
Disability Studies Perspectives on Music Therapy and Autism Spectrum Disorders. Reviewing Approach and Outcomes

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ABSTRACT: *Music therapy has acquired over the years a gradual process of medicalization generated by the need to provide evidence-based results in the treatment and rehabilitation of Autism Spectrum Disorders. Otherwise, the goal of music as therapy should not be to propose music as a kind of remedy or cure, but to promote relationships between individuals, to acquire a collective awareness thanks to the communicative potential of music. Modern approaches can rely on Disability Studies as a ground to move in this direction, in a humanistic perspective, centering on culture, orienting on resources rather than defects and discussing the roles of power in the therapeutic relationship.*

KEYWORDS: *disability studies, music therapy, autism spectrum disorders*

Introduction

One of the first methods of music therapy (MT) for autistic children was introduced by the British composer Juliette Alvin (1897-1982) who developed new communication strategies using music improvisation. She founded the modern *British Society for Music Therapy*, based on educational models of teaching music from a humanistic perspective. Her success attracted the Argentinian musician and psychiatrist R. Omar Benenson who is considered the father of modern music therapy, by the controversial meaning of therapy, music and non-verbal communication. Benenson strictly analyzes the process of making music from the autistic way, enlarging perspectives on *Sound Identity* (ISO) from a Freudian point of view. In this period, the attention moved from the musical aspect of MT to a more analytical view based on the relationship between patient and its objects in the setting, represented by musical instruments, and therapist (Manarolo, 2006).

The medical perspective in MT as an evidence-based practice was improving research related to the Autism Spectrum Disorders until nowadays (Geretsegger et al., 2012) and trying to express the general want in reducing symptoms, to validate the efficacy on the pathology. In

terms of normalizing autistic children to the common framework of social competences and relationships, this can be considered a fail for MT.

What we do with music therapy is very similar to the synchronicity of mother-newborn: we adapt our musical expression to incoming to the children, who's playing naturally, without any instruction nor influence. Nevertheless, every external influence is considered as tainted expressions of inner musical arts from every child; for this reason, main goals in MT are to give the chance to express the innate self-interpretation of the world, through sounds, movements, rhythm, and music. Generally, it is recommended to use simple musical percussion instruments, often loaned by ethno-anthropological framework where each sound is enriching the concert, to give new rhythms, colors and shapes that inspire the musicians. We understand why autistic people are so interested in music therapy: it's about giving the opportunity to explore, to touch and to feel a lot of sound materials, it represents a sensorial attraction (De Backer, 2009).

Despite all this positive feedback given by therapists, clients and families, there's no clinical evidence of positive results for MT, why? Maybe the question is about: what are we looking to? In the words of Straus (2011) «if we want to impose ourselves as health care providers, in the case of autism we have failed in advance, if our goals are enhanced self-expression, knowledge, and pleasure through mutual music-making, we are offering some of the greatest possible value».

We can use MT not only for Autism Spectrum Conditions (ASCs) users, I hope it can be useful for all those who want to enrich their communication and self-expression or self-liberation as a long-life learning approach. One of the main ways in using music therapy is the improvisational-creative technique, that means active playing, both expressive and self-determination related by accepting every diverse musical form. The music therapists know very well the importance of the interpretation of the error in improvisations, because it represents the way we would like music to be, that is free from any structured imposition.

Nowadays, the intent is often confused with the hope of reducing symptoms or undesirable behavior, especially with people with ASCs.

1. Music in Therapy and Music as Therapy

Fields of application in MT are very large and differentiated: from pregnant courses, to educational and rehabilitative centres for children of every age and teen-agers, from support, care and treatment of the psychosomatic area or psychiatric pathologies, including dementia, elderly disease, palliative cares, pain control, diverse neurological disease and/or ending life cares. In this sense it has been difficult to find a unique and validated grounded theory for Music Therapy.

