

## ARTICLE

# Including siblings in music therapy: A scoping review

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## ABSTRACT

This scoping review examines current research and clinical practice concerning sibling inclusion in music therapy, exploring how sibling participation is described, in what settings, and with what objectives. Sibling relationships are integral to psychosocial development during childhood and adolescence, yet their involvement in music therapy remains underexamined compared to parent-child dynamics. This review included music therapeutic models, programmes, or interventions documented in literature that incorporate siblings of minor age in music therapy sessions or processes, excluding records focused exclusively on parent-child dynamics. A comprehensive search of electronic databases (Scopus, MEDLINE/Pubmed, PsycArticles, Web of Science, Embase, ProQuest) and three journals (Journal of Music Therapy, Nordic Journal of Music Therapy, British Journal of Music Therapy) was conducted in 2024. Keywords included “Sibling”, “Brother”, “Sister”, “Family” and “Music Therapy”. Twenty-eight records met the inclusion criteria. Sibling inclusion was most prevalent in medical and palliative care settings, aiming to foster sibling relationships, enhance family cohesion, and promote coping. Intervention strategies included songwriting, improvisation, structured group activities, and legacy projects. Sessions varied in frequency and duration, with settings ranging from family homes to hospitals. While qualitative insights were rich, quantitative evidence was limited. Findings highlighted music therapy’s potential to strengthen sibling relationships, reduce rivalry, facilitate coping and emotional expression and enhance family cohesion. However, sibling inclusion often occurred incidentally. Four gaps were identified: (i) family-centred versus sibling-specific approaches; (ii) research–practice disparity; (iii) contextual influences; (iv) shifting perspectives. Addressing these gaps requires prioritising siblings as active agents and developing intentional, structured approaches, supported by research.

## KEYWORDS

music therapy,  
siblings,  
brother,  
sister,  
family

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## INTRODUCTION

Music therapy is recognised for its effectiveness in family-centred interventions (Tuomi et al., 2021). Historically, music therapy has primarily focused on parent-child dynamics in family-centred interventions. In recent years, the inclusion of others, such as siblings or extended family members has gained attention, as practitioners and researchers have recognised the unique dynamics that can arise when family members are actively involved in the music therapeutic process (e.g. Edwards & Kennelly, 2016). This paper will focus on the specific inclusion of brothers and sisters, i.e. 'siblings', in music therapy. This definition of 'sibling' also applies to adopted, half- and stepsiblings, and other modern family configurations, where sibling roles are clearly described (see inclusion criteria).

### Sibling entity within the family structure

Sibling relationships are often the longest family relationships in a person's life (Cicirelli, 1994). Although sibling interactions are generally more frequent in (early) childhood than in adolescence or adulthood, the quality of sibling relationships remains an important factor for well-being throughout the lifespan (McHale et al., 2012; Waldinger et al., 2007). Sibling interactions differ from parent-child relationships in fundamental ways. The dynamics within the sibling relationship emerge and evolve in part away from the parental eye, enabling siblings to exist as a distinct and independent entity within the family structure (De Groef & Vermote, 2015; McHale et al., 2012). Sibling relationships are shaped by the significant amount of time spent together and by the free and uninhibited expression and mutual influence between siblings, both positive and negative (Dunn, 2002; McHale et al., 2012, 2013; Travers et al., 2020). A key distinction in sibling relationships is their unique perspective on one another, which often diverges from parental perceptions. Unlike parents, who typically adopt an authoritative or caregiving role, siblings often engage from an equal position. For example, in families where one of the children requires additional care due to support needs, siblings often develop a nuanced awareness of the challenges involved. This awareness stems from shared lived experiences rather than caregiving responsibilities, offering a different, often complementary, perspective to the one that parents may hold. Even sibling rivalry can serve a constructive purpose, providing opportunities to learn conflict resolution and compromise—skills less developed in parent-child interactions due to the inherent family hierarchy. Siblings are key contributors to each other's development and well-being, particularly in families with one of the siblings navigating challenges such as disabilities or chronic illness (McHale et al., 2012).

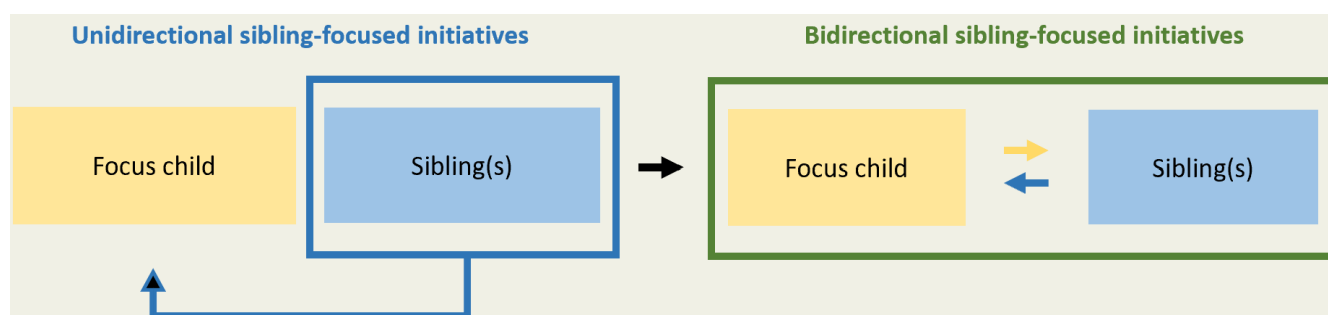
### Creativity in interactions

Creativity plays a unique role in enriching sibling relationships by fostering connection, collaboration and mutual understanding (Kramer, 2010). Siblings may even exhibit greater creativity in interaction in their parent's absence, such as in unsupervised play, where they invent imaginative games or role-plays, and need to negotiate and adapt rules and roles dynamically (Howe & Bruno, 2010). Through such creative interactions, siblings develop social skills and learn to regulate emotions both for themselves and each other, which positively impacts their quality of life (Cicirelli et al., 2020). These creative interactions make for a profound familiarity with each other which often persists into

adulthood, allowing siblings to understand each other's preferences and abilities (Dunn, 2002; Travers et al., 2020). When a family experiences adversity, the creative sibling dynamics may either become a valuable coping mechanism or remain in the background. While extensive research exists on (the experience of) caregiving for siblings, especially in cases where a child experiences medical issues (e.g. Commodari, 2010) or has a disability (e.g. Burke et al., 2015; Harland & Cuskelly, 2000; Heller & Kramer, 2009; Rawson, 2010; Rye et al., 2018), the potential of siblings' creative interactions as a resource for support and resilience remains underexplored in research. Given the creative and reciprocal nature of sibling interactions, and their long-life impact, interventions that nurture these creative dynamics – such as music therapy – could provide valuable opportunities. This is particularly relevant in situations where sibling relationships may require additional support, such as in families managing disabilities or chronic illnesses. Here, the emphasis tends to be mostly on the illness or disability and the caregiving responsibilities accompanying these, while the strengths inherent in the sibling relationship itself are often overlooked.

## Existing sibling interventions

Professional sibling-focused interventions are often offered when one of the children (the 'focus child') has support needs such as an intellectual disability, autism spectrum disorder, chronic illness or behavioural challenges. Existing approaches typically emphasise psychoeducation: aiming to help siblings better understand the diagnosis or challenges of the focus child, and providing siblings with coping strategies (Wolff et al., 2023). Other initiatives such as immersion days and seminars aim to provide social contact with other siblings, peers, facilitating the exchange of experiences and advice (e.g. Prchal & Landolt, 2009). Despite the benefits of these initiatives (Prchal & Landolt, 2009; Wolff et al., 2023), existing interventions seem to be mostly unidirectional, emphasising the sibling's supportive role without involving the focus child in real-time interactions (see Figure 1).



**Figure 1:** The possible shift from existing unidirectional to bidirectional initiatives using music therapy

Although many initiatives address sibling support, few leverage the creative potential and bidirectionality of sibling relationships. Music therapy, with its inherent emphasis on creativity and reciprocal interaction, offers a unique opportunity to address this gap. A music therapeutic framework for sibling-focused interventions, where siblings and focus children could engage as equals, could be useful in facilitating these dynamics and bidirectional interactions of sibling relationships. By incorporating siblings as active agents within therapeutic sessions, music therapy has the potential to address not only the focus child. It can also engage the inherent creative resources of sibling

relationships, potentially impacting the entire family system. A scoping review was conducted to explore the available literature on the topic, focusing on three objectives: exploring (i) the settings of sibling involvement, (ii) the context and aim of sibling involvement and (iii) working strategies of sibling involvement in music therapy sessions and processes.

## REVIEW QUESTIONS

To understand sibling inclusion in music therapy, this scoping review addresses the following questions:

*i. Settings<sup>1</sup> of sibling involvement*

- In what clinical and research settings are siblings included in music therapy?
- To what extent are siblings involved in the music therapy process?
- Which family members, other than siblings, are present in the sessions?

*ii. Context<sup>2</sup> and aim of sibling involvement*

- What are the therapeutic goals of including siblings in music therapy?

*iii. Working strategies of sibling involvement*

- What music therapeutic intervention strategies are used in the music therapy process?

A scoping review was conducted to address these questions. This method was chosen due to the exploratory nature of the topic and the need to map diverse writings across clinical and research literature and settings. This approach allowed for inclusion of varied sources including grey literature, which is particularly relevant in areas where scarce research literature is available, such as sibling inclusion in music therapy. A scoping review thus allows for a comprehensive exploration of existing literature on sibling inclusion in music therapy. A preliminary search of the Cochrane Database of Systematic Reviews, JBI Evidence Synthesis and Prospero was conducted but to this date no eligible systematic reviews on the topic were identified.

## METHOD

The proposed scoping review was based on the recommendations of the Joanna Briggs Institute (JBI) methodology for scoping reviews (Aromataris & Munn, 2020). Ethical approval and informed consent were not required as this paper solely reviews existing literature.

