

A qualitative analysis: “The effect of Music Therapy on a person with intellectual disability”

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Submitted in partial fulfilment of the requirements of the Bachelor of Arts degree (Social Science Specialization) at DBS School of Arts, Dublin

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April 2011

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Acknowledgements

I would like to thank Dublin Business School for this brilliant opportunity to carry out my studies and for the use of the facilities. I would also like to thank my supervisor Bernadette Quinn for her support and advice over for the past four years. I would also like to thank the people who took part in this study. I really appreciate for you taking the time and effort to partake in my interviews. Finally, I would like to say a big thank you to my family and my Social Science class of 2011 at DBS. I got great support from everyone and it was a very rewarding task.

Abstract

This thesis will look at the effects that music therapy has on autistic individuals. People with intellectual disability frequently experience communication difficulties and behavioural issues. This study was carried out with the use of Qualitative Analysis. It involved interviews with care assistants obtaining their views on music therapy. The study investigates the different effects that music therapy has on a person. The themes examined were Emotions expressed by the clients, Communication, Effects and Benefits of Music Therapy. The results showed that music therapy had a significant effect on the person's communication, behaviour and the expression of emotions. It showed that they experienced many emotions ranging from happiness to shyness to excitement. It also helped them communicate more and helped compensate for their lack of ability in some areas.

Introduction

1.0 Background of Intellectual Disability

Many people with intellectual disability have problems in communicating with others. Music Therapy is one of many therapies that have been introduced to deal with communication needs. Other examples are speech and language therapy and family therapy (Fidell 2000). Numerous studies will be discussed in the course of this literature review. Aldridge (1996) says that music engages the central coordination of body movement by mimicking its dynamics. Intellectual Disability will be described and classified. The term intellectual disability refers to individuals who are diagnosed as having impairments in intellectual functioning (World Health Organisation 2001). Such people often need extra care and support from a wide range of health care services. Intellectual Disability can be related with a number of genetic or inherited conditions. Such conditions include Autism, Down syndrome and Prader Willi syndrome. All people with intellectual disability can learn and develop. There are many services available to support and help people with disabilities and their family.

1.1 Classification of Music Therapy

Music therapy is well documented as a non-threatening and enjoyable intervention that uses musical interaction as a means of enabling non-verbal expression (Wigram 2002, Watson 2007).

Before examining the research there will be a background of Music Therapy given. Music therapy was introduced in the 1950's and 1960's by Clive Robbins, Juliette Alvin and Paul Nordoff. Music therapy has been a very important tool on helping people with Autism. There are many definitions of Music Therapy. Bruscia (1998, p20) clarifies music therapy as follows:

“Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships that develop through them as dynamic forces of change”.

Bunt (1999, p.8) describes music therapy as:

“Music Therapy is the use of sounds and music within an evolving relation between client and therapist to support and encourage physical mental, social and emotional wellbeing”.

Music therapy can help to enhance the quality of life for a person with Intellectual Disability. It allows them to communicate with other people in a non-verbal way using music and sounds. Aldridge (1994) describes Music Therapy as a technique which involves the client playing musical instruments or singing with the Music Therapist, Thereby making communication possible. Music therapy makes it possible for a person to communicate. It uses music and sounds in a way for communication. Music therapy was seen as beneficial with people with other physical cognitive and emotional disabilities (Aldridge, 1994). Many music therapists are employed by the National Health Service, social services and education authorities.

1.3 Literature Review

There have been numerous studies conducted by Agrotou 1998; Alvin and Warwick 1991; Nordoff and Robbins 1985 to investigate the effect of Music Therapy on a person with an intellectual disability. They state that music can stimulate and develop more meaningful and playful communication in people with autism. Brown (1994) stated that participating in music therapy allows the person with autism to experience and explore an increased range of emotions such as happiness, excitement and joyfulness.

It can be difficult for parents dealing with the concept of their children having a disability. In many cases, music therapy enables the communication with the parent and the child. Woodward (2004) clarifies that Music therapy can also play an important role for parents of children with autism by fostering relationships and developing positive interactions. Music Therapy is designed to impact the auditory, proprioceptive, and visual sensory systems and can also serve as a motivational tool (Brownell (2002); Thaut (1999)).

