begin can bring tranquility into the client's mind. The client realizes that the issues he or she has are now being dealt with, and somebody is trying to understand them – the anxiety, possibly brought on by the fact that uncomfortable situation does not change, can be resolved.

The main goal for the therapy is to decrease the effects the mental health issues have on the client's life and to improve the quality and the overall functionality of the client's every-day

routines. According to the interviewees, one important objective of the music therapy for people with intellectual disabilities suffering from mental disorders is to try and stabilize the situation which the client is experiencing, as well as to bring security and courage into his or her life. By attending music therapy it is guaranteed there is one place, at least once a week, where the client can feel that he or she is succeeding and is good at what he or she is doing.

4.3.6 Questions That Arose about the Topic from the Data Gathered in the Interviews

There are many questions and themes that arose about the mental health issues among people with intellectual disabilities during the conversations in the interviews. It seems that the topic is not very well-known and discussed for many reasons.

It appears that the mental health problems among persons with intellectual disabilities are not very easy to notice. Especially mental health issues among people with severe intellectual disabilities are difficult to detect, which can be due the limited communication abilities the group of clients sometimes possesses.

Some of the music therapists who were interviewed related that it is quite rare among their clients with intellectual disabilities that mental health issues or disorders, especially diagnosed ones, appear, and it is not common for the client with intellectual disabilities to come into therapy because of problems in his or her mental health. One might consider, whether the mental health problems and illnesses among people with intellectual disabilities are dwarfed or totally hidden by the other issues the clients suffer from, and whether the people around the clients are completely unaware of them.

However, some of the informants told that it is actually quite usual for mental health problems to appear among their client base, and all of their clients with intellectual disabilities experi-ence difficulties in their emotional life and interaction. Some even stated that as many as one third of their clients suffer from pure mental health disorders.

It is unclear, how deeply aware the music therapists are of their clients' illnesses, apart from those mentioned in referrals. It is also not explicitly known, how well the mental health issues

of people with intellectual disabilities are being monitored in general. It is also not clear, whether there is enough knowledge and expertise among music therapists to treat mental health issues, for example among those clients with severe intellectual disabilities who might experience serious difficulties in their communication and self-expression.

According to the interviewees, it is not very common that music therapy is used in order to treat mental health issues among people with intellectual disabilities, although otherwise, psychiatric disorders are one of the main areas where music therapy is applied. Instead, music therapy is often used to treat, for example, conduct disorders and motoric problems among people with intellectual disabilities.

The interviewees stated that music therapy for children with intellectual disabilities might be more common than music therapy for adults with intellectual disabilities. However, the informants expressed the opinion that the need for therapeutic treatment for mental health issues among people with intellectual disabilities would possibly be greater among adults than among children. The problem is that there is not as much music therapy offered for adults with intellectual disabilities.

Children and young people with intellectual disabilities are rarely referred to music therapy because of mental health issues, but according to the interviewees, the need for therapy to treat mental health problems increases when a person is reaching adulthood and should start an independent life. Some of the interviewees related that more than half of their clients who are over twenty years old have some particular issue in their mental health condition.

In the opinion of the music therapists who were interviewed, more attention should be paid to the mental health issues of people with intellectual disabilities, especially to adults with intellectual disabilities experiencing these problems. This way more information about the topic would be gained, and more resources could be directed to the work with this group of clients.

4.4 Summary of the Analysis

The relevance and importance of the topic of the present thesis became evident as a result of the analysis of the interviews; it is clear that this topic is interesting and requires a lot of further research. Some of the interviewees stated that many viewpoints related to the topic as part of the present study had not occurred to them before.

The music therapists stated that in their opinion, further development of adult psychiatric treatment of people with intellectual disabilities is needed. There is also demand for creating methods with which it could be possible to separate communicational issues from pure mental health problems among people with intellectual disabilities.

4.5 Summary of the Results

I sought answers to my research questions by carefully analyzing the data from the interviews. The first and second questions to put to the data gathered were: "How mental health issues present themselves in the lives of persons with intellectual disabilities?" and "How mental health problems affect the every-day lives of these people?"

According to the data, as people with intellectual disabilities face mental health issues their overall ability to function decreases when these problems occur. Interactional relationships are narrowed and decreased due the troubles in the lives of persons with intellectual disabilities suffering from mental health issues. In addition, the quality of life of these people deteriorates alongside with their ability to work and live independently.

Difficulties that occur due the mental health issues faced by persons with intellectual disabilities affect their self-esteem negatively and can isolate them from the society. Coping with mental health issues and associated problems is more difficult for people with intellectual disabilities due to their limited abilities to handle challenging situations.

