

CREATING INTERNAL STRUCTURE IN THE CLIENT-CENTERED MUSIC  
THERAPY ENVIRONMENT: THE PLAY EXPERIENCES OF A NINE-YEAR-OLD  
BOY WITH AUTISM

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A THESIS

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TEXAS WOMAN'S UNIVERSITY

COLLEGE OF ARTS AND SCIENCES

BY

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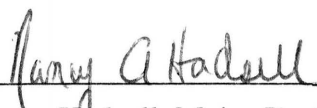
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To the Dean of the Graduate Studies and Research:

I am submitting herewith a thesis written by Kamile O'Donnell entitled "Creating Internal Structure in the Client-Centered Music Therapy Environment: The Play Experiences of a Nine-Year-Old Boy With Autism." I have examined this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Arts, with a major in Music Therapy.

  
Nancy Hadsell, Major Professor

We have read this thesis and recommend its acceptance:





Accepted

  
Dean of the Graduate Studies and Research



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# Creating Internal Structure in the Client-Centered Music Therapy Environment: The Play Experiences of a Nine-Year-Old Boy With Autism

by

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## Abstract

The purpose of this study was to explore the play experiences of Joseph, a nine-year-old boy with autism, both within client-centered music therapy sessions and in the natural play environment. I hoped to discover the meaning of Joseph's self-directed behaviors and to look at parallels between his behaviors both in the natural play environment and in the client-centered music therapy setting. I collected data from client-centered music therapy sessions, interviews with his regular education and resource teachers, and observations of natural play. I analyzed verbatim session and interview transcripts, session videotapes, and my process notes from each experience. Joseph's play behaviors included singing, dancing, running, fighting, hiding, and laughing. Similar themes between the two environments did emerge, grounded in the data from both settings. Joseph began the process of creating his own internal structure in music therapy through self-directed behaviors such as musical play, verbalizations, and non-musical play. A theory emerged, represented by a model, describing how Joseph created internal structure in the music therapy setting.

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## CHAPTER ONE

### Introduction

This study is about Joseph, a boy who appeared to need a guide in a confusing world. Kamile, a researcher, attempted to be the kind of guide this boy wanted and needed. Through a client-centered music therapy process in which these two people shared precious moments, they brought the outside world into their music therapy room to conquer it together.

### Joseph

At the time of the study Joseph (a pseudonym) was nine years old. He had been diagnosed with the pervasive developmental disorder known as autism. Months before I knew of Joseph's special needs, I met him accidentally in his elementary classroom. I was observing the teaching techniques of a third grade classroom teacher. After a spelling test, when all the students were standing up to turn in their tests, a boy ran up to me and whispered, "How do you spell 'invite'?" Surprised that someone in third grade would come up to an outsider and try to get an answer on a test, I said, "I can't tell you the answer. Do the best you can." He ran over to the teacher assistant and asked the same question. She helped him sound it out and then spelled it for him. I was curious but decided that some other extenuating circumstances must be present. Little did I know that a few months later, I would really get to know this boy and those extenuating circumstances first hand.



During our eight weeks together, I found Joseph to be curious, creative, fun, intuitive, and unpredictable. His willingness to verbalize freely with me was refreshing. One teacher said that he did not talk very much, so I had expected a quiet person. Quiet, however, he was not. He was curious about music therapy, about me, about the instruments, and about school events. He liked to sing, dance, run, fight, hide, and laugh. We traveled to wrestling matches, to his elementary music class, to his elementary classroom, and to the playground, all within the confines of the music therapy session room. I also found him to be stubborn, sad, and defiant. His teachers explained that Joseph could sometimes act aggressively. However, I only saw mild aggression in his play when he was pretending to be a wrestler. We established a cordial relationship outside of music therapy. Joseph sometimes giggled when he saw me in the hall at school. I noticed that he watched me carefully as I carried my lunch tray to the teacher's lounge. I then created the opportunity to observe him in his natural play environment. During these observations, I began to take a bit of ownership and became protective of Joseph's interests. Once the music therapy sessions were completed, we saw each other only once. I was driving out of the parking lot, and he was walking to his car with his father. He stopped, looked at me, and waved good-bye.

### The Researcher

During the time of this study, I was a music therapy intern working at an elementary school in a public school district in Texas. My background in public schools included teaching middle school music, as well as participating in music therapy practicum experiences in a public school during my music therapy training.

After resigning my position as a teacher to go back to graduate school full time, my quests as a music therapy student were to answer the question, “Why is music essential for children in public school?”, and then to return to the educational setting and communicate that answer to other music educators. That is how I started. Little did I know that I would gain such a deep understanding for how music affected me or that I could play such an integral role as a music therapist in guiding people to experience these effects. It was during my internship that I came to the realization that I was good enough to join the profession. Also, I met Joseph, and experienced music therapy in a way I will always remember.

### The Study

This study investigated a phenomenological experience with a nine-year-boy with autism by collecting data from client-centered music therapy sessions, from interviews with teachers, and observations of play outside of the music therapy experience. To keep his identity confidential, the student who participated in this study is called Joseph. Other participants included Joseph’s regular education teacher and his resource teacher, whose participation was limited to interview responses.

The process of data collection was adapted from Forinash's (1990) three-step method which involved analyzing verbatim transcripts, videotapes, and taking personal process notes from each experience. When analyzing the data, I had these questions in mind:

1. What are the play experiences of a nine-year-old boy with autism, both in the client-centered music therapy setting and in natural play environments?
2. What, if any, are the parallels between his play in natural play environments and in the client-centered music therapy setting?
3. How does a child with autism create structure in the client-centered music therapy environment?

## CHAPTER TWO

### Review of Literature

To gain a deeper understanding of the process before me, to narrow its focus, and to develop a purpose for the study, I chose to investigate these topics within the literature: (a) Music therapy in the public schools, (b) Play and children with autism, (c) Musical play and children with autism, (d) The client-centered approach, and (e) The client-centered approach in music therapy. Then I researched how to design a qualitative study, focusing on (a) phenomenology and (b) grounded theory.

#### Music Therapy in the Public School

According to the 1998 American Music Therapy Association Sourcebook (p.198), 314 music therapists work in public school settings. Music therapists employed in public schools provide consultation as well as group and individual therapy. When reviewing the literature, I found several studies which demonstrated the effectiveness of music therapy as an intervention for behavior change in children of elementary school age. In one study, the researcher wished to use piano improvisation to help an eight-year-old boy, who was blind and exhibited behavioral disturbances, develop relationships with others and improve social interaction (Shoemark, 1991). Shoemark indicated that the child made progress in the areas of improving music skills, classroom social interactions, and participation with the therapist in music-making. Aldridge, Gustroff, and Neugebauer (1995) used music therapy to promote change in hearing, speech, and hand-

eye coordination with elementary school aged children.

### Play and Children with Autism

According to Landreth (1982), children play in order to bridge a "communication gap" between themselves and adults.

Efforts to communicate with children on an exclusive verbal level assume the presence of a well-developed facility for expression through speech and thus confine children to a medium that is often awkward and unnecessarily restrictive. Play is to the child what verbalization is to the adult. It is a medium for expressing feelings, exploring relationships, describing experiences, disclosing wishes, and self-fulfillments. The process of play is viewed as the child's effort to gain control in the environment in which he/she finds self and of the perceived world. The problems children experience do not exist apart from the persons they are. Therefore, play therapy matches the dynamic inner structure of the child with an equally dynamic approach (p. ix).

The value of children's unstructured play is noted in the literature. Bolig, Fernie, and Klein (1986) say, "Unstructured play gives the greatest opportunity for children to gain diverse skills and a sense of competence as well as enhancements of control" (p. 102). They continue by saying, "Through play, children can frequently compensate for the lack of control or predictability in other situations" (p. 103).

According to Wulff (1985), children with autism require a structured environment to play.

If left at his or her own devices in a playroom full of toys, the child will more than likely ignore the toys and engage in stereotypic self-stimulatory body movements, such as rocking, or hand flapping. If the toys do catch the attention, chances are one will see the child using the toys in an unusual fashion. It is apparent that autistic play lacks the pleasurable, rich complexity of normal play (pp. 139-140).

My concern is how children with autism handle the unstructured aspects of life and how we, educators and therapists, in the school can help prepare a child for the unstructured

aspects of life. I feel that, since all children express their inner feelings and frustrations through play (Landreth, 1982), incorporating therapeutic play in the school could be helpful. Possibly musical play could assist children with autism, in a school environment, cope with unstructured aspects of the world.

### Musical Play with Children with Autism

Having discovered that children with autism respond best in a structured environment, I wondered how a child with autism would respond when faced with a room full of musical instruments in an unstructured environment. Alvin (1978) studied the positive influences of music on the behavior of children with autism. She summarized how a musical play environment can affect behaviors of a child with autism.

The child's ability to function actively may be affected by the physical environment he finds around him. The surroundings play an important part in the sense of musical freedom we wish to give him, freedom to make noises, to shout, to move, to feel safe and not threatened. It should include not only freedom to behave in a certain way and to organize himself, but freedom from fear or obsessions which create emotional, intellectual, and social blockages. The two kinds of freedom reinforce one another in a musical experience which at first makes no positive demands on the child. But little by little music can offer him a direction and the structure he so badly needs. Once the child has acquired a feeling of freedom and becomes more receptive we can offer him the kind of musical order he can benefit from and which depends on his own responses (pp. 8-9).

Kostka (1993), supporting Alvin's statement that music has a positive effect on children with autism, examined the effect of a elementary music classroom situation on behaviors of a nine-year-old boy with autism and moderate mental retardation. Arm-flapping, swaying, and inappropriate participatory behaviors were observed. "Results indicate that all three behaviors were less frequent in a mainstreamed music class" (p. 60).

### The Client-Centered Approach

The client-centered approach seems to be an effective method of intervention for music therapists working with children. Carl Rogers (1951) was among the first to describe the features of the client-centered therapeutic approach and the conditions under which desirable personality changes could occur within a therapeutic context. In a videotaped segment of 3 Approaches to Psychotherapy: Part 1 (Shostrom, n.d.), Rogers expressed his belief that in order to create a therapeutic climate, a therapist needed to present realness, unconditional positive regard, and a willingness to understand the client's inner world. He expected that the client-centered approach would help the client explore feelings and attitudes more freely, have more unconditional positive regard for himself, and change the client's manner of expression. These changes might be: (a) from remoteness to immediacy, (b) from disapproval to acceptance, (c) from fear of relating to direct relationships, and (d) from external locus of control to internal locus of control. The client-centered humanistic approach to therapy is based on the assumption that individuals are capable of creating their own structure and of manipulating their own environment in positive ways in order to meet their needs (Rogers, 1951).

### Client-Centered Music Therapy

I believe that these therapeutic techniques can be utilized in what I call the "client-centered music therapy" setting. Aigen (1991) was successful implementing these humanistic, client-centered therapeutic techniques. In a qualitative research report, he described music therapy with a gifted eight-year-old boy who exhibited aggressive behaviors in school. His study combined a client-centered approach using fantasy, music,

and lyric improvisation to promote personal transformation from fighting in school to establishing appropriate social interactions with schoolmates. Aigen described how he supported the boy's creative fantasies musically.

Through my musical contribution, I was able to bring out the underlying feeling tone of Will's fantasies, increase his investment in them, and, in general, make them more real and thus enhance his participation. I wanted to help Will to actually experience his own transformative potential rather than remain a passive observer as one might when merely reading a story (p. 125).

Since I was unable to predict what kinds of behaviors Joseph would exhibit in the music therapy setting, I was not sure if a pure client-centered approach, in which Joseph would create his own environment without much direction from me, would be feasible. An environment similar to the one Alvin (1978) created for an eleven-year-old boy with autism seemed to be more appropriate.

After several months I had achieved with Martin a stable relationship not affected by his moods. He found in the music room a safe environment where he could express himself freely and which provided him with an emotional, non-threatening outlet. At the same time he needed the support of a structured framework. This was provided by the order inherent in music. The repetitive element in music is a support to the autistic child so long as one can avoid the danger of its becoming an obsession. On this premise Martin could trust me to encourage him without pushing him, to let him work at his own pace, but to expect from him as much as he could give (p. 87).

Bruscia (1987) entitles Alvin's approach "Free Improvisational Therapy". He lists some therapist traits essential in this type of intervention: a) "being on equal terms with the client and non-authoritarian;" b) "...being non-directive"; c) "... being accepting and permissive"; and d) "... being predictable and firm . . ." (p. 89).



With these ideas in mind, my next focus was to search for the best design to compliment the client-centered music therapy approach, to analyze the data, and ultimately to present the results for this thesis.

### Qualitative Research

Both qualitative and quantitative methods of research are employed in the field of music therapy. Music therapists strive to show their work as a credible form of healing by conducting such research. Although experimental research in music therapy is valuable and is gradually gaining acceptance in the scientific community, I chose the qualitative method of research to promote deeper understanding of the process and outcomes of client-centered music therapy. Aigen (1995) stated, "The qualitative approach represents a state of mind and a way of being in the world as well as a method of doing research in the human sciences" (p. 284).