The music therapist uses instruments to communicate with the individual. They will use instruments that are non-threatening to the client. Music therapy sessions are usually held on a weekly basis and the length of the session is the same every week. Some clients may respond better to the better on a one to one basis and some perform better in a group. The therapist uses percussion or tuned instruments, or her own voice, to respond creatively to the sounds produced by the client, and encouraged the client to create his or her own musical language. Instruments will be selected which are non-threatening to the client. The client

wants to communicate but is unable to do so due to a lack of expressive language. Therefore music can play a powerful influence in assisting communication.

It is used a ‘...non-verbal and pre-verbal language which enables verbal people to access pre-verbal experiences, enables non-verbal people to interact communicatively without words, and enables all to engage on a more emotional, relationship-oriented level than may be accessible through verbal language’ (Alvin 1991, as cited in Gold et al., 2006).

A pilot study conducted by Grob, Linden and Ostermann (2010) investigated the effects of music therapy in the treatment of children with delayed speech development. The study used an observational checklist where participants with music therapy and no treatment were observed to see if there was a link. Eighteen children took part in this study. They were three and a half to six years old. The results showed that there was a positive effect on the people who were experiencing music therapy. It concluded that music therapy may have an effect on the clients ability to communicate with another individual.

Wigram (1988, p.44) proposes the following as a useful description of the potential function that music therapy serves for people who have an intellectual disability:

“Seeking to create or develop an alternative means of interaction is one of the primary functions of music therapy. The effect of providing this new means for a person to make contact and be understood has a profound value in satisfying emotional needs, and in building relationships with other staff and particularly with other mentally handicapped people”.

Edgerton (1994) examines the effectiveness of improvisational music therapy on autistic children's communication behaviours. There were eleven children taking part in this study ranging from the ages of six to nine years old. The music sessions went on for ten weeks. They analysed the communication behaviours of each child each week and took note of the changes. The study concluded that the therapy had an impact on the autistic children's communicative behaviour. There was a big difference between the first and final session in their communication levels.

Rainey and Perry (2003) investigated the effect of different levels of communication with children with severe and multiple disabilities. Ten children with severe and multiple disabilities took part in this study. This was a qualitative study. The most common condition was cerebral palsy. There were video recordings collected to analyse the data. Overall findings of the study concluded that different children progressed more as each child was at different levels of communication. Turn taking, playing and singing were established to be significant types of communication during the music therapy sessions. The study was successful in demonstrating a number of communication difficulties that were seen in this group of children who had severe and multiply disabilities.

Wigram and Gold (2008) highlighted within their report entitled "Music therapy in the assessment and treatment of autistic spectrum disorder: clinical application and research evidence" that music therapy had an effect on a person with autism. It helped them with their communication. It also improved interaction and social skills.

The next study to be analysed is conducted by Toolan and Coleman (1994). It investigates the use of Music Therapy in increasing levels of engagement. It also investigates the positive interaction among five adults with intellectual disability. This research design was also descriptive and non-experimental in nature. This study was a quantitative study. It was carried out over a thirty session period of music therapy. The results concluded that there was a major difference in levels of engagement over the time period.

Gold, Wigram and Elefant (2006) conducted a study to examine the effects of music therapy on individuals with intellectual disability. They specialized in autism. Three small studies were conducted to assess the effect of music therapy on people with autism. There were twenty four people taking part in this study. There were daily sessions of music therapy. This was over a one week period. The results concluded that music therapy had an effect on the client's communication skills, but had no effect on their behavioural problems.

The next study to be examined is an experimental study that was conducted by Hooper (2002). It investigated the use of Music Therapy compared with ball game activities to develop peer interaction between two subjects with severe intellectual disability. This is a single study where data was collected using video recordings of each session. It was then analysed by two trained people who were unaware of the purpose of the study. Results of the study reported that both interventions were successful in increasing peer interaction between these subjects. Although in saying this, the ball games activities produced more significant results than music therapy interventions.

Finnigan and Starr (2010) investigated the effects of using music and non-music therapies among preschool children with autism. They conducted these studies over a twelve week period. The aim of the study was to establish if there was a difference between music and non music interventions. The results clearly showed that the music interventions were more successful than non music therapies. The music sessions helped the clients and helped their behaviours.

Farmer (2003) conducted a quantitative study which compared active and passive music therapy techniques to determine whether or not these techniques enhanced verbal and non-verbal communication skills. There was a group of ten children with autism selected. The results in this study showed there were improvements in verbal and non-verbal communication. It also claimed that active music therapy was more successful than passive music therapy. This study also showed that music therapy was more effective in enhancing non-verbal communication skills compared to verbal communication skills.