Concentration and learning skills decrease when a person with intellectual disabilities suffers from mental health problems. Recognizing and understanding feelings is harder because of intellectual disabilities and learning and conceptualization difficulties.

The third question I was interested in finding out about, was the role of music therapy in treating people with intellectual disabilities suffering from mental health issues; whether music therapy could be utilized to ease the problems these people possibly face due to mental health issues.

It could be concluded from the data that there are various ways in which the condition of persons with intellectual disabilities suffering from mental health problems can be improved by music therapy. Usually the methods used when treating this group of clients are unique syntheses of several methodical approaches. The utilized methods are chosen and adapted in a way ensuring that every client's individual needs are taken into consideration.

The diagnosis of a client affects the way music therapy is conducted: different activities are emphasized each time in order to meet the goals that were set for the therapy. For example, it is important to provide positive experiences, such as feelings of success for a client suffering from depression to improve the client's self-esteem.

Singing, playing, improvising, and listening to music are commonly used methods. The music's ability to function as a communication tool and a way of expressing oneself makes music therapy especially well-fitting for people with intellectual disabilities, because they often lack communication skills. They can share their inner feelings, which could be too challenging to be expressed verbally, through music. The language of music can be sufficient for persons with severe intellectual disabilities, if they do not have any other communication skills.

The main goal of music therapy when treating people with intellectual disabilities suffering from mental health problems is to minimize the negative influence of these issues on their lives, and to help them to cope with the challenges they face in their every-day-life as well as it is possible.

5 DISCUSSION

5.1 Reflections on Conducting the Interviews

When conducting the interviews, I tried to take some notes in addition to using the recorder. However, I limited the note-taking to the minimum, since I realized that I had to fully concentrate on each interview situation. The flow of the conversation would have been disrupted by me taking notes at the same time. I also had the impression that some of the informants considered writing while they talked impolite. I instantly noticed the negative effect of taking notes on the interaction: the interviewees were clearly distracted by it.

I was a little reserved during the first couple of interviews, since the situation was new to me and I was concerned about everything functioning properly. That may have been the reason why the conversation in these particular interviews was not as free-flowing as I would have hoped for. After few more interviews, I started to feel more confident and relaxed, which positively affected the overall atmosphere of the rest of the interviews.

During the first interviews, I could have encouraged the informants to share their experiences even more than I did. Even though I responded actively to the interviewees' answers, I could have asked more questions about the topics the interviewees had vast experience in. Perhaps they would have wanted the discussion to focus more on those areas. Thus, I sometimes may have followed the framework I had prepared for the interviews too strictly.

When reflecting on the interview situations afterwards, I perhaps could have concentrated more on establishing good rapport with the interviewees before starting the actual interview. Maybe I should have asked more questions about their background and working history etc., but the requirement of confidentiality of the interviews discouraged me from getting to know the informants more closely prior to recording the interviews.

Regarding the use of the recorder, I often noticed that when I stopped recording after the official part of the interview, the conversation continued more freely, and the interviewees felt more relaxed to talk. From this I concluded that avoiding using the audio recorder could have

induced more fruitful and productive conversation, as a result of which I could have gained some more versatile and valuable information.

5.2 Reflections on Conducting the Analysis

Conducting a grounded theory analysis for the first time was somewhat challenging. Although literature providing good guidelines and handbooks were available demonstrating the different phases of the analysis and the proper way to conduct it, I was still at times unsure whether I was making the right decisions while applying the theory to the data I had gathered.

While writing the present thesis, I rather strictly followed the guidelines provided on conducting a grounded theory analysis. This way I could find justification for my decisions in the theory. In addition, strict obedience to the instructions increased the probability of reaching the right conclusions based on the data.

Categorizing the data made it easier to notice similarities in the interviewees' answers, themes and phenomena which arose from the interviews. Sorting the data made it more controllable and helped in deciding what part of the information shared was relevant to the present study.

5.3 Results of the Present Study in Relation to Information available in Literature

The data from the interviews conducted in the framework of the present research further confirmed the findings available in the existing literature that communication problems expose people with intellectual disabilities to mental disorders. The informants of this study stressed the importance of providing people with intellectual disabilities at least with one way to communicate and express themselves. If the mental health issues related to insufficient communication could be eliminated, there would be more resources available to treat the actual mental disorders that people with intellectual disabilities suffer from.

The interviewees of this study related that using music as a language and a communication tool especially benefits people with severe intellectual disabilities possibly lacking any other ways to communicate. This further validates the information available in the existing literature highlighting the effectiveness of music therapy when trying to encourage communicational behavior, especially among people with Autistic Spectrum Disorders. Both the present research and the literature reviewed for this study support the claim that using music therapy as a treatment method for challenged communication is highly beneficial.