### Phenomenology

Chapter Four of this study describes aspects of the music therapy process from a phenomenological perspective. Forinash (1995) describes phenomenology as "... a research approach that allows the researcher to examine experience as it is lived" (p. 368). Forinash also states that "... phenomenology allows us to focus on specific, predetermined aspects of music therapy experience in an attempt to understand further the complexity of the experience" (p. 384). Kenny (1989) describes phenomenology inquiry. "In its simplest form it is merely a tool for flooding 'light' onto a phenomenon. It examines the appearances of things. Thus the phenomenological endeavor is one which focuses on perceiving, on seeing, illuminating" (p. 50). These researchers stress the

importance of describing an experience as a way of developing an understanding of its meaning both to the participants in the experience and to the observers who reported it. In this study, observations of Joseph playing, observations of Joseph in music therapy sessions interacting with me, interviews with Joseph's teachers, and my personal experiences with the process, combined in various ways to illuminate the experience.

### Grounded Theory

According to Kenny (1989), "each individual operates from a theoretical base" (p. 22). Kenny clarifies this statement:

Theory is abstract. Its goal is to describe the constant elements of our experience. Every new situation brings new and varied elements into the structure of the experiences. After a certain number of experiences in a certain field, we begin to notice constants, which pervade our experiences, no matter how varied those experiences may be (p. 22).

The constants I found from the data analysis in this study were the themes extracted and described in Chapter Four. However, after recycling the data many times to gain a new level of understanding of Joseph's behaviors, my reactions to them, and music's role in his inner growth, I noticed patterns of behaviors. These patterns are represented in a model on creating internal structure presented in Chapter Five. Kenny (1989) states: "A theory implies a kind of architecture of thought--a structure of patterns, connections, shapes. In a way, a theory can be imagined to be a symbol of our experience" (p. 23). This model (Figure 3) represents Joseph's behavioral patterns and connections with regard to creating internal structure.

### Purpose of the Study

The purpose of this qualitative study was to explore the play experiences of a nine-year-old boy with autism, both within client-centered music therapy sessions and in other play settings. I hoped to discover the meaning of the Joseph's self-directed behaviors with musical stimuli and to look at parallels between his behaviors in the natural play environment and in the client-centered music therapy environment.

## CHAPTER THREE

### Method

The method for completing this study involved different levels of processing and required a multi-faceted personal approach. Preparing for the study required faith in the unknown, persistence in acquiring knowledge about the qualitative and client-centered process, and patience while spending many hours contemplating how to proceed. Collecting the data required high levels of self-discipline, organization, self-analysis, and endurance of mind and body. Analyzing the data required patience, persistence, openness, and a consistently high focus. Throughout the process, the study demanded soul-searching, self-analysis, trusting in my professional and personal abilities as a therapist and a person, and consistent searching for more meaning within the data. Faith and patience, qualities I am constantly striving to achieve to their maximum efficiency, softened the blow of various hurdles I had to overcome throughout the process. Finally, personal encouragement, professional confidence, and unconditional acceptance from my mentors and my family helped me complete this project, grow as a therapist, and grow as a human being.

### Preparing for the Study

My first step was to decide what the focus of the study would be. For the past few years, I have been studying the non-directive play therapy method. After reading the Moreno (1985), article entitled, "Music Play Therapy", where Moreno discussed limitations of non-directive play therapy, I was curious whether musical instruments

could really provide the needed tools for creating structure in a client-centered music therapy setting as toys do in the non-directive play therapy setting. I realized that I needed much more knowledge in the areas of non-directive play therapy and the client-centered approach. For the next few years, I made a point to attain a better understanding of these approaches. I attended play therapy workshops, visited settings where non-directive play therapy techniques, now referred to in play therapy literature (Landreth, Homeyer, Bratton, & Kale, 1995) as "client-centered" play therapy, were used. I implemented a survey of play therapists asking how or if music was used in the play therapy setting. I viewed a videotape of Carl Rogers (Shostrom, n.d.) demonstrating client-centered therapeutic techniques, and I was further drawn to this approach.

My next step was to find a setting where I could feel free to implement these therapeutic techniques with a child using inherently structured musical instruments. This is where faith, patience, and persistence paid off. After searching for about six months for an ideal setting, one fell into my lap. I was fortunate to be working as a music therapy intern at an elementary public school where the administration and teachers were open to the possibilities of this type of therapy. They provided me with an empty classroom for the sessions and helped me find an ideal candidate for the study. I asked them to look for a first, second, or third grade student, either male or female, whom they considered to exhibit difficulty following directions in the classroom. The student also had to be able to attend sessions consistently twice a week after school for 8-10 weeks.

They gave me the names of two boys, one with attention deficit disorder and one

with pervasive developmental disorder. I chose the latter, Joseph, because his parents seemed more willing to assure his attendance. I had also had several opportunities to observe Joseph in his classroom and on the playground before the study began. I noticed that he separated himself from other students in the classroom; however, on the playground, he sometimes tried to be a part of the group. This peaked my interest in him and clinched my decision to invite Joseph to be the primary participant in my study.

During the process of selecting a setting and a primary participant, I was also finalizing in my mind what type of study I would undertake. The qualitative approach seemed ideal since the client-centered music therapy approach was new to me, and I was not sure what to expect. Also, the qualitative approach allowed more flexibility within the therapeutic and research processes (Aigen, 1995, p. 297). Since I thought a more holistic view of Joseph would be appropriate, data from interviews and observations outside of the music therapy session were necessary components of the qualitative research process. Once the primary participant had been selected, I decided to collect data from observations in the playground setting as well. My supposition was that I would see similarities between behaviors in the music therapy setting and on the playground. To find out more about Joseph, I decided to interview his primary teachers, focusing the interview questions on his play behaviors.

### Joseph

The school graciously allowed me unlimited access to Joseph's educational file from which I determined that he was a nine-year-old male who attended a public

elementary school, and whose primary placement was a regular third grade classroom. He was diagnosed with a speech impairment and a pervasive developmental disorder, autism. He was enrolled in a general education class, a special education resource experience, and speech therapy. His school file indicated that in first grade, on the Kaufman Brief Intelligence Test (K-BIT), he had received a Verbal IQ of 62, a Nonverbal IQ of 58, and an IQ Composite of 56. Observed behavioral deficits had included a short attention span, an inability to focus on tasks without constant adult direction, inappropriate emotional reactions, and a general lack of concentration. Joseph had also been observed staring off into space and had been described by one teacher as a "loner."

### Setting

To set up the room for the music therapy sessions, I posted signs on the door asking no one to interrupt while the sessions were in progress. I removed extraneous items from the room and closed the blinds. I set up various small percussion instruments in a circle on the floor with a round "gathering drum" in the center. I placed an electronic keyboard and a karaoke machine with an attached microphone on the left-hand side of the circle. A video camera was set up in a corner of the room to capture each session's data visually (Figure 1).

### Procedures

The dates for 18 sessions, 2 sessions per week for 9 weeks, were scheduled with Joseph's mother along with the time (4:15-4:45 PM) on those days. Interview dates and times for meeting with his teachers were also scheduled before beginning the study. I

### Music Therapy Session Room

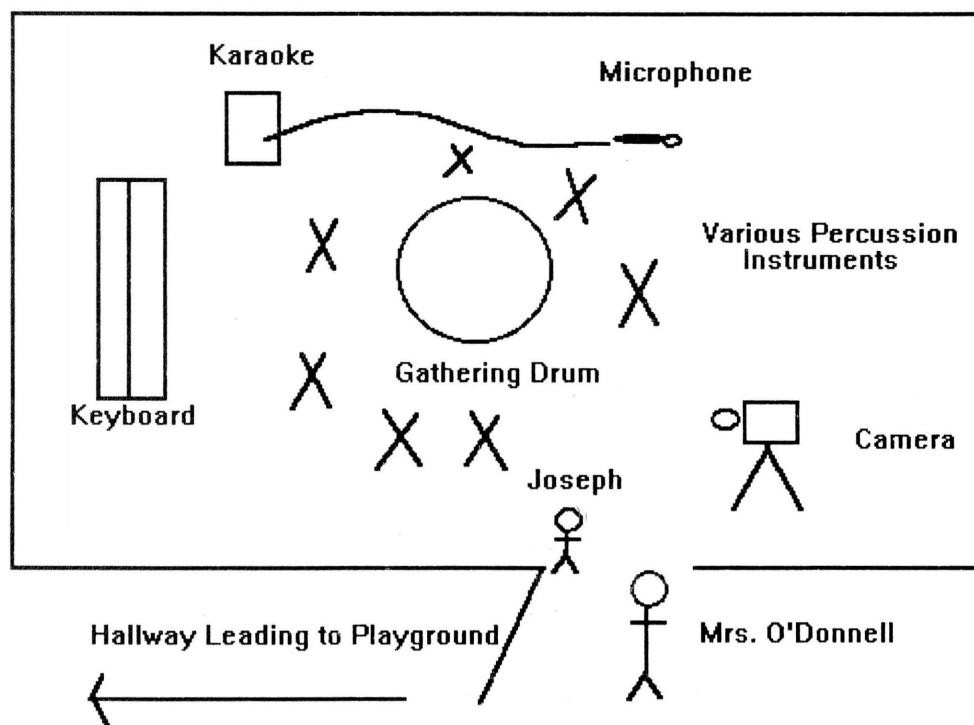


Figure 1. Music therapy session room

decided to set up playground observation times as the study progressed. Consent forms to participate were reviewed and signed by Joseph's teachers and his mother.

### Session Format

The following describes a typical client-centered music therapy session. Joseph entered the room in which musical instruments were spread out on the floor in the center of the room. The sessions were one-on-one, involving only Joseph and me. Early in the study, when he entered the room, Joseph was informed of the following ground rules:

(a) you cannot hurt yourself, (b) you cannot hurt me, and (c) you cannot deliberately



break any instrument. I told Joseph that if he intentionally broke one of the three rules, the session would immediately stop and he would be escorted to his mom who would be waiting for him. I asked Joseph if he understood the rules and waited for a 'yes' response. After receiving this response, I explained to Joseph that the instruments were for him to enjoy and to use as he wished for the time we were together. As the study progressed, this review of the rules at the beginning of each session became unnecessary. For the duration of each approximately 15 - 30-minute session, Joseph explored the instruments and exhibited other behaviors freely while I observed his verbal and musical responses. I offered statements of encouragement, reflection, and when appropriate, statements of direction. These reflections were both verbal and non-verbal, involving musical and physical imitation. Examples of my verbal musical reflections included rap-like chanting, church style singing, and various syllabic vocalizations such as “ahh,” and “chh” in various registers. I gave him advanced warning 5-minutes and 1-minute before the session's close. Once the session time had expired, Joseph was asked to stop what he was doing, exit the room, and walk with me down the hall to meet his mother. As we were walking down the hall, I told him when we would meet again for music therapy.

### Collecting the Data

#### Music Therapy Sessions

This part of the process required massive amounts of self-discipline on my part. We had 16 music therapy sessions, rather than the originally planned 18, because of my brief illness and a school holiday. To collect the comprehensive session data, I videotaped 15 music therapy sessions. One session was not recorded because the videotape was

defective. Music therapy sessions varied in length. Most of the time, the session lasted approximately 20 minutes. I had allowed for 30 minutes per session, but was satisfied if he could be engaged for 20 minutes, believing that 20 minutes is actually a long time for a nine-year-old boy with autism. After each session, I reviewed the videotape at my home and took extensive objective and personal notes on what I observed. This process took approximately two hours for each session. Once I completed reviewing a session, I wrote personal notes in my journal regarding such things as my frustrations and celebrations, concerns about how the process was going up to that point, and questions for my advisor.

### Play Setting

I was able to observe Joseph in a play setting four times, three times on the playground outside and once in a classroom set up for inside play during a rainstorm. The play observations lasted from 20 minutes to 90 minutes, depending on how long Joseph was engaged in play. In both play settings, I observed Joseph while sitting out outside of the play environment and wrote down extensive observational notes about his behaviors and aspects of the environment.

### Interviews

Interviews with Joseph's teachers were audiotaped. Once I had transcribed each tape, I gave the transcription to the teacher to review and to make any needed changes. Each interview lasted approximately 30 - 40 minutes. See Appendix A for the original list of interview questions. I used this list as a guideline. Other questions and comments about other areas of Joseph's life arose in this process.

### Analyzing the Data

As I was analyzing the data, many themes emerged which lead me to describe parallel behaviors which occurred in both music therapy sessions and in play which were obvious from the data analysis. In addition, the way Joseph created his own structure in the client-centered music therapy setting amazed me. So, I decided to devote an entire chapter to Joseph's processes of creating internal structure in the client-centered music therapy environment. As this description took shape, a grounded theoretical model emerged, which became the basis for Chapter Five.

### The "Parallels" Chapter

The initial step for writing the "Parallels" chapter was to organize my data. This involved retyping all music therapy session, interviews, and play observational data, correcting typographical errors, and cleaning up the format. This process also allowed me to revisit the sessions, re-experiencing some emotional, cognitive, and other reactions as well as seeing them from a renewed perspective. For some sessions, I did not understand my notes, so I watched the videotape of that session again to clarify any questions or concerns that arose. Also, I typed data summaries for each of the music therapy sessions as well as for the play observations, expressing how I was feeling at the time I was organizing that particular session's data. This summary was added to my journal notes. At the point when I summarized the session, I noted how my feelings had sometimes changed from the time of the original journal entry to the time of the second one.

