

Attachment 4

Sub-domain 1.1 in MARA helps to assess body parts. Trailing the scores and comments of the participants shows that the way of breathing to support movement was considered as the most difficult item for MTs within this sub-domain (Outcomes Framework: 1.1.1). "Ability to access, activate and control breath to support movement, including depth, rate and shape of breath.", is the definition used by Dunphy and Mullane [38] (p. 3). Breathing influences health to numerous extents. When combined with music the tempi of in- and exhaling can be assisted, to deepen the connection to oneself and relate better to others or invest it into active music making [9]. The meaning of movement and bodily rhythms delivered to a trained eye, can pass on information about physiology, corporeal and socially provoked actions [16].

Creativity (domain 2) is usually part of every CAT. The media used in CATs offers the chance to provoke aesthetic enrichment, not meaning that it needs to be evoked in every session and with every client (2.1.2). The video clips did not deliver enough information about the "Cultural appreciation and belonging" (2.2) [43] (p. 5). Therefore, the following questions arose for the first author: What would the video clips need to depict for the raters to get an understanding of the cultural domain? Why could this item be connected to certain population groups? In what ways can music and movement help to understand the cultural belonging? These questions would have to be considered when video sequences for a standardized testing were chosen and demonstrated in trainings to people across continents and cultures.

Identifying one's own feelings (3.1.1) was considered as relevant by all participants. However, this is difficult to be seen in the video excerpts, because the clients were hardly verbal, and the clips were short. To rate this, one would first have to define, how feelings can be seen with the individual clients in behavior, and how big the impact on being verbal is on the rating. When the therapists were trained in picking up nonverbal cues, they managed to increase the working alliance as well [55]. Roter et al. [98] (p. 28) described: "[...] [T]he emotional context of care is especially related to nonverbal communication and that emotion-related communication skills, including sending and receiving nonverbal messages and emotional self-awareness, are critical elements of high-quality care." Sub-domain 3.2 concerning "emotional regulation" [42] (p. 6) was considered as difficult to observe by the participants, due to the given clips or the two clients that were shown in them. Furthermore, the question of how long and well a therapist needs to know the client for to judge these items was raised. Additionally, one therapist stated that item 3.2.3 might be easy to score for therapists with a psychoanalytic background and approach. However, MARA is not following one specific therapy school, but a holistic approach [39].

Sub-domain 4.1 could have been considered as mainly 'not too difficult' to judge, because these objectives can be observed within many (short) activities. Additionally, no typical wording for DMT was used in this sub-domain. Items "4.2.2 Recall of movement sequences" and "4.2.3 Recall of themes or activities from previous session/s" [42] (p. 7) would be beneficial for MT, when the wording was slightly changed to: recall of melodic or rhythmic material as well as lyrics (4.2.2). Through the use of music or movement "4.2.4 Meaningful evocation and exploration of life memories" [42] (p. 7) can be provoked, without having to use words [118].

When becoming a therapist, people have to learn about themselves and explore techniques on themselves to understand how a client might perceive the offerings in therapy [88]. This way, they are practicing focusing on own feelings and the ones they might feel in a countertransference [97]. It is beneficial to think about what is considered a socially acceptable or appropriate response to emotions from others, or cross-culturally like in the study by Sauter et al. [100]. The item about proximity to others could lead to the discussion whether touch in therapy is beneficial or in what moments it should not be used [66]. Also, for item 5.1.8 reflections of personal boundaries as well as guidelines and standards of the different countries and associations are indicated. The proximity a client might experience as positive and enriching could be connected to the attachment style of the client (Waters et al., 2002 [127]), the personality, the culture, and the way the therapist relates to and offers proximity. Koch & Rautner [72] demonstrated that the embodied rhythms used in a hug are nonverbal signals of when to let go of one another, these rhythms could be used thought- and purposefully by a trained therapist. Looking at "5.2 Communication" [42], participants' feedback pointed to the meaning and use of 'appropriate' and its 'value-laden' perception along with the difficulty to rate item 5.2.3 with nonverbal clients. Since the Outcomes Framework was developed in a context with people with disabilities, the emphasis is put on appropriateness, which changes from one moment to another and depends on the people sharing and co-creating the moment. One consideration could be to exchange the word 'appropriate' to 'demonstrated', so it would be more on the observable level and not including any meaning in particular. One possibility could be to use symbols or flashcards verbally limited clients could touch or point to, to reflect on their process, for example a smiley or a monster card showing an emotion. Trevarthen & Malloch [118] and Birnbaum [15] showed that clients with disabilities managed to touch a level of communication through MT, that initially seemed impossible to reach, through the creation of an intimate relationship and the inviting character of music to offer personal impulses and feelings.

Interpretation and verbal expression were considered as inevitable for items 6.1.2 to 6.1.6. Therefore, a glimpse into what is needed to express oneself could be helpful as described by Kim & Ko [69]. There are requests to include spiritually transcendent offers in the pragmatic and phenomenological approach of psychotherapy 81 [99], which could feed into grasping item 6.1.2. Item 6.1.4 challenged one participant with its wording. However, feeling united with others through music or a stimulus could be looked at through the way the client connects with others.