Voices
A WORLD FORUM FOR MUSIC THERAPY

OPEN ACCESS

REFLECTIONS ON PRACTICE | PEER REVIEWED

The "VocaMom Group" Model:

Using Maternal Voice in Community Music Therapy Group for Students with Intellectual Disabilities

Nir Seri [1*]

[1] Talpiot College, Holon, Israel
* Nirseri.Musictherapy@gmail.com

Received 23 August 2024; Accepted 10 November 2025; Published 3 March 2026
Editor: Elly Scrine
Reviewers: Viggo Krüger, Kate Teggelove
Copyeditor: Katelyn Beebe

Abstract

This reflective paper explores the impact of engaging with the maternal voice through a community music therapy group model named the "VocaMom Group" model, for intellectually disabled students. The model aims to empower students' "self" sense, enhance attachment processes, and foster social connections among peers. The model comprises six weekly 45-minute sessions. Four core sessions consist of students listening to pre-recorded interviews in which their mothers are the interviewees, culminating in a song each mother dedicates to her child, sharing emotions, and concluding with photos sent to the mothers. The model is guided collaboratively by a music therapist, school consultant, and special education Information and Communications Technology teacher, each fulfilling defined roles. The article explores the model's components through vignettes, theoretical reflections, and research. Most students responded with emotional engagement and relational growth, while a few showed complex reactions that required sensitive facilitation and further integration within the therapeutic setting. The article supports the positive impact of a mother's vocal presence. Rooted in intrauterine experiences, the mother's voice is vital for the development of the "self." Drawing on psychoanalytic concepts such as the "sound-object" and "sound envelope," the article highlights how listening to the maternal voice often resonates not only as a verbal message but also as a deeply musical and affective experience, capable of evoking embodied responses that transcend language. Ultimately, the "VocaMom Group" model offers a structured yet flexible therapeutic approach that helps students connect with their inner world, their families, and their social environment—supporting a deepened sense of belonging and self.

Keywords: *Voice; groupwork; mother; intellectual disabilities; community; sound envelope*

VOICES: A WORLD FORUM FOR MUSIC THERAPY | VOL 26 | NO 1 | 2026
Publisher: GAMUT - Grieg Academy Music Therapy Research Centre (NORCE & University of Bergen)

DOI: https://doi.org/10.15845/voices.v26i1.4362

Introduction

For many years, I have practiced music therapy at a special education school in Ra'anana, Israel, working with intellectually disabled students aged 6–21. Engaging this population through music is both challenging and captivating. Given their wide range of physical, cognitive, sensory, and communicative limitations, I continually seek creative ways to connect with the students emotionally and foster a shared musical environment that enables meaningful interaction whenever possible.

Inspired by the school's communal ethos and the principles of community music therapy, I established a new therapeutic group called the "VocaMom Group," a model designed to extend the school's music therapy offerings through a more relational and voice-centered practice. The group was inspired by a personal listening experience: a long-running Israeli radio program titled "Mom's Voice," in which hosts interview mothers about their children's lives. Mothers naturally collaborate, expressing pride, joy, and love for their children. They conclude the conversation by dedicating a song to them.

Listening to the radio program prompted three key ponderings:

> Firstly, radio's unique ability to refine auditory experiences allows it to construct and evolve an imaginary reality within the listener's mind. Verma (2012) describes radio as the Theater of the Mind, emphasizing how it relies on sound and verbal description to create subjective interpretations. This engagement enables listeners to forge connections between narrative and sound, translating them into mental imagery and emotional experiences (Barnes-Echols, 2018; Verma, 2012).
>
> The second pondering is that Mom's Voice symbolizes more than just a radio program; it reflects the deep, inherent connection between individuals and their mother, along with the attachment processes and the mother's significant internalized image, which extends to a natural affinity for the mother's voice.
>
> The third pondering is that students at the school, due to their limitations, may struggle to verbally express or initiate this connection. Their attachment processes may also be challenged and require reinforcement (Fletcher et al., 2016). Therefore, it is essential to create and facilitate conditions that support this connection, guiding the development of the group model within a structured musical setting.

The maternal voice—first heard in utero (Gilboa, 2013)—becomes a central therapeutic object: familiar, emotionally potent, and capable of evoking internal listening, affective response, and symbolic meaning.

In developing the "VocaMom Group," I sought to create a therapeutic-musical model that refines the auditory experience[1] while introducing students to their mothers' voices. This approach aims to make the maternal voice a source of empowerment and support in their challenging lives. As a highly familiar and emotionally significant auditory stimulus, encountering their mother's voice may foster students' internal listening. By placing the maternal voice at the center of the group experience, the model aims to awaken emotions

[1] Beyond the encounter with the mother's voice, the uniqueness of this model lies in its exclusive focus on the vocal experience, which has the potential to foster deeper and more attentive listening among students. This approach is innovative within the school environment, which is saturated with screens and various visual stimuli designed for students' benefit and well-being. Typically, students engage with both visual and auditory channels to process information, utilizing tools such as television screens, computers, projectors in each classroom, personal iPads, and eye-tracking systems. These technologies are integrated into daily learning, communication, leisure, and recreational activities for both students and staff.

that may otherwise remain unarticulated and to support developmental processes such as emotional regulation and self-awareness. The group setting enhances this dynamic by allowing the maternal voice to resonate within and between participants, helping students link words and sounds, and translating them into imagery and emotional experiences.[2]

The objectives of the group model are:

1. To foster significant attachment processes.
2. To promote self-awareness and mindfulness.
3. To strengthen peer social connections.
4. To enhance students' sense of "self."

Through clinical vignettes and reflective commentary, the article unpacks the model's key components, tracing the emotional and therapeutic impact of hearing the mother's voice within a musically held space. Later sections examine the model through theoretical lenses—particularly in relation to attachment, self-development, and community practice—and explore its potential contributions and limitations within music therapy.

Methodological Orientation and Reflexivity

This article is grounded in a reflective practitioner inquiry approach—a qualitative, practice-based methodology that views the therapist's lived experience as a legitimate and generative source of clinical knowledge (Gilroy, 2006; McNiff, 2008; Schon, 1983). This orientation acknowledges that knowledge does not arise only from systematic data collection, but also from the therapist's embodied presence, intuition, and capacity to make sense of lived moments in practice. This article offers a descriptive and interpretive account that has been shaped through ongoing clinical engagement, careful self-reflection, and sensitivity to context.

Such an approach allows therapeutic insights to emerge from the interplay between personal experience and professional practice, granting value to the nuanced decisions, challenges, and meanings that arise in situ. It also makes space for the subjective voice of the therapist as an essential part of understanding how therapeutic processes unfold. This methodology is particularly suited to community music therapy, where processes are inherently co-constructed through cultural, social, and relational dynamics (Ansdell, 2002; Stige & Aaro, 2012).

[2] The "VocaMom Group" is part of a distinctive school radio project I developed within the framework of community music therapy. This project was supported by a doctoral Participatory Action Research (Seri, 2019), which followed three iterative cycles. Each cycle detailed the current situation, the intervention, and the resulting changes. The "VocaMom Group" is included in the third research cycle. It is important to note that the ethical approval for this study, including the "VocaMom group" model, was granted by the Ethics Committee of the Music Department at Bar Ilan University (Approval No. 27.11.2015.B.MUS.), as well as by the Chief Scientist's Office of the Ministry of Education. All participating staff members were fully informed about the study's goals and procedures, signed informed consent forms, and were assured of their right to withdraw at any stage. Anonymity was maintained throughout the process. In relation to student participants, a detailed letter outlining the study and its objectives was sent to parents via the school, and written consent for their child's participation was obtained accordingly. Specifically regarding the "VocaMom Group" model, all mothers who took part in the sessions alongside their children received a dedicated consent form describing the model's therapeutic framework and aims. This form also included explicit permission for audio and video recording during sessions for the purposes of documentation and analysis. The mothers provided informed consent both for their own participation and on behalf of their children.