The earlier literature on the topic reveals that mental health issues that people with intellectual disabilities suffer from were often overlooked and not recognized in the past. However, the interview data gathered for the present study shows that the same tendency continues even today: music therapy is rarely used to treat mental disorders among persons with intellectual disabilities. Thus, it seems that mental health disorders and their effect on the lives of people with intellectual disabilities continue to be overlooked even today.

This study provides valuable new information, based on the experiences and observations of the interviewed music therapists, on the way mental health issues present themselves in the lives of people with intellectual disabilities. Interviewing proved a good method to collect and record such practical information that is a result of years of work experience. As a result of examining the previously written research, I noticed the limited amount of information available of the topic; and in the end I was convinced of the importance of conducting a study combining both practical and theoretical information.

5.4 Reliability and Validity

The traditional way of evaluation of reliability and validity does not apply to the present qualitative interview study. Reliability, which can be defined as the consistency or repeatability of my measures, cannot be expected from the present interview study, since every interview situation and the circumstances in the interviews are unique; there are no two interview settings that would be the same. Similarly, evaluation of validity, which answers the question whether the research method studies what it is set out to measure or not, is not fully applicable to this interview study.

The validity of the answers of the interviewees derives from their ability to offer experiential realities in comprehensible terms (Holstein & Gubrium, 1995). It could be stated that the interviewed music therapists, as experts in their field, were the most probable informants to be able to convey this kind of information.

The reliability of this study is increased by describing the different phases of the research as accurately as possible. Evaluation of the conduction of the interviews and the analysis, and what kinds of different factors affected them, are also provided and discussed.

5.5 Ethical Considerations

The study and the interviews were planned carefully in advance before conducting them. The research plan was made a year before finalizing the study and were presented and discussed both in class and with the thesis supervisor. The plan was flexibly revised once I noticed that something needed to be omitted or added, as well as according to the feedback provided in the seminar sessions.

In addition, the interview questions were approved after having been edited according to the improvements suggested by the thesis supervisor before conducting the interviews. I also considered getting written permission from the informants to conduct the interviews, but since the interviewees were adult, independent individuals, I was advised by my thesis supervisor that oral permission would be sufficient.

The purpose of the interviews was explained to the informants before conducting them, and the interviewees were informed that the data gained from the interviews were to be used in my Master's Thesis. The interviewees were aware that the interviews would be audio recorded, as their permission was asked for the recordings. They were also assured that their identity would remain confidential; the only information given about the interviewees would be them being music therapists working in the Jyväskylä area.

As to the ethical viewpoint regarding transcribing the interviews, the transcription was made word for word, without changing, omitting, or adding anything. After the transcription process, the audio recordings were exterminated.

6 CONCLUSIONS

6.1 Objectives and Stages of the Study

I defined and clarified the main concept of the present study, i.e. what is meant by the term people with intellectual disabilities when used in this study, according to the previously set objectives. I also provided some background for the mental health issues of people with intellectual disabilities, such as common causes that expose persons with intellectual disabilities to mental health problems and the frequency of mental health issues among this group of people. In addition, some general information about music therapy and its usage among this group of clients were provided.

I interviewed six music therapists working with people with intellectual disabilities in the Jyväskylä area with the specific aim of learning more about how the mental health issues present themselves in the lives of persons with intellectual disabilities, and how the mental health problems affect the every-day lives of these people. The other main theme I wanted to explore with the help of the interviews was the role music therapy plays in treating people with intellectual disabilities suffering from mental health problems: how music therapy is utilized to ease the issues faced by persons with intellectual disabilities due to the mental health problems?

After conducting and transcribing the semi-structured interviews, I analyzed the data gained from them by using the grounded theory method. Combining the similar themes that were discussed during the interviews, I formulated different categories for each of the broader themes. Using these categories it was easier to conceptualize the results the data provided. The last stage of the study was to write a comprehensive report of the research.

6.2 About the Results

The results of this study revealed the comprehensive effects mental health problems have on the lives of people with intellectual disabilities. Because mental health issues so thoroughly affect the life of people with intellectual disabilities decreasing its overall quality, more attention needs to be paid to improving the recognition and the treatment of mental health problems people with intellectual disabilities suffer from. There seems to be difficulties in this area, which was also confirmed by the data gathered in the framework of the present study.

This research also revealed that the communication issues, which people with intellectual disabilities often experience, play a major role in whether a person with intellectual disabilities develops a mental health problem or not. More attention should be paid to the communication challenges, from which this group of clients commonly suffers. It is more probable for an individual with intellectual disabilities, who also has limited communication skills, to develop a mental health problem compared with a person without difficulties in his or her communication with others.

