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(SK) Potenciál hudobných intervencií ako časti sociálnej rehabilitácie

(EN) The potential of music-based interventions as a component of social rehabilitation

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SUMMARY/ABSTRACT

Starting point: We draw upon several authors who argue that music therapy, as a non-pharmacological intervention, has the potential to improve quality of life and alleviate certain chronic conditions among clients in social service facilities (e.g., Gerlichová, 2021; González-Ojea, Domínguez-Lloria, & Pino-Juste, 2022, among others). In our pilot study, the research problem is focused on how music-based interventions are utilized as part of social rehabilitation in selected social service institutions.
Group: We employed a simple, purposive, and convenient sampling strategy, selecting facilities from Žilina, Považská Bystrica, and Bytča. Our research sample consisted of four social service facilities in Bytča, with facilitators who incorporate music-based interventions into the social rehabilitation process. In each of these four facilities, one professional implemented music-based interventions as part of the social rehabilitation process. The facilitators acted as social rehabilitation instructors, held university degrees in social work, and possessed only supplementary short-term training and self-directed study in the field of music therapy.
Methods: The study employed a qualitative research design grounded in the methodology of grounded theory. Data collection methods included participatory, intentional observation (using an analytical observation scheme) and semi-structured interviews (transcribed). For data analysis, we examined observation records, analytical observation schemes, and written responses from the participants. Open, axial, and selective coding was applied, with the overall analysis guided by the principles of grounded theory. **Results:** Music-based interventions were employed within social rehabilitation as a supportive method in group settings, conducted by social rehabilitation instructors without formal music therapy qualifications. Both active and receptive techniques were used. The primary aims within social rehabilitation were to support cognitive functions, language and motor skills, socialization, emotional experience, and empathy. In practice, music-based interventions in social service facilities were positioned more as leisure-time activities rather than as professional therapeutic interventions. Nevertheless, clients responded positively and engaged actively.
Conclusions: We found that music-based interventions can be an effective component of social rehabilitation. However, their greater systematic integration, higher facilitator qualifications, improved structural conditions, and broader acceptance within social service facilities are required.

KEYWORDS

Social rehabilitation, music-based interventions, the elderly, social services

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1 REASONS FOR USING MUSIC THERAPY IN SOCIAL CARE

Music therapy is rarely mentioned in Slovak professional literature in connection with facilities for the elderly or for individuals with various types of mental and physical disabilities. Among the target group of older adults nowadays referred to as recipients of social services this therapeutic discipline is still in the process of establishing itself within our cultural context. Strengthening this foundation may positively influence the broader application of this type of non-pharmacological treatment, of which music therapy is a part.

Within this professional approach, the emphasis is not on cure, but rather on improving quality of life. We consider this form of intervention to be beneficial, as it aims to maintain physical and mental fitness through rehabilitation or training programs. Music, in this case, offers clear advantages, particularly by contributing to the mental well-being of clients in these facilities. Quality of life is influenced by various individual factors, which, in addition to family or residential factors, also include community factors (González-Ojea, Domínguez-Lloria, & Pino-Juste, 2022). Such community factors may consist of social support, lifestyle, or the health care system. Community music therapy is especially valuable in this regard, as its activities and applied elements support clients' socialization, enjoyment, well-being, and mental health. By means of music therapy, we seek to prevent the isolation that recipients of social services often experience to a considerable extent (González-Ojea, Domínguez-Lloria, & Pino-Juste, 2022).

From the perspective of social care, music can be used to achieve therapeutic, social, and psychological goals. In this context, within social service facilities, the systematic use of music supports clients not only in activation but also in social rehabilitation and in reducing negative circumstances associated with long-term institutional care (Gerlichová, 2021). Research on leisure activities among older adults has shown that music is among their preferred activities, with a tendency to favor styles that were popular in their youth. Participation in musical activities provides meaningful use of free time, facilitates social contact, and fulfills recipients' need to feel useful (González-Ojea, Domínguez-Lloria, & Pino-Juste, 2022). Chu et al. (2014) also confirmed that music, as a rehabilitation tool, alleviates or eliminates social discomfort. It is therefore essential, through social rehabilitation, to ensure that recipients are able to live as independently as possible within the community while maintaining meaningful human relationships.Zhao et al. (2016) add one of the conclusions of their systematic review, in which meta-analysis revealed that music therapy, when combined with standard treatment procedures, significantly reduces depression in older adult patients. These findings are consistent with those of Müller and Svoboda (2023), who demonstrated that, according to staff working in nursing homes (both among clients with neurocognitive disorders and those without such disorders), the greatest benefit of music therapy interventions immediately after memory activation is the reduction of anxiety and the facilitation of positive relationships.

Currently, there is already a relatively substantial body of scientific evidence on the positive effects of music therapy for older adults with various conditions for example, neurocognitive disorders (Müller & Svoboda, 2023); depression (Chu et al., 2014; Dev, Smith, & Pillai, 2015; Zhao et al., 2016; Rummy, Rumaolat, & Trihartuty, 2020, among others); dementia (Beer, 2017; Särkämö, 2020, among others); Alzheimer's disease (Guetin et al., 2013; Galego & García, 2017, among others); and other sensorimotor disorders (e.g., Králová & Poliaková, 2013, 2015; Habalová & Fábry Lucká, 2021, 2023, among others). At this stage, it may be argued that, for the target group of older adults as recipients of social services in various types of social care facilities, music therapy primarily fulfills a rehabilitative rather than a therapeutic function. Gerlichová (2021) summarized the main goals of music therapy in gerontology into three fundamental areas:

- *Maintaining independence in mental and physical functions* – within the framework of preventive music therapy, this includes various rhythmic memory exercises, singing songs (lyrics and melody), attention training, other cognitive tasks, and, in terms of physical functionality, fitness exercises using rhythm and music.
- *Development of social relationships* – strengthening intergenerational ties within the extended family and the wider community, and engaging in collective music-making activities (e.g., music therapy concerts).
- *Development of motivation* – fostering self-realization, discovering activities that clients can pursue with enjoyment and interest, or developing new hobbies.