Since Alvin and Benenzon put the pillars of MT in the occidental world countries, outcomes and approaches has been developed following some different routes, we can distinguish two macro areas in which to classify the reference models: those in which music is used *in* therapy, generally oriented to the medical model, with the psychiatric support and the diagnostic purpose to cause regressive and cathartic effects, and those in which music is used *as* therapy.

Behavioral MT (Bunt, 2003) is often associated with the possibility of successful approaches for autistic children, the goals are aimed at reducing unexpected behavior and/or modifying non-musical behavior with a hierarchical relationship therapist-client. Some other approaches have been supported by pedagogical theories based on musical education for children, for example the Orff-Schulwerk method, largely applied to increase learning functions as a reinforcement for non-musical behaviour. In *Creative Music Therapy* by Paul Nordoff and Clive Robbins (2005) the therapists are trying to understand non-verbal communication from clients and using improvisation to match and reflect, prompt musical production, develop musical and expressive skills; Nordoff and Robbins used music as a universal language, proposing to open new worlds for disabled people, break their isolation, and provide tools for sharing experience.

Another example is the 'Analytical model' from Mary Priestley (Eschen, 2002). In her interpretation, music is an intervention centered on psychological aims: music is used in order to dialogue with therapists aimed to change; there's a strong dimension of roles between therapist and patient. Helen Bonny (1989) is one of the pioneers of 'Guided Imagery and Music (GIM): it's a receptive model of MT regarding exploration of inner emotions, intent, personality, spiritual areas, by using different theoretical approaches. In this method, music is used to induce affective responses by a mediated-intervention focused on the evocative potential of imagination. In most cases classical music extracts are proposed and the therapeutic intervention is conducted verbally by the therapist.

The need to find a well-founded theory on which to base one's own research and clinical study methods has already been posed by Benenzon (2005), who warned of the danger of overusing terms from the pedagogical or psychological field, or even from the medical field, emphasizing the need to create the basis for a science and a discipline in its own right. In recent years the profession has developed around the world and not all countries have been able to accommodate this need, there are still very different and very conflicting positions on the clinical use of MT; this affects also the training system of professionals. To give some examples, two different currents of thought have been generated, in which music is used to support, assist and implement the treatments already in place, or a discipline with its own body of knowledge that makes it effectively independent from other types of treatment.

Even the international panorama of associations of music therapy pose the same question: on the one hand, the *American Music Therapy Association* (2005) proposes the following definition:

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. MT interventions can address a variety of healthcare and educational goals: promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, promote physical rehabilitation, and more.

This definition is evidently supported by the medical model, remarked by the need to rely on evidence-based practice; furthermore, the relational goals are only reduced to a therapeutic relationship. This definition has been criticized by Disability Studies (Straus, 2013) because it places MT in the health care services. On the other hand, *World Federation of Music Therapy* (2011) is providing a definition that try to synthesize the varieties of uses of the discipline, remarking and underlining its social and community importance in the world according to the specific countries, from a legal and normative point of view:

MT is the professional use of music and its elements as an intervention in medical, educational, and everyday environments with individuals, groups, families, or communities who seek to optimize their quality of life and improve their physical, social, communicative, emotional, intellectual, and spiritual health and wellbeing. Research, practice, education, and clinical training in music therapy are based on professional standards according to cultural, social, and political contexts (WFMT, 2011)

It seems important to us to recall also the 1996 definition by the same authors (WFMT) from which a profound reform of thinking is evident¹:

Music Therapy is the use of music and/or its musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with a client or group, in a process designed to facilitate and promote communication, relationships, learning, mobilisation, expression, organisation and other relevant therapeutic objectives in order to meet physical, emotional, mental, social and cognitive needs. Music Therapy aims to develop potentials and/or restore functions of the individual so that he or she can achieve better intra and/or interpersonal integration and, consequently, a better quality of life, through prevention, rehabilitation or treatment.