Aldridge and Kern (2006) wanted to improve peer interaction among four boys in a playground by involving the children in music therapy interventions. The children showed no interest in mixing with other children. They preferred to play on their own. The teachers introduced a routine using music therapy and play between an autistic child and a nonautistic child. Within these music therapy sessions the nonautistic child and the teacher would sing a song and encourage the autistic child to participate. Eventually the child would sing this song on his own with no help from the teacher or other child. The results show there was a small improvement in interaction as the autistic child listened to the other child and the teacher.

There was only one Irish study conducted on this topic. It was conducted by Duffy and Fuller (2000). The aim of this study was to investigate the role of music therapy in social skills development of children with moderate intellectual disability. There were thirty-two children investigated who had moderate intellectual disability. These people were randomly selected from a number of special schools and randomly assigned to either a music therapy social skills or non-music social skills control group programme. There were video recordings to collect the data and develop a social skills test. This test was used to assess the quality of five targets social skills namely, turn taking, imitation, vocalization, initiation and eye contact. Results concluded statistically significant findings for each intervention program. However, the findings were positive for both treatments. Duffy & Fuller acknowledged in their discussion of this study that there were numerous methodological limitations that may have impacted on the results. One major limitation that was addressed was the use of pre-recorded music at some sessions as opposed to music sessions with a trained music therapist or musician.

Gold et al (2006) makes the assumption that non-verbal communication skills may well be easier to address with individuals with autistic spectrum disorder. In both studies crossover designs were used, which meant that each subject was exposed to each of the interventions at different stages of the experiment. Further analysis of these findings reported relatively small sample sizes in both studies namely ten subjects (Gold et al 2006).

Bunday (1995) investigated the use of music and songs as a medium to teach manual signs. He wanted to compare this with a slightly different therapy which used rhythmic speech as a medium to teach manual signs. The results of this concluded that the signs

imitated during the music condition were significantly higher than the average number of signs imitated during the rhythmic speech condition.

Although these studies have yielded significant results there is limited higher levels of evidence such as randomised controlled trials or experimental research to support the use of music therapy in enhancing communicative behaviours in individuals who have intellectual disability (Bunday 1995, Duffy & Fuller 2000, Hooper 2002, Farmer 2003).

A survey conducted by Silverman (2006) found that the majority of research articles on music therapy published in “The Journal of Music Therapy” and another journal entitled “Music Therapy Perspectives” were mostly descriptive in nature providing descriptions of works in different settings or case studies conducted over a number of years.

There was a lack of Irish study investigating the effects music therapy at a national level. Edwards (2002) a spokesperson for “The World Forum of Music Therapy” in Ireland also highlighted that music therapy as a profession needs to be regulated and developed further in Ireland and that more research needs to be conducted.

There was a limited amount of research on this topic on music therapy. There were only two of these studies which specifically related to people with intellectual disability (Duffy and Fuller 2000, Hooper 2002). It can be clearly seen that music has a positive effect on the individual. It is established in much of the literature reviewed that people with severe

intellectual disabilities depend on non-verbal modes of communication to express their needs (Porter et al 2001, Graham 2004, Thurman et al 2005). It also is supported in the literature that music therapy has been advocated for individuals who have difficulty communicating their needs verbally (Berger 2003, Watson 2002, Watson 2007). It has become clear that more research investigating the effect of music therapy on persons with an intellectual disability needs conducted.

Methodology

"Qualitative research involves broadly stated questions about human experiences and realities, studied through sustained contact with people in their natural environments, generating rich, descriptive data that helps us to understand their experiences and attitudes" (Rees, 1996, P375 & Dingwall et al, 1998).

2.0 Research design

The type of design used within this research is Qualitative Approach, which it is felt to be most suited to this Research. Qualitative research often considers the perception and outlook of individuals participating in a study. Thematic analysis is used to analyse and identify patterns within the data obtained. The researcher conducts interviews to seek answers to a question and gathers evidence which will back up the research question. Qualitative research is quite useful in getting information about values, behaviours and opinions of particular populations. The interviewer is an integral part of the investigation (Jacob, 1988). This type of research was more appropriate as the researcher wants to find out if there is a relationship between these two variables- Music Therapy and Attitudes according to care workers. Qualitative research uses open ended questions. This gives the participant the right to respond in their own words. The relationship between the researcher and the participant is often less formal than in quantitative research.