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<sup>1</sup> Setting: the physical and environmental conditions in which the music therapy takes place, i.e. hospital, school, etc. (Bruscia, 2014).

<sup>2</sup> Context: therapeutic goals, client needs and therapeutic approaches that shape music therapy (Bruscia, 2014).

## 1.1. Inclusion criteria

### *Concept and context*

In this review, 'music therapy' refers to the clinical and evidence-based use of music interventions by a credentialed professional (Bruscia, 2014), distinguishing it from general music education or recreational musical activities. All music therapy models, programs, courses and interventions identifying as music therapy and describing work with siblings in the music therapy sessions were included. There was no limitation in terms of geography or culture. Inclusion covered various theoretical frameworks within music therapy, e.g. psychodynamic or educational music therapy. Only literature in which the siblings and the focus child were both an active agent in the music therapy sessions were included. Literature was excluded (i) when the author gave no information about the active involvement of the siblings and the focus child, e.g. when an author only mentioned siblings as being (possibly) included in music therapy sessions, as an advice for good practice, and no further information was available, or when the research focus lay elsewhere; (ii) when a sibling was seen individually or separately from other siblings or family members and no other family members were active agents (e.g. in a bereavement group with peers); (iii) when no explicit mention was made that siblings were among the included family members in the sessions; (iv) when the siblings were above eighteen years old or when their majority/minority was not specified. Records that were focused exclusively on parent-child dynamics were excluded.

### *Participants*

Only siblings of minor age were included, regardless of gender, development or position in family (e.g. elder or younger sibling, stepsibling, twin etc.). Studies or practices involving adopted, half-siblings, and stepsiblings were included if their participation in music therapy was explicitly documented. This review focuses on siblings of minor age as sibling relationships during childhood and adolescence are crucial for emotional and social development, with creativity playing a key role (Cicirelli, 1994; Dunn, 2002).

### *Types of sources*

This scoping review encompassed a wide range of research designs, including quantitative, qualitative and mixed-method studies. Given the exploratory nature of this review, books, book chapters, conference abstracts, case studies and grey literature were also eligible for analysis. Only studies in English published between 1999 and 2024 (the last 25 years) were included, in order to observe the latest developments in the field.

## 1.2. Search strategy

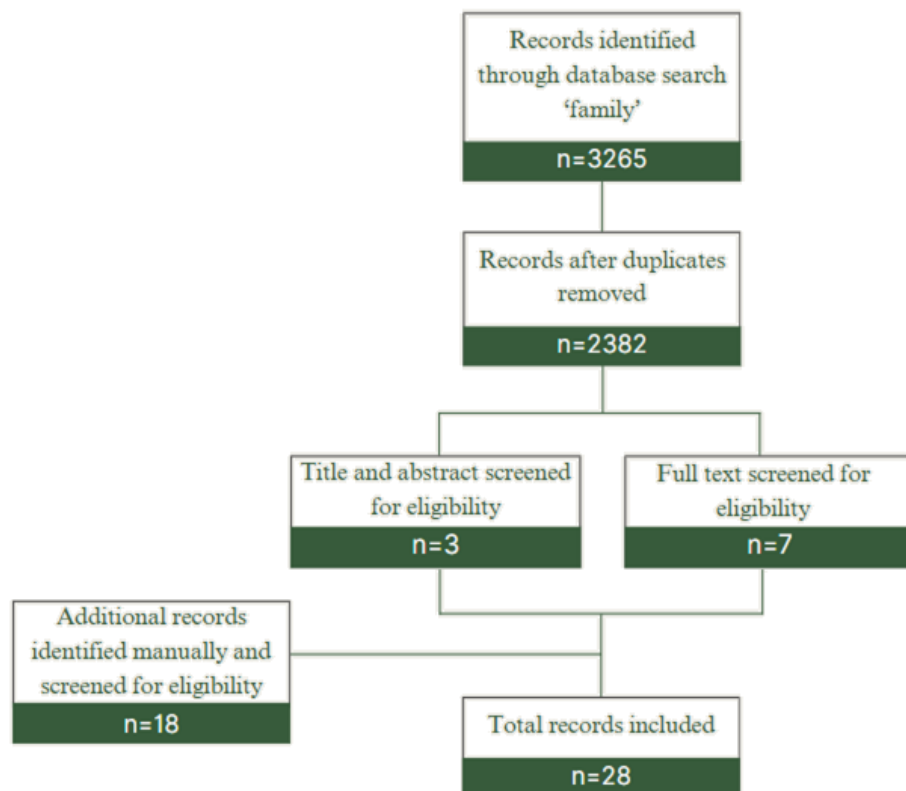
An initial limited search of SCOPUS was undertaken to identify relevant articles on the topic. Based on these results, a full search strategy was developed and undertaken using the following databases: Scopus, MEDLINE (Pubmed), PsycArticles, Web of Science, Embase, Proquest, and three music therapy journals (Journal of Music Therapy, Nordic Journal of Music Therapy, British Journal of Music Therapy). Keywords used were sibling, brother, sister, family and music therapy. The search strategy,

including all identified keywords and index terms, was adapted for each included database and/or information source. Relevant references from the identified studies were manually screened, and additional grey literature was considered to ensure the most comprehensive coverage possible.

### 1.3. Study selection

#### *Number of included articles*

The goal of this scoping review was to explore sibling inclusion in music therapy sessions and processes. Because the search string ("music therapy") AND (sibling\* OR brother\* OR sister\*) yielded few feasible results, the search string was adapted to: ("music therapy") AND (famil\* OR sibling\* OR brother\* OR sister\*). The keyword 'famil\*' was included in the search string to explore more literature, after which the records were screened for siblings within results. This search string yielded 3265 results in six databases and three music therapy journals. Among the citations identified, duplicates were removed and verified manually, leaving 2382 records. After screening for (sibling\* OR brother\* OR sister\*) in title and abstract, yielding 210 results of which three were eligible, the full texts of the initial search were assessed for eligibility, yielding another seven results (see Figure 2 for an overview). In a final stage, additional records containing music therapy work with siblings (n=18), identified through other sources (e.g. references of the included records, book chapters) were manually added to the results. This yielded a total of 28 results. References were managed using Zotero 7.0 software.



**Figure 2:** Flowchart of the selection process

### Record and study type

A scoping review allows for multiple record sources, hence this paper also included grey literature. In total, 15 out of 28 records are journal articles, nine are book chapters. Also included are one newspaper article, one review, one conference proceeding and one master thesis. The records are mostly descriptive in nature, being case studies (n=11/28) or descriptions of clinical work with case vignettes (n=11/28). One record is a literature review which provides case examples (Duda, 2013). Research articles were more likely to employ a qualitative design such as case and pilot studies or case examples in a theoretical framework or literature review. Research methods employed were thematic analysis, microanalysis and descriptive analysis, derived from interviews, focus groups, observations, surveys and journals. Quantitative methods were notably absent.

## RESULTS

The information of the 28 included records pertaining to sibling inclusion was categorised according to the reporting guidelines for music-based interventions by Robb et al. (2011) and described in Table 3 (see Appendix). An example of this data analysis is added below in Table 1. The categories included are: *setting* (where the intervention was delivered, both geographically and the research or clinical environment); *unit of delivery* (which siblings were included (age, diagnosis, etc.), were parents included and how did they influence sibling inclusion (e.g. did they decide if and when the sibling participated in the sessions); *aim of sibling involvement* (e.g. to foster the sibling relationship, as an aid for the focus child, psychoeducational interventions, or due to practical reasons [e.g. when mother could not provide child care]); *intervention strategies* (music-based intervention strategies under investigation [examples: music listening, songwriting, improvisation, lyric analysis, rhythmic auditory stimulation, etc.]); and *intervention delivery schedule* (number of sessions, session frequency and duration) (see Table 1). In the next section, the table components are described in a narrative overview.



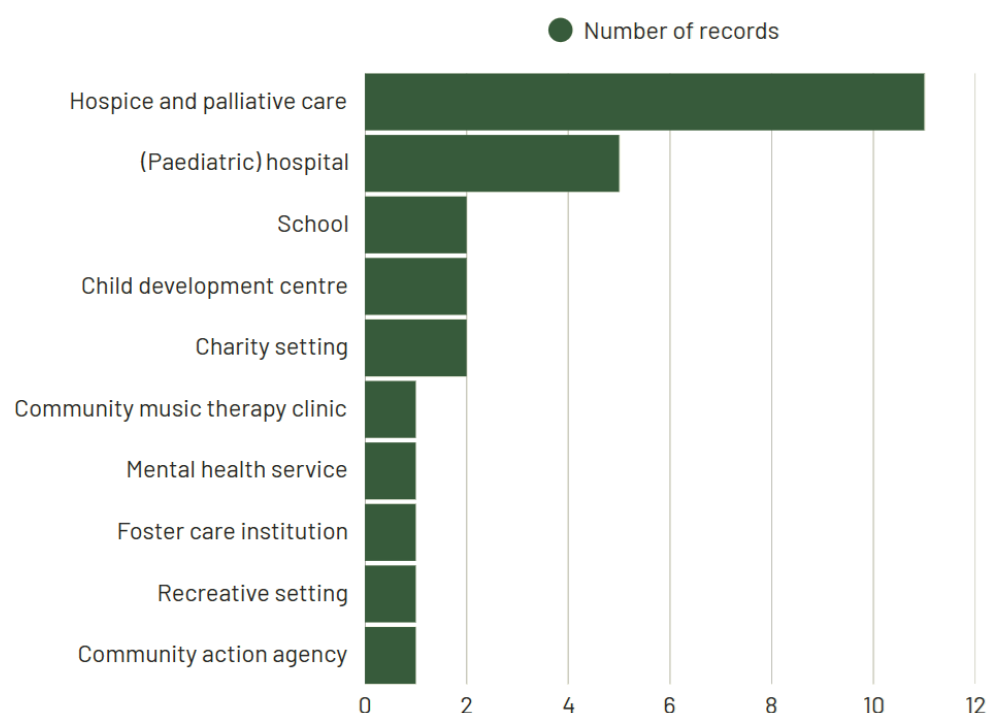
Author	Record Type	Study Type	Setting	Unit of Delivery	Aim of sibling involvement	Intervention strategies	Intervention Delivery Schedule
<b>Allgood (2005)</b>	Article	Treatment case study	USA Therapeutic day school for children with ASD  Sessions at day school	Family-based group music therapy: Children (4-6yo) with primary diagnosis of ASD, Siblings welcome to attend (done in 2 families).  At least 1 parent or primary caregiver present.	Interventions chosen to promote joint attention, interaction among group members, self-expression and cooperative group experiences.  No sibling specific aim, but parent stresses importance of sibling inclusion.	Structure music therapy sessions: greeting song, specific music activities, goodbye song, free exploration time. Instrument exercises, movement to music, rhythm-based activities, singing, improvisational music, simple folk dances, music games.  Outcome: sibling inclusion important for one of four parents: sessions let sibling see 'positive things' associated with brother's ASD. Sibling shares common experiences and observes her brother successfully interacting with other children and expressing himself musically. Typically developing siblings offer same age model for both musical and non-musical behaviours and are bridge between group members.	Pre-session interview, 7-week family-based group music therapy intervention (45mins each), post session focus group.
<b>Baron (2017)</b>	Book chapter	Theoretical and Clinical work	Australia Paediatric hospital setting  Sessions in patient's room	Case: Elizabeth (3yo, leukaemia), brother Ben (6yo) and grandmother.  Mother NP (respice).	Let family connect both musically and emotionally, reduce anxiety.  Case: first time visiting hospital for brother: engaging in music making to make experience more enjoyable.	Instrument choice, song choice, instrumental play along to familiar songs, encourage all family members to select songs and instruments and sing and play an instrument.  Case: active music-making, patient chooses instruments for brother and grandmother, everyone chooses song to sing. Mother joins the session while daughter is singing and reminisces. At end of session, MT encourages mother and grandmother to continue playing in between music therapy sessions and leaves instruments in room.	NS