Within the framework of social rehabilitation, there is considerable scope for the application of music therapy in work with older adults, as it has the potential to address all three of the goals outlined above.

1. 1 SOCIAL REHABILITATION AS A SPACE FOR THE APPLICATION OF MUSIC THERAPY

As part of the social services provided in Slovakia, we naturally encounter the term social rehabilitation. The legislation defines social rehabilitation as a professional activity that includes a wide range of

methods and ways of working with recipients of social services. Act No. 448/2008 Coll. on Social Services, as amended, characterizes the term social rehabilitation in § 21. social rehabilitation can be defined as a professional activity, the aim of which is mainly to support the following:

- autonomy, independence,
- self-sufficiency of a natural person through the development and training of skills,
- activating skills and strengthening self-service habits,
- household care acts,
- basic social activities with maximum use of natural resources in the family and community.

Social rehabilitation is also implemented as a professional activity within facilities for older adults, nursing care facilities, social service centers, rehabilitation centers, residential social service homes, day care centers, and similar institutions (Cangár, 2018). It follows that social rehabilitation applies to different target groups and to all contexts in which people receive social services for various reasons. Social rehabilitation is carried out in social service facilities by social rehabilitation instructors, who are professional employees as defined by Act No. 448/2008 Coll. on Social Services, specifically § 84 and related provisions. According to this law, professionals from related disciplines (e.g., social workers, special educators, therapeutic educators, psychologists, physiotherapists, etc.) may also work in this field. However, they must complete an accredited course in social rehabilitation, as it is not included in their undergraduate training.

The use of music therapy varies naturally across countries, each with its own cultural context, and its application is often influenced by the degree to which the profession of music therapy is regulated within a given country. In the Slovak context, Osvaldová (2015) highlights that the term "music therapy" appears in two instances within the current standards of the Slovak Republic, one of which is the aforementioned Act on Social Services. This Act is particularly significant, as it states that music therapy may be implemented once the appropriate conditions have been created, with the aim of enhancing the quality of social services provided in a facility. Here, we see the intersection of music therapy and social services, and thus the potential for its use as a form of social rehabilitation for older recipients of social care. Through music, it is possible to influence self-image, motivation, and complex psychological states in everyday life in a positive direction.

Several studies have confirmed that the regular application of music therapy elements can improve conditions in older adults, alleviating not only depression but also high blood pressure, agitation, and other difficulties (Aalbers et al., 2017). For seniors, music has the specific advantage of evoking memories and experiences from the past, which can strongly influence emotions. As Gold et al. (2019) point out, music in older adults does not produce side effects at the level of pharmacological treatment. Music therapy interventions can therefore improve quality of life, stimulate and regulate mobility (e.g., by improving step length and walking speed, monitoring the effect of rhythm on coordination, movement control, and preparation for movement, gait, and speech). Notable improvements in both motor and psychological functioning enable clients to positively influence their clinical state through creative engagement with music. The central issue is not the specific choice of music, but rather the client's active participation, which facilitates mutual communication (Amtmannová, Jarosová, & Kardos, 2007). Stachyra (2024) also emphasizes that receptive music therapy, alongside active forms, has important applications in working with seniors. In particular, reminiscence listening is used to recall past memories, stimulate emotional experiences linked to them, and bring something meaningful, familiar, and stabilizing into the lives of clients in social service facilities. Both approaches to music therapy—active (creative) and receptive—can thus be fully applied in work with older adults, and may also be effectively combined. For this reason, the inclusion of music therapy elements should be considered a justified component of socio-rehabilitation standards in senior care.These statements are consistent with the recommendations of Bajtošová et al. (2021), who note that, particularly in older adults with neurocognitive disorders, the quality of care provided depends on the extent to which psychosocial interventions or non-pharmacological approaches (including music therapy) are effectively implemented.

If we take a closer look at the space that is devoted to the use of music therapy in our cultural conditions when working with recipients of social services, or especially seniors, we find that only minimal attention is paid to it by experts. In our country, the issue of the use of music by seniors and recipients of social

services was only partially addressed by, e.g., Mátejová and Mašura (1992) focused on a music therapy program and its practical application in sessions for clients in a senior facility, albeit without evaluation. Amtmannová, Jarosová, and Kardos (2007) devoted a chapter of their monograph to the application of music therapy for adults and seniors with various psychological difficulties. This work is inspiring, as it provides a basic overview. Similarly, Vitálová (2007) explicitly dedicated one chapter to the connection between music therapy and its use in health care, and another chapter to music therapy in social work, from which some fundamental information can also be drawn. Kantor et al. (2009, 2014) offered a definition of music therapy, its methods, models, and various approaches; however, intervention within social rehabilitation is only partially addressed, mainly in relation to community music therapy, the structure of the music therapy process, and client-related variables (specific characteristics and needs, age, socio-cultural factors, and others). Suchá, Jindrová, and Hátlová (2013) presented a collection of practically applicable games and activities for working with seniors, including but not limited to music therapy activities. Osvaldová (2015) focused more broadly on interventions in the care of people with disabilities, again partially intersecting with our area of interest, even though the primary focus was not exclusively on adults and seniors, nor solely on music therapy interventions. Határ (2016) provided an overview of possible approaches in social services for people with various types of disabilities in social care facilities, framing the potential of social rehabilitation and creating space for the application of music interventions. Perhaps closest to our research aims is the study by Müller and Svoboda (2023), who investigated the views of staff in Czech nursing homes on the application of music therapy interventions. Somewhat greater attention has been devoted to this issue by authors such as Moravčíková (2012), who addressed the possibilities of using music in social work with seniors in her doctoral dissertation, and Gerlichová (2014, 2021), who devoted several chapters to the use of music therapy in geriatrics and in work with people with various types and degrees of disability.