Within this framework, I acknowledge that my professional identity is deeply intertwined with the community and population I serve. The development of the "VocaMom Group" model emerged from a clinical need as well as my own emotional and cultural associations with motherhood and voice. This reflexive awareness accompanies the interpretive process throughout the article: the clinical choices made, the meanings attributed to events, and the significance given to particular moments all reflect the situated nature of my role as a practitioner-researcher embedded in the field.

The "VocaMom Group" Model

General Setting

The "VocaMom" model comprises six weekly sessions, each lasting 45 minutes, catering to children and adolescents with intellectual disabilities, with four students per series.[3] The first and sixth sessions serve as framing sessions. The four sessions in between are core sessions.

The first session is an introductory meeting that includes presenting the model to group members, icebreaker activities aimed to create a sense of familiarity between the group members, as well as further activities designed to facilitate encounters with vocal experience, such as playing with a walkie-talkie or attempting to listen to and identify the voices of famous singers. The sixth session serves as a conclusion to the series, featuring a retrospective review of key moments from the four core sessions.

The group is facilitated jointly by me (the author) as a music therapist, by a school counselor, and by a teacher specializing in ICT[4] in special education. Each facilitator has a defined role, which will be detailed further. In each of the four core sessions, participants listen together to a pre-recorded and edited telephone interview with one of the participants' mothers, who had been prepared in advance for the conversation through the sending of questions. Overall, all group members listen together to a conversation with each of the mothers of the group members.

The conversation is conducted as a radio listening experience, with participants seated around a circular table, with a central radio receiver transmitting the conversation via Bluetooth. Mothers discuss their children, who are intentionally uninformed about the conversation and receive no specific preparation beyond the general introduction. Topics include family matters, anecdotes about the child, and their traits.

The conversation, like the entire series of meetings, is enveloped in a framework. As a music therapy group session, the general structure of each meeting includes a fixed opening and closing song. Likewise, at the start of each conversation, an opening play occurs where the mother initiates with "Hello" and a brief statement, without revealing her identity. I then pause the conversation to inquire if the group recognizes the voice, creating a spontaneous interaction between students and their mother's voice. The

[3] Typically, the group functions as a cross-class group, accommodating students from two different classes, within a close age range. This allows for a social aspect within the group, enabling students from different classes to get to know each other. This setup not only helps them feel secure alongside a familiar peer but also introduces them to new friends. It's worth noting that these are students in special education who, for various reasons, struggle to communicate independently and need assistance in initiating it. Occasionally, depending on the need, the group may also include four students from the same class. The less desirable scenario is having four students from three or four different classes.

[4] Information and Communications Technology.

conversations conclude with the mother selecting an existing song for her child (e.g., from YouTube), which the group then listens to immediately following the discussion.

Following the interview with the mother, a sharing discussion ensues where all students share their feelings and emotions. Speaking students express themselves vocally, while non-speaking students utilize various AAC[5] methods, such as a digital communication board on an iPad, customized for the session's content by a specialized ICT teacher. The additional co-facilitator records key moments of the session on video. These recordings, along with the interview, are then shared with the mother, allowing her to witness her child's engagement and share her own emotions, completing the communication loop.

While the general setting description helps in understanding and implementing a "VocaMom group" session, the following two vignettes provide the music therapist's (the author's) experiential account, highlighting the session's structure, key components, and atmosphere.

Case Vignette I: My Encounter with Lisa's Mother's Voice

In preparation for the upcoming VocaMom group session, I reached out to Michelle, the mother of Lisa—one of the group members—to arrange an interview that would be broadcast to the group. "Hello, am I speaking with Michelle, Lisa's mother?" I inquired. "Yes," she responded.

"Hello, this is Nir Seri, the facilitator of the VocaMom group. I'm calling to invite you to participate in an interview for the VocaMom group," I said. I provided an overview of the group's purpose, our session activities, and her role in the process. Michelle accepted the invitation with enthusiasm. I then asked, "I would like to send you the questions in advance to help with your preparation. When would be a convenient time for us to schedule the interview?" "Now!" she spontaneously replied. "Now?! Don't you want to prepare?" "No, I don't need to prepare." "O.K." I replied, "So, let's start."

The conversation with Michelle, Lisa's mother, was indeed spontaneous and fluid. Her personality came through clearly in her voice and intonation, and throughout the dialogue, I could sense a smile in her tone. At times, she spoke directly to Lisa, as if she was aware of and envisioning Lisa's presence.

Perspectives on my encounters with the mothers' voices in the model

Telephone conversations with the mothers are a vital element of the model, serving as the foundation for the physical meetings. Of the 31 calls made since the group's start, 87% of the responses were collaborative and enthusiastic.

This excerpt from the conversation with Michelle, Lisa's mother, highlights the enthusiastic response of the mothers to the telephone invitation. The spontaneous dialogue, intonation, and Michelle's evident excitement which I could discern from the tone of her voice, as well as the song choice described later, reveal key aspects of the mother-daughter relationship.

Parenting children with intellectual disabilities can lead to complex attachment patterns due to the inherent challenges (Howe, 2006). Parents may struggle to identify their children's needs (Giltaij et al., 2015) or experience heightened stress and anxiety,

[5] Augmentative and Alternative Communication (AAC) refers to methods, strategies, and techniques that support effective functional communication. This field's practice offers diverse options for communication for individuals with special needs (Beukelman & Mirenda, 2005). In music therapy, AAC is widely utilized when working with children and adolescents with special needs (Devlin & Meadows, 2020). Various devices, both in design and technology, allow clients to choose songs and participate in shared music-making or conversation during sessions (Finnie, 2018).

potentially affecting the quality of their interactions and communication (Hamadi & Fletcher, 2019).

In addition, reduced eye contact and physical responses, essential for normal development and attachment, along with parental grief and mourning for the potentially healthy child, may negatively affect mother-child interactions and parental engagement during early development (Fletcher, 2016; Potharst et al., 2012).

The telephone conversation with the mother offers a chance to engage with her child's world and communicate with them, though this process can be challenging and varies in difficulty for different individuals. Not all mothers responded as spontaneously as Michelle. Some sought clarification about their role, either to better understand the request or due to apprehension.

In one case, a mother's acute difficulty and fear about the separation process led to additional support being offered. Other mothers initially responded with delays or indifference, requiring multiple follow-ups before agreeing to participate.

Different response styles were found to reflect varying attachment patterns among the mothers (Abramovsky, 2022). Mothers with a secure attachment style, who feel confident and less anxious, were found to be more willing to cooperate with the project, as they do not fear that the therapy will undermine their parenting role (Holmes, 2014). Conversely, mothers with anxious or avoidant attachment tend to avoid engaging with the project's emotional aspects, acting both consciously and unconsciously to bypass confronting negative emotions related to their parenting or self-perception (Abramovsky, 2022).

Case Vignette II: "I Have the Most Beautiful Girl in the World": Lisa Encounters her Mother's Voice

After concluding the conversation with Lisa's mom, I edited its recording, shared it with the co-facilitators, and subsequently presented it to the group during a VocaMom group meeting a few days later. The group members assembled around the table with the two other facilitators, with the exception of Lisa. As in the classroom setting, Lisa found it challenging to remain still and attentive during this session. She moved restlessly around the room, occasionally approaching the drums or the piano to produce sounds.