**Table 1:** Example of data analysis of included records (NS= not specified; NP= not present; MT= music therapist; names are abbreviated to initials after first use)



## Research or clinical setting and country of origin

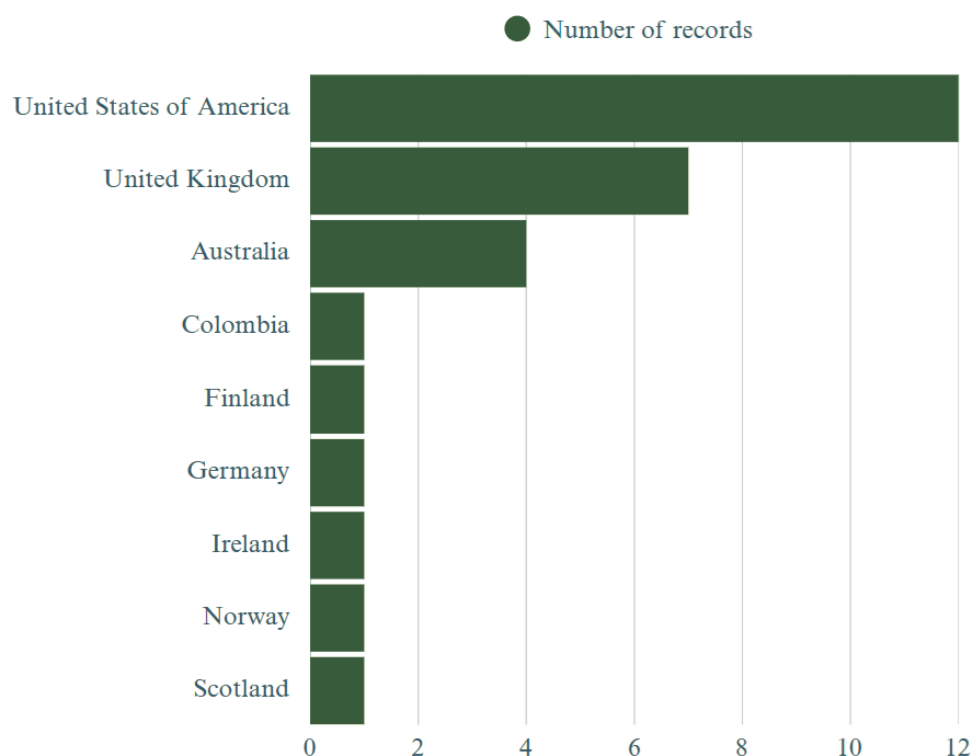
Sibling inclusion was most frequently documented in hospice and palliative care settings<sup>3</sup> (n=11: Daveson & Kennelly, 2000; Duda, 2013; Flower, 2008; Griessmeier, 2005; Hilliard, 2003; K. Lindenfelser et al., 2012; K. Lindenfelser, 2013, 2015; Nall & Everitt, 2005; Noyes et al., 2023; Steinhardt et al., 2021). Five records describe music therapeutic work with siblings in (paediatric) hospital settings (Baron, 2017; Ettenberger, 2017; Goicoechea & Lahue, 2021; Heiderscheit, 2022; Knott et al., 2022). Two records describe the work in schools (Allgood, 2005; Diamond, 2012). Several records describe the work in clinic or centre settings: two records focus on music therapeutic work in child development centres<sup>4</sup> (Loombe, 2017; Oldfield, 2008), one in a community music therapy clinic (Loth, 2017), one in a mental health service (McIntyre, 2009) and one in a foster care institution (Tuomi, 2005). Four records describe sibling inclusion in a different context: a charity setting (Mitchell, 2017; Woodward, 2004), a recreative setting (Horton, 2004), and a not further specified community action agency (Pasiali, 2017). One study (DeRusso, 2024) did not specify the research setting. Figure 3 and 4 depict the setting of the included records (see figure 3) and the countries where the record originated from (see figure 4).



**Figure 3:** Settings described in the included records

<sup>3</sup> In hospice care it is usually determined that a patient has 6 months or less to live and no additional treatment is given except for comfort care (Lindenfelser, 2013). In palliative care settings, patients often still receive treatment but also end-of-life care. In literature, these terms are often used interchangeably, hence they are categorised together in this review.

<sup>4</sup> In both Loombe (2017) and Oldfield (2008), a child development centre is an outpatient assessment and treatment centre attached to a hospital, where specialised care is available for children and their families.



**Figure 4:** Countries where records originated from

Sessions mostly took place in the family home ( $n=8/28$ ), in hospitals ( $n=6/28$ , of which 3 in patient's room) and clinic/centre settings ( $n=5/28$ ), coinciding frequently with the hospital and hospice settings. One record describes that sessions take place in an online setting (Goicoechea & Lahue, 2021), and in five records, the location of the sessions was not specified. In some records, several locations were used during the music therapy process (e.g. Lindenfelser, 2013) depending on the focus child's health and surroundings, e.g. at home, in the patient's room, an isolation unit or on the ward.

Most records originated from the United States of America ( $n=12$ ), the United Kingdom ( $n=7$ ) and Australia ( $n=4$ ). Other countries include Colombia (Ettenberger, 2017), Finland (Tuomi, 2005), Germany (Griessmeier, 2005), Ireland (Diamond, 2012), Norway (Steinhardt et al., 2021) and Scotland (Horton, 2004).

## Unit of delivery

In this scoping review, records were included when siblings were actively engaged as participants in the session or process. A range of possible family interactions in music therapy was represented in the included literature, ranging from dyadic sibling interactions to interactions between all family members and the music therapist. A predominance was found for sibling interventions that took place in group formats including entire families: in nineteen records ( $n=19$ ) at least one parent or caregiver was sometimes or always present in the music therapy sessions. When parents were not taking part in the sessions ( $n=5$ ), this was mostly because the parents requested not to be present, e.g. focus on sibling-specific dynamics (Goicoechea & Lahue, 2021) or respite care (e.g. Knott et al., 2022; Nall & Everitt, 2005), or because the sessions took place in a day school context (Diamond, 2012). Parents were often present during music therapy settings in hospice and hospital contexts. Five records

explicitly describe the encouraging of including other family members such as grandparents or cousins (Baron, 2017; Griessmeier, 2005; K. Lindenfelser, 2013; Oldfield, 2008; Steinhardt et al., 2021). Two records describe professional staff sometimes being included in the sessions (Knott et al., 2022; Steinhardt et al., 2021). While most records (n=15) did not specify sibling age (e.g. 'older' or 'younger' than focus child), others focused mostly on siblings of preschool and middle school age.

## Aim of sibling involvement

Only a few authors have focused on sibling aims specifically. Usually, sibling-focused goals or interventions were included in more general family-centred goals such as the facilitation of family interactions (e.g. for parents or entire family). Key sibling-focused aims (see Table 2) included fostering positive aspects of sibling relationships, facilitating sibling interactions and expression of emotions, and diminishing sibling rivalry, particularly in families with children facing health or developmental challenges (e.g. Loth, 2017; Nall & Everitt, 2005). Another significant aim was facilitating shared coping and reducing anxiety by fostering a sense of normality and offering grief and legacy support in palliative care settings (e.g. Duda, 2013; Goicoechea & Lahue, 2021; Hilliard, 2003; K. J. Lindenfelser et al., 2012). Additionally, some interventions focused on improving family cohesion and facilitating family dynamics. As often the entire family was involved in music therapy, this aim was not sibling specific. However, the siblings were seen as playing a crucial part in family dynamics and in creating shared positive experiences (e.g. McIntyre, 2009; Pasiali, 2017). Sometimes, sibling aims were psychoeducational in nature: including the sibling to help them understand the focus child's challenges and support the focus child's development and develop skills for engaging with them more effectively (e.g. Loth, 2017). Some records did not provide a sibling specific aim (Allgood, 2005; K. J. Lindenfelser et al., 2012; Steinhardt et al., 2021), but sibling-specific outcomes or benefits were inferred from descriptions or parent interviews. Finally, three records described logistical or practical reasons for initially including siblings, such as the absence of childcare, siblings being present in the family home during the music therapy session or parental unavailability (Flower, 2008; Mitchell, 2017; Oldfield, 2008). While this may not have been the primary therapeutic aim, siblings were often deliberately included in subsequent sessions because of the observed benefits.