Once I cleaned up the data and clarified any ambiguous issues, the data were ready for theme analysis. I utilized a computer program, Hyper Research (1994), to assist

me in this process. After painstakingly analyzing all 16 music therapy sessions, four play observations, and two interviews, focusing on each sentence, phrase, and/or individual word, I settled on over 200 preliminary themes. Next I combined themes until every sentence, phrase, or word had a place where I felt that it belonged within the framework of one of 21 emergent themes. These are listed and discussed in the Chapter Four, entitled "Parallels."

#### The "Creating Internal Structure" Chapter

One of the themes that emerged seemed particularly significant, i.e., "Behaviors in creating structure in the environment," and I decided to use it as a focus for an entire chapter. I first chose to analyze one play session where I observed Joseph's reacting to stress. I then started rereading the music therapy sessions' data from a different perspective, noticing each of Joseph's behaviors along with my own specific response to that behavior. My original intention was not only to describe how Joseph created internal structure when faced with the need for it, but also to describe how I balanced reflection or encouragement with direction or non-direction. It soon became apparent that this was too much to tackle in one chapter, and I decided to narrow my focus. I soon found myself looking more intently at how Joseph created internal structure. While looking at this data, I experienced a strong surge of insight from which a grounded theory (Strauss & Corbin, 1994) emerged, which I represented by constructing a model (Figure 3). This model described a sequence of Joseph's coping behaviors within the client-centered music therapy environment. It is illustrated and discussed in Chapter Five.

## CHAPTER FOUR

### Parallels

This chapter focuses on comparisons and contrasts in Joseph's behaviors in the natural play environment and in client-centered music therapy sessions. For each theme chosen as a focus, I summarize Joseph's behavior and then present specific examples directly extracted from the data. I continue by explaining why I find these particular themes significant for Joseph. Data from the teachers' interviews are sometimes offered to support my opinions and to support the significance of the themes as they relate to Joseph's life.

### Comparisons

As I had hoped when forming my research design, similar themes did emerge, grounded in the data of the natural play environment observations and in the data collected from the client-centered music therapy sessions. I defined as "similar" any occurrence in which a piece of the data in one of the settings had a counterpart in the other setting. Sometimes a theme had many similar counterparts between the natural play environment and the client-centered music therapy settings. Other themes had a minimal amount of data that were similar. The following is a list (Table 1) of similar themes from both the natural play environment and the client-centered music therapy sessions. I chose to focus on three, two of which, "Behaviors dealing with stress" and "Bad boys on the playground," I discuss in this chapter.

Table 1

Similar Emergent Themes

Themes
Behaviors dealing with stress
Bad boys on the playground
Behaviors to create structure in environment
Cooperative play
Parallel play
Basketball play
Self-directive behaviors non-verbal
Self-directive behaviors verbal
Reflective behavior

The third, "Behaviors to create structure in environment," is discussed partially in this chapter but expanded later in Chapter Five.

Before describing the selected themes individually in detail, I would like to explain why I decided to offer comparisons of natural play environment and client-centered music therapy observations concerning these two themes. My hope is that the reader will be able to relate to Joseph's social needs as a child in an elementary school. Then I hope the reader will be able to see how Joseph, a child with autism who may also have trouble interpreting and utilizing sensory information, deals with social frustrations inherent in a school environment. Finally, I hope to demonstrate how client-centered music therapy can provide support for the frustrations that a child with autism may experience.

The theme of "Behaviors dealing with stress" was chosen because Joseph

exhibited similar behaviors in the natural play environment and in client-centered music therapy when presented with what seemed to be stressful situations for him. The similar behaviors were interesting to me. Observing these behaviors helped me to get to know him better and also to anticipate what might be stressful to him in the music therapy setting.

"Bad boys on the playground" was picked because the data from both the natural play environment and client-centered music therapy suggested that being a valued person in a peer group has meaning for Joseph. His awareness that boys his own age often do not want to play with him seemed to be heightened during the time of my observations. The comments of Joseph's teachers confirmed that Joseph was making steps in the direction of including himself in group behaviors and activities.

Another reason I chose to discuss these two themes is because of their direct relationship to each other. For example, Joseph exhibited similar behaviors of stress when faced with consequences of not being able to break rules in music therapy and when he was not accepted by his male peers to play basketball with them. To describe some of these similar stress behaviors more effectively, I offer examples of several stress-related behaviors. Then I describe in more detail a single source of stress observed both in the natural play environment and in client-centered music therapy.

#### Theme One: Behaviors Dealing with Stress

It is impossible for me to know exactly how often and through what coping mechanisms Joseph deals with stress. It is difficult to know all of the stimuli in his life

that can create difficulties for him. I can only describe what I observed as he responded to what appeared to be stressful situations. Examples of stressful situations and coping behaviors that I observed are listed in Table 2.

Table 2

Stressful Situations and Joseph's Corresponding Coping Behaviors

Stressful Situations	Coping Behaviors
Waiting to be picked up from school	Reverting to fantasy play
Communicating feelings	Hiding underneath objects
Being exposed to fearful situations	Yelling, crying
Being unaccepted by peers	Walking away
Misunderstanding teachers' instructions	Asking for help
Facing consequences of breaking rules	Reverting to fantasy play
Being separated from friends	All of the above

These are typical stressful situations which many children his age face. However, the way I observed Joseph's coping with these events were significantly extreme and socially unacceptable for a 'normal' elementary student. Some of these coping behaviors may seem normal for a child at his stage of development and appropriate in certain situations, such as crying or asking for help. However, Joseph seemed unable to control when or how he behaved in situations of stress. For example, 'Reverting to fantasy behaviors' was a common occurrence in music therapy and in the natural play environment.



Fantasy behaviors observed in music therapy. Joseph exhibited fantasy play during client-centered music therapy sessions in both stressful and non-stressful situations. These same behaviors were exhibited during a natural play environment observation in response to a stressful situation.

In music therapy, Joseph often took on the role of a wrestling announcer. In the following illustration, an excerpt of the data from Session Fifteen, involved a familiar rhythm, which we called "r and b".

Session Fifteen: At this point the 'r and b' music was going on with the driving beat. He started dancing hitting his legs with his hands on either side of his pelvic area in a chopping motion. I asked, "Who does this?" He said, "On wrestling."

In Session Six, Joseph spoke into a microphone.

Session Six: He pointed toward me as he was walking in a certain bouncing step and said, "r and b." We started chanting 'r and b' together for about 5 or 6 times. He ran toward me and took the microphone and said, "Wait a minute I got two words for you." I said, "ok." He said, "Suck it. I got news for you" in imitation of the rough language used in rap music and/or at wrestling matches. He pointed the microphone in my direction. I repeated what he said, "I got news for you." He pointed the mike towards me and said, "Suck it" while it was pointed towards me. I said "Suck it." He walked away.

Fantasy behaviors in the natural play environment. A combination of these behaviors was observed during a natural play environment session as Joseph dealt with a stressful situation. We were inside because of bad weather. I noticed that it was almost 5:00 p.m. and Joseph's mother had not arrived yet to pick him up from school, although she usually picked him up a few minutes before 5:00. Joseph began to pace back and forth the length of the classroom, seemingly not noticing the other children in the room.

He frequently looked out the window and mumbled some words I could not hear. He had already put on his back pack. Then the following behaviors were observed:

Play Session Two: Back and forth again he walks, he goes pointing and talking. "Suck it, suck it" he says making two-handed downward bilateral chopping motions toward his groin area.

This is a prime example of how Joseph used fantasy to cope with a stressful situation--being picked up late from school. The client-centered music therapy approach allowed Joseph to use the microphone and to create the background music which allowed this fantasy to come alive in a non-stressful atmosphere. Who knows why Joseph needed to experience this fantasy in music therapy? Playing the role of the announcer seemed to allow Joseph to be in control of his environment. Sometimes, he abruptly stopped what he was doing and asked what time it was. When I let him know that we had more time, he said "ok" and continued the fantasy role play. However, in other client-centered music therapy sessions, these same behaviors reappeared when he was stressed. I allowed the fantasy to occur because I felt Joseph was able to distinguish between fantasy and reality.

Hiding behaviors in both music therapy and in the natural play environment. The hiding behaviors occurred both in music therapy and in the natural play environment. For the first few sessions, I allowed Joseph to touch me as if we were pretending to wrestle. I told him if either of us got hurt while we were playing, we would have to stop. Knowing the boundary of how far to go without hurting someone was unclear to Joseph. He did not tell me this, but he showed me when in one session, he started choking me. I asked him to stop because he was hurting me. He stopped, but immediately put his hands on my throat again. I do not think that he was maliciously trying to hurt me, but merely

that he just did not know how to control the boundaries. So, at the next session, I made a new rule stating that we could not touch each other. If we touched each other, we would have to end the music session. He seemed to understand, and I reminded him quite often of the rule. However, during Session Ten, Joseph decided to test the new boundary I had set.

Session Ten: I backed up from where I was sitting because Joseph was standing too close and also I wanted to let the camera get a better view of the two of us. He was now looking down on me with the microphone in his right hand. He then said, "Sit down." I said, "I am sitting down." and then he said, "I'm going to sit down." and then quickly sat down in front of me switching the microphone to his left hand and leaning in towards me. He tried to sit down in front of me with his back to me. At this point I said, "Joseph you are touching me and you can't touch me in music or we will have to stop." I moved back thinking that he had forgotten. However, after I attempted to move back one more time, he moved back and touched me again. "We have to stop because you touched me," I said. "I am sorry we have to stop," I said. As I was getting up to stop the keyboard music, he lifted up the gathering drum either to look under it or to get under it. The music stopping seemed to get his attention. Once it stopped, I started walking toward the camera to turn it off. He said, "What?" I turned the camera off. Thinking in retrospect, I should have acted as if I were turning it off. I said, "If you touch me we have to stop. I told you. Do you understand?" He said, "Yes." Then Joseph was acting as if he were trying to get under the drum. It is very difficult to describe what he was doing. He put the microphone down and looked at me every other second. He rolled up and placed the drum on top of him. I am not sure if he was hiding but at the end he was under the drum on his back with his feet holding the drum.

After this incident he was resistant to leave. He emerged from underneath the drum, started playing it, and said, "I'm not leavin'!" I was glad to see that he relied on playing the instruments in his time of stress and stood up for himself, although I knew I had to maintain the boundary.

The following natural play environment example occurred during an interaction with his after-school teacher. Although this episode of hiding was not as dramatic as

what happened in music therapy, it demonstrates how even a little bit of stress can motivate Joseph to use hiding as a coping device.

Play Session Two: "Did you do your homework?" the teacher asked Joseph. He opens up his back pack and said, "It's empty," leaves it unzipped and puts his head in it.

A similar hiding behavior occurred when his mother came to pick him up.

Play Session Two: He sees his mom coming in the room. He hides behind the piano smiling.

In interviews, his classroom teachers offered several examples of Joseph's coping behaviors when dealing with stress. The following statement from his resource room teacher is an example of how Joseph dealt with the stress of losing in that environment, although this example is not listed with the specific stressors that I observed because it never occurred in my presence. The hiding behavior as a coping mechanism theme is supported in the following excerpt:

Interview Two: He doesn't want to work after he's lost. And usually in a few moments he's over it. He's not one you can talk through it. He's best left alone. Let him get through it himself. He wants to be left alone and he gets over it quickly if you leave him alone. And a lot of times he will pout, he'll sit and just do nothing, just sit and pout and a lot of times, he gets under a beanbag to pout. Well, he'll pull something over him, a beanbag and that's how he pouts sometimes. He's stressed when he gets under something. If he's upset, distressed, mad. I've never seen overt anger in him. He'll run away. He'll pull away.

How Joseph deals with stress has become a very significant theme in this study.

In the section later in this chapter which describes contrasting themes between the two settings, I will also use the theme of dealing with stress because I found significant contrasts in the ways he deals with stress in the one-on-one client-centered setting versus in the natural play environment setting.

"Bad boys on the playground" is offered as a theme illustrating similarities between natural play environment and music therapy behaviors, not because similar behaviors occurred in both settings, but because Joseph appeared to work through his frustrations from the natural play environment in the music therapy setting.

#### Theme Two: Bad Boys On the Playground

The theme of bad boys on the playground struck me as an important aspect of Joseph's outside play life and ultimately a source of frustration and stress he verbally expressed during a music therapy session. These "bad boys" as I call them, represented an impetus for the on-going struggle Joseph endured when trying to join the world of being a 'normal' kid. Both I and his teachers believe that normalcy for Joseph is acting in a way that he will be unconditionally accepted by his peers, particularly males. In music therapy, he expressed the need to be outside with his friends but also expressed his frustrations about boys' not letting him play basketball. During my observations of his play, he attempted many times to join in the normal game of basketball, but ultimately retreated to playing alone.