Nevertheless, there is still a lack of publications, especially empirical research studies focusing specifically on the use of music therapy as a form of social rehabilitation for older adults. We perceive our pilot research as an attempt to address this gap. It is considered a pilot study, particularly because it examines the use of music therapy interventions as part of social rehabilitation in selected social service facilities in Slovakia. Thus, it does not focus on a specific music therapy approach formally integrated into the Slovak social services system. Rather, the specificity lies in the conditions and environment in which the studied music interventions are applied within social rehabilitation. Likewise, this is not research situated directly within the field of music therapy, since music therapy was not systematically implemented by qualified music therapists in the selected facilities included in our sample (see the following section for more detail).

2 GROUP AND METHODS

With regard to research methods and design, we employed a qualitative research approach. Data collection methods included participatory, purposive observation and semi-structured interviews. Observations were conducted directly in the field, i.e., in the four selected facilities under prearranged conditions. They took place during group sessions focused on social rehabilitation in which elements of music therapy were applied. To ensure a systematic and objective character of observation, we developed an analytical observation scheme, which was used as a standard across all observations in our study. The analytical scheme included information on the date and duration of the sessions, the venue, and the participants (including reasons for absence). It further contained descriptions of the observed situations during the sessions, the music therapy methods applied, the facilitator's approach, the use of tools and technical aids (e.g., musical instruments), as well as the engagement of the senses and sensory perception.

In addition to the analytical scheme, we also used direct field notes from the observed activities. These notes provided space for recording time stamps, descriptions of facilitator activities, participant responses during group sessions, and observer comments. Subsequently, we conducted semi-structured interviews with all social rehabilitation facilitators who employed elements of music therapy. The interviews included questions regarding the facilitators' qualifications and further education in the field of music therapy, as well as their perceptions of the use of music therapy in the process of social rehabilitation with clients in social service facilities.

The responses were recorded directly during the interviews, and the prepared set of questions, which were uniformly applied to all respondents, are listed below:

1. Level of education attained (including education in the field of music therapy).
2. The manner of use and areas of focus of music interventions within the social rehabilitation process.
3. Definition of the nature and objectives of social rehabilitation.
4. Advantages and disadvantages of using music interventions within social rehabilitation.
5. Planning of sessions involving music interventions as part of the social rehabilitation process.

6. Conditions, spatial and technical equipment for music interventions within social rehabilitation in social service facilities. For the analysis of qualitative data, the grounded theory method was chosen. This approach enabled the systematic collection of data, their coding, and the subsequent development of new theory grounded in the empirical material. Emphasis was placed on studying phenomena in natural conditions, observing their development and interrelations, and applying theoretical sensitivity in distinguishing essential from non-essential information (Švaříček & Šeďová et al., 2007). The analysis was based on several sources:

- analytical observation schemes from four social service facilities,
- field notes of observed activities from these facilities,
- interview records with facilitators (without transcription).

The collected data were processed continuously and analyzed after each round of data collection, with irrelevant parts excluded from interpretation. We applied open, axial, and selective coding as the standard procedures used in grounded theory (Hendl, 2024).

In our research, we used a simple, purposive, and convenient sampling method, selecting from social service facilities in Žilina, Považská Bystrica, and Bytča. However, informed consent and agreement for research collaboration were obtained only in four social service facilities in Bytča. We aimed to include those facilitators who incorporated music-based as part of the social rehabilitation process. In each of these four facilities, one professional employed music-based interventions within social rehabilitation. For greater clarity, a description of the facilities and professionals who constitute our research sample is presented in the table below.

Table 1 – *Description of research sample – selected social service facilities*

	Staff	Clients	Social Rehabilitation Facilitator
A. *Facility for the elderly and social services home*	13 (nurses, caregivers, social worker, economist, cleaners, technical support staff)	20 (n^{male}=5, n^{female}=15; Min^{Age}=63, Max^{Age}=99)	social worker
B. *Care facilities and facilities for the elderly*	13 (director, nurse, caregivers, social worker, economist, cleaner)	20 (n^{female}=20; Min^{Age}=68, Max^{Age}=98)	social worker
C. *Social Services Centre*	20 (director, nurses, caregivers, social workers, economist, technical support staff)	23 (n^{female}=18, n^{male}=5; Min^{Age}=38, Max^{Age}=91)	social worker
D. *Care facilities and facilities for the elderly*	13 (director, nurse, caregivers, social worker, social work assistant, economist, cleaner)	22 (n^{female}=18, n^{male}=4; Min^{Age}=67, Max^{Age}=93)	social work assistant

If we look at the individual facilities that make up our sample closer, there are recipients of social services with mental disorders in facilities A, B and D (organic psychosyndrome, Alzheimer's disease, Dementia) a combined physical, health and sensory diseases (e.g. Parkinson's disease, musculoskeletal disorders, hypertension, osteoporosis, cardiovascular and pneumological disorders, diabetes, urological disorders, gastroenterological disorders and speech, hearing, vision disorders). In these 3 facilities, these diseases are typical of the target group of seniors who are clients – recipients of social services in these facilities. However, in facility C, in addition to clients in elderly, we also find adult clients with various mental illnesses, such as bipolar disorder, schizophrenia, mental disability, autism spectrum disorder, affective disorders. Social rehabilitation facilitators in these facilities work with these clients from the position of a social worker, or in one case, in facility D as a social work assistant. All facilitators are educated in social work, or the social work assistant is currently completing her undergraduate training in social work at the university. Music therapy is indicated for most clients – sometimes as a stand-alone intervention, sometimes as part of social rehabilitation.