## Intervention content

A variety of intervention strategies were employed, emphasizing creativity and interaction. Common intervention strategies (see Table 2) most often described were: songwriting/analysis and song singing/playing, often combined with legacy projects in hospice contexts, such as making a personal song or heartbeat recording; instrumental exploration and improvisation, which focused mostly on rhythmic activities; music listening (both live and recorded) and guided relaxation; structured group activities, such as 'start-stop' games, turn-taking activities or conducting exercises. Creative expression by way of movement was often part of the activities, especially with young siblings (e.g. dancing on music played by family members or MT or on recorded music). Other notable intervention strategies, described less frequently or with less detail, were vocal improvisation, music instrument teaching, collaborative band playing, performance or jamming. Sibling inclusion from a

distance, such as through letter writing, was also mentioned. Improvisational approaches and the use of familiar songs were particularly prevalent in family-centred music therapy.

## Intervention delivery schedule

Frequency and duration of sessions varied widely (see Table 2), from siblings participating in a single session to being included weekly over several months. Sessions at home typically involved shorter but more frequent sessions. Structured sibling involvement seemed to be less common, reflecting the need for flexibility in working with siblings. When siblings were involved in multiple sessions, there was usually also a sibling-specific aim of involvement (e.g. Goicoechea & Lahue, 2021). Some records describe siblings only joining one session, having more broad family goals. Often it was not specified in how many sessions the siblings took part. Table 2 provides a summary of the narrative overview. For more detailed information, see Appendix.

## Key findings

This scoping review shows that sibling inclusion has several potential aims and benefits: strengthening sibling relationships and diminishing sibling rivalry, facilitating coping mechanisms and legacy building, fostering emotional expression and enhancing family cohesion. These aims align with broader therapeutic goals of promoting psychological well-being, improving communication and interactions, and supporting family dynamics. The inclusion of siblings seems to be particularly impactful during periods of stress or transition, in contexts where families face challenges such as chronic illness, developmental disorders, or end-of-life care. Music therapy can thus not only benefit the focus child but can also offer siblings and other family members a structured and supportive environment to process their own experiences and contribute meaningfully to family interactions. The variability in settings, strategies, and session formats in music therapy highlights the flexibility of sibling and family-focused work. In the included records, there is a clear emphasis on descriptive and qualitative outcomes. The above highlights the exploratory nature of the field and the limited evidence supporting sibling involvement in music therapy, reflecting the need for more research on the topic.

## DISCUSSION

This scoping review demonstrates that sibling inclusion in music therapy shows promise in a range of clinical and community settings: from hospital and hospice/palliative care settings to schools and mental health services. Descriptive accounts, which originate mostly in the USA and the UK, reveal a wide spectrum of aims to include siblings: from general family goals to sibling focused aims such as diminishing rivalry and fostering positive aspects of the sibling relationship. Intervention strategies used are just as varied: song writing, improvisation, play etc. Records describe several benefits, including more positive sibling relationships, promoted emotional expression, enhanced family cohesion, and beneficial coping mechanisms, especially in times of family crisis or transition. Despite these encouraging findings, the literature on sibling-focused music therapy remains sparse, varied and largely practice-driven. This discussion seeks to explore the existing gaps in the literature concerning

sibling inclusion in music therapy. This subsequent gap description is presented not to overshadow the findings that are already present in the literature, but to highlight areas for development in future research and practice.

Category	Most frequent occurrences in included records
<b>Aims of sibling involvement</b>	<p>Siblings included in general family goals<sup>5</sup></p> <p>Diminish sibling rivalry<sup>6</sup></p> <p>Foster (positive aspects of) sibling relationship<sup>7</sup></p> <p>Personal growth and facilitating sibling interaction<sup>8</sup></p> <p>Psychoeducation and improving focus child's skills<sup>9</sup></p> <p>Reducing anxiety, creating a sense of normality and/or legacy and grief support<sup>10</sup></p> <p>Support emotional expression and connection<sup>11</sup></p> <p>Logistical reasons<sup>12</sup></p>
<b>Intervention content</b>	<p>Songwriting and song singing/legacy projects<sup>13</sup></p> <p>Instrumental exploration and improvisation<sup>14</sup></p> <p>Structured group activities: start-stop games, turn-taking, conducting, hello/goodbye songs<sup>15</sup></p> <p>Expression by movement and dance<sup>16</sup></p> <p>Other: music instrument teaching, collaborative band playing and performance, music listening and guided relaxation</p>
<b>Intervention delivery schedule</b>	<p>Often dyadic or full-family group sessions</p> <p>Siblings in 1 session or multiple sessions because of medical urgency or treatment goals</p> <p>Often weekly (30-60mins) or multiple sessions per week over a short- to medium-length duration</p> <p>Parents usually present; sometimes explicitly not (for sibling focus or respite care)</p>

**Table 2:** Summary table of aims of sibling involvement, intervention content and intervention delivery schedule

The four key gaps identified in the literature regarding sibling involvement in music therapy are:

- (i) Family-centred versus sibling-specific approaches: the unique dynamics of sibling relationships and parental presence in music therapy sessions.
- (ii) Clinical practice versus research: highlighting the limited representation of sibling-focused work in research studies.

<sup>5</sup> (Daveson & Kennelly, 2000; Ettenberger, 2017; Heiderscheidt, 2022; Knott et al., 2022; McIntyre, 2009; Pasiali, 2017; Tuomi, 2005); <sup>6</sup>(Nall & Everitt, 2005; Pasiali, 2017, Woodward, 2004); <sup>7</sup>(Lindenfelser, 2015; Loombe, 2017; Loth, 2017); <sup>8</sup>(DeRusso, 2024); <sup>9</sup>(Horton, 2004; Loombe, 2017; Loth, 2017; Pasiali, 2017); <sup>10</sup>(Baron, 2017; Daveson & Kennelly, 2000; Diamond, 2012; Duda, 2013; Goicoechea & Lahue, 2021; Griessmeier, 2005; Hilliard, 2003; Lindenfelser et al., 2013; Nall & Everitt, 2005; Noyes et al., 2023); <sup>11</sup>(Noyes et al., 2023); <sup>12</sup>(Flower, 2008; Mitchell, 2017; Oldfield, 2008); <sup>13</sup>(Duda, 2013, Goicoechea & Lahue, 2021; Knott et al., 2022; Lindenfelser, 2013); <sup>14</sup>(Allgood, 2005; DeRusso, 2024; Flower, 2008; Goicoechea & Lahue, 2021; Lindenfelser, 2013; McIntyre, 2009; Steinhardt et al., 2021); <sup>15</sup>(Loombe, 2017; Loth, 2017; Oldfield, 2008); <sup>16</sup>(Griessmeier, 2005; Pasiali, 2017; Steinhardt et al., 2021)

- (iii) Setting and context: the influence of geography, clinical setting, and therapeutic aims on sibling inclusion in music therapy.
- (iv) Shifting perspectives: intentional sibling inclusion in structured frameworks.

Each of these gaps is discussed below, with an emphasis on their implications for research and practice.

## Gap 1: Family-centred versus sibling-specific approaches

The term 'family' is frequently used in music therapy literature, concurrent with the many results initially found in this review. However, many studies fail to differentiate between the presence of siblings or other family members. While several sources mention sibling inclusion and involvement in music therapy (e.g. Edwards & Kennelly, 2016; Tucquet & Leung, 2014; Yeow, 2018), they rarely describe details pertaining to the sibling relationship, the rationale for the siblings' inclusion, or the interventions aimed at them. Instead, the emphasis in most of these articles remains on the parent-child dyad (e.g. Haslbeck & Bassler, 2020), including the siblings only peripherally. This review identified only a limited number of records explicitly addressing sibling interactions in music therapy.

In this review, sibling interventions typically took place in group formats including entire families. The sibling relationship, however, represents a distinct and independent entity within the family structure. Unlike the hierarchical and caregiving dynamics of the parent-child relationship, sibling relationships are often characterised by time spent together, shared experiences and uninhibited expression. These qualities enable siblings to engage from a peer-like perspective, with the possibility to provide emotional resonance and support unavailable in other family dynamics. While many studies stress the importance of engaging siblings in therapy sessions, few investigate the specific therapeutic opportunities this engagement presents.

Examples from clinical practice highlight the potential of music therapy to support the sibling relationship through co-creative activities, such as musical games, instrumental exploration and improvisation and collaborative songwriting. However, such potential outcomes require a deliberate shift toward sibling-centred approaches, rather than merely incorporating siblings as an extension of the parent-child relationship. Despite this potential, research rarely focuses on the deliberate design of sibling-specific interventions. Expanding music therapy research and practice in this direction is crucial to fully realising the therapeutic potentials of sibling-specific music therapy interventions. By prioritising sibling-specific approaches, music therapy can contribute to the development and well-being of siblings, particularly in families navigating challenges.

Additionally, the role of parents in sessions introduces further complexities. In this review, parents were sometimes or always present in 19 out of 28 records. When parents opted not to attend, this was typically for logistical reasons (e.g. sessions during school hours), for respite care, or to focus on sibling dynamics. This raises the question of whether parents are always expected to be present in music therapy sessions, and what the rationale for their presence is when working with other family members. While parental presence can provide valuable context and additional support, it may also shift the focus back to the parent-child relationship, depending on how the parents engage with both the focus child and its siblings. This dynamic raises questions about the most effective ways to

facilitate sibling interactions in both the presence and absence of parents. Further studies are needed to explore how parental involvement intersects with sibling participation, which could enhance the understanding of effective family-centred music therapy interventions. Research needs to examine how sibling dynamics evolve in the presence and absence of parents and to develop interventions that prioritise sibling interactions within family-centred frameworks. By doing so, interventions can better address the developmental and emotional needs of siblings, particularly in families facing challenges. This shift would not only enrich the therapeutic outcomes for siblings but also enhance the overall family dynamic, ensuring that the sibling relationship is given the proper attention within therapeutic contexts.