After we sang the opening song together, I addressed the group: "Hello everyone, and welcome to our session. As I mentioned earlier, each week we will listen to a conversation with the mother of one of our group members. Let's find out whose conversation we will hear today." The group members appeared tense and curious. I then turned on the radio, and the conversation commenced: "let's say hello to the mother of someone who is sitting here with us," I began. Lisa's mother responded with, "Hello." The voice coming from the radio filled the room space. I then asked, "Could you provide another sentence?" She replied, "I have the most beautiful girl in the world. Beautiful inside and out."

At this point, I paused the recording. Lisa, who had been moving restlessly around the room, stopped and sat down. She remained silent, her eyes wide open, and her body seemed to visibly relax. I addressed the group, asking, "Can you identify whose voice this is?"

Co-facilitator 2 then moved around the group, prompting each member: Maggie, "Do you recognize the voice? Is it your mother's voice or that of another mother?" Maggie used the appropriate symbol on the communication board prepared by co-facilitator 3 on the iPad to indicate that it was her mother's voice. When asked, "Are you sure?" Maggie confirmed her choice.

I reflected on the fact that Maggie recognized and identified the voice as her mother's, despite knowing it was not. I wondered why she would assert that it was her mother's voice. After some consideration, co-facilitator 2 asked Maggie, "Could it be that you really want your mother to speak? Are you finding it hard to wait for your turn?" Maggie responded, "Yes."

The other two group members identified that it was not their mother and chose to press the symbol on the iPad indicating: "This is another mother's voice." Only Lisa remained.

I asked Lisa, "Do you recognize the voice? Is it your mother's voice?" Lisa smiled broadly, looked at me, and said, "Yes!" The conversation with Lisa's mother continued: "Let's see, are you Michelle, Lisa's mother?" Michelle responded with excitement, "Certainly!"

During the listening section, Lisa was intent on catching every word her mother said about her. She paid close attention as her mother spoke about her strengths and qualities. Michelle recounted how Lisa had arrived at the school as a young child and reflected on her growth over time. Lisa sat close to the radio, enabling her mother's voice to penetrate her mind and heart. At one point, she held the radio receiver in her hands, as if she was embracing her mother. Just before the interview concluded, I asked her mother, "We are all here together, and Lisa is listening to you. What message would you like to convey to her?" Michelle replied, "I want her to know that I love her very, very much and wish her good health." I then inquired, "That's wonderful! What song would you like to dedicate to her?" Michelle's voice trembled with emotion as she answered, "My Cherished Mom."[6]

As the conversation concluded, we immediately transitioned to listening to the song. Lisa engaged with the music by moving to its rhythm, appearing focused and involved in the experience. She occasionally attempted to join in the singing and express the lyrics, while the other group members also moved along to the beat in their respective places.

During the sharing phase, we asked the group members about their feelings upon hearing the conversation, using an iPad board prepared by the ICT facilitator specifically for this purpose. Donald expressed that he was happy for Lisa but was eager to hear from his own mother. Maggie, who was keenly awaiting a message from her mother, admitted to feeling envious. Henry chose not to contribute.

Lisa chose to send a video message to her mother. Summoning all her strength, she said, "I feel love. Mom, I love you!" We forwarded this video message, along with other significant moments, to Michelle, Lisa's mother. Michelle was deeply touched and responded with a message: "Now I understand what I have truly done. I am so moved!"

The session where Lisa engages with her mother's voice illustrates a profound moment for a child with special needs. The mother's voice appears to transcend physical, communicative, and verbal barriers, resonating deeply within the child's inner world. This moment is emblematic of a broader phenomenon observed across the project.

Indeed, similar to Lisa, the vast majority of students responded positively upon hearing their mother's voice. While some students with higher verbal functioning were able to clearly articulate recognition, others—whose communicative abilities were more limited—demonstrated their responses through embodied gestures such as leaning in with heightened attention, excited vocalizations, pressing the radio receiver to their ears, or wide-eyed expressions of emotional engagement. These varied yet vivid reactions highlight the significant emotional impact of the maternal voice, even when processed through non-verbal channels.

At the same time, and as might be expected within such emotionally charged terrain, the model also elicited more complex responses. Some students found the experience of listening to their mother's voice to be emotionally overwhelming. One student, for instance, had been fully attentive while listening to the voices of her peers' mothers, but upon hearing her own mother's voice, she immediately stood up and asked to leave the room, as the listening experience was too intense for her to contain at that moment. After a week of supported processing and preparation with the facilitation team, she was able to return and listen to the recording in a more regulated emotional state. In another case, a student

[6] A well-known Israeli children's song.

who listened to the conversation declined to share it with his mother or to hear it together with her, as typically offered. Through co-facilitation post-session reflection, it became apparent that the student's complex relationship with his mother had surfaced in his reaction, prompting an extended therapeutic process within the school setting.

These moments of challenge, no less than the affirming ones, show how the mother's voice can act as a potent emotional object—evoking conscious memories as well as unconscious, preverbal responses. Beyond communication, it serves as a relational force that may trigger emotional overwhelm or catalyze healing and renewed connection. The range of children's reactions highlights the voice's deep emotional resonance, often touching early layers of the "self" and shifting the relational dynamic between mother and child.

This constellation of responses—both affirming and challenging—emerged within a model that is partially modular in nature. It includes essential core components that are applicable across diverse therapeutic populations, alongside adaptable elements tailored to specific needs. The next section offers a reflective analysis of these components and their degrees of flexibility within the structure of the model.

A Reflective Analysis of the "VocaMom Group" Model's Components

Multidisciplinary Co-Facilitation

Various approaches and models exist for co-facilitating group therapy (Dick et al., 1980; Mackenzie & Livesley, 1983; Yalom & Leszcz, 2020). This co-facilitative model is based on a multidisciplinary approach. While there are multiple definitions of multidisciplinary approach (Collin, 2009; Jessup, 2007; Mitchell et al., 2008; Wilson & Pirrie, 2000), they all emphasize collaborative work within a multidisciplinary therapeutic team, integrating diverse professional perspectives to address the client's needs. Each professional contributes their unique expertise within a shared professional framework. A distinct definition of multidisciplinary music therapy highlights the creative integration of music therapy with other disciplines, fostering dynamic interaction (Krout, 2004).

In special education, the multidisciplinary approach provides a holistic and comprehensive response to the complex needs of children with disabilities. It allows music therapists, special education teachers, and other professionals to merge their expertise, working toward individual goals (e.g., in the classroom or a therapeutic group) while sharing their knowledge across various settings (McAfee et al., 2022). For instance, if a speech therapist observes that a student makes selections from a choice of two pictures, the music therapist can integrate this strategy into the session by using visual cues to facilitate song selection. Additionally, integrating music therapy into daily classroom activities extends its therapeutic impact beyond sessions (Education and Training Inspectorate, 2021).

Through the multidisciplinary approach, the "VocaMom group" sessions are co-led by a music therapist, a school counselor, and a specialized ICT teacher. While they share some responsibilities, each has distinct roles. They collaboratively develop interview protocols, address emotional issues from conversations with mothers, and hold joint discussions before and after sessions. Beyond these shared tasks, each facilitator has unique responsibilities:

> **The music therapist** shapes the meeting's climate by influencing its thinking, setting, and approach as a music therapy session. He builds rapport with the mother, guides the conversation, edits and structures it for content and technical quality[7], and shares it with the

[7] The recording was edited using the free editing software "Audacity."

facilitation team via WhatsApp, ensuring that all facilitators are familiar with its content before the session. During sessions, the therapist ensures coherence, manages the setting, and handles technical aspects.