2.1 Sampling

Within this study purpose sampling was used. The researcher believed it was the best form of sampling to use. Purposive sampling is a form of non-probability sampling (Polit & Hunglar, 1999, P284). This was the most appropriate sample to use as the researcher knew the interviewees would have some knowledge about the topic and be able to carry out the interviews.

2.2 Participants

In this research there was a screening process to determine suitable candidates to participate in these interviews. There were eight Care Workers selected who work in an “Intellectual Disability Care Home”. These care workers were selected from the health sector. The participants were informed of the interview and what would be asked of them. The participants used within this study were both male and females. There were a total of eight participants. There were four males and four females. It was important for the researcher not to say anything that could be perceived as coercive. The interviewees were informed that their participation was voluntary and they had the option to leave at any time. This was emphasized at the start of the interview. Each participant was involved in music therapy sessions within their organisation.

2.3 Apparatus

A Dictaphone was used to record the interviews that were carried out. It was most effective as it caught all the material on tape. Some paper and pens were also used to take note of any further comments from the interviewers. An important Microsoft program Nvivo 9 was used to analyse the data obtained from the interviews. This program allowed the researcher to review the transcripts and divide them into different themes and sub-themes.

2.4 Procedure

The aim of this research was to understand the effect of music therapy on a person who suffered from an intellectual disability. This was done by interviewing care assistants who were involved on a daily basis with people with intellectual disability. The care assistants were involved in these music therapy sessions once or twice a week. The researcher conducted six interviews within an organisation that had music therapy sessions. A consent letter was signed by each participant of the interview programme.

The participants were notified that each interview would be recorded, that no persons would be identified and that it would be strictly confidential. The researcher conducted the interviews within the organisation over a three week period, and each interview lasted from 20-30 minutes.

The researcher analysed the data as soon as the interviews were complete and transcribed each interview and imputed to Nvivo. This was used to obtain the main themes and sub themes that were evident throughout the interviews.

2.5 Ethical consideration

Ethical consideration is a very important factor when conducting the interviews. The researcher should undergo a course in ethics training so as to be aware of the ethical guidelines that have to be followed throughout the interview. The participant should be treated with respect and courtesy and their dignity should be upheld at all times. This is important that is seen throughout the interview. The researcher assured the interviewees of confidentiality, and that any information disclosed within the participant and the researcher would not be shared with anyone else. Confidentiality assures that the identities and the interviewees participating in a study will be safeguarded from public exposure (Dempsey & Dempsey 2000). It was important that the researcher used appropriate language within the interviews.

2.6 Data Analysis- Thematic Analysis

Data analysis techniques involve systematically organising information or data and using the appropriate tools to retrieve meaning from this data (Polit and Hungler 1995). It is stated by Burns and Grove (1997), that verbal presentations are the best methods of

distributing knowledge to interested parties about the findings of a research study Thematic Analysis was used to analyse the data when was obtained. The computer software Nvivo was used. Nvivo was used to identity the main themes. It formed codes form the data. It was used within qualitative research for analysis of the data. Within this process there were themes grouped together. This is referred to as coding. This software coordinates the Information obtained from the participants. The researchers choose Nvivo as it is most suitable when analyzing audio.

Results

In this section the results from the study will be analysed that was obtained from the interviews. There were six semi-structured interviews that were coded through thematic analysis. This is done through Nvivo. The aim within this research was to understand if there is a relationship between Music Therapy and if it has a positive impact on a person with an Intellectual Disability. There were five people interviewed. Within the interviews each person highlighted that within an organisation with people with intellectual disability there can be many different responses. A few of the participants claimed that the clients may enjoy it one week and the next they may not want to attend.

“It all depends on the morning it is on that’s what I believe anyways, they may feel they don’t want to attend so we don’t force them”. - Laura

Within this research there were four key themes found within this research. They will be analysed in detail and quotations from each interview will be reviewed. The core themes that were established throughout the interviews were as follows:

- Emotions expressed by the clients
- Communication
- Effects on the clients
- Benefits of Music Therapy

3.0 Emotions expressed by the clients

From the beginning of each interview it is evident that throughout the Music Therapy sessions there are different emotions expressed. These emotions rang from embarrassment to happiness, sadness to enjoyment. The clients felt quite shy at the start of the session.

Happiness

The emotion expressed the most is happiness. It is evident throughout each interview that was conducted. As soon as they became familiar with the setting they become more happy and involved. Kate states this by saying:

“They become happy and start laughing and smiling. Once they become familiar with the environment and get to know the music therapist they become more content.