On the playground. During outside play observations, I noticed that Joseph was constantly trying to decide between playing basketball by himself on court #1 or playing basketball with a group on court #2 where the "bad boys" played. (Figure 2)

These "bad boys" were a group of three-to-five boys who played basketball together after school. My personal protective descriptor, "bad," emerged from my interpretation of their negative behaviors toward Joseph such as ignoring him, taking the

ball away from him, and not sharing the ball with him. Joseph paid very close attention to what these boys were doing on that court.

### Joseph's Playground

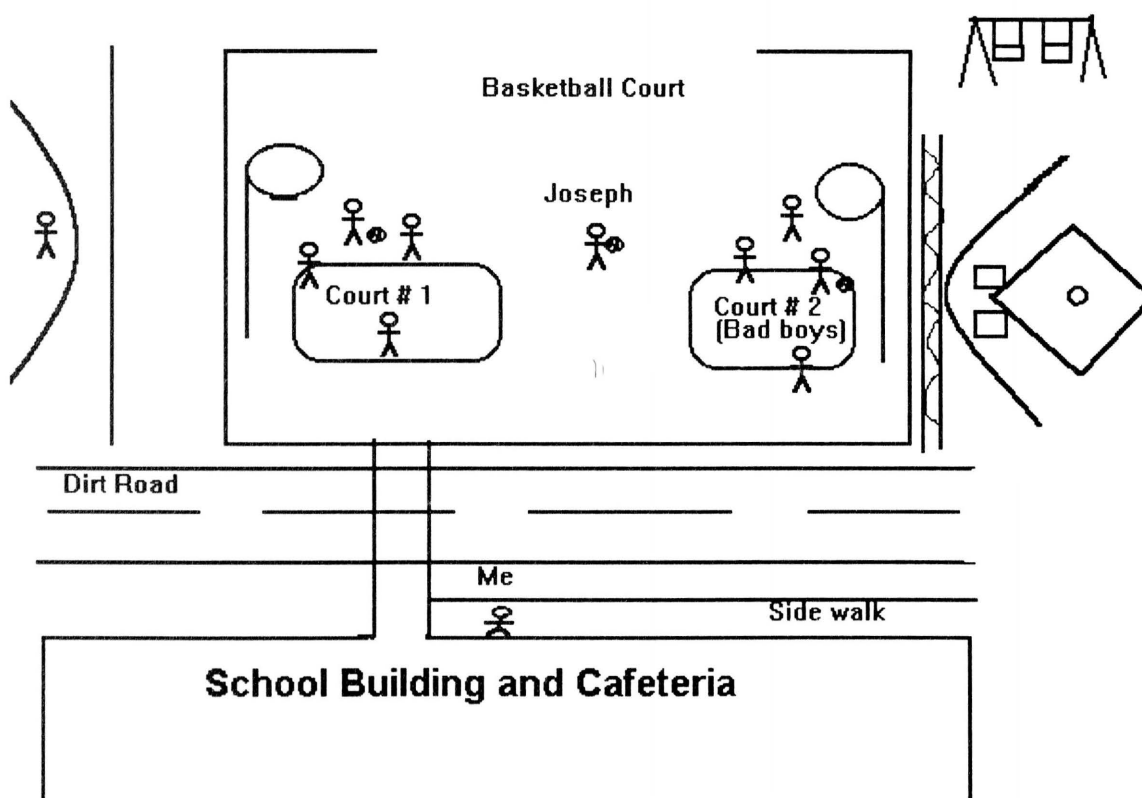


Figure 2. Joseph's playground.

The following excerpts from the natural play environment observations describe how Joseph interacted with the "bad boys."

Play Session One: I am watching Joseph play outside. It's cloudy like it's on the verge of raining. As I write I hear basketballs bouncing and teachers talking. Joseph just left music without permission and took off running to the playground. He doesn't have a basketball but he is standing with a group on my right, I'll call it court #2 watching the ball. He looks as though he is trying to join in the game in progress but not quite getting in. When the ball bounces near him, he puts his hands up but doesn't go after the ball. Just trying to be a normal kid it seems. 'Get it Joseph,' I say in my head...This time it's 3 boys. They don't let him have the ball. He hangs out by the pole,... 'Joseph go get the ball go after it, just a little short,' I think to myself.....He hops up and down. He's stopped raising his arms.

The ball comes directly to him! He holds on to it. Yea Joseph! Bad boy takes it from Joseph.

Play Session Three: Joseph runs to the basketball court. Joseph is standing on the "good guys" court, court #1, and pointing at the people with the basketballs....He looks over at the bad boys goal but stays where he is....Bouncing and hopping, now he's waving his arms moving closer to the bad boys court. Now he's just holding the ball standing on the sideline just looking at court #2...The #1 goal is free but Joseph still watches #2. The boys now leave court #2. Joseph stands in the middle of the court bouncing the ball.

These excerpts demonstrate the processes Joseph used to join the group on court

#2. The play described above was a part of the overall process but singled out as an integral and important step for him in joining any group.

In client-centered music therapy. The following excerpt is from music therapy

Session Fourteen. This session occurred after the two natural play environment observations previously discussed. Looking back on this session, I see it as a step forward for Joseph with regard to expressing feelings and trusting an adult with those feelings as well as working through problems that he was facing in the natural play environment.

Notice how I become directive during this part of the session. This was a therapeutic decision in which I chose to add direction. I felt he was ready to move in this direction in the music therapy setting. However, as you will see, I asked one too many directive questions, and he retreated into a fantasy world.

Session Fourteen: "I want to go play." Joseph said. "Goal" he continued. He was pointing toward the window. This was in the same direction as the basketball court. I said, "You want to go play basketball over at that goal." "Over at that goal" he said. He pointed toward the hallway.... "Over at that goal" I said, "you want to play over at that goal." "Yes" he said still pointing, "with them other boys" he said. I said, "with them other boys." Joseph shook his head 'no'. "Oh" I

said, "you don't want to play with them other boys." He pointed again and said "This goal, the first one." I am not sure which goal he is calling the first one. "At the first goal you wouldn't play with those boys." I said. Joseph walked back to the corner.....I decided to be directive and investigate .... "What's wrong with those boys?" I said. Joseph faced out from the corner and mumbled something. ... "Do they play with you?" I asked. I am asking that question because I observed Joseph's frustration on the basketball court the other day. "Mm mm (sounding like the answer no)" he mumbled. "Do they let you play?" I asked. He said, "No they won't let me play" and ran out of the corner. "They don't let you play?" I asked. "Nope." he said. "They don't let you play. That would make me mad. Does that make you mad Joseph?" He didn't say anything and walked to his corner.

I believe Joseph's telling me about the boys was a big step towards his opening up about personal feelings and frustrations. Once I asked him about being mad, however, that was too much for him. He ran to the corner, ran out of the corner quickly, grabbed the microphone and ran back to the corner. Upon personal reflection, I am glad that the microphone was something to which he could cling when faced with stress. Upon picking up the microphone, he assumed the role of the wrestling announcer, as he had done in an earlier session. I think Joseph used this fantasy game as a mechanism of coping with stressful situations I created by asking about his anger in music therapy.

### Summary of Comparisons

I observed Joseph using different mechanisms to deal with stress in both observations in the natural play environment and in the client-centered music therapy sessions. The coping mechanisms demonstrated are hiding under or behind some object and/or emerging into a fantasy not related to the stressor. It is well worth noting that throughout the process, Joseph was beginning to express concerns in client-centered music therapy about what was happening outside in play and that when things got too stressful for him, he grasped something, in this example a microphone, to save him.



Interacting with the musical instruments was another way of coping. Thus the client-centered music therapy approach offered him an alternate vehicle and motivator for self-expression.

### Contrasts

The next question to be addressed in this study is "What significant themes emerged in client-centered music therapy that did not surface in the natural play environment?" Early in the study, I listed in my mind what I thought would be obvious contrasts between behaviors in the two settings because of their inherently differing nature. As I expected, themes did indeed emerge which did not overlap between the two settings. By the end of data analysis, however, I decided to label both themes that were inherently contrasting (i.e., there were no similarities at all found in the data between the two environments) and themes that showed significant contrasts as well as similarities. Interactions in both settings, the natural play environment and a classroom where the client-centered music therapy sessions were conducted, thus produced contrasting themes which were inherent in the structure of the environment of each setting. These are listed in Tables 3 and 4. These lists illustrate that some behaviors exhibited in the two settings are mutually exclusive. However, in each respective setting, Joseph used many of these behaviors to create internal structure. More detail about these processes will follow in the next chapter.

The theme of testing limits led in one instance to a fantasy game behavior which was unparalleled in his natural play behavior. The following section describes how Joseph reacted to the consequences of breaking a rule in client-centered music therapy.

Table 3

Inherent Natural Play Environment Themes

Themes
Joseph plays to fit in
Joseph plays while moving away from other students
Joseph initiates contact with other students
Joseph plays with mom

Table 4

Inherent Client-Centered Music Therapy Themes

Themes
Joseph asks questions about items in the room: camera, chalk, eye glasses, instruments
Joseph plays games: announcer (non-wrestling), chase, classroom, hide and seek, and announcer (wrestling)
Joseph exhibits behaviors with the instruments
Joseph plays with me
Joseph tests limits

Of all the games we played in music therapy, this was the most fascinating to me and most unlike anything I had observed on the playground. I ended up calling this game "The Classroom" because Joseph was imitating a sequence of events that had obviously occurred in his elementary classroom. About half-way through Session Six, which I entitled, "Mrs. O'Donnell's in Trouble," Joseph began exhibiting behaviors of wanting to

wrestle. I reminded him of the "no touching" rule. He kicked me and then put his hands on my shoulders. This is what happened next:

Session Six: Then I said, "Nope." and stood up. I started walking to the camera saying, "We're gonna have to stop because you are not listening. We are not here to wrestle." He followed me to the camera. He said, "I'm gonna play now.".. "We're not here to wrestle," I said. He said, "That's it, I'm going to write your name up on the board." Apparently I was in trouble. I had no chalk. "Where's the chalk?" he said. I told him that there was not any but I brought markers and paper for him to write. "I'm gonna write yo name," he explained. "Your gonna write my name?" I asked. "What's yo first name?" he asked. I said, "Kamile." "How do you spell it?" he asked. I spelled it out for him. I started playing the drum to my name in rhythm. "Now you do something." he ordered. I said, "What do I got to do." "You've got to be quiet." he said. "Oh. I've got to be quiet." I reflected. I moved the camera to where Joseph was sitting with the instruments. That's where the paper was. "That's two. Give you a mark." he said as he started putting the marks by my name. This is a behavior modification system that he was accustomed to in his regular classroom. I asked him, "What did I do?" He just looked at me and gave me another mark. I said, "I am in a lot of trouble." He counted the marks he had given me. He said, "Nine marks." Then he put the cap on the marker. I said, "I've got nine marks." I was playing the drum in rhythm to every syllable I said. The piano keyboard was still playing the ever-present driving 'r and b' rhythm. Joseph shook his head and said "It's not good." I said, "I'm not good." He said, "'It's bad." I said, "I'm bad. I get marks because I'm not good. The teacher gives me marks when I'm not good right?" Joseph looked away from me. Then he showed me the paper. He put the paper on the drum and gave me a mark when I said, "You know it just makes me mad." I said, "I'm not good again." He gave me another mark. I said, "I'm trying." He got in my face and said something with the word stupid in it. I could not understand the words. I asked, "What was I doing?" "Kicking." he said. "Oh I'm in trouble because I was kicking. Right?" I said. He looked down, looked up, and pointed to the wall or the far corner of the room and said in a loud directed voice, "Now get over there and face that wall." "Oh I'm in time out." I said. He said, "Get out of my face. Face that wall over there." I decided to do what he said. This is probably therapeutically good because I know that this has probably happened to him before. I decided to play along. "Face that wall over there now." he barked. "Am I in trouble?" I asked. "Get over there." he said over and over again until I finally walked and faced in the corner. Then he said, "I'll play the instruments by myself. Face that wall." He goes to get the microphone. I reverted out of our fantasy play situation and said, "Joseph, I'm going to fix the camera and then I'll go back." He said, "Mrs. O'Donnell is in trouble. Now go back to that wall." I think it is important to note how he was walking with the microphone. He was

holding it with one hand and keeping his other hand at his crotch like a rap singer. "Stay over there." he said. I asked, "Can I turn around and see?" He said, "No. Now, go over there. Mrs. O'Donnell is in trooooooooooooooooooooooooooooooble." I said, "Can I come out of the corner?" He said, "You can't play the instruments. You lost it." I said, "Ok I'll turn around in my corner while you get to play the instruments." He put the microphone down. When it hit the floor it made a squealing noise. Joseph then turned it off. He crawled to get the bell mallets that had been thrown under the camera. He played the bells in three-note groups. He looked at me once. This is the longest he had played an instrument without my direction. I walked over to fix the camera and then said, "I'm getting in my corner." He laid on the ground and looked at a drum mallet. I gave the 5 min. warning. He played the bells again. "No you can't. I'm calling your mom. What's your phone number? I'm gonna call your brother or your dad. Now you can come back and play the instruments." he said. "Which one do you want me to play?" I asked. He started playing the bells again. He handed me the blue mallets for the gathering drum. Now he was leading the musical part of the activity.