The school counselor deepens emotional dialogue by identifying emerging needs and utilizing her familiarity with students' families. The counselor is also more mobile, moving among the students, engaging them, records significant parts of the session to send to the mother afterward, and facilitates communication.

The specialized ICT teacher manages all aspects of digital communication during the session. Based on early listening to the conversation and identifying the emotional content emerging during it, she creates, using an iPad[8], a communication board tailored to the specific content of the conversation, to help students refine their feelings.

Thus, the triadic facilitation model fosters stability, trust, and confidence among participants due to their professional synergy.

Opening Play

During the initial phase of the conversation, I engage in a brief but meaningful activity where I instruct the mother not to disclose her identity and to provide only general statements. This play serves as a preamble, guiding participants into the conversation through two metaphorical doors, evoking distinct emotional responses. The child whose mother is being interviewed enters through one door, implying: "I just heard my mom's voice." The other group members enter through another door, implying: "The voice I just heard is not my mom's." Following this, I halt the conversation and inquire: "Can you identify the voice?" Responses vary; speaking participants may affirm recognition of their mother's voice or indicate it belongs to a different mother. Additional responses include acknowledging it's not their mother's voice but recognizing it as their friend's mother. Non-speaking students may convey the same sentence using AAC.

Another type of response may be a physiological reaction such as eye-opening or lifting the head. For example, in the case of a student with intellectual disabilities who seemed asleep at the beginning of the session, upon hearing her mother's voice, she opened her eyes and lifted her head, maintaining this position throughout the conversation. Another student, also non-speaking, burst into laughter of surprise and joy. Among those who recognized the voice as belonging to another mother, such an opening play may also trigger deeper emotions like longing or sadness.

Alternatively, some students may exhibit pseudo-recognition, claiming to identify their mother's voice despite knowing it is not hers. This was observed in Maggie's case in the vignette cited above. Such a response is unlikely to result from a cognitive or developmental difficulty in voice recognition (Lavan & McGettigan, 2023; Orena et al., 2022). Rather, it may reflect a deep need for maternal connection as an attachment figure (Pasiali, 2014). Hearing other mothers' voices might amplify the students' longing for their own mother's presence, leading to misidentification.

As stated, the opening play serves as the gateway to the conversation itself, yet it holds significant weight in shaping the emotional context in which participants engage with the discussion.

[8] By using "Grid" software.

Queries Protocol

After the opening play, the formal interview begins. The predetermined questions can be adjusted depending on the discussion's direction or if a specific theme is assigned to the group. For instance, in one year, the group explored the theme of farewells and transitions, relevant to students graduating from school. Hence, the questions were customized accordingly. Examples of questions include:

First Query: Please tell us about your family

The initial query focuses on the student's family dynamics, prompting the mother to delineate family members and identify any special connections with the child. Several mothers highlighted unique relationships with siblings. For example, one mother mentioned a special bedtime song sung by a sibling to her intellectually disabled child. Another notable figure mentioned by mothers is the child's paid caregiver. These caregivers appear to share a particularly profound bond with the intellectually disabled child, which strengthens during the child's adolescence (Kanthasamy et al., 2024).

Second Query: How was the beginning at school? Where did he come from? And how did he feel in the new place?

This question inherently encapsulates the mother's feelings and emotions regarding her child's initiation at school. It prompts her to discuss the child's strengths while also revealing insights about herself and her level of trust and confidence in the caregivers and the school. For instance, some of the school students lived in distant cities and relocated to attend this particular school tailored to their needs. Thus, the response to this question exposes the special efforts made by the family for the child's sake. One mother shared that her son stayed at home until entering school, and that she had been the sole carer. She recounted the depth of trust she developed towards the school staff. The significance of this message lies both in its empowering content, which strengthens the connection between the mother and the school, and in the way it resonates within her son, allowing him to hear his mother's devotion and trust in his caregivers. This echoed message from mother to son plays a crucial role in fostering his inner resilience.

Final Query: As we gather here, your child listens to you. What message do you want to convey to him as he completes his final year at school and transitions to a new setting?

This question is pivotal, prompting all mothers to deepen their emotional connection with their children. Responses varied: some mothers directly expressed affection, while others became tearful with excitement. Some opted to speak in their household's second language, shared only by them and their child, intensifying their intimacy. Interestingly, this response was not triggered by a direct sensory experience but by imagination alone, as mothers envisioned their children and spoke to their mental image, eliciting a profound emotional reaction. This highlights the crucial role of parental mental and imaginative processes, particularly among mothers, in shaping attachment relationships, even in the absence of physical interaction (Fonagy et al., 1991; Simha-Alpern, 2015).

Song Selection

In the final segment of the interview, mothers are asked to select and dedicate a song for their child, which we will listen to together. Song selection in music therapy has been shown to have an empowering effect (Daveson, 2001; Sheridan & McFerran, 2004; Van

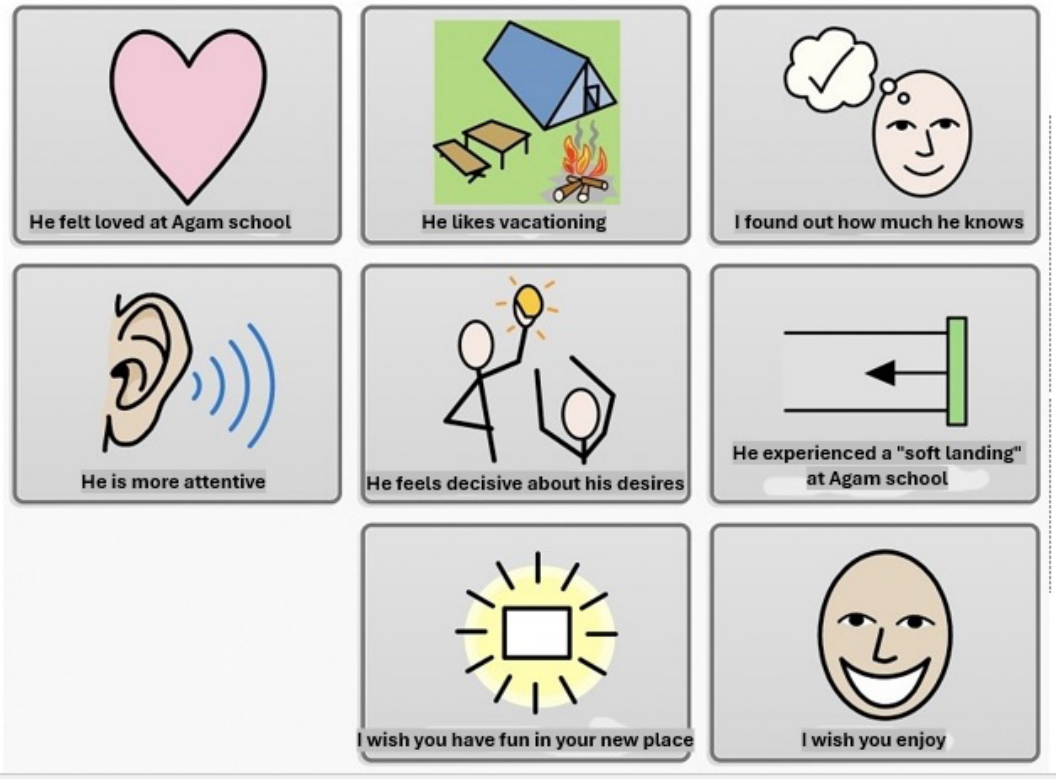
der Walt & Baron, 2006), with a particularly significant functional impact when working with intellectually disabled children (Lee, 2009).

