

Music Therapy for Children with Autism and Their Mothers' Wellbeing: A Case Study from Clinical Practice

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Abstract. Raising children with autism is a challenging journey. Parents are faced with financial burden, emotional and psychological stress. Moreover, the difficulty in communicating verbally affects the dynamic within the family. A study by Hastings et al. (2005) shows that mothers, compared to fathers, are more affected by their autistic child's behaviour problems. In Asia especially, where mother is expected to be the main caregiver who fulfils psychological and emotional needs, and provides security and affection for their children, this situation often leads to a heightened stress. In addition, social pressure and lack of external support may leave mothers feeling isolated. A case study drawn from my clinical practice will narrate how mothers of children diagnosed with autism grow confidence and gain hope when they witness positive interaction between music therapist and their children. Meeting the clients' mothers after the session is a way for them to learn about autism and their child's conditions. In addition to the evident progress shown by their children, the way mothers view their children's potential affects their relationships with their children, which is key to their child's development. The post-session discussion also allows mothers to express their feelings verbally, which is unlikely to happen in other settings. Finally, the musical process in the therapy viewed by mothers will benefit them not only on surface, but also deeper level, which is potentially advantageous for her wellbeing.

Keywords: Music therapy, autism, children, mother, wellbeing

Introduction

The number of children with autism increased every year. According to WHO reviews (2017), 1 in 160 children has autism spectrum disorder (ASD). Although there is no statistics showing the prevalence of people with autism in Indonesia, it is estimated by the Director of Mental Health Development Ministry of Health that the number of children with autism within the age range of 5-19 years old in the country in 2010 was 112,000 (Melisa, 2013). Despite the increasing number of children with autism, people's awareness of the neurodevelopmental disorders especially in Indonesia remains considerably low. This situation often results in the assumptions that children within the spectrum are products of faulty parental nurturing or associated with parents' lack of love, similarly to the term "refrigerator mothers", a misconception about the cause of autism.

As a music therapist, children with autism is the population I have worked with the longest time in Indonesia. It is quite safe to assume that parents of children with autism here are getting more open to seek help. Although in my clinical experience sometimes children come with both parents, most of them would come only with their mothers. Therefore, I have since then developed a profound interest in not only working towards the client's development, but also their mothers' wellbeing. I discovered that music therapy is a useful means for these mothers to deal with stress and improving/maintaining wellbeing. By presenting a case study from my clinical practice, I aim to portray how this happened; how music therapy affects mothers' perceptions of their children's conditions, the correlation between mothers' involvement in music therapy activities and the way they perceive themselves, and eventually

how music therapy improves/maintains the wellbeing of mothers of children with autism.

Literature Review

A child diagnosed with autism affects the lives of their core and extended families. Raising them is often challenging for parents, especially given their limitation in reciprocal communication (Falk, Norris, & Quinn, 2014). Parents are faced with a great challenge that includes financial burden, emotional and psychological stress. Furthermore, in comparison to parent of other disabilities, parents of children with autism generally deal with more stress (Lecavalier, Leone, & Wiltz, 2006). Although some authors have implied that behavioral issues in children with disabilities are associated with parental stress, little investigation has been done in the area that correlates with the experience of parents in their child's therapy.

In Asian culture, fathers are commonly expected to provide economic support. Mothers, on the other hand, are considered the primary caregiver who should provide a secure and affectionate environment in the house (Jankowiak, 1992). In addition, a study by Hastings et al. (2005) shows that mothers, compared to fathers, are more affected by their autistic child's behavior problems. Mothers of children with autism are often blamed for their children's conditions and unusual behaviors that are socially unacceptable. As a result, mothers are faced with rejections from the society and sometimes their own families. This situation inevitably leads to heightened stress and depression.

People with autism are one of the first client populations music therapy pioneers worked with. The practice of music therapy and families has been useful for families to find ways to develop their children's functions, as well

as promoting bonding amongst family members (Oldfield, 2011). In music therapy with children with autism and their families, parents found connections and mutual enjoyment that are rarely found elsewhere (Thompson, 2017). A new model, music-oriented counselling for parents of children with ASD, is introduced by Gottfried (2017). Although the practice and research in this area have been increasingly conducted, the correlations between music therapy activities and parents' perceptions are yet to be widely explored.

Mothers' reaction towards their children's condition may vary. In South Korea, Koo and Lee (2002) found four different coping types of mothers with children with ASD. According to their findings, some mothers perceived their children's disability differently from the therapists' assessments while some others were found accepting their child's condition and engaged in the therapy work. Concentrating in improving their children's wellbeing, mothers often neglect their own. In addition, mothers who mainly have given up their careers to focus on their role as the primary caretaker usually cannot afford therapies since they are considered costly and time-consuming.

Case vignette 1: Aisha and her mother

Aisha (pseudonym) was diagnosed with autism. She was 8 years old when she was referred to music therapy. Her mother found out about therapy when we first opened our on-campus music therapy clinic and offered music therapy services as a pilot project. Aisha was an only child and very close to her mother. On her first session, she explored many instruments but was particularly interested in the maracas. While playing the instrument, I sang an improvised song 'Shake, shake!' and she slowly joined in singing out the word "shake". She smiled a lot and made some eye contact while enjoying the music making. However, she sat in the corner of the room and would not let share her maracas with me. It was challenging to end the session because Aisha still wanted to explore more instruments.