Figure 3 is a copy of the paper Joseph used to put the marks I received for being bad. I am particularly fascinated by how easily Joseph was able to switch from the role of the accused to that of the accuser.

#### Bad Student Marks



The image shows a handwritten note on a piece of paper. The text 'K9 mile' is written in a thick, black marker. To the right of the text is a series of vertical lines and slashes, some of which are double slashes, representing a sequence of marks or a tally. The lines are drawn with the same thick marker, and the overall style is crude and expressive.

Figure 3. Bad student marks.

The client-centered approach allows the child to create his own structure in the therapeutic environment (Rogers, 1951). This is a prime example of how the approach worked. I believe Joseph was telling me that he did not like getting into trouble. I also believe this was his way of communicating that he knew touching was against the rules. This example demonstrates how Joseph was able to deal with the stress he was feeling

from getting into trouble by taking control in an overt manner within the sanctity of a safe, therapeutic environment. To punish me he denied me the privilege of playing the musical instruments along with implementing the marking system which was familiar from his elementary classroom. I felt it was more therapeutic for Joseph to work through this stress in client-centered music therapy instead of implementing the behavioral consequence of simply stopping the session.

### Chapter Summary

This chapter has described how parallels, similar and contrasting themes between the natural play environment observations and the client-centered music therapy observations, emerged via qualitative data analysis. The similar theme, "Behaviors dealing with stress," resulted in behaviors such as hiding and exhibiting fantasy behaviors. These behaviors demonstrated that Joseph exhibited similar behaviors in various settings, even ones that are on the surface extremely dissimilar, i.e., the natural play environment and the client-centered music therapy setting. The similar theme, "Bad boys on the playground," demonstrated that Joseph discovered that in client-centered music therapy, he could allow himself to trust the environment enough to express feelings or anxieties freely. I was happy that he trusted me enough to relate his feelings about how he was being treated on the natural play environment. As observed, he also seemed to learn that, when the questions got too tough, he could always rely on a musical instrument to help him cope with the stress, as he did when he went to the microphone.

The chapter also described how dissimilar themes were inherent simply because the two settings were so different. In this chapter, I provided an example of how, as a

result of client-centered music therapy techniques, issues from his elementary classroom were brought into the therapeutic setting. Joseph used an element of his everyday life, i.e., disciplinary procedures used in his classroom, to deal with the stress of not being allowed to play the instruments after he broke the rules. I determined that allowing the classroom game to unfold was a positive venue for Joseph's self-expression and ultimately a way that he created internal structure in this environment. The client-centered music therapy setting provided Joseph with a way of expressing his feelings and possibly a means of resolving an issue that he may never have had the opportunity to resolve otherwise.

I believe that looking at parallels in Joseph's play behaviors and in his client-centered music therapy behaviors was an efficient way of getting into Joseph's world. This approach could have been applied to any two alternate settings. I chose the natural play environment as the setting to study while conducting the music therapy sessions based upon the assumption that Joseph may want to play in music therapy, which he often did.

## CHAPTER FIVE

### Creating Internal Structure

#### Introduction

This chapter demonstrates how Joseph began the process of creating his own internal structure through self-directed behaviors such as musical play, verbalizations, and non-musical play, in the client-centered music therapy setting. Through observations of Joseph in 16 music therapy sessions, I designed a model of the process through which he created internal structure in the client-centered music therapy environment. Besides presenting a theoretical model for creating internal structure from the need for external structure, this chapter will provide examples, grounded in the data, of the process in action. I will present how he created internal structure with and without the presence of high stress. I will also illustrate how the process allowed him to investigate feelings hidden within his fantasy. The reader should be able to follow the model (see Figure 3) while reading through the data from each session.

The client-centered music therapy process was an effective method that helped Joseph gain awareness of himself and the ways he related to his environment. Outside of music therapy, he was often thrust into situations in which the external structure of the environment was unclear but Joseph was expected to be self-reliant.

Research shows that children with autism adapt best in a highly structured environment (Trevvarthen, 1998). One instructional method implemented in public

schools is based on Treatment and Education of Autistic and Related Communication-Handicapped Children (TEACCH). "The focus of TEACCH is on the development of appropriate communication skills and personal autonomy, step by step, through structured instruction in predicting and controlling the environment, rather than on reducing problem behaviors by behavioral training, or promoting relationships and self-expression through identification with the child's emotional needs" (Trevvarthen, 1998, pp. 155-156). This is most easily demonstrated in an educational environment where external controls are commonplace.

Research has also demonstrated that children with autism seem to have a natural and therapeutic relationship with music (Alvin, 1978). During the short time that I worked with Joseph, he was beginning the process of attaining better awareness of himself and the environment, as well as of creating internal structure to cope with the unstructured aspects present in music therapy.

Hadsell (1993), in defining and describing levels of structure in music therapy says that "...external structure includes those aspects of the environment, including the music, which are controlled by the therapist" (p. 61). In this study, I was interested in learning how Joseph first created internal structure, with the idea in mind that if he was able to accomplish this task, he would be able to cope with the unstructured aspects of an environment in which the external structure was not clear. I provided this environment, in which the external structure was not always clear, through client-centered music therapy sessions.



Gaston (1968) described music as "structured reality" (p. 24). Sears (1968) stated that music inherently demanded "time-ordered," "ability-ordered," "affectively ordered," and "sensory-elaborated" behaviors (p.33). I hoped that music, combined with the client-centered approach, would assist Joseph with the task of conquering the unstructured music therapy environment.

I asked myself the question, "How are we in the school preparing children like Joseph for the unstructured aspects of life?" feeling that, if we could help children with autism learn to create their own structure in an unstructured situation, we would be doing them a great service. The client-centered process assisted Joseph to create his own structure within a music therapy setting where the balance of direction vs. non-direction was controlled by the therapist.

#### Joseph's Response to Structured vs. Non-Structured Settings

Observing Joseph on the playground, I could not help reminiscing about my own childhood experiences in school. As a student attending a public elementary school, I remember learning by direction from my teachers. This was comfortable to me because I had acquired the inner skills to follow directions and still handle situations when the structure was not as strict or clear, as was the case on the playground. Even as a young child in elementary school, I had acquired skills to deal with stressful situations effectively, such as removing myself from a harmful situation or running for help if a stressful event occurred.

During my initial observation of Joseph on the playground, I noticed that he had

already created a structured routine on the playground of waiting for a basketball to come to him and then playing primarily by himself while he waited for his mother to pick him up from school. I believed that because he was able to create this structure internally, he might respond positively to a client-centered music therapy approach, due to the natural structure inherent in music. The problem I observed on the playground occurred when his structured routine suddenly became unstructured. One example occurred when he was inside playing and his mother was late picking him up from school. Joseph responded to the stress of the change in routine by resorting to fantasy behaviors to cope. He had not yet learned to facilitate his interpersonal skills to deal with some stressors effectively. When faced with this stress, several healthier behaviors might have been: (a) go to a teacher to verbalize his concerns, (b) sit and worry, (c) call home, or (d) wait patiently. Joseph coped with the stress of his mom's being only a few minutes late by reverting to a private fantasy world of play in which he imitated rap-like chanting and made chopping movements toward his groin area. Apparently the teacher perceived that Joseph was anxiously waiting for his mom. When his teacher said, "She'll be here in a little bit," Joseph responded quickly by saying, "What time?" The teacher responded, "I don't know; we'll have to wait." Needing the structure of time, Joseph became more agitated and plunged more deeply into this fantasy world to a point when even verbal encouragement from his teacher was ignored. If the teacher had said, "Joseph, let's go call your mom," Joseph would have had no problem walking with the teacher and phoning his mother. This structure set up by the teacher would have been enough for him to handle the stress for a longer period of time.

The difficulty I see in this scenario occurred because of Joseph's inability to access the skills he needed to cope with a stressful situation in a more effective and socially appropriate manner. In this instance he could have asked the teacher for help or occupied his time by playing a game. Instead, he chose a method, fantasy behavior, which pulled him away from the reality of the situation. He did not create the internal structure necessary to develop a more effective coping strategy to deal with his stressful situation.

### The Model

The following model (Figure 4) is based upon my observations in 16 client-centered music therapy sessions. It outlines six main processing levels which Joseph utilized when coping with the stress of needing more internal structure. Each line connecting the circles or squares, or behavior cells, represents a behavioral pathway I observed sometime during the 16 music therapy sessions. In studying the model, one can see many different possible pathways to creating internal structure. The purpose of the therapy was to help Joseph find the most efficient pathway when he was stressed from the lack of structure in the environment, bypassing both fantasy and hiding behaviors, which were seen as less effective coping mechanisms, though sometimes necessary for therapy. Sometimes when he was highly stressed, Joseph did not create his own structure; rather, he reacted with avoidance behaviors until these were interrupted or redirected.

Data excerpts from three client-centered music therapy sessions, sessions 1, 8, and 14, are presented to illustrate the progression through the model. In the left-hand margin, the level within the model to which Joseph's behaviors correspond is referenced. Then, I

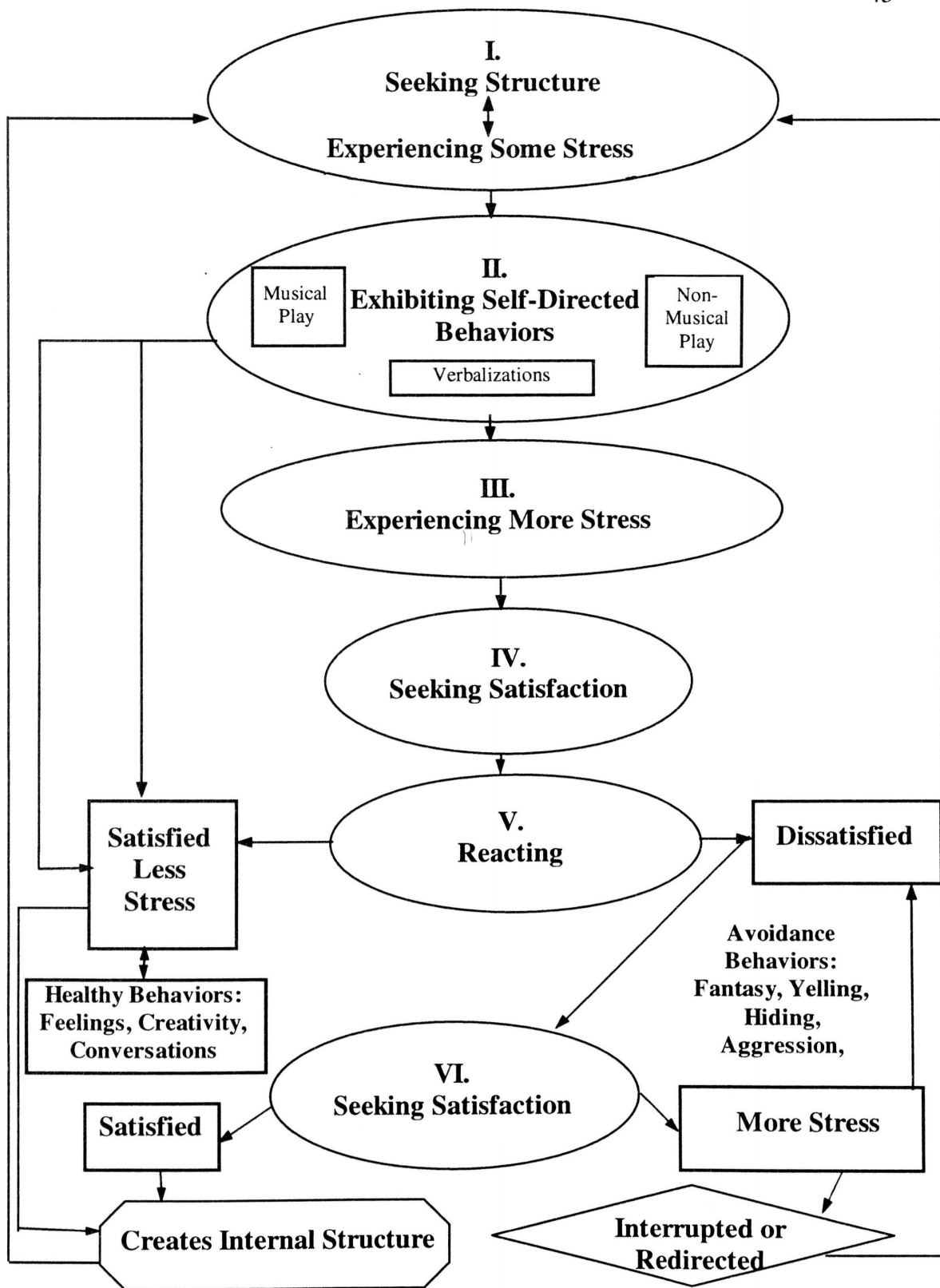


Figure 4. A Model of Joseph Creating Internal Structure

summarize his progression through the model following each of the session's data excerpts.