## Gap 2: Clinical practice versus research

A recurring theme in this review is the gap between research studies and clinical practice, particularly regarding sibling inclusion in music therapy. While clinical reports often mention sibling inclusion, research predominantly focuses on the parent-child dyad. Even when siblings are involved in research interventions, they are rarely included in data collection or analysis, leaving the sibling perspectives unexplored. For example, siblings may be mentioned in interviews with parents, yet their own voices are notably absent from the data (e.g. Hernandez-Ruiz, 2018; Uggle et al., 2019).

Similarly, some studies or clinical descriptions mention sibling inclusion in research or clinical interventions, but do not provide sibling-specific information (Abad & Barrett, 2023; Fuller et al., 2022; Gaden et al., 2023; Lindenfelser et al., 2008; Savage et al., 2022). When siblings are included in research, such as in studies on caregiving for individuals with dementia, the focus is generally on the caregiving role or experience rather than the specific sibling relationship itself (e.g. Baker et al., 2018; Lee et al., 2022).

Much of the available literature is practice-driven and descriptive in nature, with a predominance of case studies, books and book chapters, rather than peer-reviewed research articles. Oldfield (in G. Thompson & Jacobsen, 2017) pointed out this trend, which remains evident today, particularly in the context of sibling inclusion. Clinical practice, as reflected in case studies and qualitative reports, appears to offer a richer and more nuanced description of sibling inclusion than is currently reflected in research literature. However, these clinical reports are often anecdotal accounts of sibling involvement, such as localised initiatives mentioned in conference abstracts or community news articles. While these examples suggest a wider use of sibling-inclusive practices in music therapy, their idiosyncratic and informal nature limits their application across different settings. This might explain why there were little relevant results in the database search (predominantly articles), but more results were found in the manual search (book chapters). This discrepancy is also evident in the database search results, where only three records were identified through abstract searches, seven through full-text searches, and eighteen through manual searches. In articles focused on family music therapy, siblings are often mentioned but rarely as the main focus, which explains their absence in abstracts and broader research databases.



### Gap 3: Setting and context

Sibling inclusion in music therapy is influenced by geographical and contextual factors, including the clinical setting and therapeutic aims. Geographically, most records originate from the USA, UK and Australia, reflecting regional differences in practice. In the USA and UK, sibling involvement occurs often in medical or palliative care settings, where the focus is typically on coping and crisis management. In Australia, community-based music therapy models provide more inclusive approaches, potentially leading to broader sibling inclusion. Northwestern European records seem to focus more on individual or peer-based work and no records from Asia were identified, possibly reflecting the English-language bias of this review.

Sibling inclusion in music therapy is frequently tied to families facing challenges or crises, such as serious illness or bereavement. Siblings appear more prominently involved in certain settings, such as palliative care, hospice and medical settings. In these contexts, interventions often focus on legacy-building activities or bereavement groups (e.g. Hodkinson et al., 2014; Kammin & Tilley, 2013; McFerran, 2010), and to address coping and crisis management. Often, there are only a limited number of sessions in these settings. Psychoeducational interventions (e.g. Bemis, 2015) for siblings of children with medical or developmental needs, are similarly designed for sibling-only groups, addressing informational or coping needs rather than fostering joint activities with the focus child. In contrast, home-based interventions and community programs seem to include siblings more actively and more organically. For example, Savage et al. (2022) and Thompson (2017) describe music therapy sessions where activities from the sessions are repeated at home by the parents, including the siblings. However, these studies were not included in this review because of the primary focus on parent-child dynamics during the music therapy sessions. These approaches, while valuable in their own right, do not fully leverage the possible sibling dynamics that could emerge in music therapy sessions. Furthermore, the focus in current literature largely centres on crisis situations, with limited attention to the creative potential of sibling dynamics in both crisis and non-critical settings, e.g. schools or family homes. Creativity in sibling-focused music therapy has the potential to enrich sibling relationships by emphasizing collaborative, playful, and expressive interactions. Engaging siblings in co-creative processes such as instrumental improvisation, songwriting, or shared musical games could encourage emotional expression, mutual understanding, and a sense of partnership between siblings. Despite these possibilities, the role of creativity remains insufficiently addressed in the literature, both in crisis and non-crisis settings. Non-crisis contexts, in particular, offer opportunities for music therapy to foster stronger sibling bonds and promote overall family well-being.

By shifting the focus from crisis-based interventions to opportunities for collaborative engagement, music therapy could support sibling relationships and overall family dynamics. If future research would focus on exploring creativity as a central element in sibling-inclusive music therapy, we could gain more insight into the creative potential present in all families, and how this potential could be fostered in and adapted to different family situations and contexts, for example in families with intellectual disabilities or other unique challenges. Investigating how music therapy can support siblings in diverse cultural and contextual settings would also contribute to a more comprehensive understanding of this field.

## Gap 4: Shifting perspectives

The variability in intervention strategies reflects the adaptability of music therapy but also points to the absence of structural frameworks for sibling involvement. Common strategies, such as songwriting, improvisation, and structured group activities, promote interaction and emotional expression. The selection of strategies often appears context-dependent, with legacy-building and grief-focused activities prevalent in palliative care, while turn-taking and cooperative games are mostly present in early intervention programs. Psychodynamic, systemic, and cognitive-behavioural music therapy frameworks are variably employed, but their application to sibling-focused work remains underexplored. This largely reactive and context-bound approach, where siblings seem to be included mainly in response to acute circumstances such as illness, end-of-life care or practical reasons, raises an important question: are interventions designed merely to address immediate - often crisis-driven - needs, or do they focus on proactively supporting (creative) sibling relationships? While such acute circumstances often expose sibling needs, these needs are typically addressed indirectly. In many cases, the focus remains centred on parent-child dynamics, with sibling dynamics receiving little attention. To address these issues, it is essential to integrate a more intentional approach to sibling inclusion that shifts beyond incidental participation. Within systemic frameworks, a more defined sibling-focused sub-framework might be necessary to adequately address the unique relational dynamics siblings bring to music therapy. Drawing on theoretical or therapeutic models from other fields, such as systemic therapy, contextual therapy or family systems theory (e.g. Broderick, 1993; Hoffman, 1981), could provide a valuable starting point.

Transforming sibling inclusion from incidental to intentional requires a focus shift within the family music therapy community. This shift involves reconceptualising siblings as active agents in therapy, rather than passive participants, which requires greater awareness of sibling dynamics and roles in the family unit. Intentional sibling inclusion involves acknowledging their distinct perspectives, designing interventions tailored to their needs, and emphasizing their roles in family dynamics, both in presence and absence of parents. To achieve this focus shift, the music therapy field could focus on three critical strategies:

- (i) Research designs and data collections need to specify sibling input by gathering data directly from siblings themselves; particularly participatory research designs, that directly engage siblings as partners and co-researchers in both the therapeutic process and the research itself, can provide more information about possible sibling-focused interventions.
- (ii) Developing sibling-focused frameworks: theoretical models that integrate siblings' perspectives and provide information for developing interventions and techniques tailored to supporting sibling relationships.
- (iii) Emphasising creativity not just as an adjunct to coping strategies but as a central component of interventions. Creative and collaborative activities—such as songwriting, improvisation, and cooperative musical games—can foster sibling relationships. These approaches could allow music therapy to explore the potential of creative sibling dynamics in everyday life, extending beyond crisis settings. This knowledge can help identify relational strengths, which could inform early intervention strategies where needed.

Lastly, therapists' perspectives of the music therapy participants are critical in shaping these interventions. As Loth (2017) reflects on her work with triplets: "During this work, I frequently found myself thinking of the children as a pair of twins with a younger sister. [...] I wondered what difference it would make to treat them as twins plus a sibling, and how important it was to remember that they were triplets and had once shared a womb." (Loth, 2017, p.30). This underscores the need to view siblings as interconnected, emphasizing bidirectional influences and shared dynamics, rather than isolating focus children from their siblings.

Many of the records reviewed mentioned siblings only peripherally, with limited focus on their specific roles, outcomes, or experiences. In contrast, some records do describe sibling-centred practices that reflect the value of sibling inclusion in music therapy, but these often remain idiosyncratic and localised. As such, they offer promising insights, but also represent missed opportunities to build a more coherent understanding of sibling roles in music therapy. This underscores the need for structural frameworks and more systematic research into sibling involvement in music therapy. In order to address the gaps mentioned above, music therapists should embrace a more intentional and creative approach to sibling inclusion. This involves designing interventions that leverage the unique potential of sibling relationships, particularly through shared, bidirectional activities.

At the same time, sibling-focused interventions cannot be fully designed and developed without considering the broader contexts in which they occur. Sibling roles and relationships are shaped by family structures and cultural expectations. These contextual influences can significantly affect how siblings participate in and benefit from therapeutic work. There is still limited understanding of how such factors shape sibling dynamics and what this means for the development and implementation of sibling-focused interventions.

Future research could therefore explore how sibling-focused interventions can be adapted across diverse settings, cultural contexts and family structures, including those involving intellectual disabilities. Such exploration can help us better understand the specifics of certain family systems in different contexts and make us aware of how local systems shape our own clinical assumptions. A comprehensive, creative sibling-focused framework has the potential to support sibling relationships and contribute to more integrated family support in music therapy practice.

## STRENGTHS AND LIMITATIONS OF THIS REVIEW

Our goal was to explore sibling involvement in music therapy. This review draws on diverse sources, including empirical studies from database searching, clinical vignettes, and manual searches. A significant strength lies in its ability to highlight the gaps between clinical practice and research, underscoring the limited but promising inclusion of siblings in varied settings. Furthermore, the inclusion of non-peer-reviewed sources, such as book chapters and conference abstracts, adds depth to the discussion by capturing practice-driven insights that seem to be underrepresented in research.