Analysis reveals that mothers selected songs with the aim of empowering their children, reflecting various intentions: some songs were directed at the children themselves, reinforcing their qualities. Others strengthened the bond between child and mother, while some conveyed messages of encouragement, advice, and support. Additionally, mothers chose songs they knew their children would enjoy. This process of song selection and listening concluded the conversation, followed by the children expressing their feelings and emotions.

Sharing

During this part of the session, students expressed their emotions triggered by listening to the conversation. The co-facilitator, an ICT teacher, devised a tailored communication board—illustrated in Figure 1—for the child whose mother was speaking. This board facilitated focused sharing of feelings and emotions. For instance, a child whose mother noted his improved understanding could use the board to express happiness, while another child, whose mother mentioned his strong family connection, could convey feelings of nostalgia.

Figure 1. An AAC Grid Tailored to the Maternal Conversation's Content.



In a poignant moment, a non-speaking student with autism listened attentively to a recording of his mother's voice, maintaining eye contact with the radio as she conveyed her love, care and pride in him. Unlike in previous sessions with other mothers' voices, where he remained withdrawn and unresponsive, this time he was visibly engaged. Moreover, from my experience with him in school, he was usually isolated, often rocking in place.

After the recording, I used AAC cards to ask how he felt, but he remained silent, rocking in place. After rephrasing with no response, finally, I said, "I want to tell you that I watched

you throughout the conversation and saw how attentive and excited you were to hear your mother talk about you." At that moment, to our astonishment and emotional engagement, he burst into uncontrollable tears. His immediate reaction suggested that my words had triggered a profound release of feelings stemmed from hearing his mother's voice, combined with her emotional message.

Coming Full Circle

As part of the model, one co-facilitator ensures to capture meaningful moments, documenting students listening to their parents and their reactions. Videos of these moments, including students' attentive gazes, smiles, or focus on the radio device, along with the recording file of the conversation, are sent to mothers, who respond emotionally, expressing their appreciation for the insights gained from observing students'—their children's—responses: "Now I understand what it's like. It's just amazing to see this. Wow! How he identified." Another added: "Wow! Very, very touching. So glad to see him like this." "Very touching! Thank you!"

Thus, the process concludes, starting with a pre-meeting conversation with the mother and culminating in the interconnectedness of the mother's voice, the meeting, and the mother herself. In the discussion section, we explore the significance of the mother's voice in the encounter, elucidate its role, and endeavor to grasp its importance for the listeners.

As noted, the model's uniqueness lies in its partial structure and modularity. Table 1 summarizes and maps the modularity of the different components.

Table 1. Mapping the Model's Components Degree of Modularity.

Component	*Degree of Modularity*	
Co-facilitation	Music therapist	Core-component
	School counselor	Not necessarily, must be therapist
	ICT teacher	Depends on the treated population identity
Opening play	Core-component	
Queries protocol	Must take place. The content depends on the treated population identity	
Song selection	Core-component	
Sharing	Core-component	
Coming full circle	Core-component	

The "VocaMom Group" Model Through a Community Music Therapy Lens

A core principle of the school's approach is its community-oriented perspective, emphasizing strong connections between students and their surrounding community. This is reflected in daily practices and multi-disciplinary collaboration within the school, fostering shared values and goals among staff, students, and music therapists. Within this context, the "VocaMom Group" model emerged as part of a broader therapeutic-community approach, grounded in the principles of community music therapy (CoMT).

In discussing the defining characteristics of CoMT, Ansdell (2002) introduces a distinctive perspective he terms as "a third way of working musically with people" (Para. 3). This approach encourages music therapists to move beyond "Consensus Models" (Pavlicevic & Ansdell, 2004, p. 21) that adapt clients to predetermined frameworks, instead focusing on clients' needs within their unique therapeutic and social context. CoMT thereby expands the therapist's role, therapeutic goals, and the potential spaces for musical

engagement. From an ecological standpoint, CoMT underscores "the idea that the impact of music therapy can work "outwards," for an isolated person towards community, and it can also bring the community in" (Pavlicevic & Ansdell, 2004, p. 16).

The concept of "community" in this context signals an expansion of both therapeutic and musical settings beyond the limitations of time and place typical of traditional therapy. It supports the formation of therapeutic connections wherever the client is situated.

This perspective resonates with our school environment, which is rich with therapeutic moments—sometimes unplanned—that emerge in shared spaces through multidisciplinary cooperation among professionals, thereby forming a school-based therapeutic community. As such, it reinforces the importance of using community-oriented terminology when conceptualizing music as a therapeutic tool within the educational setting.

The "VocaMom Group" model reflects this ethos. While highly structured rather than spontaneous, it embodies a community-informed approach by connecting the students and their peers in school to their mother's voice, originating outside the school environment. Thus, the model extends the temporal boundaries of the therapeutic encounter, beginning with a pre-recorded phone conversation with the mother—each in her tailored time—within the community, which is ultimately intended to merge into the session with the students, held at school during its scheduled time. The model is also inherently multidisciplinary, involving collaboration among various professionals from within the school community.

Within this framework, the musical elements of the intervention are also considered through Ansdell's community-oriented perspective. In addition to conventional music-therapy components—such as the opening and closing songs, and the mother's chosen song for her child, the maternal voice itself, in both its sung and spoken forms, is considered as a meaningful musical and therapeutic element, which will be elaborated upon later in the article.

Voice Presence versus Physical Presence

The mother's voice becomes an integral part of the musical and therapeutic setting, despite her physical absence. Heard through recordings made outside the school, her voice introduces a unique form of presence—musical, emotional, and relational. This highlights the therapeutic potential of vocal presence, rooted in early auditory experiences and the deep connection between voice, memory, and the developing "self."

To grasp the distinctiveness of a mother's vocal presence, one must examine the role of voice in the development process as well as individuals' connection to their mother's voice, rooted in intrauterine experiences.

A Reflection on the Maternal Voice in the Process of Development

The maternal voice plays a vital role in the emotional and neurological development of children, as well as in early vocal interactions with infants (Webb et al., 2015). Cross-cultural research on the musical qualities of maternal speech has revealed a distinct form of communicative engagement, in which the mother's vocalizations are attuned to the infant's vocal cues, fostering a foundation for attachment through sound (Panneton-Cooper, et al., 1997). One study even found that infants exposed to their mother's voice during feeding exhibited notable improvements in sucking and oral feeding abilities, emphasizing the voice's regulatory and developmental function (Chorna, et al., 2014).

Additionally, the maternal voice has been found to activate brain regions involved in emotion, memory, and social processing (Abrams et al., 2016; Liu et al., 2020). Children's listening to their mother's voice has been shown to reduce cortisol (the stress hormone) and elevate oxytocin (the bonding hormone), contributing to a sense of calm, safety, and

connection (Abrams et al., 2016; Seltzer et al., 2010). While this resonance is strongest in early childhood, neural responsiveness to the mother's voice tends to decline during adolescence, accompanied by heightened sensitivity to unfamiliar voices—a shift that reflects the adolescent drive toward independence and peer affiliation (Abrams et al., 2022). Interestingly, from a musical-communicative standpoint, mothers instinctively adjust the pitch of their speech as their children grow—speaking in a higher register during infancy, which gradually lowers over children's maturation.