If we look at these two definitions, we can see a shift in focus from the individual need to the group, the family and the community. The focus is shifted from the individual to its context also in relation to the goals, which were previously cognitive, physical and mental while today are environmental. The context is no longer only medical, clinical and/or

¹ The WFMT Council decided to update the definition of Music Therapy to reflect contemporary goals in a worldwide perspective.

educational: the focus has shifted to the context of everyday life and, finally, the use is no longer by a 'qualified professional' but is «a professional use of music».

Disability Studies Perspectives on Music Therapy

Joseph Straus (2011) one of the interpreters of disability studies in MT proposed the following definition of MT: «is a normalizing enterprise, bound up with the medicalization and attempted remediation of disability» (158). The idea of MT as an 'normalizing enterprise' is accorded to the severe criticism of the medical model of disability, that focuses on individual efforts while leaving out a collective responsibility to the enabling and disabling processes. Cameron (2014) point out that music therapy as a profession arises from the medical business of disability, generated by the demand of medicalisation followed by the industrialization process:

From a disability studies perspective, the keenness of music therapists for acceptance, recognition and respect from the medical profession and its spin offs is intensely problematic. Taking on the trappings of pseudo-medical academic practice in terms of, for example, the development of positivist research, involves the entrenchment and stabilisation of already formidable disabling barriers. It imposes a medical model view, and further objectifies disabled people at the expense of buttressing the profession's status. (5)

Disability studies refer to the social model according to which impairments effects are perceived by others and, consequently, are experienced by disabled people shaped by the interaction of biological and social factors (Cameron, 2014).

The need to find an alternative theoretical and research model to the medical one is the most important challenge for MT in the last 20 years. Pavlicevic (2004) already identified a new direction during her experiences at *Thembaletu* NGO for HIV/AIDS orphans in South Africa; for the author music therapy needed re-visiting conventional norms, theory and intentions. MT practice need constant re-thinking and re-assessing conventional values, also in defining the roles between client and therapist, and spaces 'inside and outside' of the therapeutic setting. In the word of the author (Pavlicevic, 2004):

Traditional music therapy practice has [...] managed to ignore the socio-cultural territories surrounding the music therapy sessions and [...] kept these outside music therapy practice. Inside the existing and received canon of music therapy theory and techniques, a culturally neutral stance has preserved a comfortable seal between inside and outside. Within neutral practice, clients are invited to enter the therapeutic space (which is private and confidential) within which the client and therapist enter into a therapeutic relationship. Surrounding this entry are a

complex set of social conventions [...] Once these conventions are more or less in place, there is «the music therapy session» in which the roles of client and therapist are activated. The 'session' is followed by another set of conventions, this time to do with reporting, evaluating, assessing, reflecting, and theorizing about the session. In this model, music therapy skills are equally neutral [...] (35)

It is interesting to underline that reflections about re-thinking MT practices are coming up from a medical operating system, in a post-colonial context where even local traditional healings are ostracized. A socio-cultural orientation of MT has been discussed from a variety of perspectives in a variety of contexts, rarely are explicit references made to disability or autistic conditions, generally preferring to talk about community, context, musical health (Aigen, 2002; Ansdell, 2001; Bunt, Pavlicevic, 2002; Lee, 1992; Pavlicevic, 1997; Ruud, 1998; Stige and Aarø, 2012). These orientations marked a new era for music therapy, more focused on music-making processes by considering culture as a resource for action and an integral element in human action, more than a stimulus influencing human behavior. Randi Rolvsjord (2004) discusses the concept of empowerment related to a more resource-oriented approach of MT. Empowerment as a politically loaded concept referring to power relationships, involves a distribution of power that does not imply the oppression or powerlessness of other individuals and groups arguing with feminist theory in redefining traditional notion of power, class, race, gender, sexual orientation, socioeconomic status, including the relational triad involving client, therapist and music. Therapeutic effort within a philosophy of empowerment implies focus on the client's resources and potential rather than on their weakness or pathology (Rolvsjord, 2004) thus, it involves recognition and acknowledgement of resources as well as development and learning of skills and competencies which will promote self-determination and participation.