Despite these strengths, several limitations must be acknowledged. The search strategy, focused on English-language publications, may have excluded relevant studies from non-English-speaking regions, thereby limiting the global perspective of this review. Additionally, the reliance on qualitative and descriptive sources, such as case studies and clinical vignettes, restricts the

generalisability of findings. Many of these sources lack descriptions of methodologies, detailed analyses, or systematic data collection, making it challenging to draw general conclusions about sibling involvement. Lastly, the variability in music therapy approaches, settings, and target groups poses challenges to synthesizing findings and drawing broader conclusions. While this review illuminates the potential of sibling-focused interventions in music therapy, it also highlights the need for intentional research to develop these music therapeutic interventions.

## CONCLUSIONS

This review highlights a significant gap in the literature: few studies have provided detailed descriptions, analyses, or evaluations of sibling-focused music therapy interventions. Most records that mention siblings do so as part of a broader family-based approach, often without detailing the specific contributions or outcomes related to sibling inclusion. Moreover, when siblings are included, it is often due to practical considerations or intuition rather than a deliberate therapeutic strategy. This lack of intentionality in sibling involvement may reflect a broader trend in music therapy practice, where the primary emphasis remains on the focus child and their parents. This review however illuminates the therapeutic potential and challenges of involving siblings in music therapy. There is a critical need for more research on sibling relationships and interactions in music therapy to support clinical practices and develop sibling-focused interventions. The current discrepancy between practice and research highlights the importance of developing and evaluating a music therapeutic framework for including siblings in music therapy. Further research is needed to provide a comprehensive understanding of how a music therapeutic framework can best support sibling relationships and interactions and how siblings can be embedded in a more structural and meaningful way in music therapy processes.

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## APPENDIX

Author	Record Type	Study Type	Setting	Unit of Delivery	Aim of sibling involvement	Intervention strategies	Intervention Delivery Schedule
(Allgood, 2005)	Article	Treatment case study	USA Therapeutic day school for children with ASD  Sessions at day school	Family-based group music therapy: Children (4-6yo) with primary diagnosis of ASD, Siblings welcome to attend (done in 2 families)  At least 1 parent or primary caregiver present	Interventions chosen to promote joint attention, interaction among group members, self-expression and cooperative group experiences.  No sibling specific aim, but parent stresses importance of sibling inclusion.	Structure music therapy sessions: greeting song, specific music activities, goodbye song, free exploration time. Instrument exercises, movement to music, rhythm-based activities, singing, improvisational music, simple folk dances, music games. Outcome: sibling inclusion important for one of four parents: sessions let sibling see 'positive things' associated with brother's ASD. Sibling shares common experiences and observes her brother successfully interacting with other children and expressing himself musically. Typically developing siblings offer same age model for both musical and non-musical behaviours and are bridge between group members.	Pre-session interview, 7-week family-based group music therapy intervention (45mins each), post session focus group.
(Baron, 2017)	Book chapter	Theoretical and Clinical work	Australia Paediatric hospital setting Sessions in patient's room	Case: Elizabeth (3yo, leukaemia), brother Ben (6yo) and grandmother  Mother NP (respite)	Let family connect both musically and emotionally, reduce anxiety.  Case: first time visiting hospital for brother: engaging in music making to make experience more enjoyable.	Instrument choice, song choice, instrumental play along to familiar songs, encourage all family members to select songs and instruments and sing and play an instrument.  Case: active music-making, patient chooses instruments for brother and grandmother, everyone chooses song to sing. Mother joins the session while daughter is singing and reminisces. At end of session, MT encourages mother and grandmother to continue playing in between music therapy sessions and leaves instruments in room.	NS.
(Davieson & Kennelly, 2000)	Article	Case Studies	Australia Palliative care setting  Sessions in patient's room	Children and adolescents in palliative care and their families  Case: 12yo, younger brother involved in MT session 1  Parents NP	Provide support for family during transition, assist family to have meaningful experiences and create intimate and familiar environment for dying relative, validate and express feelings, provide opportunities for reminiscence, individual silent reflection, discussion, and self-expression.	Music-assisted creative play, parody, songwriting and selection, lyric substitution, singing, playing instruments, improvisation, guided imagery and music listening (not sibling specific).  Case: Brother shares patient's musical preferences with MT and remains by bedside during session, listens to requested songs sung by MT and relates experiences and memories.	Case: 3 music sessions in 1 week, 45-60min, brother in 1 session

<b>(DeRusso, 2024)</b>	Master Thesis	Case study	USA NS	19yo autistic man, 14yo neurotypical brother	Explore sibling relationship and interaction within improvisational music therapy. Brother involved spontaneously, while supporting autistic sibling into entering music room.	3 improvised music experiences: accordion experience, wind chimes and clapping experience and shakers experience. Chosen for analysis because initiated by one of the siblings, through visual cues or independent physical engagement with the instrument. MT supports sibling interactions with improvised harmonic progressions and accompaniment patterns on guitar.	1 session, duration NS.
<b>(Diamond, 2012)</b>	Book chapter	Clinical model and case examples	Ireland School setting  Location sessions NS	Primary school children (4-11yo) with trauma. Individual and group music therapy  Case: boy 6yo, sister 8yo, referred to music therapy by class teachers  Father absent in family; older siblings and mother NP	Case: offer siblings a safe space where they can explore experienced issues; enable clients to think beyond current difficulties, let them be children with the same hopes, dreams and aspirations as their peers. Siblings explore and express anxieties, realise they are not in isolation.	Service not described as 'therapy' but as 'creative programme where children could work individually or in small groups using music for self-expression and to develop new skills'. Vocal or instrumental improvisation not in early sessions as too challenging. Structured activities to engage and develop social skills: playing in a band, music and drawing, creating musical stories and characters, song parody (about day-to-day activities) and (autobiographical) songwriting. Case: gradually as siblings begin to feel safe with the MT, they create music and songs which reflect not only their anxieties but hopes for the future.	Schools received MT service of a half/full day per week during the academic year.
<b>(Duda, 2013)</b>	Article	Literature review with case examples	USA Paediatric palliative care  Sessions in hospital	Case L.A.: siblings of dying patient  Parents NS	Provide creative opportunities for expression, create tangible representation of a memory, legacy building.	Songwriting, copies of the song for all family members to sing together for L.A. to say goodbye.	1 session, duration NS
<b>(Ettenberg et, 2017)</b>	Article	Practice model and case vignettes	Colombia Hospital setting (NICU)  Sessions in NICU	Case: NICU baby Sebastian and sister Juliana  Parents present. Sister NP in sessions, but active agent	Important to involve siblings from a family-centred perspective.	Sister cannot visit brother in NICU. MT proposes sister to write welcome letter for baby. Together with MT, parents structure lyrics according to sister's letter and improvised melody provided by MT. Recording is made for sister. In further sessions, MT and parents work on song and incorporate sister's suggestions. MT edits video of song and gives it to family upon discharge.	Sessions offered on daily basis, duration NS.
<b>(Flower, 2008)</b>	Book chapter	Clinical work	UK Hospice setting	Case: 6yo Meh-Noor, parents, 2 older (school-age) and 1	Case: MT at home because of MN's interest in music, focus on healthy	Case: familiar songs and improvisations developed from songs, exploring instruments (both from MT and family's own). Same songs and structures (recapitulation of sessions with Meh-	1 session with MN and family members, focus on MN. After her death, 1

			Sessions in family home	younger (toddler) siblings  Parents present ('oversee')	creative time together with family members.  Siblings present because at home during 1 <sup>st</sup> session, in 2 <sup>nd</sup> session siblings deliberately included.	Noor) in both sessions. Importance of balance between structure and flexibility. MT takes less central position, offering musical equipment, structures and own musical self, to be appropriated by family. Also, possibility of direct contact (musical or verbal) with different family members.	session with family, duration NS.
<b>(Goicoechea &amp; Lahue, 2021)</b>	Article	Case studies	USA Hospital setting  Sessions online	Case: 2 brothers of deceased sister  Parents NP	Strengthening coping skills, increasing emotional expression and grief/ legacy support.	Facilitate verbal expression, therapeutic instrument instruction (MT teaches brothers guitar in virtual setting) in order to move towards legacy songwriting. Brothers alternate roles: one brother works with MT, another brother supportive role.	Multiple telehealth sessions, weekly, 1 hr
<b>(Griessmeier, 2005)</b>	Book chapter	Case study	Germany Palliative care setting  Sessions in MT room, isolation unit, outpatient clinic	Pedro (10yo, leukaemia), younger brother Carlos  Mother present in all sessions, brother and other family members in several sessions  3 group sessions (members NS); 22 individual sessions with P. 25 sessions with family members during 6 months before death	Brother's presence encouraged by MT to unite scattered family. Brother joins sessions when possible during last 6 months, cousin and various other family members join sessions.  Brother loves sessions because of being together with P in a normal way, without being constantly reminded of illness.	Sessions with brother in hospital: Dancing to P's music, listening to P and his favourite CD's, play along to CD's, singing and playing familiar songs with family members. Audio and videorecording the sessions important to the family. Last session at home with family unit, singing Christmas carols.	50 sessions in 2 years, varying frequency, duration NS.
<b>(Heiderscheit, 2022)</b>	Article	Feasibility and acceptability study	USA Hospital setting  Sessions in patient's room	10 hospital patients 6–13yo and their family (of which 5 families with siblings who engage in active music making)	Siblings engage in family directed active music making intervention for enjoyment, relaxation, management of stress, anxiety, nausea and discomfort, soothe patient, help patient sleep, provide distraction,	Instruments that require no training to play (reverie harp, egg shakers, buffalo drum, ocean drum) and have a pleasing and musical sound. MT videorecords instrumental music tracks that incorporate rhythm patterns and a variety of tempos played on various instruments. MT gives instructions on how to access and use videos and instruments. Participants' choice about when and how to use the instruments and make music, as well as who engages in making music.	2x/week: check in of MT. Materials available to patients 24h/day and remain in patient's room throughout inpatient stay (up to 60 days).