In contrast, the students participating in the "VocaMom Group" sessions, though chronologically children or adolescents, yet intellectually disabled, often demonstrated relational patterns reflective of earlier developmental stages due to their cognitive and emotional challenges. According to Pocwierz-Marciniac and Harciarec (2021), "Mothers in all cultures of the world tend to speak more musically to their infants than to adults" (p.6). In this context, the intonation, rhythm, and prosody qualities of the maternal voice became powerful vehicles for deep, nonverbal communication, resonating with pre-verbal experiences of early bonding. Through their speech—aware that their children were actively listening—mothers expressed emotions such as care and compassion, commonly associated with early childhood. Many of them intuitively raised the pitch of their voices and modified their intonation, thereby creating an emotionally familiar and stable auditory environment for their children.

Against this backdrop, the significance of the mother's vocal presence—as distinct from her physical presence—may be more fully appreciated when viewed through the lens of early communicative-musical interactions. These interactions begin in utero and extend into the earliest phases of postnatal life, forming the basis for emotional regulation, social engagement, and a sense of security. Understanding the primacy of vocal experience in early development helps illuminate its therapeutic potential in later, atypical developmental contexts—such as those encountered in the "VocaMom Group" sessions.

The Intra and Extrauterine Roots of the Maternal Voice within "Self" Development

The connection between individuals and their mother's voice originates from early intrauterine experiences. The infant's ability to distinguish between "self" and "non-self" is tied to prenatal auditory experiences (Maiello, 1997). Encountering the mother's voice, even in the womb, lays the groundwork for object relations and the initial experience of separation, termed "Sound-Object"[9] by psychoanalyst Susan Maiello (Maiello, 1995). This differentiation underscores the significance of sound and voice in early ego development (Gilboa, 2013).

The intrauterine auditory experience holds continuity even postnatally. Psychoanalyst Didier Anzieu (2004) suggests that constructing the boundaries of the "self" involves internalizing sound as a psychic space, termed the "sound envelope." This space delineates the beginnings of unity and identity and is the first psychic space the infant encounters in engaging with the world.

The sound envelope, protected but not entirely closed, allows the reverberation of whispers, murmurs, and echoes, housing diverse sounds like human speech, singing, music, and occasionally, loud external noises.

[9] Maiello's connecting hyphen, aligns her approach with the concept of "sound-object," akin to Kohut's perspective on "self-object." Kohut argued that in order to develop as an individual with a strong sense of self, one needs interactions with others that contain and adapt to their emotional needs. Internalizing such interactions with self-objects aids in cultivating a healthy sense of self (Oppenheimer, 2000). Maiello's approach echoes this, viewing the mother's voice as pivotal in object relations (sound-object) and nurturing infant self-development.

Anzieu posits that the mother's sound envelope, central in the infant's early life, influences their perception of the world and self. "Even before the mother's gaze and smile are sent to him...the melodic bath (the mother's voice, her singing, the music she plays) offers the child his first sound mirror"[10] (Anzieu, 2004, p. 223).

From birth, infants connect with their parents through auditory communication, where crying serves as a primary means of expression, indicating hunger, anger, or pain. Within object relations, these cries form a crucial platform for mother-infant communication, eliciting varied responses from the mother, whose voice is most effective in soothing the infant. By three months, infants can distinguish their mother's voice and even reach out to her before discerning facial differences (Anzieu, 2004).

Implications for the "VocaMom Group" Music Therapy Group Model

As a music therapist, I consider the enduring impact of prenatal exposure to sound and music crucial to our field. The theories discussed suggest that our fetal auditory environment, particularly the maternal voice, shapes our perception of sound and music into adulthood. In music therapy, sound serves as the principal therapeutic tool, thus sounds experienced prenatally, including music, may emerge during therapy sessions (Gilboa, 2013). Hence, as illustrated in Figure 2, it appears that the uniqueness of the maternal voice manifests in two dimensions:

> On the group level, it introduces students to auditory experiences, perceived as "Sound-Objects." Students with intellectual disabilities in school settings tend to treat spoken words as such, emphasizing the sonic experience over verbal content. Thus, the sound from the radio receiver may evoke students' initial emotional connection to a significant sound-object, such as their mother's voice, akin to an internalized intrauterine experience.
>
> On the personal level, Encountering the mother's voice in the "VocaMom group" provided an external-nurturing auditory experience of a sound envelope, for the group members as a whole, and particularly for the student whose mother speaks to him through the radio receiver. This experience created a potential space (Winnicott, 1971) which reflected their sense of "self," fostering emotions and eliciting immediate responses such as smiles, surprise, excitement, movement, concentration, and attentiveness.

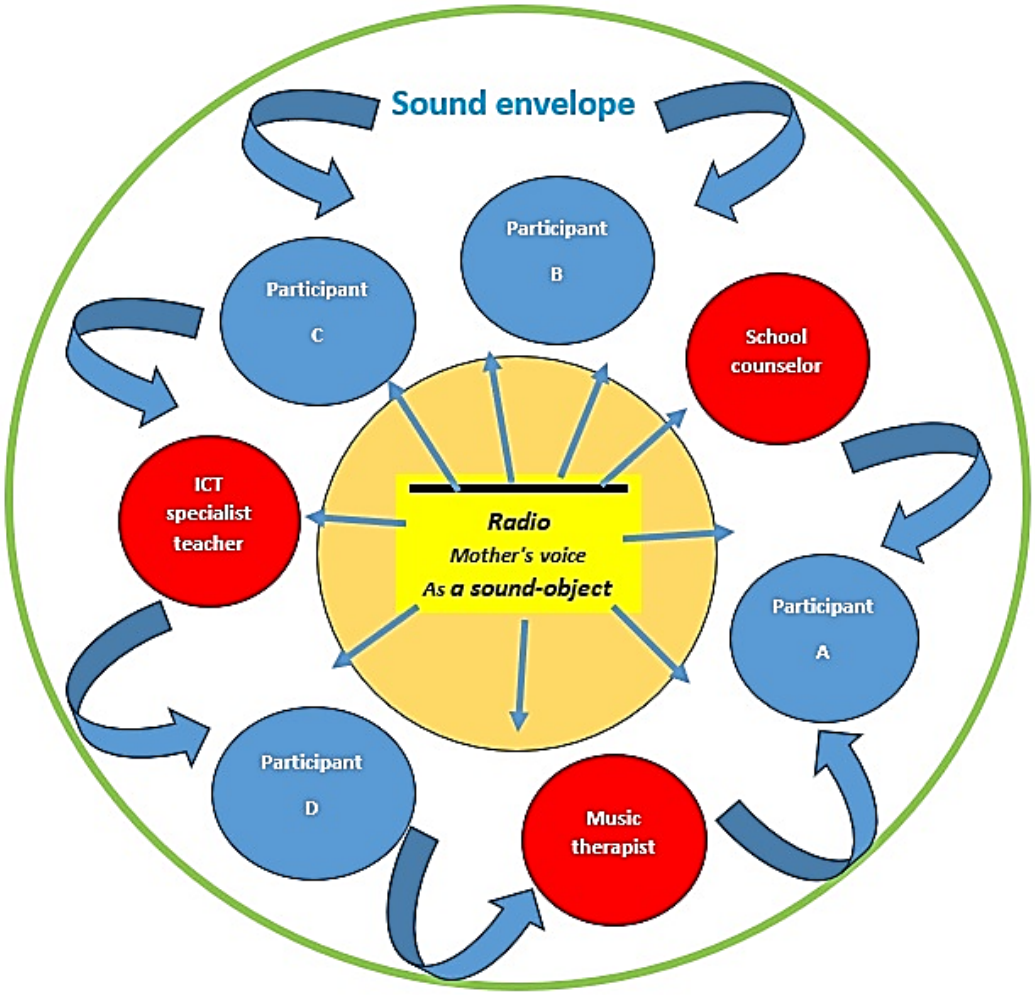
In this context, the mother's voice, perceived as a tangible presence, emanated from a radio device on the table[11], captivating everyone's attention and evoking an emotional resonance within each individual.