3 STARTING POINT, OBJECTIVE, TASKS

As we have already indicated in the introduction to this study, this is, in a way, a pilot study focusing on the connection between music-based intervention and social rehabilitation within the context of social services in Slovakia. The research problem for us is how music-based interventions are used as part of social rehabilitation in selected social service facilities. The main research goal was to find out how group meetings using music-based interventions take place as part of the social rehabilitation of recipients of social services in selected facilities in our sample. We were also interested in the conditions in which these interventions are implemented, the music therapy qualification, the facilitator's approach, and what potential they perceive in this connection. We decided to formulate the following research question, which is addressed in the results section of this study:

RQ1: *What types of music-based interventions are used as part of social rehabilitation in the selected facilities within our sample?*

4 RESULTS

The results form a synthetic output in the form of conclusions of a grounded theory, which in our case is based on a combination of open, axial, and selective coding. For greater clarity, we structured them thematically according to the categories that emerged during the analysis.

4.1 MUSIC-BASED INTERVENTION AS A PART OF SOCIAL REHABILITATION IN SELECTED FACILITIES

In our research question, we were interested in *what elements of music-based interventions are used as part of social rehabilitation in selected facilities of our sample?* Within this question, we sought to

determine how social rehabilitation is implemented through music-based interventions , including the conditions (such as aids, technical and instrumental equipment) used, the music therapy methods and techniques employed, and other relevant factors. The results on this topic are a synthesis of findings from observations and interviews.

Using the open coding of 16 analytical observation schemes (4 observations in every facility from our sample), we were able to categorize the elements of music therapy that are utilized within the social-rehabilitation processes in the facilities of our research sample. Below, we present Table 2, which contains the categories and subcategories established through open coding. These were subsequently used in the creation of the relational map (see Figure 1 below) and in the development of the grounded theory.

Table 2 – *Categories, subcategories, and identification codes derived from open coding*

Category	Subcategory	Identification code	Facilities
Music-based interventions	Active fform	Voice work (singing, articulation)	A, B, C
		Music painting	A, B, C, D
		Movement	B, C
		Playing a musical instrument	A, C
		Body percussion	A, C, D
	Receptive form	Music relaxation	A, B, D
		Live music	A, C
		Breathing exercises	B
		Video recording of a concert	D
Staff	Qualification	Social work/Social work assistant	A, B, C/D
	Forms of education in music therapy	internet, websites	A, B, C, D
	Visions for knowledge development	New area of interest	A
		Irrelevance (inapplicability)	B
		Financial burden	C
		Temporary lack of interest	D
	Professional approach	Ethics and empathy	A, B, C, D
		Questioning and explanation	A, B, C, D
		Modeling and synchronization	A, B, C, D
		Activation	A, B, C, D
Clients	Reactions	Positive reactions	A, B, C, D
		Negative reactions	A, B, C, D
	Social interactions	Communication and disclosure	A, B, C, D

For better clarity and comprehensibility, we present a complex synthetic scheme in the form of a relational map in Figure 1 below. This network of relationships brings closer the connections between the individual categories of codes that have been generated by open, selective, and axial coding. We based this on analysed observation schemes and interviews with facilitators of meetings where music-based

intervention was used as part of social rehabilitation. The relationships captured schematically in Figure 1 give us the basis for answering research question, so we present them in this first result part here.