### Session One

The first session accomplished all that I had hoped it would initially. Joseph acquainted himself with most of the instruments, and he begun establishing rapport with me. When analyzing the data from this session, I found it interesting that Joseph succeeded early in the session in creating his own structure. This confirmed my earlier assertion that a client-centered music therapy approach, with mixtures of structure/non-structure and direction/non-direction, would be therapeutically appropriate for Joseph. Because this was his first session, I wanted Joseph to feel safe; therefore I was more directive, especially at the beginning of the session when I sensed he might be experiencing stress, such as when he was first confronted with unfamiliar musical instruments with which he could interact. (In the data excerpts presented 'J.' represents Joseph and 'K.' represents me.)

#### Data excerpt: Session one.

Model	Data
Seeking Structure Experiencing Some Stress	As Joseph and I were walking down the hall, not a word was said. I was excited about our first session. Joseph seemed anxious. He walked fast ahead of me toward the door that had the music therapy sign on it. I started to tell him the rules, but he turned the knob on the door quickly and walked into the room.
Self-Directed Behaviors Musical Play	He immediately went to the gathering drum in the center of the room. I rushed to tell him the three rules. K: Don't break any instruments, don't hurt me, and please don't hurt yourself.

He did not look at me as he picked up the black sticks with the big blue balls of yarn on the ends and started a steady beat playing both sticks at the same time. Joseph was on his knees playing the steady beat. I immediately picked up the other sticks with the green balls of yarn on the ends and started reflecting his playing. He smiled a bit and played for about 10 seconds and then looked around the room.

K: You can play any of the instruments any way you want to play them for as long as you want to play them.

As he went to the paddle drums.

#### Verbalizations

J.: How do I play this?

K: Any way you want to play them.

J.: What's this do?

K: You can find out if you want.

J.: What's this do? You want to help me? (*referring to paddle drum*)

#### Musical Play

He picked up the 2 black drum sticks and played the paddle drum while it was laying on the floor. He used both mallets for one drum, played about 5 seconds and then proceeded to the next instrument, 2 shakers.

#### Verbalizations and Musical Play

J.: What's this do? (*referring to a shaker*)

K: I don't know... (*as he started shaking the shakers*)...making noises?

For the next five instruments, he asked me what each instrument was for or how he was supposed to play it. I would respond similarly from before. When he asked me what the instrument was, I was sure to tell him the name of the particular instrument, since they all seemed unfamiliar to him. He proceeded to play each instrument for no more than seconds each. First he went to the bells. Using the mallets provided, he played as follows: [:(Left Hand) low low low;(Right Hand) high high high:] He then played with his left hand 5 times and then with both hands: [:

♪ ♪ ♪  
♪ ♪ ♪:]

K: You can play them any way you want to play them. (*referring to the bells that he was playing*)

Joseph then stood up and picked up both tambourines.

J.: What are those?

K: What are those?

J.: Drums?

K: Those are called tambourines.

Joseph shook the tambourines independently with each hand and then at the same time with both hands.

K: You are shaking the tambourines.

J.: How about this? (*pointing to the sand blocks*)

K: Those are called sand blocks.

Joseph then sat on his knees to play.

J.: Do?

K: You can play them any way you want to play them.

Joseph hit the sand blocks together, on the sides, and on the tops: ♪ ♪

♪ ♪ . Joseph then went to the triangle and played:

[ : ♪ ♪ : ]

K: You are playing the triangle by hitting the bottom.

J.: What's this? (*looking down on the cabasas*)

K: Those are called cabasas.

Joseph did not pick up the cabasas.

J.: What's this do? (*referring to the claves*)

K: You can play them any way you want to.

Joseph hit the claves together 3 times, ♪ ♪ ♪. He then picked up the maracas, using them to beat on the ocean drum.

J.: What?

Joseph looked at me. I was getting the sense that he was asking with his eyes for approval of playing the ocean drum using the claves as mallets.

K: They can play any way you want them to play.

Joseph hit the drum 2 times then spread his arms out on the sides of his body and shook the shakers.

K: You can shake 'em, you can shake 'em with both hands. (*chanting*)

After playing all the instruments, Joseph stood up on his feet.

K: You have a lot of time to play anything any way you want to in this room - We've got a keyboard; we've got a machine here (*I pointed to the karaoke machine*). Anything you want to play, anyhow you want to play; it's up to you. If you want me to help you, I can, but if you want to play by yourself.

J.: I want to do that. (*pointing to the mini- trampoline*)

K: Oh, that's not a musical instrument. You can play any of these musical instruments that you want to play.

I pointed to the circle of instruments. Joseph chose the gathering drum, picked the same 2 blue-malleted sticks and played a 3-note quarter-note rhythm.

	K:	You are using the big sticks. You are standing up when you are playing.
Satisfied Less Stress Creates Internal Structure	J.:	I'm finished.
	K:	Well we have a little bit more time. We have a few more minutes. ( <i>Only 5 minutes had passed of the 30-minute planned session.</i> )
Seeking Structure Experiencing Some Stress	J.:	What time is it?...

### Summary: Session One

This session was designed to allow Joseph time to get to know the room, the instruments, and me. I had decided to divert any stress-related behaviors that arose by redirecting Joseph to the instruments. We established some basic boundaries regarding not hurting each other or the instruments. Basically, this first session was more structured and more therapist-directed than later sessions in the sequence.

Joseph began by seeking structure through playing the musical instruments and asking me questions. After a period in which he explored most of the instruments and acquainted himself with me, Joseph seemed temporarily satisfied. But then he again required more structure and asked what time it was. This second cycle of asking questions began the recycling process through the model again (excerpt ends). This first attempt at creating internal structure lasted about 5 minutes into the session. Without stress, Joseph seemed to fit nicely into the client-centered approach.

### Session Eight

By this time, Joseph had learned the routine. I believe he also realized that I would accept him no matter how he wished to act or feel during the session. It appears



that having the sessions right after school and in conflict with his basketball time was a blessing for him in disguise. Throughout the entire duration of music therapy sessions, I felt guilty that they took time away from his favorite activity. However, when analyzing the data, I discovered that these sessions encouraged him to confront an adult in a safe environment about stressful feelings he was having. Session Eight was our first confrontative session, as well as the setting for a new boundary of 'no touching.' He exhibited almost all of the behaviors and levels illustrated in the model. Joseph's progression through the model in this session was fascinating. I have provided excerpts from the data below.

Data excerpts: Session eight.

Model	Data Excerpt 1
	This session is the session where I decided to set up a 'no touching' rule.
Seeking Structure Experiencing Some Stress Self-Directed Behaviors Musical Play	Joseph first walked in the music therapy room, picked up the blue mallets, started playing the bells. As he was playing,...  K.: I need to tell you something that is a little different and you need to listen while I tell you. He stopped playing and put the mallets behind his back.
Verbalizations	J.: All these instruments are old instruments. K: There are no new instruments. I have something I need to tell you. He continued to play a few more notes. J.: All these are old instruments, old. K: Come over here so I can tell you something. He wouldn't come to me so I tried to go bring him to me. K: It's a new rule.

Non-Musical  
Play

I walked to him also because he was picking up the phone in the room like he was needing to call for help.

K: *(A bit frustrated.)* You may not touch the phone. Come over here so I can tell you something. I need to talk to you.

I walked over to a chair and sat down. Joseph did not follow me.

K: OK, so I'll tell you. The new rule is that you may not touch me during music sessions, and we may not touch each other during the music.

Verbalizations

J.: Well the rule is that I'm not playing none of the instruments.

This surprised me. Good for you Joseph, I said to myself. Joseph was sitting in the corner.

K: You said that the rule is that you are not playing the instruments. Well, you can choose to play them or not play them. That's up to you.

Joseph came out of the corner and walked toward the cart in the corner.

K: Do you understand the rules?

Turning his back to me he said,...

J.: MMMM. *(which I understood to be yes)*

K: So that means if you touch my hair or touch my shoulder then we'll have to stop.

For the next few minutes, we sat in silence. I decided to break the silence.

K: You can play an instrument, you can sing on the microphone...

J.: No No No

K: It's your time.

I picked up the drum mallets and started playing a simple beat pattern.

K: You are saying 'no' that you don't want to play the instruments. Well you don't have to play the instruments.

Joseph walked to the microphone, picked it up, and spoke without talking into the microphone.

J.: Well if we stop then I can go on outside.

K: You're right, if we have to stop the music for touching, we'll go outside.

He looked at the clock...

J.: 4:57 *(It was actually closer to 4:20.)*

K: We get out at 4:45.

Experiencing More Stress J.: 4:45? I ain't staying in here. Be outside.

## Seeking Satisfaction

## Reacting

K: You want to be outside.

Joseph nodded.

K: You can be outside once we finish the music.

He stood looking all around the room.

K: Remember you can play the instruments anyway you want to play them.

Dissatisfied

### Avoidance Behaviors:

## Fantasy

## Seeking Satisfaction

J.: Or you can go in the corner.

I then decided to make the corner in the view of the camera.

K: Or you can go in the corner.

## More Stress

Dissatisfied

## Seeking Satisfaction

J.: No you go in the corner.

K: Have I been bad?

Satisfied

J.: Yea

...as he walked to a chair just outside of the camera's view and sits down holding the microphone looking down to the ground. This is the time when his feelings emerged.

### Healthy Behaviors:

## Conversation

J.: (*calmly*) This is our last music. I ain't doing it no more.

K: Well you can ask your mom about it.

## Feelings

J.: No more. I ain't doin it no more.

K: No more, no more, no more music (*chanting*)

I turned around to the drum and started chanting and playing.

K: No more music.

J.: Yes I ain't goin anywhere no more.(*chanting into the microphone*)

I reflected the statement in a rhythmic fashion.

J.: Yes I ain't goin anywhere no more. I'm not comin here no more. (*chanting into the microphone*)

K: You're not coming here no more. (*still chanting*)

## Conversation

J.: This ain't fun.

K: I know.

*(Maybe I was in agreement that it was not as fun for me either. As a therapist, I realized that Joseph was coming to the hard point in therapy when it was more work than fun most of the time. I could not separate myself from that. I tried to make up for what I said. )*

K: If you play the instruments, it might be fun.

In what seemed like desperation on his part, he stood up and motioned the microphone in my direction.

Feelings

J.: We ain't doin it no more.

He looked like he wanted to throw the microphone down on the ground, but resisted. I guessed because he knew he might break it. I was actually seeing some anger in Joseph. He started moving the microphone fast between his legs in an up and down motion.

K: Are you getting mad at that microphone.

Satisfied

J.: Yea, I'm mad at music.

Creates Internal Structure

Seeking Structure

J.: Now you do.

Experiencing Some Stress

K: Now I do what?

Self-Directed

Behaviors

Musical Play

He placed the microphone closer to me and signaled that he wanted me to hold it. He played keys on the keyboard with all his fingers.

Joseph was obviously stressed about being kept from outside. Even though the previous therapeutic segment did not involve much music, I believe that because the client-centered music therapy approach had been implemented up to that point in previous sessions, Joseph felt safe talking with me about his feelings. He did begin the session with music and returned to the music once he had created the structure that he needed to continue. He created the inner structure in the music therapy environment to tell me what was wrong. I had not yet observed these types of initiating behaviors in music therapy or on the playground.

This next excerpt immediately followed the previous one. Once this data had been analyzed, this seemed to me to be Joseph's celebration of the resolution of his stress. It was as though he had had a breakthrough in therapy.

Model	Data Excerpt 2
Musical Play	Once Joseph chose to play the keyboard, he started smiling. He found the 'r and b' ( <i>rhythm and blues</i> ) rhythm on the keyboard. He adjusted the volume and tempo to his preference. He then started dancing around the room laughing and smiling. Then he picked up the microphone.
Verbalizations	<p>J.: Say something. Hey Miss Kamile.</p> <p>K: Hey Miss Kamile.</p> <p>J.: You're good. I'm gonna give you some candy.</p>
Non-Musical Play	<p>Placing the microphone on the floor, he then reached in his pocket for some invisible candy. I took it gladly and then pretended to eat it and enjoy it. He gave me some more. He gave me the whole bag.</p> <p>J.: You give me a candy.</p> <p>I gave a piece of pretend candy. He pretended to eat it. He picked up the microphone again.</p>
Musical Play	<p>J.: Shout. (<i>Singing and Chanting</i>)</p> <p>K: Shout.</p> <p>J.: Shout Jesus.</p> <p>K.: Shout Jesus.</p> <p>J.: Shout Jesus, just Jesus.</p> <p>K: Jesus.</p> <p>J.: Lord now, OH OH OH OH OH OH. Music therapy is in the way. The toughest music woman.</p> <p>He sounded like he was announcing something or introducing me.</p> <p>J.: Music therapy woman. The music therapy is in the way.</p> <p>K: What's it in the way of? You like to play instruments, but the instruments are in the way.</p>

Verbalizations            J.:    You play.  
                                 K.:    You want me to play something. What do you want  
                                        me to play?

Musical Play      He picked up the green mallets. I picked up the blue mallets.  
Joseph played with both sticks on the drum. I reflected.  
J.:      Don't do it hard.  
I just imitated his movements.  
K:      Guess what Joseph? Music time is over.  
He threw the sticks down and ran to the door.

Verbalizations

J.: May I watch the tape?  
He looked back at the camera.

J.: When can we watch it?

K.: How about on Monday after our next session.  
All the anger seemed to be gone about being pulled away from  
after school activities.