				At least one parent present	managing boredom and as a way of engaging with one another.	MT checks in and provides assistance when needed (harp tuning, check materials). MT talks with patient and family about if, and/or how they use instruments and video tracks and to collect journal forms.	
<b>(Hilliard, 2003)</b>	Article	Case studies	USA Palliative care setting  Sessions in family home	2 cases involving siblings of patients in paediatric palliative care  Parents present	Case S: facilitate family interactions and provide opportunities for positive interaction.  Case C: increase quality of life, provide positive family interactions, decrease anxiety, encourage each family member in the music-making process, create sense of normalcy.	Case S: live requested song singing with guitar accompaniment by MT, opportunity for siblings to write songs and sing them to patient, offer parents opportunity to see children smiling and having fun at challenging time.  Case C: structured activity led by MT. Sing-along with family, using patient's preferred music. During singing, MT gives each family member a musical instrument to play. MT incorporates each family member's name into song.	Case S: 2 months, weekly, duration NS  Case C: Number and duration NS, weekly
<b>(Horton, 2004)</b>	Newspaper article	NS	Scotland Recreative setting (pre-school play group)  Location NS	Children with special needs and their siblings  Parents sometimes present; Group session with other families  Case: Jamie (ASD), younger brother Nathan, and mother Louise	Use music for non-musical aims, e.g. help develop children's communication skills and self-expression, improving language and social skills. Siblings encouraged to come along because more beneficial to children with special needs.	Improvisation, songs with actions.	Several years Number, frequency and duration NS
<b>(Knott et al., 2022)</b>	Review	Synthesis of literature review, practice documents and survey	USA Hospital setting  Location sessions NS	Siblings of children with oncological and/or haematological conditions  Parents and treatment team members sometimes present	Adhere to PSS10: sibling support as a standard of care Engage family in music-making to encourage family cohesion and well-being and manage stress, bereavement care.	Music making, singing, create legacy projects (heartbeat recordings, personal songs), other strategies with siblings NS.	Provide sibling support through scheduled group sessions and involve siblings in patient-directed sessions.  Case: 2-3 sessions/ week, duration NS

				Case: 7yo John, mother, 2yo sister involved in music therapy, father NS	Case: when sister is present, included in sessions to encourage sibling engagement and promote support and belonging in care environment.		
(Lindenfelser et al., 2012)	Article	Mixed methods study	USA & Australia Paediatric palliative care (PCC) setting  Sessions in family home	14 families receiving home-based PPC for child  Parent present in family home during sessions Siblings choose whether and how they join the sessions	Explore benefits of music therapy beyond the patient to the family. Siblings most often actively engage in creating the positive experiences shared during music therapy.  No sibling specific aims, but parents stress importance of sibling inclusion (goals determined with parents, focus remains on palliative child).	Music making with instruments, singing, song writing, song lyric analysis, music listening, music and movement, guided music relaxation and imagery.  Outcome: music therapy fostered positive experiences, facilitated communication within some families, provided opportunities for expression, choice and control, helped gain better understanding of each other, facilitated feelings of connectedness and family inclusion.	5 weekly music therapy sessions, 45-60mins
(Lindenfelser, 2013)	Book chapter	Theoretical work and clinical examples	USA Paediatric palliative care setting  Sessions at hospital, home, hospice or school	Siblings and family members of children in paediatric palliative care	Provide space for and validate feelings/wishes/fears/joy s of siblings, play together with sick sibling and let siblings feel helpful.	Prepare the space, assessment in beginning of session. Live and recorded music listening, song analysis, music-guided imagery for relaxation, instrumental and vocal improvisation, storytelling and symbolic play, song singing and songwriting.  Cases: involving siblings in selecting recorded songs for sick sibling, engaging siblings in vocal/instrumental improvisation or storytelling to express emotions, songwriting, playing together with their sick siblings and exploring musical parameters (loud-silent, turn-taking).	NS.
(Lindenfelser, 2015)	Book chapter	Clinical work, case study	USA Palliative care setting  Sessions in family home	3yo David (medical condition, wheelchair), older brother Peter (P) and parents	Aim of mother: improve family bonds, provide opportunity for engagement and interaction between brothers, understand D's ability to tolerate and enjoy music.	Assessment of D's physical and developmental state and family's emotional state and update of previous week. Interventions: improvisation, re-creative and neurologic music therapy methods. Session 2: bag with instruments, songs, turn-taking, independent play and perform, play together (MT accompanies with voice and guitar), play with musical parameters (volume,	5 sessions over 7-week period, weekly if possible, duration 1hr.

				Mother present in all 5 sessions, father in last 2 P in last 4 sessions (request from MT; after 2 <sup>nd</sup> session, on P's request)	Because of MT and responses and actions of brothers, P more involved by parents in D's care and routines.	start-stop games), ending song 'if I were a butterfly' with movement. Session 3: instrument play (P chooses instrument for D), familiar songs, improvised songs on guitar (MT asks P questions about wishes and fears concerning D), reflection with mother after session. Session 4: P plays piano for D, Family sings and hums melody, instrument teaching (D instrument to enable him to play along if desired), MT and P piano improvisation, mother holds chimes for D. Session 5: P&D play together on autoharp, MT supports D; familiar songs with accompaniment of brothers on autoharp, song 'if I were a butterfly' (P assists mom to help D move body to the lyrics), reflection.	
<b>(Loombe, 2017)</b>	Article	Case study	UK Child Development Centre (CDC)  Sessions at CDC	Harry (4yo), baby sister and mother in 2 sessions, entire family (H, parents, older and younger brother, baby sister) in 'a few' sessions  Parents present	Support sibling relationship, support H in knowing how to respond to baby sister and how to communicate. Making siblings aware of each other, listen and take turns.	Structured sessions: hello and goodbye songs, space for free vocalizing or improvisation. H encouraged to be the expert: show siblings instruments and activities and include siblings in his sessions. Siblings enjoy sharing in positive play (using names, musical games, show songbook to siblings, turn-taking, choosing instruments for each other). Family and MT play as a 'band' together. Father asks for musical strategies to utilise at home, to encourage boys playing together.	Sept 2014 – Sept 2016. 2 assessment sessions, weekly music therapy sessions (30mins + review with parents).
<b>(Loth, 2017)</b>	Article	Case study	UK Community music therapy clinic  Sessions in clinic	Triplets (one, Emma, 2yo, has special needs) and mother  Mother present, father NP  7 sessions with all triplets, 1 only E and mother. Continuation only with mother and E (focus on relationship)	Aim of mother: have time alone with E during music therapy but also involve all 3 siblings to learn how to play together; mother herself learn how to deal with them and manage their behaviour better.	Structure: hello song and group musical activities accompanied by songs: playing on (percussion) instruments, focus on turn-taking. Structured sessions: simplified activities, clear boundaries in using instruments (letting siblings choose instrument for each other, learning to share), games to channel siblings' competitiveness (e.g. 'start-stop game'), children assign themselves to 'their' seat (physical containment by e.g. 'marching around the room and find your chair' activity), playing on large instruments to share rather than individual instruments.	8 sessions in 3 months (7 with siblings), duration NS
<b>(McIntyre, 2009)</b>	Article	Case studies	Australia Inpatient mental health service	2 cases with siblings  Parents present	Focus on interactions between all family members, on their ability to play together and	Rhythmic imitation and improvisation, playing popular songs in specific arrangement, free group improvisation, duet style improvisation on keyboard with MT, group play on hand drums	2-3 sessions during family's 1–2-week admission

			Sessions in inpatient unit	Case Escada: boy (10yo) with mental health issues, parents and 5 older siblings, 2 family sessions  Case Benjamin: boy (14yo) with severe depression, mother, sister (15yo) and brother (7yo), 1 session	participate in activities together, and identify key issues that are affecting the system.	(with MT changing rhythms and dynamics), recording improvisation on CD.  Case E: Group play on hand drums. Improvisations recorded on CD and given to family. Brother describes importance of music therapy session for family.  Case B: group play on hand drums, MT directs play. 1-on-1 improvisation with MT on piano. MT asks sister and mother to verbalise experience.	(Case B: 1 session), duration NS.
(Mitchell, 2017)	Article	Case study	UK Thomas's Fund charity  Sessions in family home	Case: Megan (2yo) with complex needs, 4 siblings (preschool age)  Mother present in most sessions. Initially sessions for M, siblings join in in home context during school holidays	Occasionally siblings are encouraged to attend sessions with pre-school aged children.  Case: sibling presence as compromise in home setting, MT focuses on what M gains from positive interaction with her family.	Structured sessions to enable M and each sibling to be heard. Elder sibling gives MT M's preferred songs, all siblings like to form a 'band'. When older age: turn-taking, choosing instruments, help M by supporting her with instruments and allowing space for her.	Assessment + 10 weekly sessions + rereferral for ongoing sessions until present, duration NS.
(Nall & Everitt, 2005)	Book chapter	Clinical work	UK Hospice setting  Sessions in family home	Case 1: Ollie (almost 2yo), brother Edward (age NS), mother NP (respite)  Case 2: Jessica (11yo) and two younger sisters (Hollie and Annie)	Case 1: improve quality of sibling relationship and address sibling rivalry, encourage turn-taking and sharing, special time for brothers to play and be together as equals.  Case 2: (pre)bereavement support.	Case 1: vocalising, children's songs and musical games with opportunity to play solo, letting brothers choose instruments and activities for one another, dancing, explore instruments.  Case 2: take turns playing and listening, singing and playing favourite songs, playlist making, songwriting for deceased sister.	Case 1: 34 sessions with brother over period of 61 weeks, duration NS.  Case 2: 2 sessions with H and A (J respite care). After J's death, joint sessions with H and A at school, duration NS.
(Noyes et al., 2023)	Article	Case report	USA Palliative care setting	12yo brother of Riordan (10yo) in palliative care	Support strengths and love within family, help brothers find new ways of connecting by 'doing', give opportunities for	Express experiences through supported music expression, rhythmic interventions, song singing, sharing, and song writing to express what they need individually while the other members and MT hold the space.	Number and duration NS, initially fortnightly then weekly sessions during final months.