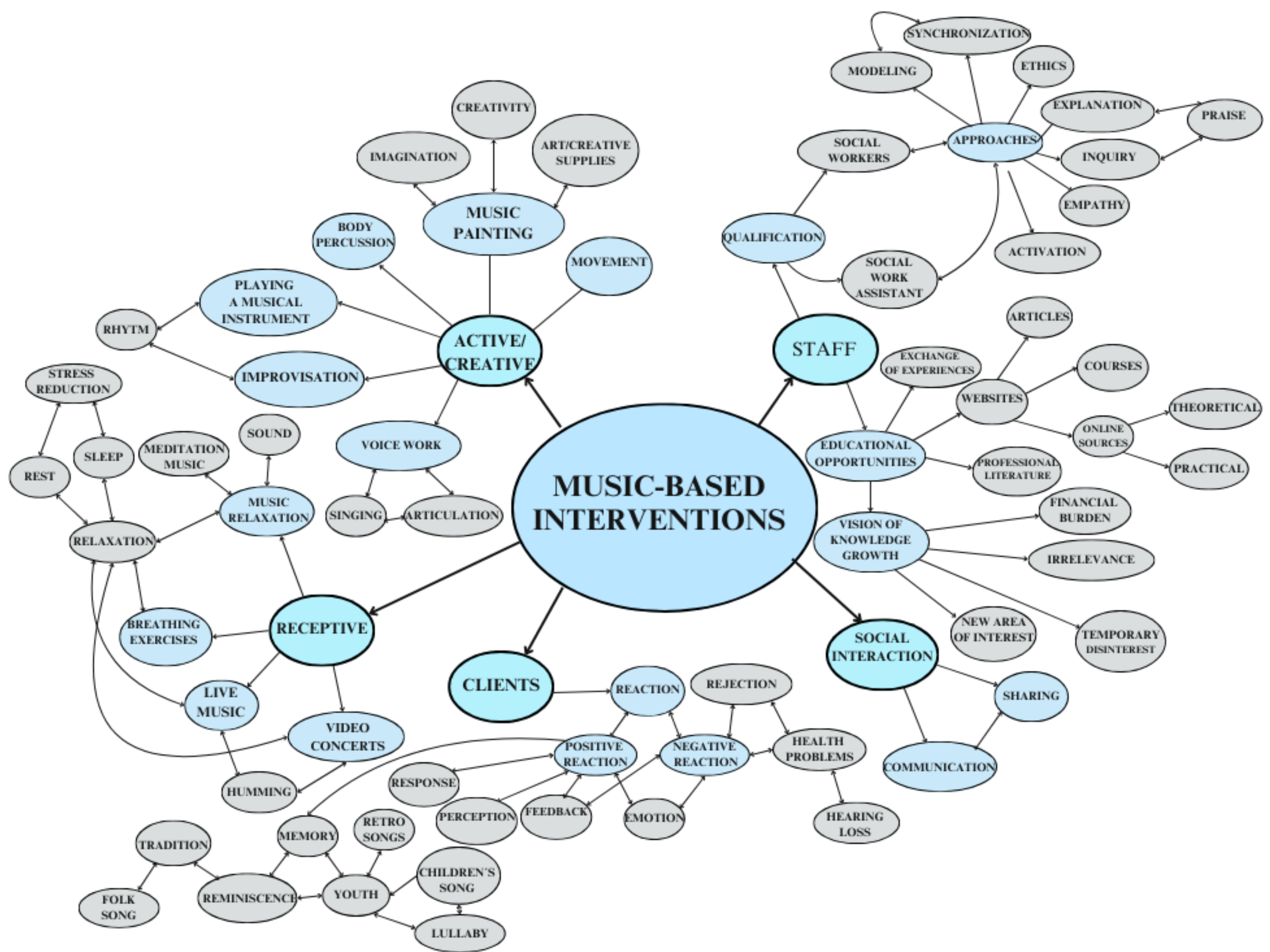

Figure 1 – Relational map of music-based interventions in social rehabilitation (*source:* own processing)

The music-based interventions applied encompassed both active (creative) and receptive forms. The active character most frequently included techniques such as music painting, body percussion, playing musical instruments, movement-based activities, voice work, and the use of live music (communal music-making). In receptive form, music relaxation (e.g., meditation music, breathing exercises), live music, and recorded music (e.g., video recordings of concerts by selected artists) were primarily used. When examining the application of methods within music-based interventions in social rehabilitation, the following approaches were most frequently employed: improvisation (in various forms, including free and guided), listening to music (both live and recorded), and musical interpretation (such as singing familiar songs and musical reminiscence). The only method not observed was composition; however, this conclusion is based solely on the sessions observed and the interviews conducted with facilitators in our sample. This does not rule out the possibility that composition techniques may have been used outside the scope of the studied sessions as part of music therapy interventions. Regarding the goals that can be achieved through music-based interventions in social rehabilitation, several key areas emerged. These include the strengthening of cognitive functions (memory, reminiscence), language skills (articulation, intonation, breath work), motor skills (rhythmic-movement activities, the use of the body and movement, synchronization, rhythmic structuring), socialization (social interaction, communication, mutual sharing, empathy, and acceptance), and emotionality (experiencing positive emotions and expressing negative ones, as well as developing empathy).

We were further interested in how the facilitators in our research sample perceived the potential of incorporating music-based interventions into the social rehabilitation of their clients. Their perspectives are complemented by findings on the reactivity of participants in the observed sessions, who responded to individual music-based intervention elements with varying levels of engagement and quality. This provides insight into the importance and appropriateness of the connection between music-based intervention and social rehabilitation in a broader sense.

Returning to the relational map in Figure 1 above, we find that, in addition to professional competence in the form of qualifications and training (addressed in a subsequent section of the results), facilitators of social rehabilitation who use music-based interventions also emphasized personal factors. They frequently underlined their efforts to approach clients ethically and respectfully - with sensitivity to their differences and disabilities, and with genuine concern for their well-being - treating each client as an individual. Facilitators often thanked clients, for example, for participating, initiating activities, showing interest, singing, sharing their opinions, memories, or feelings, and for appreciating the session and collaboration. The prospects for the systematic use of music-based interventions with clients in social service facilities appear rather unfavorable. Facilities in general do not seem to be sufficiently informed about the possibilities and actual effects of music-based interventions when applied systematically in community work with recipients of social services.

This is demonstrated, for example, by one of the testimonies of facilitators: *"..In the facility where I work, music therapy is understood more as an effective use of free time and not as a therapeutic process or therapy.."*. Although they do not perceive it as a possible part of the therapeutic process, it does not exclude its justification within social rehabilitation, as it usually does not have primary therapeutic goals, but rather social rehabilitation goals.

If we look at the number and type of reactions of participants in social rehabilitation meetings, where elements of music-based interventions were used, we can consider that the degree of involvement of participants is, to some extent, visible in the amount and manner in which they respond to music-based stimuli. The differences in the methods, techniques, or tools used in the social-rehabilitation processes were not large, but their frequency of occurrence differed in certain cases. In doing so, we must take into account, in particular, the way facilitators work and the reactions of recipients of social services, which are situationally determined. The largest differences were recorded especially in facilities A and B, which achieved the highest total frequency of occurrence in the same number of 21. Device C reached frequency 15, and device D reached frequency 12. However, if we look deeper at the frequency of axial coding, we realize that the most codes appear in the observations of device B due to the highest frequency of positive reactions of social service recipients, which reached the number of 62, which is significantly different compared to other facilities (A=48, C=41, D=29). However, we regard these quantitative indicators only as supplementary, since our primary aim was to describe the current state - namely, how music-based intervention is being used within social rehabilitation in the selected social service facilities.