## Summary: Session Eight

The first excerpt from session eight illustrated how Joseph was able to work through his frustrations with words, a behavior not previously observed by me or his teachers. The second excerpt illustrated his celebration. I do not believe that Joseph would have felt free to be creative with music if he was still dissatisfied with the stressful situation. I am not saying that music therapy took away the stress he felt. The stress was probably still with him. I just feel that the chanting and verbal reflection allowed Joseph to find a healthy way to cope with his stress. Joseph demonstrated that he could verbally express his feelings with and without the music. The possibilities, that Joseph will learn how to create internal structure outside of the therapy situation, have increased.

## Session Fourteen

In the previous chapter, I discussed parallels in Joseph's behaviors in the playground observations and in the music therapy observations. I described how the

theme of "bad boys on the playground" arose in Session Fourteen when Joseph expressed his concern about the boys' not letting him play. I thought I would use this same excerpt to illustrate how Joseph progressed through the model.

Data excerpts: Session fourteen.

Model	Data Excerpt 1
Seeking Structure	J.: I want to go play. Goal.
Experiencing Some Stress	He was pointing toward the window. This was and in the same direction as basketball court. K: You want to go play basketball over at that goal.
Self-Directed Behaviors Verbalizations	J.: Over at that goal. He pointed toward the hallway. J.: Over at that goal. K: You want to play over at that goal. J.: Yes, with them other boys. K: With them other boys. Joseph shook his head 'no'. K: Oh, you don't want to play with them other boys. He pointed again. J.: This goal, the first one. I am not sure which goal he is calling the first one. K: At the first goal you wouldn't play with those boys. Joseph walked back to the corner. I decided to be directive and investigate. K: What's wrong with those boys? Joseph faced out from the corner and mumbled something. K: Do they play with you? I am asking that question because I observed Joseph's frustration on the basketball court the other day. J.: Mm mm ( <i>sounding like the answer no</i> ) K: Do they let you play? J.: No they won't let me play. He ran out of the corner. K: They don't let you play? J.: Nope.

K: They don't let you play. That would make me mad.  
Does that make you mad Joseph?

Experiencing More Stress He didn't say anything and walked to his corner.

What follows is his reaction to my pushing him to talk about his feelings concerning other classmates. If we continued therapy, this one stressor would have been a focus for Joseph to face. Joseph stayed in fantasy for most of the rest of the session. I sensed that this was a big stressor for him, so I reflected and encouraged the fantasy behaviors because I believed he needed to work through this.

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Model Data Excerpt 2

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Avoidance Behaviors: J: Supposed to be Austin vs..  
Fantasy  
Seeking Satisfaction

K: uh huh.

J: Mac Macmaaahhonnenn.

This word was said very clearly into the microphone.

J: Supposed to be.

Joseph said some words that seemed gibberish to me into the microphone.

J.: He's breaking my head.

K: He's breaking your head.

J.: He's got my neck.

K: He's got your neck.

Joseph walked back to the bean bag to jump on it. He started humming as he jumped up and down on the bean bag. I reflected his singing. He started humming a little tune as he bounced over to the chalk board with the microphone. I started improvising a hummed melody as he passed me on my right. I was still sitting cross-legged on the floor.

J.: Bustin on my neck.

K: Bustin on your neck.

He put the microphone at his groin area and held it out perpendicular to the floor (*as if imitating gesturing with his penis*).

J.: He got me.



Then he said a four syllable phrase that I wasn't sure of. He turned back around and said.

J.: Supposed to be.. Well

K: Well

J.: Well, Well, Well, I give you an assignment. Do it or I'm gonna beat your...

K: You got an assignment. gonna beat you...

Satisfied  
Creates Internal Structure  
Seeking Structure  
Experiencing Some Stress

J: Now sweeeeeeeeeeeeeeeeeee (*singing a high pitch on the microphone*)

Self-Directed  
Behaviors:  
Musical Play

He walked to the keyboard and pushed a button, and a drum and cymbal rhythm were heard. I started reflecting the sounds we were hearing. He started pushing numbers over and over again and then we heard 'r and b.' I started smiling because I saw Joseph start moving his body up and down. He looked at me, putting the microphone up to his mouth...

J.: R and b.

K: R and b.

Experiencing  
More Stress  
Seeking Satisfaction

He started moving up and down while he was sitting on his knees. I started moving up and down with him even though he was not looking at me.

K.: You are moving up and down to the music.

He was smiling and sitting taller and moving up and down while holding the microphone. He pointed the microphone towards me.

K: R and b.

Reacting  
Dissatisfied  
More Stress  
Avoidance Behaviors:  
Fantasy

He then pulled the microphone away from me to his right side and started talking Fantasy about the New World Wrestling Federation.

J.: I'm scared.

K: Who's scared?

J.: I'm scared of... Are you in here with me?

K: I'm in here with you.

Hiding  
Dissatisfied

He started rolling up into a ball, as if he were hiding. I decided that this was too much for him and I redirected. We had talked

and laughed about "scardy cats" in a previous session. Remembering how that was not stressful.

Interrupted                      K:     Are you a "scardy cat"?

Seeking Structure      Joseph laughed and laid on his back.

Experiencing Some J.: What time is it?

## Stress

K: Music time is over.

## Summary: Session Fourteen

This session's data indicates that Joseph reverted to fantasy behaviors when faced with a high level of stress. I believe when I started asking him questions about his feelings, he was either uncomfortable talking about them, did not understand what I meant, or perhaps did not want to talk about the boys on the basketball court anymore. Each time I read this excerpt of this session, I remember how real this fantasy felt to me. We were in this foreign place together working through whatever he needed to work through. His not being accepted by his peers was not resolved during the short time I knew him. This session was just the beginning. I feel if he continued the music therapy process, possibly at a different time of the day, he might have been able to learn to deal with the inner struggles of this stress. He did allow me into his world. That was more than he had done for others in his life. I cannot attempt to take myself out of the therapeutic process and assume that it was only the process that helped him. Another therapist utilizing the same techniques may have observed different behaviors. However, I believe that the process allowed him to feel safe with himself to open up to me.

### Conclusion

The purpose of this chapter was to present a model illustrating Joseph's observed behaviors in client-centered music therapy. The model illustrates the different pathways Joseph took when trying to cope with stressors. Data excerpts were also provided. Session One illustrates that, if stressors were avoided or redirected and structure was more defined, Joseph had no problem creating internal structure within the music therapy session to cope with the unstructured aspects of the situation. When fewer directions were given and the external structure was not as well defined, as in Session Eight, more stress-related behaviors appeared. One apparent stressor was unavoidable--i.e., the time when the sessions took place. Joseph often expressed his desire to go outside and be with his friends. Both of his teachers whom I interviewed indicated how upset Joseph becomes when his routine is interrupted. When I found out that basketball was his favorite game to play, I understood very well why missing it twice a week was upsetting to him. As illustrated in Session Eight's excerpts, he learned that he could express his feelings verbally within the client-centered environment, which led to his feeling satisfied and creating internal structure in the environment. However, once he created internal structure, he seemed to enjoy playing the instruments, finding 'r' and 'b' on the keyboard, and chanting on the microphone. The need to go outside somehow was not as urgent as it had been before. Finally, Session Fourteen depicts a breakthrough for Joseph. Even though he did not ultimately create internal structure in the session, he made significant progress towards that goal. He showed feelings of sadness in his fantasy. Joseph was not a child who responded in therapy to my bringing up 'old business' from a previous

session, so the stress of being ignored by his peers was not discussed in either of the last two sessions.

My first idea for this chapter was to take the reader through all 16 sessions to see Joseph's progress in creating internal structure. After analyzing Session One and realizing that he adjusted to external structure in the first 5 minutes of the session, I concluded that studying his progression would be difficult. When the amount of external structure in the music therapy environment was something Joseph could handle, he created internal structure in every session. He encountered a problem when he was faced with a high degree of stress, as also occurred on the playground, when his regular routine was interrupted. However, what made this process so successful for him was that he was not alone when he reacted by exhibiting fantasy behaviors. Someone was with him to guide him through the process and to help him make sense through his fantasy play about the stress he was experiencing. I was there to encourage him to face fears, to reflect his behaviors so he knew he was not alone, and to be a confidant in a confusing world.

## CHAPTER SIX

### Summarizing the Experience

This study investigated a phenomenological experience with a nine-year-boy with autism by collecting data from client-centered music therapy sessions, interviews with teachers, and observations of play outside of the music therapy experience. Participants included Joseph, his regular education teacher, his resource teacher, and me.

### Developing a Purpose

The method for completing this study involved different levels of processing and required a multi-faceted personal approach. Preparing for the study involved finding the participants, selecting a setting, deciding on procedures and the session format. The process of collecting data from the two settings and structuring interviews was adapted from Forinash's (1990) three-step method which involved analyzing verbatim transcripts, videotapes, and taking personal process notes from each experience. When analyzing the data, I had these questions in mind:

1. What are the play experiences of a nine-year-old boy with autism, both in the client-centered music therapy setting and in natural play environments?
2. What, if any, are the parallels between his play in natural play environments and in the client-centered music therapy setting?
3. How does a child with autism create structure in the client-centered music therapy environment?

Therefore, the purpose of this qualitative study was to explore the play experiences of a nine-year-old boy with autism, both within client-centered music therapy sessions and in other play settings. I hoped to discover the meaning of the Joseph's self-directed play with musical stimuli and to look at parallels between his play in the natural play environment and in the client-centered music therapy environment.

### Exploring the Results

As I had hoped when forming my research design, similar themes did emerge, grounded in the data of the natural play environment observations and in the data collected from the client-centered music therapy sessions. Sometimes a theme had many similar counterparts between the natural play environment and the client-centered music therapy settings. Other themes were supported minimally with a similar amount of data. The chapter entitled "Parallels" illustrated similar and contrasting themes between the natural play environment observations and the client-centered music therapy observations which emerged via qualitative data analysis. The similar theme, "Behaviors dealing with stress," resulted in behaviors such as hiding and exhibiting fantasy behaviors. They existed in various settings, even ones that were on the surface extremely dissimilar, i.e., the natural play environment and the client-centered music therapy setting. The similar theme, "Bad boys on the playground," demonstrated that Joseph discovered that in client-centered music therapy, he could allow himself to trust the environment enough to express feelings or anxieties freely. I was happy that he trusted me enough to relate his feelings about how he was being treated in the natural play environment. As observed, he

also seemed to learn that, when the questions got too tough, he could always rely on a musical instrument to help him cope with the stress, as he did when he went to the microphone.

The "Parallels" chapter also described how dissimilar themes were inherent simply because the two settings were so different. I provided an example illustrating that, as a result of client-centered music therapy techniques, issues from the classroom were brought into the therapeutic setting. Joseph used an element of his everyday life, i.e., disciplinary procedures used in his elementary classroom, to deal with the stress of not being allowed to play the instruments after he broke the rules. I determined that allowing the classroom game to unfold was a positive venue for Joseph's self-expression and ultimately a way that he created internal structure in this environment. The client-centered music therapy setting provided Joseph with a way of expressing his feelings and possibly a means of resolving an issue that he may never have had the opportunity to resolve otherwise. I believe that looking at parallels in Joseph's play behaviors and in his client-centered music therapy behaviors was an efficient way of getting into Joseph's world.

The chapter entitled, "Creating Internal Structure," demonstrates how Joseph began the process of creating his own internal structure through self-directed behaviors such as musical play, verbalizations, and non-musical play, in the client-centered music therapy setting. Through observations of Joseph in 16 music therapy sessions, a theory of creating internal structure represented by a model (Figure 4) illustrated how he created internal structure in the client-centered music therapy environment. This chapter

provided examples, grounded in the data, of the process in action. I presented how he created internal structure with and without the presence of high stress. I illustrated how the process allowed him to investigate feelings hidden within his fantasy. The reader was able to follow the model while reading through the data from each session. The model illustrated the different pathways Joseph took when trying to cope with stressors. Session One illustrated that, if stressors were avoided or redirected and structure was more defined, Joseph had no problem creating internal structure within the music therapy session to cope with the unstructured aspects of the session. When fewer directions were given and the external structure was not as well defined, as in Session Eight, more stress-related behaviors appeared. One apparent stressor was unavoidable--i.e., the time when the sessions took place. Joseph often expressed his desire to go outside and be with his friends. As illustrated in Session Eight's excerpts, he learned that he could express his feelings verbally within the client-centered environment, thus feeling satisfied and creating internal structure in the environment. However, once he created internal structure, he seemed to enjoy playing the instruments, finding 'r and b' on the keyboard, and chanting on the microphone. The need to go outside somehow was not as urgent as it had been before. Finally, Session Fourteen depicted a breakthrough for Joseph. Even though he did not ultimately create internal structure in this session, he made significant progress towards that goal. He showed feelings of sadness in his fantasy. When the amount of external structure in the music therapy environment was something Joseph could handle, he created internal structure in every session.