It would be ideal if everyone would have a communication method suitable for his or her specific needs. In other words, also persons with intellectual disabilities would have some tool with which they can communicate and convey their needs. This way the mental health problems that people with intellectual disabilities suffer from due to difficulties with communication could be eliminated.

The data gained from the interviews conducted for this study revealed that it is seldom that music therapy is offered for persons with intellectual disabilities in order to treat their mental health issues. In fact, it is quite rare that especially adults with intellectual disabilities, who would often need such therapy the most to deal with their mental health problems, are offered any music therapy at all. This might be due to the only recently revoked belief, also referred to in the literature reviewed for this study, that a person with intellectual disabilities cannot develop a mental health disorder.

It should be more generally acknowledged that people with intellectual disabilities face the same risk of developing a mental health disorder than their peers without intellectual disabilities. According to some sources, persons with intellectual disabilities can have even two- or three-fold risk to develop a mental health disorder compared with those without intellectual disabilities (Koskentausta, 2014). If care providers were more conscious of this fact, therapy would be more often offered to people with intellectual disabilities specifically in order to treat their problems with mental health. This way, caretakers responsible for the treatment of persons with intellectual disabilities would not only concentrate on the issues people with intellectual disabilities have concerning their physical health and ability to function.

6.3 Limitations

With regard to limitations of this study, it is obvious that it would have been preferable to have a larger group of informants in order to increase the reliability of the research. However, as this is not a quantitative study, and the goal was not to reach any statistical significance, or to conduct statistical analysis, this number of interviewees was deemed sufficient for the purposes of the present study. Because of the rather small amount of interviewees, it might not be advisable to draw more general conclusions based on the results of this research. However, this does not reduce the value of the results, since they still provide an important picture of the situation in the field.

When deciding on the number of informants for this study, my own resources for conducting such a study and the availability of suitable interviewees were considered. I wanted to concentrate on music therapists who work in the Jyväskylä area, and I contacted all therapists from the official website of Finnish Society for Music Therapy. One selection criterion was the potential candidates' work experience in the field in question. All music therapists contacted were willing to participate in my research.

At the transcription phase, the same themes and information seemed to emerge in most interviews. Thus, it can be stated that I reached the necessary saturation level in my data collection. I also wanted to ensure that the interviews conducted were performed as well and dili-

gently as possible, instead of conducting a large number of interviews negligently. Being a relatively unexperienced interviewer, the attention paid to the proper organization of the interview setting was of special importance.

6.4 Suggestions for Further Study

As for further study to be conducted in this field, several options come to mind. It could be valuable to research more carefully, for example, the best way to offer everyone, including people with intellectual disabilities, a communication method that is suited for each person's specific needs – and also, how to educate the relatives and caretakers working closely with people with intellectual disabilities to use the communication methods that are suitable for their situation.

Finally, research could be conducted on how to increase the knowledge of identifying the mental health problems people with intellectual disabilities suffer from. More attention should be paid to education offered to the music therapists in order to improve their skills to treat mental health problems that their clients with intellectual disabilities face. There is also a concrete need for study to be conducted on the mental health disorders of people with intellectual disabilities in general in order to increase the overall awareness of this topic.

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APPENDICES

APPENDIX 1

THE BASIC OUTLINE OF THE INTERVIEWS

1. How common is it for your clients with intellectual disabilities to have mental health problems? Do certain intellectual disabilities typically concur with mental health problems?

2. What kind of mental health problems do your clients suffer from?

3. How do mental health problems affect this group of clients' ability to function?

4. How do mental health problems affect the life of a person with intellectual disabilities in general?

5. How do mental health problems of people with intellectual disabilities affect your work as a music therapist? (For example, do you need to prepare differently, do you feel you have to approach the situation in a different way, etc.?)

6. In which ways can music therapy help people with intellectual disabilities who suffer from mental health problems?

7. Which music therapy methods do you use with your clients with intellectual disabilities suffering from mental health problems?

8. What goals are set for the music therapy offered to people with intellectual disabilities suffering from mental health problems? For example, reducing the effect mental health problems have on their lives; increasing their ability to function in their everyday lives despite the mental health issues; providing operational models for the difficult situations, etc.

9. How probable is it that the intellectual disability is the root of the mental health problems, or is it more likely that the mental health problem is developed separately from the intellectual disability?

10. What kind of abilities (e.g., cognitive, intellectual) does the client have to possess in order for the mental health problems to be approached by using the tools of psychotherapy? For example, by analyzing the causes and the consequences of their actions, etc.?