If we look explicitly at how facilitators connect music-based intervention with social rehabilitation and where they see the potential and possibilities it offers, we do not find any explicit statements that would unequivocally support this.

Finally, we examined in more detail the qualifications, planned further education, and ambitions of the social rehabilitation facilitators in our sample in the field of music therapy. Again, we can return to the findings illustrated in the relational map in Figure 1 above. It is clear from the scheme that music-based intervention and her connection with social rehabilitation – especially for the target groups with whom they work daily, represents a certain challenge for facilitators. On the one hand, it is a new area of interest for them, a space to learn more, something new, a potential area of new interest. They perceive the need to educate themselves on this issue, so far they use mainly internet resources, websites, or follow the offer of various courses and trainings in the field of music therapy, which are carried out irregularly in our country. They also occasionally reach for professional literature, articles on the Internet (more promotional, popularizing than scientific), mostly situationally as needed, if they are interested in something or need to find information about it. If we take a closer look at the qualifications of the facilitators, 3 of them are social workers (Master of Social Work) and one is a social work assistant (Bachelor of Social Work and an

ongoing Master's degree). That is, none of them is practically or theoretically educated in the field of music therapy as part of their undergraduate training. They had to supplement their education in this area as part of various other courses and workshops. It was often repeated in their statements that they use the Internet as a source of knowledge, e.g.: *"..through the Internet, I look for various activities in which it was described, what techniques are used, what tools, and I tried to adapt this to the age of our clients...".* Another facilitator mentions the resources she uses: *"these are websites where it is also a problem to find suitable material related to these people..".* He criticizes the lack of professional music therapy literature in another place: *"I also educate myself by studying professional literature related to music therapy, which is unfortunately very limited in our country, especially when it comes to working with clients, who also suffer from more serious psychiatric diseases.".* It seems that the facilitators are not experienced music therapists, and the use of music-based interventions as part of social rehabilitation is rather a partial matter for them, even though it is a challenge for them, and they see sense in it. This is demonstrated, for example, by statements such as: *"Of course, it must be taken into account that I am not an expert, so it can be said that I approach the use of these elements of music therapy in a layman's rather than a professional way."* or *"It would be very appropriate for me to devote more time to it. But unfortunately, music therapy is not at such a level in a social service facility for the elderly that I can perform it as a professional therapy.".* On the one hand, it seems that the facilitators would be interested in further education; they see the sense in it, but the current job description, as well as the setting at work regarding music therapy, is not so favorable and motivating to strengthen their professional competence in the field of music therapy. Among other things, they cite financial demands, insufficient offer of courses and education in our country, high time workload, etc., as reasons. There is, therefore, considerable ambivalence in the ambitions and challenges regarding self-development in music therapy among our respondents.

5 DISCUSSION

In this section, we return to the above-mentioned results, thematically structured according to the research question formulated earlier in the text. At the same time, we complement them with our interpretation and a discussion in relation to other studies and authors. Our first focus was on identifying which music-based interventions the facilitators in our sample employed as part of social rehabilitation. It was found that the most frequently represented music therapy methods were improvisation, interpretation, and listening to music. Composition, on the other hand, was not used, although this does not necessarily mean that it was not employed at all.

All activities took place in group settings, which in itself has a positive effect when working with recipients of social services. Group formats are particularly suitable for older adults, as they reduce loneliness, foster interest in new experiences, and help overcome difficulties. They aim to maintain physical and mental health, prevent isolation, and protect social relationships (Vitálová, 2007). Groups may also help stimulate individuals, which can lead to improved performance, whereas individual music therapy does not provide support from other members (Kantor et al., 2009).Within listening to music, which is part of receptive music therapy, we distinguish different types of music listening. If we are inspired by the division according to Bruscia (2014), he lists several types of listening to music in the music therapy process. Those that appeared as part of social rehabilitation in recipients of social services in our research are mainly from the category of receptive listening and music-assisted relaxation. From receptive listening, it was mainly recorded music (various videos of live concerts), and the following were mainly used: background listening, affective listening, and associative listening. As part of background listening, music was used as an accompaniment for heterosuggestive relaxation (various relaxing and meditative music), or for other creative activities (e.g., painting, fingering, creative activity). At this point, musical relaxations induced by the facilitators were implemented in order to reduce stress, tension, relax individual muscle parts of the body, and self-relaxation of clients, which is, by the definition of Bruscia (2014). At the same time, we also distinguish different types and levels of experiences in relaxed states induced by music within musical relaxation, as Stachyra (2024) points out. In our sample, a type of music for surface relaxation was demonstrated, which is characterized by the fact that music was used to distract from stress, tension, anxiety, or unpleasant feelings (Unkefer, Thaut, 2005, according to Stachyra, 2024). Clients thus learned to detach themselves from an unpleasant state with the help of music, although in this case it was not music selected based on the preferences of social service recipients (although these could be taken into account), but rather based