This stage also involved a reciprocal experience: the radio receiver transmitted voices to listeners, while mothers watching remotely also felt involved. The feelings and emotions expressed by the mothers completed a cycle, resulting in consolidating attachment experience between the mother and child, particularly significant in parenting children with special needs.

[10] The concept of the "sound mirror" is presented as an expansion of the ideas of Winnicott (1971) and Lacan (2006), who describe the mother's face and her environmental responses as providing the infant with an initial mirror image, which plays a significant role in "self"-development.

[11] A notable incident during the early sessions involved transitioning from listening through a table radio to using an advanced speaker system in the room. This shift caused the sound to disperse throughout the space, leading participants to search for the source, detracting from the intimacy and warmth typically associated with shared listening experiences.

Figure 2. Illustrating the Complex Experience of Listening to the Mother's Voice as a Sound-Object, and as a Sound Envelope.



Conclusion

The "VocaMom Group" model, part of the school community music therapy radio project, facilitates intra- and interpersonal connections within individuals and their community. It explores music's capacity to resonate with individuals, irrespective of their level of functioning, through their deep connection to their mother's voice.

Reflecting on the "VocaMom Group" model reveals that maternal speech is not merely verbal communication, but a musical event in itself. The prosody, rhythm, and intonation embedded in a mother's spoken voice create a rich, affective musical experience—especially for children with developmental disabilities, who may be more attuned to auditory nuance than to semantic meaning. Recognizing the maternal voice as a sonic, musical presence—whether spoken or sung—broadens the therapeutic potential of the model and affirms its relevance as a meaningful intervention.

This connection bridges internal and external realms, fostering students' sense of belonging to themselves, their families, and their peers within the group. As a model centered on the relationship with the mother's voice, it holds potential applicability across various therapeutic populations, with appropriate adaptations.

At the same time, therapists must carefully consider each participant's emotional readiness for such an experience, particularly in cases where the maternal voice may evoke distress or unprocessed attachment dynamics. Ongoing attention to the emotional responses of both children and their mothers is essential to maintain the model's safety and efficacy.

As this article is grounded in a reflective-practitioner methodology, it does not include formal outcome measures or structured tools for evaluating the effectiveness of the "VocaMom Group" model. However, future implementation of the "VocaMom Group" model could benefit from structured assessment tools, to better understand its therapeutic impact and support its broader application. Such data could help clarify the model's impact and expand its applicability across settings.

Ultimately, the creation of the "VocaMom Group" model reflects a meaningful integration of structured therapeutic practice with a community-oriented perspective. This approach underscores the music therapist's role in fostering connections that reach beyond the therapy room—linking home and school, the personal and communal, vocal presence and physical presence, structure and spontaneity. Grounded in a multidisciplinary framework, the model supports therapeutic relationships that are sensitive to their broader cultural and contextual environments.

About the Author

Nir Seri (PhD) is a music therapist and musician who works from a community-oriented perspective with children in special education, adults with special needs, and children from diverse cultural backgrounds. He lectures at Talpiot College in Holon, Israel, where he is involved in integrating music as a therapeutic tool in special education. Dr. Seri also serves as a senior supervisor for the Israeli Association of Creative and Expressive Arts Therapies, mentoring both qualified therapists and students in music therapy training programs. His musical compositions and research focus primarily on intercultural music. (ORCID: 0009-0006-7692-7074)

References

Abramovski, G. (2022). Involvement styles of mothers in their child's art therapy within a special education school. *Researchers@ Special Education, 2,* 64–95 [in Hebrew].

Abrams, D. A., Chena, T., Odriozolaa, P., Chenga, K. M., Bakera, A. E., Padmanabhana, A., Ryalia, S., Kochalkaa, J., Feinsteina, C., & Menon, V. (2016). Neural circuits underlying mother's voice perception predict social communication abilities in children. *PNAS*, *113*(22), 6295–6300. https://doi.org/10.1073/pnas.1602948113

Abrams, D. A., Mistry, P. K., Baker, A. E., Padmanabhan, A., & Menon, V. (2022). A neurodevelopmental shift in reward circuitry from mother's to nonfamilial voices in adolescence. *Journal of Neuroscience*, *42*(20), 4164–4173. https://doi.org/10.1523/JNEUROSCI.2018-21.2022

Ansdell, G. (2002). Community music therapy and the winds of change. *Voices: A World Forum for Music Therapy, 2*(2). https://doi.org/10.15845/voices.v2i2.83

Anzieu, D. (2004). *Le moi-peau.* Tolaat Sefarim [in Hebrew].

Barnes-Echols, K. (2018). The monster's transformation on American radio (1930s–50s). *University of Toronto Quarterly, 87*(1), 42–61. https://doi.org/10.3138/utq.87.1.42

Beukelman, D., & Mirenda, P. (2005). *Augmentative and alternative communication: Supporting children and adults with complex communication needs* (3rd ed.). Paul H. Brookes.

Chorna, O., Slaughter J., Maitre N, Stark A., & Wang L. (2014). A pacifier-activated music player with mother's voice improves oral feeding in preterm infants. *Pediatrics, 133*(3), 462–468. https://doi.org/10.1542/peds.2013-2547

Collin, A. (2009). Multidisciplinary, interdisciplinary, and transdisciplinary collaboration: Implications for vocational psychology. *International Journal for Educational and Vocational Guidance 9*, 101–110. https://doi.org/10.1007/s10775-009-9155-2

Daveson, B. (2001). Empowerment: An intrinsic process and consequence of music therapy practice. *Australian Journal of Music Therapy, 12*, 29–38.

Devlin, K., & Meadows, A. (2020). Integrating alternative and augmentative communication into music therapy clinical practice: A clinician's perspective. *Music Therapy Perspectives, 39*(1), 24–33. https://doi.org/10.1093/mtp/miaa010

Dick, B., Lessler, K., & Whiteside, J. (1980). A developmental framework for cotherapy. *International Journal of Group Psychotherapy, 30*(3), 273–285. https://doi.org/10.1080/00207284.1980.11491692

Education and Training Inspectorate. (2021). Multidisciplinary approaches to meeting the needs of pupils in special schools. https://www.etini.gov.uk/files/etini/publications/multi-disciplinary-approaches-used-to-meet-the-needs-of-pupils-in-special-schools_0.pdf

Finnie, S. E. (2018). *Music therapists' experiences with clients with autism spectrum disorder who use augmentative and alternative communication* [Unpublished master's thesis]. Department of Music Therapy, University of Kentucky, Lexington, Kentucky.

Fletcher, H. K. (2016). Attachment relationships between parents and their children: The impact of "the loss of the healthy child." In H. K. Fletcher, A. Flood & D. Hare (Eds.), *Attachment in intellectual and developmental disability: A clinician's guide to practice and research* (pp. 33–58). John Wiley & Sons.

Fletcher, H. K., Flood, A., & Hare, D. J. (2016). *Attachment in intellectual and developmental disability: A clinician's guide to practice and research*. John Wiley & Sons.