			Location sessions NS	Entire family unit present in all sessions	meaningful contribution, connection and memory making, enable expression of experiences.		
<b>(Oldfield, 2008)</b>	Book chapter	Clinical work	UK Outpatient Child Development Centre  Sessions in CDC	Pre-school aged children and parents in sessions, younger siblings and grandparents welcome (sessions during day, often no older siblings present in sessions)  Case: Nick (3yo, developmental delay, ASD), Jenny (2yo) and mother present, father NP. J on 'special outing' with father once per month to let N and mother work alone with MT	Aim case discussed by MT and mother: focus in process remains on N. Sibling specific goals: provide opportunities for N and J to have fun together and with mother. Music as a means to an end. J initially included in MT because no childcare available during session with N.	Clear and predictable (flexible) structure in sessions with room for siblings' choices and spontaneity, review with mothers after every session Case: hello and goodbye songs, singing familiar songs, explore instruments, siblings play together, J being asked to help out N. Middle sessions: encourage N to keep playing, MT or mother support J in playing, musical games with N in control. Often N interested through J's involvement in playing, siblings attuned to each other's mood states. End sessions: imitation, communicating through music exchanges (expected by N), J not only supporting N's playing but active participant. Focus on turn-taking, with MT working with one sibling and mother with other.	Case: 17 months, frequency and duration NS  Sessions end when Nick goes to school full-time, receives individual music therapy there.
<b>(Pasiali, 2017)</b>	Book chapter	Theoretical and clinical work and case vignettes	USA Community action agency  Case sessions in family home	Case: Henry (5yo, behaviour issues), 2 siblings (9yo and 12yo), mother, father  1 session: everyone, 5 sessions: mother and/or father, Henry and siblings, 3 sessions: only Henry and father	Case: help family understand H's needs and gain insight in how to improve family's interpersonal communication, referred to music therapy because of H's behaviour problems and sibling rivalry.  Playing music gives H the opportunity to interact with his brother.	(Un)structured and thematic improvisations with or without keyboard supportive playing, musical performance (ensemble pieces), movement (with musical instruments and props), singing or humming songs while patients play instruments, song discussion (selected by MT or family), songwriting (original or pre-existing melodies), jamming (with or without song requests), music-assisted relaxation. Parent consultations during sessions or by email.  Case: Jamming as opening ritual (color-coding, song charts), performing pre-composed arrangements with MT conducting, improvisation (MT models for brothers, brothers imitate MT), movement experiences targeting body awareness, sensory integration and regulation using props, experimenting with rhythmic chants, relaxation exercises as ending routine with short reflection (complete statements that promote intimacy).	Case: 9 sessions (of which 6 with siblings), frequency and duration NS.

<b>(Steinhardt et al., 2021)</b>	Article	Qualitative and explorative pilot study	Norway Paediatric palliative care setting	10 families with children (0-16yo) admitted in hospital-at-home	MT and family define treatment goals together with multidisciplinary team.	First session: assessment, establish relationship. Expressive and receptive methods including songwriting, instrument training, improvisation, verbal processing, music listening, guided relaxation and imagery, singing familiar and preferred songs, making playlists, dancing on recorded music. Participate using guitar, drums, songs or dancing.	Max. 5 session, 1-2 sessions/ week, 45min
			Sessions in hospital-at-home	Focus on palliative child, siblings and other family members encouraged to participate in sessions	No sibling specific aim, but parents stress importance of sibling inclusion.	Outcome: MT serves as a bridge to normality and having fun, provides a safe and stimulating platform for patients to interact with their healthy siblings, offers feeling of connectedness.	
				Sometimes nurse present in sessions			
<b>(Tuomi, 2005)</b>	Conference proceeding	Clinical model and case study	Finland Foster care institution	Children (1month-8yo) from foster and adopt families	Support child and family at point of re-placing, transfer institutional knowledge to family and support family interaction by functional means with help of music and arts. Parents stress importance of sibling inclusion.	Singing, playing with instruments and toys, music listening, working with pictures, drama, moving and dancing, discussion.	2-13 sessions in model, mainly with child and primary caregiver, weekly.
			Sessions on ward + in music therapy room	Case Thomas (14months): individual music therapy followed by couple music therapy and 3 sessions with entire foster family (mother, father, 10yo boy, 8yo boy, 5yo girl)	Case: pay attention to the family as a whole but also to everyone as an individual and important part of the family, 'doing something together'.	Case: discussions with foster mother important: discuss reactions of other children but focus on T and his development. Family sessions include working with different roles inside family (both existing roles and changes T brought into system); roles are reflected by picture making, improvisational playing, recording and listening, contact making-plays and discussions. MT interprets family improvisations.	Case: 3 sessions with family at beginning, middle and end of the couple process, 45min.
						Outcome MT: decreased jealousy of siblings.	
<b>(Woodward, 2004)</b>	Article	Clinical examples	UK Resources for Autism charity	Case 3: 5yo boy with Asperger's Syndrome and 3yo brother referred by mother	Case aim: diminish sibling rivalry, support mother in ability to parent children.	Case: musical games (NS). MT encourages reflection between siblings about session events. MT and mother review sessions over the phone. In later sessions, MT and mother take less active role.	Case: 4 months, ongoing at time of writing Frequency and duration NS.
			Location sessions NS	Mother present			

**Table 3:** Data analysis of included records (NS= not specified; NP= not present; MT= music therapist; names are abbreviated to initials after first use)

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## Ελληνική περίληψη | Greek abstract

## Συμπερίληψη αδελφών στη μουσικοθεραπεία: Μια ανασκόπηση πεδίου

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### ΠΕΡΙΛΗΨΗ

Η παρούσα ανασκόπηση πεδίου εξετάζει την τρέχουσα έρευνα και την κλινική πρακτική σχετικά με την ένταξη των αδελφών στη μουσικοθεραπεία, διερευνώντας τον τρόπο περιγραφής της συμμετοχής τους, τα πλαίσια εφαρμογής και τους αντίστοιχους στόχους. Οι σχέσεις μεταξύ αδελφών είναι ουσιαστικές για την ψυχοκοινωνική ανάπτυξη κατά την παιδική ηλικία και την εφηβεία, ωστόσο η συμμετοχή τους στη μουσικοθεραπεία παραμένει ανεπαρκώς διερευνημένη σε σύγκριση με τις δυναμικές γονέα-παιδιού. Αυτή η ανασκόπηση συμπεριέλαβε μουσικοθεραπευτικά μοντέλα, προγράμματα ή παρεμβάσεις που καταγράφονται στη βιβλιογραφία και εντάσσουν αδέλφια μικρότερης ηλικίας σε συνεδρίες ή διαδικασίες μουσικοθεραπείας, αποκλείοντας καταγραφές που επικεντρώνονται αποκλειστικά στις δυναμικές γονέα-παιδιού. Πραγματοποιήθηκε εκτενής αναζήτηση το 2024 σε ηλεκτρονικές βάσεις δεδομένων (Scopus, MEDLINE/PubMed, PsycArticles, Web of Science, Embase, ProQuest) και σε τρία περιοδικά (Journal of Music Therapy, Nordic Journal of Music Therapy, British Journal of Music Therapy). Οι λέξεις-κλειδιά περιλάμβαναν «Αδέλφια», «Αδελφός», «Αδελφή», «Οικογένεια» και «Μουσικοθεραπεία». Είκοσι οκτώ αρχεία πληρούσαν τα κριτήρια ένταξης. Η ένταξη αδελφών εμφανιζόταν συχνότερα σε ιατρικά και παρηγορικά πλαίσια, με στόχο την ενίσχυση των σχέσεων μεταξύ αδελφών, τη συνοχή της οικογένειας και την προαγωγή δεξιοτήτων αντιμετώπισης. Οι στρατηγικές παρέμβασης περιλάμβαναν σύνθεση τραγουδιών, αυτοσχεδιασμό, δομημένες ομαδικές δραστηριότητες και έργα κληρονομιάς. Οι συνεδρίες διέφεραν ως προς τη συχνότητα και τη διάρκειά τους, με τα πλαίσια εφαρμογής να κυμαίνονται από οικογενειακά σπίτια έως νοσοκομεία. Παρότι τα ποιοτικά δεδομένα ήταν πλούσια, τα ποσοτικά στοιχεία ήταν περιορισμένα. Τα ευρήματα ανέδειξαν τη δυνατότητα της μουσικοθεραπείας να ενισχύει τις σχέσεις μεταξύ αδελφών, να μειώνει τον ανταγωνισμό, να διευκολύνει τις δεξιότητες αντιμετώπισης και την έκφραση συναισθημάτων και να ενισχύει τη συνοχή της οικογένειας. Ωστόσο, η συμμετοχή των αδελφών συχνά συνέβαινε περιστασιακά. Εντοπίστηκαν τέσσερα κενά: (i) προσεγγίσεις με εστίαση στην οικογένεια έναντι προσεγγίσεων ειδικά για αδέλφια· (ii) απόκλιση μεταξύ έρευνας και πρακτικής· (iii) επιρροές του εκάστοτε πλαισίου· (iv) μεταβαλλόμενες οπτικές. Η αντιμετώπιση αυτών των κενών απαιτεί την προτεραιοποίηση των αδελφών ως ενεργών συμμετεχόντων και την ανάπτυξη σκόπιμων, δομημένων προσεγγίσεων, υποστηριζόμενων από ερευνητικά δεδομένα.

### ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, αδέλφια, αδελφός, αδελφή, οικογένεια