on the estimation and judgment of the facilitators. Through the affective listening, clients emphasize the emotional responses elicited by the music and explore feelings, promote emotional release, or develop emotional awareness. Associative listening was used most often because in this technique, music helps stimulate clients' memory, evoke memories, and has an overall reminiscence character. At this point, we can talk about a subtype of receptive technique of using song in music therapy, which Grocke and Wigram (2007), or McFerran and Grocke (2022) called song reminiscence. As Stachyra (2024) adds, it is the use of the receptive form when listening to songs for reminiscence purposes that is of special importance when working with the age group of seniors. It can connect them emotionally with the period from their youth, the past, it strengthens memory skills, it usually helps to evoke pleasant feelings and mood, which was explicitly expressed by several recipients of social services during individual sessions. Listening to music has a positive effect on many activities, it has a positive effect on increasing physical performance even in old age. It increases the perception of exertion and improves physical activity, along with these components, the mechanism of affective memory also improves (Terry, Karageorghis et al., 2020). Several goals were present in these interventions, which Gerlichová (2021) mentions in music therapy in gerontology. For example, practicing memory, training attention and other cognitive functions, developing motivation, communication, and social skills. By frequently combining receptive techniques with interpretation or improvisation (e.g., spontaneous involvement of participants through singing, body percussion, or playing percussion instruments) and joint music-making, facilitators supported a sense of belonging, which is equally desirable in the context of social rehabilitation. With regard to the methods used, the group music therapy techniques, and the intended goals, it can be stated that music-based interventions were successfully implemented within social rehabilitation among the recipients of social services in our research sample. The paradox, however, is that the facilitators were not qualified music therapists and, in many cases, acted in a highly intuitive manner. Therefore, it cannot be considered music therapy within social rehabilitation in the strict sense. Given that music therapy in Slovakia is still not a regulated profession, lacks legislative recognition, and is without systematic undergraduate training (Kusý, 2019), this is a relatively common phenomenon. Moreover, this situation is complicated by the diverse levels of qualification among professionals working with music in helping professions, as documented by several domestic research findings (e.g., Kusý, 2022; Lukáčová, 2022). For example, in research conducted among professionals in the field of education (n = 96) who apply elements of music therapy or music philetics in teaching and education, it was found that only 72% understood music therapy in a therapeutic context. The remaining participants perceived it primarily as a space for relaxation, education, prophylaxis, or prevention (Kusý, 2022). Thus, not only does the level of qualification differ among practitioners who apply diverse music-based interventions, but also their understanding of music therapy, which naturally affects the process of music intervention itself.

Finally, in our sample we focused on the qualifications, further education, and ambitions of social rehabilitation facilitators in the field of music therapy. Considering that the facilitators in our study held university degrees in social work, they were not adequately prepared to carry out music therapy and therefore needed to supplement their training through additional education. Likewise, in supplementary training for social rehabilitation instructors, explicit attention is not given to music therapy, although its application in social rehabilitation is not only possible but also effective (Vitálová, 2007; Határ, 2016; Gold et al., 2019; Gerlichová, 2021). This is also confirmed by Müller (2021), who states that music helps seniors with physical disabilities to relax, exercise, distract from pain, and motivate muscle training. Listening to or engaging in music can replace conscious awareness of pain. Music also supports the development of speech and social skills. In the case of visual impairment, music enhances auditory perceptual abilities, which in turn stimulate motor skills, such as orienting toward the source of the sound. For seniors with visual impairments, music is used primarily for relaxation.

Our findings concerning the content of individual music-based interventions within social rehabilitation for recipients of social services are consistent with the conclusions of Lukáčová (2022), who examined a sample of eight professionals working in senior facilities and applying expressive approaches (including music therapy). Similar to our research, her respondents worked predominantly in group settings and agreed that they used music therapy primarily as a supportive method (e.g., as part of social rehabilitation, as preparation for rehabilitation exercises, or as a leisure activity).When asked about the techniques of music

therapy, she found that the most commonly used in the facilities are: singing and voice work, musical-movement and rhythmic games and exercises, receptive form (especially listening to music, musical relaxation, sound and musical puzzles such as guessing a sound, song, musical instrument, etc.), body play (clapping, slapping, stomping and cracking), active and creative use of instruments, improvisation (free/directed). In contrast, associative expression in music was used the least.Music-based interventions are also used in social rehabilitation in our sample in accordance with the recommendations of Vitálová (2007), who particularly emphasizes receptive form, rhythmic-movement exercises, improvisation, and singing when working with seniors. Thanks to the receptive form, clients can experience emotions and inner feelings. This form of music therapy helps to orient oneself in time and space; it has its course, which is interesting and motivating. When singing, it is appropriate if the facilitator accompanies with his voice or plays a musical instrument (in our case, the facilitators accompanied only vocally, without playing the accompanying musical instrument). Seniors practice cognitive skills in this form, the lyrics, as well as the character of the song, can evoke memories. Improvisation is perceived as quite demanding, because their health condition can be limiting to a certain extent. It represents something new, it is a space for self-realization or a special game. Rhythmic-movement activities and exercises help stimulate the entire musculoskeletal system, have a motivating, activating effect, and improve mood. Clients can always participate in them within the possibilities that their own body allows. Bunt and Stige (2014) add that the emotions experienced by older adults during such musical activities (e.g., listening to music, singing, and group music-making) facilitate the engagement of cognitive functions and attention.

The reasons why music therapy is used as an accessible and supportive therapeutic method in the care of older adults vary and are quite broad. According to Bukowska (2016), music appears to be the most suitable way of eliciting emotions in seniors, precisely because of its positive impact on movement, motivation, communication, cognitive skills, and its capacity to provide relaxation. Hays and Minichiello (2005) argue that music seems to be a very important element in the lives of older generations, particularly because of the emotions it conveys. As a result, it supports their social contacts and social inclusion, thus enabling people with various health disadvantages to experience their lives more positively.