Fonagy, P., Steele, H., & Steele, M. (1991). Maternal representations of attachment during pregnancy predict the organization of infant-mother attachment at one year of age. *Child Development, 62*(5), 891–905. https://doi.org/10.2307/1131141

Gilboa, A. (2013). The dual nature of the womb and its implications for music therapy. *Nordic Journal of Music Therapy, 23*(3), 1–21. https://doi.org/10.1080/08098131.2013.809784

Gilroy, A. (2006). *Art therapy, research and evidence-based practice*. SAGE Publications.

Giltaij, H. P., Sterkenburg, P. S., & Schuengel, C. (2015). Psychiatric diagnostic screening of social maladaptive behaviour in children with mild intellectual disability: Differentiating disordered attachment and pervasive developmental disorder behaviour. *Journal of Intellectual Disability Research, 59*, 138–149. https://doi.org/10.1111/jir.12079

Hamadi, L., & Fletcher, H. K. (2019). Are people with an intellectual disability at increased risk of attachment difficulties? A critical review. *Journal of Intellectual Disabilities*, *25*(1), 1–17. https://doi.org/10.1177/1744629519864772

Holmes, J. (2014). *John Bowlby and attachment theory*. Routledge.

Howe, D. (2006). Disabled children, parent–child interaction and attachment. *Child & Family Social Work, 11*(2), 95–106. https://doi.org/10.1111/j.1365-2206.2006.00397.x

Jessup, R. L. (2007). Interdisciplinary versus multidisciplinary care teams: Do we understand the difference? *Australian Health Review, 31*(3), 330–331. https://doi.org/10.1071/AH070330

Kanthasamy, S., Mikson, N., Barlas, J., & Marsh, N. V. (2024). Family caregiver adaptation during the transition to adulthood of individuals with intellectual disabilities: A scoping review. *Healthcare, 12*(1), 116. https://doi.org/10.3390/healthcare12010116

Krout, R. E. (2004). A synerdisciplinary music therapy treatment team approach for hospice and palliative care. *Australian Journal of Music Therapy, 15*, 33–45.

Lacan, J. (2006). *Ecrits*. W.W. Norton & Company.

Lavan, N., & McGettigan, C. A. (2023). Model for person perception from familiar and unfamiliar voices. *Communications Psychology*, *1*. https://doi.org/10.1038/s44271-023-00001-4

Lee, J. Y. (2009). *Using song-choice in music therapy to improve the communication skills of adults with profound and multiple disabilities*. [Master's thesis, University of Melbourne]. https://www.researchgate.net/publication/268063384_Using_song-choice_in_music_therapy_to_improve_the_communication_skills_of_adults_with_profound_and_multiple_disabilities

Liu, P., Cole, P. M., Gilmore, R. O., Perez-Edgar, K. E., Vigeant, M. C., Moriarty, P., & Scherf, S. K. (2020). Young children's neural processing of their mother's voice: An fMRI study. *Neuropsychologia*, *122*, 11–19. https://doi.org/10.1016/j.neuropsychologia.2018.12.003

MacKenzie, K. R., Livesley, W. J. (1983). A developmental model for brief group therapy. In R. R. Dies & K. R. MacKenzie (Eds.), *Advances in group psychotherapy* (pp. 101–116). International Universities Press.

Maiello, S. (1997). Interplay: Sound-aspects in mother-infant observation. In S. Reid (Ed.), *Developments in infant observation: The Tavistock model* (pp. 157–177). Routledge.

Maiello, S. (1995). The Sound-Object: A hypothesis about prenatal auditory experience and memory. *Journal of Child Psychotherapy*, *21*(1), 23–41.

McAfee, A. L., Cheek, A. E., Hensch, M., & Stone, L. (2022). A transdisciplinary approach to promoting self-determination: Collaboration between special education teachers and music therapists. *TEACHING Exceptional Children*, *56*(4), 210–217. https://doi.org/10.1177/00400599211068125

McNiff, S. (2008). *Art-based research* (2nd ed.). Jessica Kingsley Publishers.

Mitchell, G. K., Tieman, J. J., & Shelby-Jones, T. M. (2008). Multidisciplinary care planning and teamwork in primary care. *Medical Journal of Australia, 188*(8)*,* S61–S64. https://doi.org/10.5694/j.1326-5377.2008.tb01747.x

Oppenheimer, A. (2000). Heinz Kohut [in Hebrew]. Tolaat Sefarim

Orena, A. J., Mader, A. S., & Werker, J. F. (2022). Learning to recognize unfamiliar voices: An online study with 12- and 24-month-olds. *Frontiers in Psychology*, 13. https://doi.org/10.3389/fpsyg.2022.874411

Panneton-Cooper, R., Abraham, J., Berman, S., & Staska, M. (1997). The development of infant preference for motherese. *Infant behavior and development, 20*(4), 477–488.

Pasiali, V. (2014). Music therapy and attachment relationships across the life span. *Nordic Journal of Music Therapy, 23*(3), 202–223. http://dx.doi.org/10.1080/08098131.2013.829863

Pavlicevic, M., & Ansdell, G. (2004). Introduction: 'The ripple effect'. In: M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 15–35). Jessica Kingsley Publishers.

Pocwierz-Marciniac, I., & Harciarec, M. (2021). The effect of musical stimulation and mother's voice on the early development of musical abilities: A neuropsychological perspective. *International Journal of Environmental Research and Public Health*, *18*(16), 8467, 1–17. https://doi.org/10.3390/ijerph18168467

Potharst, E. S., Schuengel, C., Last, B .F., van Wasseraen, A. G., Kok, J. H., & Houtzager, B. A. (2012). Difference in mother-child interaction between pre-term and term-born preschoolers with and without disabilities. *Acta Paediatrica, 101*(6)*,* 597–603. https://doi.org/10.1111/j.1651-2227.2012.02599.x

Schon, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.

Seltzer, L. J., Ziegler, T. E., & Pollak, S. D. (2010). Social vocalizations can release oxytocin in humans. *Proceedings B of the Royal Society, 277*(1694), 2661–2666. https://doi.org/10.1098/rspb.2010.0567

Seri, N. (2019). *Establishing a school radio station as an element of community music therapy in a special education school: Action research.* [Unpublished doctoral dissertation]. Bar – Ilan university [in Hebrew].

Sheridan, J., & McFerran, K. (2004). Exploring the value of opportunities for choice and control in music therapy within a pediatric hospice setting. *Australian Journal of Music Therapy, 15,* 18–32.

Simha-Alpern, A. (2015). Narration of an absent mother: When fantasy replaces reality. *Other/Wise, 3*. https://ifpe.wordpress.com/2016/01/20/narration-of-an-absent-mother-when-fantasy-replaces-reality-amira-simha-alpern-ph-d/

Stige, B., & Aaro, L. E. (2012). *Invitation to community music therapy*. Routledge.

Van der Walt, M., & Baron, A. (2006). The role of music therapy in the treatment of a girl with pervasive refusal syndrome: Exploring approaches to empowerment. *Australian Journal of Music Therapy, 17*, 35–53.

Verma, N. (2012). *Theater of the mind: Imagination, aesthetics and American radio drama.* University of Chicago Press.

Webb, A. R., Heller, H. T., Benson C. B., & Lahav, A. (2015). Mother's voice and heartbeat sounds elicit auditory plasticity in the human brain before full gestation. *PNAS*, *112*(10), 3152–3157. https://doi.org/10.1073/pnas.1414924112

Wilson, V., & Pirrie, A. (2000). *Multidisciplinary team working: Indicators of good practice*. Scottish Council for Research and Education.

Winnicott, D. W. (1971). *Playing and reality*. Routledge.

Yalom, I. D., & Leszcz, M. (2020). *The theory and practice of group psychotherapy.* Basic Books.