Stige (2015) proposes the use of the term *Culture-Centered Music Therapy* to describe a broad tradition within the discipline that highlights participation, action and transactional development through music, as Stige (2002) describe:

Culture is what happens when people spend time together; they act and they interact, they produce artifacts and they use artifacts, and they do this as they make rules and break rules, if only to make new rules. Culture then is shaping people and shaped by people, in conscious and nonconscious ways (38)

Role of cultural relativism is central in some modern views of MT with Autism Spectrum Disorders, the vision expressed by Joseph Straus (Davis, 2013) of 'Autism as culture' can be associated with the role of music therapy in the transformation of social relations, with the requirement for music therapy educators and practitioners to develop a critical consciousness within emerging social contexts.

Michael Bakan (2014) is professor of ethnomusicology at the Florida State University, in 2005 recruited an interdisciplinary team of research collaborators working with the 'Social Communication, Emotional Regulation, and Transactional Support' (SCERTS) model for autism assessment (Prizant et al., 2006) for a both ethnographic and statistical analysis of a child-directed musical/social leads activity: *Exploratory World Music Playground* (E-WoMP), an improvisatory environment specially designed for children with ASCs with their parents or other caregivers as active music players in the group. Positive results of this approach pull toward the author to launch a new ensemble, but the intent was moving away from «converting this musical, playful, spontaneous enterprise» into something that, in Bakan's words (Bakan, Aigen, 2020) «would yield outcomes suited to publications in scientific journals, to securing grants from scientific research-funding organisations». The *A.r.t.i.s.m. Music Project*, the acronym of *Autism: Responding Together In Sound and Movement*, is an intergenerational, intercultural, intermusical and neurodiverse creative music performance collective involving four to five children with ASCs, their co-participating parents, and professional musicians from diverse musical backgrounds performing improvisation-driven music together. Most of the instruments are modeled on drums and percussion instruments originating in Africa, America, Native instruments and other regions of the world, with also guitar, bass, steelpan, flute, clarinet, zheng zither and Aboriginal Australian didgeridoo. Participants reflect both this multicultural diversity with performers and improvisers from China, Peru, Trinidad, Bolivia, North America, students involved in the programme, University Professors and jazz performers.

Ethnomusicology offers powerful tools to understand autism as a way of being in the world, therapeutic goals would not measure nor provide interventions for autistic kids, but rather cultivate places and facilitate outlets for their own agency, on their own terms. Therapy, in this manifestation, would be achieved through the embrace of autistic ways of being. This approach offers to the discipline of music therapy a valid alternative to the grand narrative provided by the medical model; rather, it refers to the social model of disability considering personal resources arising from the dynamic interaction of self and society. Music, as temporal action, can occur concurrently with other activities and behaviors; in Even Ruud (1998) definition «to increase a person's possibilities for action, would mean not only to empower her but also to alleviate some of the material or psychological forces that keep her in a disabled role» (51-2).

Conclusion

The definition of 'health musicking' seems to be the latest milestone in the efforts of scholars and practitioners to move closer to the social model. The following outcomes provided by Stige and Aarø (2012)

Participatory, Resource-oriented, Ecological, Performative, Activist, Reflective, and Ethics-driven (PREPARE) reflects the intention of seeking an alternative to the medical model and provide a new line of research that is certainly more sustainable, especially for people with an autistic condition. Disability studies are offering a code for practice and research, different from that which were used by able-bodied scholars, detaching from using terms and methods properly from a deficit model perspective and looking forward to an approach that is radically democratic. Implications include the use of ethnography and participatory action research, emphasizes the social and political dimensions of music (Metell, 2014) and compel a neurotypical-dominated audience to see and appreciate the essential humanity and sociality of autistic people.

In MT research, as well as in MT practice, the question that moves our action should be: who benefits from the practice? Who is the subject of the research? Gradually the focus has shifted from a therapy *in* context to a therapy *for* the context, or better, a therapy *with* the context. In this view, maybe we can make our acts relevant to improve material circumstances and quality of life.

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