### Exploring the Student/Therapist Relationship

By analyzing the themes that emerged from the data sources, i.e., observations of natural play environment, observations of music therapy sessions, and interviews, I found that I gained a deep insight into who Joseph was and who I was as a person with him. Joseph allowed himself to trust the music therapy environment enough to express his feelings and anxieties. In turn, I allowed myself to be open and real, therefore allowing him freedom to express himself emotionally and creatively. Our behaviors affected those of the other. As Joseph became more creative, I felt safer letting down my personal guard and allowing deeper meaningful experiences to emerge in the music therapy session. In other words, we allowed the client-centered process to work within the music therapy environment.

Finding the appropriate physical structure and supportive administration for creating a client-centered music therapy environment is important. In order to promote success for the student, the music therapist, implementing the client-centered approach, needs to exhibit characteristics in promoting a safe and trusting environment, in accepting the student's behaviors unconditionally, in reflecting verbal and non-verbal behaviors, and in encouraging therapeutic and creative behaviors. Rogers (1957) said that in order for the process to be successful, the therapist needs to be open, real, transparent, accepting, trustworthy, and 'with' the client. The music therapist needs to feel comfortable being open, to an extent that being open would promote the student's therapeutic growth. Because of the structured nature of special education programming in

the public schools, the music therapist might find such a non-directive approach difficult to implement in that setting.

As the client-centered music therapy sessions progressed, I constantly analyzed my own personal traits as a therapist and as a partner in the therapeutic process. I found that sometimes I promoted Joseph's personal growth, while at others I may have inhibited it. It was very easy for me to spot the times I inadvertently stood in his way. These occurred when I was distracted and basically was not fully 'with' him in the therapy. I suppose I was being myself at those times, but not for the purposes of supporting Joseph's needs. However, Joseph developed the inner strength and courage to persist in pulling me into his world during my times of distraction. I suppose I somehow indicated throughout the process that it was safe to do so.

I want to stress the point that the model on creating internal structure that emerged is unique to our experience. However, I would support further investigation into children's self-directed behaviors in client-centered music therapy sessions. In this study, this process encouraged Joseph to face the stress of needing structure, which led to satisfaction through self-directed behaviors. When other music therapists find themselves faced with attending to a student's educational goal of increased independence, this model represents an example of how one student with autism successfully chose his own pathways toward that goal.

The process of completing this study was physically and emotionally exhausting. Although I am somewhat relieved to see this segment of my life come to a close, time

and again, I wish I could go back and do a little 'r and b' with Joseph. When we both were in that rhythmic, chanting, primal, and healing world of music, I was comfortable being who I was; I too felt safe from harm; and I felt self-assured in the purity and essence of the moment. How did Joseph feel? I can only hope that he experienced some of the same feelings. His life seems to be a world of fantasy, play, creativity, laughter, tears, family, school, basketball, and for a brief period, music. I was fortunate to meet him, spend time with him, watch him play, and share a bit of myself with him.

### Saying Good-Bye

Several months after our music therapy sessions were completed, I had the opportunity to visit Joseph's elementary school. I had moved on and was employed in another school district in the state. Since I had a few days free, I traveled back to his school. I sought out one of Joseph's teachers with the hope that I would get to see him again. The teacher told me that he had moved to another school in the same district and that he had adjusted very well to the environment of his new school. He had exhibited no angry or uncontrolled outbursts, as had been feared would occur. I was sad not to see him again but also proud of what he had created for himself in music therapy. I hope our experiences in client-centered music therapy played a role in his self-controlled adjustment success. I know I will never forget the impact he had on my life. I hope our paths will cross again some day.

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## APPENDICES

APPENDIX A  
Interview Questions



### Interview Questions

1. When do you observe the student playing?
2. How does he play? By himself, with others, etc.
3. What roles does he assume in his play?  
Please give examples.
4. Have you observed these roles outside of play periods?
5. What items does he use when he plays?
6. Have you ever observed any fantasy play?  
Please give examples.
7. During the time that you have known him, have you seen any significant changes in his play patterns?  
If yes, please give examples.  
If yes, why do you think these changes occurred?
8. Have you ever noticed any musical aspects of his play such as singing, beating, rhythmic movement, or gestures (e.g. playing air guitar)?

## APPENDIX B

### Consent Forms

## Consent Form for Teachers

### TEXAS WOMAN'S UNIVERSITY

#### SUBJECT CONSENT TO PARTICIPATE IN RESEARCH

I understand that this thesis research will be conducted by Kamile O'Donnell, a music therapy graduate student at Texas Woman's University. The title of the study is Creating Internal Structure in the Client-Centered Music Therapy Environment: The Play Experiences of a Nine-Year-Old Boy With Autism. If I should have any question concerning this study, I may either reach Kamile O'Donnell at (254) 799-5781 or Nancy Hadsell, Ph.D. at (940) 898-2514.

I understand that the purpose of this qualitative research study will be to explore the play experiences of a 9-year-old boy with autism, both within non-directive music therapy sessions and on the school playground. The researcher hopes to discover the meaning of the child's non-directed play with musical stimuli and to look at parallels with his play in the natural playground environment. The researcher also hopes to discover how the child's musical play may be related to his playground activity.

My participation will be as an interviewee. The researcher will ask me 8 questions concerning play behaviors that I have observed in my current student, child's name here. I understand and agree to be audiotaped during the interview. I understand that the purpose of the audiotaping will be to collect data concerning child's name here play behaviors. I also understand that the researcher will transcribe the interview verbatim for my perusal some time after the interview but during the course of the study. I understand the study will be conducted between March and May 1998 at the elementary school where I teach child's name here. I know that the researcher and her thesis committee will be the only people allowed to listen to the tapes unless I request to hear them. I understand that the amount of time I will need to reserve for participating in this study will include the time to answer 8 questions (approximately 30 minutes or until all 8 questions are answered) and an unknown amount of time it takes for me to peruse the verbatim transcript or any other further corrected transcripts. I understand that the researcher may have follow up questions concerning my answers and an indefinite amount of time may need to be allowed for me to answer those questions.

I understand that there is a risk that my confidentiality may be violated. However, the researcher has informed me that my name will be omitted from the final draft of the thesis and that any data linking this study to me will be destroyed or erased by December 1, 2005. This includes any written data and audio recorded data. I understand the researcher will keep any written or audio recorded data in a locked strong box at her home. I understand that if I wish, I may receive a copy of the abstract of the researcher's thesis. I hope to see the benefits of the free music therapy services for my student, child's name here.

If I have any questions about the research or about my rights as a subject, I should ask the researcher: her phone number and that of her thesis advisor are at the top of this form. If I have questions later, or wish to report a problem, I may call the researcher, her advisor, or the Office of Research and Grants Administration at (940) 898-3377. I understand that my participation is voluntary and I may withdraw from the study at any time and that refusal to participate will involve no penalty or loss of benefits to which I am otherwise entitled.

An offer has been made to answer any questions or concerns that I may have. I have been given a copy of the dated and signed consent form to keep. I do hereby consent to the recording of my voice by Kamile O'Donnell, acting on this date under the authority of the Texas Woman's University. I understand that the material recorded during this study may be made available for data collection research purposes. Kamile O'Donnell and the members of her thesis committee will hear the tapes, and they will be stored in a locked strong box at the researcher's home until the December 1, 2005. The tapes will then be erased. I do hereby consent to such use.

I hereby release the Texas Woman's University and the undersigned party acting under the authority of Texas Woman's University from any and all claims arising out of such taking, recording, reproducing, publishing, transmitting, or exhibiting as is authorized by the Texas Woman's University.

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Signature of Participant

Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge and understanding of its contents.

---

Representative of Texas Woman's University

Date

## Consent Form for Parent

### TEXAS WOMAN'S UNIVERSITY

#### SUBJECT CONSENT TO PARTICIPATE IN RESEARCH

I understand that this thesis research will be conducted by Kamile O'Donnell, a music therapy graduate student at Texas Woman's University. The title of the study is Creating Internal Structure in the Client-Centered Music Therapy Environment: The Play Experiences of a Nine-Year-Old Boy With Autism. If I should have any question concerning this study, I may either reach Kamile O'Donnell at (254)799-5781 or Nancy Hadsell, Ph.D., at (940) 898-2514.

I understand that the purpose of this qualitative research study will be to explore the play experiences of a 9-year-old boy with autism, both within client-centered music therapy sessions and on the school playground. The researcher hopes to discover the meaning of my son's non-directed play with musical stimuli and to look at parallels with his play in the natural playground environment. The researcher also hopes to discover how my son's musical play may be related to his playground activity.

I understand that my son, child's name here, will participate as a subject in the study. I understand that he will participate in 20 non-directive music therapy sessions beginning in March 1998 and ending in May 1998. I understand that he will participate in two 30-minute sessions weekly after school. I understand at each session, the researcher will sign child's name here out from his supervised after school activities and walk with him to the Music Therapy Room. At this point he will enter the room seeing musical instruments spread out on the floor in the center of the room. These instruments will include percussion instruments, an electronic keyboard, a microphone, and an amplifier. Upon entering the room, he will be informed of the following rules: 1) you cannot hurt yourself, 2) you cannot hurt the researcher, and 3) you cannot deliberately break any instrument. I understand that child's name here will be told that if he breaks one of the 3 rules, the session will immediately be stopped and he will be escorted back to his supervised after school program or to me. I understand the researcher will ask child's name here if he understands the rules and will wait for a 'yes' response. Upon receiving this response, the researcher will tell child's name here that the instruments are for him to enjoy and to use as he wishes for the session. He will then be informed that the researcher will let him know when the session is coming close to an end by giving him 5 and 1 minute warnings. I understand that for the duration of the 30-minute session, child's name here will be allowed to explore the instruments freely while the researcher observes his verbal and musical responses. I understand the researcher will offer statements of encouragement instead of direction, and will verbally and/or musically reflect his verbal or non-verbal behavioral responses.

I understand that once the session time has expired (following 5 and 1 minute warnings), child's name here will be asked to stop what he is doing, exit the room, and

walk with the researcher down the hall to meet me. As he and the researcher are walking down the hall, the researcher will tell him when they will meet again for music therapy.

I understand that the researcher will also be observing child's name here during his after school playground activity. I understand the researcher will act only as an observer taking observational notes while watching child's name here play. The researcher will not interact with child's name here. The researcher will be sitting far enough away from the play site to observe unobtrusively without physically interacting with child's name here during playground activity.

I understand that there are some risks involved. There is a risk that our confidentiality may be violated. I understand that child's name here name will be kept confidential on any data or written material about the study. I understand that the researcher, Kamile O'Donnell, and her research committee will be the only people who will have access to the videotaped sessions besides me, if I request to view any sessions. The researcher has informed me that child's name here name will be omitted from the final draft of the thesis and that any data linking this study to him specifically will be destroyed or erased by December 1, 2005. The researcher will not discuss specifics of the study or specific actions of child's name here to anyone not directly involved in the study. To protect child's name here from being observed or interrupted during a non-directive music therapy session, the door window will be covered and signs will be posted asking for no one to disturb the session in progress. The blinds on the windows will be closed during the sessions to prevent anyone looking in the windows. Child's name here is also at risk because he is a minor and has autism. I understand that the researcher has recently conducted a research study with a male with autism. I understand the researcher works as a Music Therapy intern every day in the special education portion of child's name here school with many children with autism. Although the researcher is aware that all children are different, she has direct experience with children who have become over-stimulated during the music therapy process and is knowledgeable of behavioral predictors and techniques to assist the child with becoming less-stimulated during the process. If by chance, child's name here becomes over-stimulated during the music therapy process, and the researcher is unable to alleviate the situation, the session will immediately be stopped by the researcher. Also, an emergency phone is located in the room to contact a principal in the office to come help if needed.

I am also aware of the possible benefits of this study. This includes free music therapy service, access to a special type of music therapy intervention not provided by the school presently, as well as special individual time away from normal music class. The researcher has explained to me that she hopes the intervention will help child's name here establish more control over himself and his environment. I look forward to reviewing any videotape of sessions at my request and I look forward to receiving a copy of the abstract of the final thesis study.

If I have any questions about the research or about my rights as a subject, I should ask the researcher: her phone number and that of her advisor are at the top of this form. If I have questions later, or wish to report a problem, I may call her, her advisor, or the Office of Research and Grants Administration at (940) 898-3377.

I understand that my son's participation is voluntary and I may withdraw him from the study at any time and that refusal to participate will involve no penalty or loss of benefits to which he is otherwise entitled.

An offer has been made to answer any questions or concerns that I may have. I have been given a copy of the dated and signed consent form to keep.

I do hereby consent to the recording of my son's voice and images by Kamile O'Donnell, acting on this date under the authority of the Texas Woman's University. I understand that the material recorded during the study may be made available for data collection research purposes. Kamile O'Donnell and her thesis committee are the only persons authorized to watch the tapes, other than myself at my request. The researcher will store the tapes in a locked strong box at her home until the conclusion of the study on December 1, 2005. The tapes will then be erased. I do hereby consent to such use.

I hereby release the Texas Woman's University and the undersigned party acting under the authority of Texas Woman's University from any and all claims arising out of such taking, recording, reproducing, publishing, transmitting, or exhibiting as is authorized by the Texas Woman's University.

---

Signature of Parent of Participant

Date

The above consent form was read, discussed, and signed in my presence. In my opinion, the person signing said consent form did so freely and with full knowledge and understanding of its contents.

---

Representative of Texas Woman's University

Date