"Prior to working with Aisha, I had met with her mother to introduce what music therapy is and learn about Aisha's background. This initial assessment was crucial to identify Aisha's needs as well as her mother's expectations from music therapy. Although parents' understanding of the concept of therapy and my approach is usually not built over a meeting, it was nevertheless useful for us to set a starting point and aims that are relevant for Aisha and her family."

After 12 weekly music therapy sessions, Aisha has become more familiar with the structure. She would confidently approach the cabinet and explore different kinds of instruments. She was continuously developing her social skills and cooperativeness. Her increased flexibility was reflected in taking-turns and sharing instruments. As our rapport developed, she began to open up. Instead of sitting on her own in the corner, Aisha was now most of the time willing to share her space with me and occasionally let me hold her hand.

"Aisha's mother initially came into the session a few times. Later when she opted to wait outside to

encourage her daughter's independence, we continued to meet after the session and discussed what had happened in the session. As soon as Aisha and I came out of the therapy room, Aisha's mother would usually check with her daughter if she had been a good girl that day. I would then explain the activities we did in the session and the rationale behind them. I sometimes showed her a clip taken from the recorded session to show our interactions and how Aisha was responding to the music. Following this, we normally extend Aisha's milestones in therapy to what can be done outside the therapy setting".

Aisha's way of playing has turned out to be more playful and creative, displayed in the way she handled the instruments. Both musical and verbal interactions have increasingly taken place during the sessions. When I attuned to her (such as when imitating the sounds she makes on the instruments or her vocalisations), she would look or smile. She has also begun to bring in her favourite songs in the session by mentioning its title or part of lyrics. Singing, especially her favourite songs, motivated her to verbalise. Along with her increasing engagement and enjoyment in musical activities, she is learning to express and manage her emotions through music. As a result, she has become more flexible when things do not go her way.

"As my therapeutic relationship with Aisha established, so was my rapport with her mother. Our post-session meeting became a routine and I usually spared around a quarter of to half an hour for our discussion. Aisha's mother told me that Aisha began to play with her cousins. The developing social skills that she performed in the therapy session transferred into her everyday life. How music helped her verbalise through singing, control her pitch and volume when speaking, and communicate better. The way she expressed herself was getting more spontaneous and two-way. And now that she could express herself, she rarely threw tantrums. Their mother-daughter relationships became stronger. They enjoyed listening to songs at home and in the car, using different music therapy-based strategies in supporting Aisha's social and communication skills. After the end of our pilot project, Aisha's mother decided to continue taking Aisha to music therapy and it lasted for nearly 3 years".

Discussion

While many parents prefer to stay outside during music therapy session for various reasons, they are normally eager to spend time after the session to discuss about their child's progress. They may benefit from the discussion at various levels. First, it is a way for parents to learn about autism and their child's conditions. Each child is unique, and so is a child with autism. Music therapists are in many cases considered experts, not only in the area of music, but also child development and psychology. Therefore, parents often ask about the characteristics of autism, ways to improve behaviours, or

for ideas of musical activities they can do at home with their child in order to support their development. The process, however, actually comes in a cycle. For example, when a mother introduces a certain song to me as the piece that her child is currently enjoying or familiar with, I can use it in our session to engage the child more effectively. If the use of this familiar song works, I will translate the activities into some simpler, practical tasks she can try at home with their child. Through this process, mothers are empowered and equipped with knowledge they will need when the therapy comes to an end.

Further, as observed in my clinical practice, mothers' shifted perspectives of their child significantly affect their relationships with their children and are key in their child's development. By understanding the development process in mother-infant interaction (Stern, 1985) and witnessing both musical and verbal interactions in music therapy, hope arises. This significantly supports the progress shown by their children. Contrary to this, when mothers are stressed by what the society says about their children and feeling ashamed, they are obstructed from seeing potentials in their children.

As a culturally-adapted practice, the existence and growth of music therapy are based on the acceptance of the stakeholders; in this case the clients' parents. The decision whether a child will undertake and/or continue music therapy will primarily depend on how parents can view their child's development as a comprehensible progress. When therapy is viewed as a way to enable their children to enter a formal education, parents focus on the therapy's end result. The process of therapy itself, therefore, is often paid little attention to. When they are involved in their child's music therapy sessions, nevertheless, they may also benefit from it without having to be economically burdened. Therefore, this study also suggests the appropriateness of parents' inclusion in music therapy in our socio-economic context.

In addition, the post-session discussion allows mothers to express their feelings verbally, which is unlikely to happen in other settings. Music is a social experience that involves its participants, not only the music makers but also the listeners and viewers. As it is a multisensory process, mothers who are shown their child's musical activities in the session will be allowed to reflect on the process of therapy itself. This benefits mothers not only on surface, but also deeper level, which is potentially advantageous for her wellbeing.

Conclusion

The above discussion implies the importance of involving mothers in music therapy, although not necessarily in the sessions. It may also be suggested that music therapy should be considered as a psychosocial intervention to be applied not only for children with autism, but also their mothers. Due to the limitations in this single case study, however, this study warrants a further investigation.

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