Our findings thus fit into what we already know about the possibilities of using music therapy in social rehabilitation, but rather confirm and support the fact that the introduction of systematic music therapy intervention in social services for clients with various difficulties has enormous potential. So far, however, the situation is rather critical; it seems that in many ways we are really at the beginning of Slovak realities. The good news, however, is that despite the absence of regulation of music therapy as a profession in the Slovak Republic, the lack of standards, systematic education of experts and undergraduate training in the field of music therapy, there are still enough people in praxis who are motivated and interested in education, increase their qualifications and use music therapy in practice, because they see the meaning in it.

6 CONCLUSIONS

In our study, we tried to draw attention to the possibility of linking music-based intervention and social rehabilitation, which is also demonstrated by research in this area in 4 selected facilities, where social rehabilitation instructors are trying to implement such a solution. Although our conclusions may not bring dramatic findings, it draws attention to the importance of raising awareness of music therapy and its use in various sectors (healthcare, social services, education, etc.). Awareness of music therapy varies greatly within the individual disciplines of the helping professions, from almost none, layman's basic information, to experts with an expert view and a certain music therapy tradition in a given facility. The creation of functional standards for the profession of music therapist, the implementation of a professional discussion regarding the regulation of the profession of music therapist in our country, as well as the implementation of these outputs into legislative form, are thus long-term goals for the Slovak music therapy community. At the same time, the lack of research carried out in our cultural conditions, which would take into account social and cultural specifics in various fields, weakens the evidence-based base for the field of music therapy in competition with other approaches. These are all warnings that also result from our relatively simple, regional research scope. Perhaps the biggest positive, which also results from our research, is that despite these difficult conditions and the situation in general in health care and mental health, which unfortunately is still not a society-wide and politically accentuated topic, experts from the helping professions are doing

their best within the possibilities they have. Even in our sample, we were convinced that despite many shortcomings, the absence of equipment, adequate music therapy qualifications, the facilitators approached the intervention professionally, with maximum sensitivity and with an effort to respond to the real needs of clients, which is a good signal.

7 ZUSAMMENFASSUNG

Ausgangspunkt: Wir stützen uns auf mehrere Autor:innen, die argumentieren, dass Musiktherapie als nicht-pharmakologische Intervention das Potenzial hat, die Lebensqualität zu verbessern und bestimmte chronische Erkrankungen bei Klient:innen in sozialen Einrichtungen zu lindern (z. B. Gerlichová, 2021; González-Ojea, Domínguez-Lloria & Pino-Juste, 2022 u. a.). In unserer Pilotstudie lag das Forschungsproblem darin, wie musikbasierte Interventionen als Bestandteil der sozialen Rehabilitation in ausgewählten sozialen Einrichtungen eingesetzt werden.
Stichprobe: Wir verwendeten eine einfache, gezielte und zweckmäßige Stichprobenstrategie und wählten Einrichtungen in Žilina, Považská Bystrica und Bytča aus. Unsere Forschungsstichprobe umfasste vier soziale Einrichtungen in Bytča mit Fachkräften, die musikbasierte Interventionen in den Prozess der sozialen Rehabilitation einbezogen. In jeder dieser vier Einrichtungen führte jeweils eine Fachperson musikbasierte Interventionen im Rahmen der sozialen Rehabilitation durch. Die Fachkräfte waren als Instruktor:innen für soziale Rehabilitation tätig, verfügten über ein Universitätsstudium der Sozialarbeit und hatten lediglich ergänzende kurzfristige Schulungen sowie Selbststudium im Bereich Musiktherapie absolviert.
Methoden: Die Studie verwendete ein qualitatives Forschungsdesign auf der Grundlage der Methodologie der Grounded Theory. Zur Datenerhebung wurden partizipatorische, gezielte Beobachtungen (unter Verwendung eines analytischen Beobachtungsschemas) sowie halbstrukturierte Interviews (transkribiert) eingesetzt. Für die Datenanalyse wurden Beobachtungsprotokolle, analytische Beobachtungsschemata und schriftliche Antworten der Teilnehmer:innen ausgewertet. Es kamen offenes, axiales und selektives Kodieren zur Anwendung, wobei sich die Gesamtauswertung an den Prinzipien der Grounded Theory orientierte.
Ergebnisse: Musikbasierte Interventionen wurden im Rahmen der sozialen Rehabilitation als unterstützende Methode in Gruppensettings eingesetzt, durchgeführt von Instruktor:innen für soziale Rehabilitation ohne formale musiktherapeutische Qualifikation. Es wurden sowohl aktive als auch rezeptive Techniken angewandt. Die Hauptziele der sozialen Rehabilitation waren die Förderung kognitiver Funktionen, sprachlicher und motorischer Fähigkeiten, der Sozialisierung, des emotionalen Erlebens und der Empathie. In der Praxis hatten musikbasierte Interventionen in sozialen Einrichtungen eher den Charakter von Freizeitaktivitäten als von professionellen therapeutischen Interventionen. Dennoch reagierten die Klient:innen positiv und beteiligten sich aktiv.
Schlussfolgerungen: Wir stellten fest, dass musikbasierte Interventionen eine wirksame Komponente der sozialen Rehabilitation darstellen können. Allerdings erfordern sie eine stärkere systematische Integration, höhere Qualifikationen der Fachkräfte, verbesserte Rahmenbedingungen sowie eine breitere Akzeptanz in sozialen Einrichtungen.
Schlüsselwörter: Soziale Rehabilitation, Musikbasierte Interventionen, ältere Menschen, soziale Dienste

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