It is important that each client benefits from the sessions. Each client has the opportunity to express themselves in many ways. Some just need to get used to the routine and they will start reacting and opening up more as the week progresses. Laura expresses this idea in saying:

“I find they become happier in themselves. I noticed with one client in my group that they got embarrassed within each session. As the weeks went on they became more familiar with the room and the staff and started to laugh and join in different things”.

Darren supports this idea in saying that there are so many emotions that can be seen throughout each session.

“Within any given Music Therapy session that I have been involved in the emotions can range from sadness, hostility to excitement and enthusiasm. The most prevalent feeling is one of happiness”.

Emma believed that it is about the client what feeling they will express.

“It depends on the week how they will feel, last week they may be sad and this week they leave the session very happy. Although in saying this it thinks happiness is one of the strongest feelings illustrated in any sessions that I have been in”.

Luke believes that it is a brilliant therapy that expresses their happiness.

“Happiness is on of the strongest emotions that are expressed throughout these Music Therapy sessions. They become so happy start smiling and laughing”.

Nervousness

The emotion of nervousness is another common emotion demonstrated throughout. It takes a while for each client to get to know their fellow clients, the Music Therapist and staff involved in the sessions. They have to become used to the different surroundings and understand what is going to happen within each session. Kate shows this in the following:

“At first the client shows this feeling of nervousness and shyness towards you but as soon as you reassure them this is fun and it is all about enjoyment and happiness they become more at ease and start enjoying themselves”

This emotion of nervousness is illustrated within Luke’s interview as well. He believes that each person has a right to be nervous. It is a natural feeling that anyone would be subjected to as they enter something new.

“It is normal to feel shy at the start of any session. Everyone wants to get to know each other and become familiar with everything. Once the ice is broken in the first session they become more open.”

Darren highlights the same emotion in saying:

“It is better to see someone who is shy than completely outspoken that will nearly want to run the sessions themselves”.

Emma also shows that nervousness is a natural feeling to experience. They are nervous at the start but as soon as they become used to the sessions they become more open and enjoying the sessions. This was highlighted in the following:

“Nervousness is a normal feeling as they are entering a new session. Once they become used to the sessions and the people within it they become more at ease and start enjoying themselves”.

Shyness

The feeling of shyness is shown within the interviews. This is a new class they are becoming involved in and it is natural to be shy at the start. Within Luke's interview he discusses that a lot of clients takes a while to become happy and involved in the sessions in saying:

"Initially, I find a lot of the clients may be quiet and shy but they become more open and start enjoying the session as the weeks go on. The majority of the time they react in a happy manner".

Emma strengthens this point in saying:

"When the classes are starting up each client feels a sense of shyness, as the weeks go on they become more open and they start enjoying themselves".

Darren also believes that shyness can be seen as the start of the sessions.

"It is absolutely normal to feel shy at the start of the sessions".

Kate also believes that shyness was one of the emotions that everyone would feel when entering this new intervention. The majority of the clients would feel shyness when they first begin the classes.

“The client feels a lot of emotions ranging from happiness to shyness. Shyness is one emotion that each client will feel when they begin the sessions”.

Hostility

Hostility was another emotion that was seen throughout the five semi-structured interviews. It was clearly seen that some clients felt hostile within the early sessions of these music therapy sessions. Emma clarifies that the client may feel a sense of hostility at the start of the sessions but come towards the end they feel happy and content. They are delighted they were involved within the sessions.

“The majority of the time when the final session arrives each client feels happy and most of all delighted with themselves”.

Kate believes that each person will experience different emotions throughout the sessions. It will be a different experience for everyone.

“As the sessions begin there is sense of hostility but as the clients become familiar with everything they become happy and start enjoying themselves”.

Darren also feels a sense of hostility particularly at the beginning of the sessions.

“At the start they are timid and quite hostile. As the weeks go on and they progress they become more familiar and happy within themselves”.

Luke believes it is all about getting to know the person. As soon as they know everyone they will feel more at ease.

“At the beginning of the sessions it is normal that each client will feel a lot of emotions. Hostility is one of these but when they become familiar with everyone they will become happy”.

3.1 Communication

The second theme that was seen throughout the transcripts was communication. It can be seen that Music Therapy has a major impact on a client's communication. It helps some clients to communicate better than other therapies. The client may not normally communicate but when they hear a song they recognise they start singing along to it. The Music Therapist encourages each client to communicate with each other. It can be very beneficial to their communication in so many different ways. Kate describes that it can be very helpful to their communication.

“The music therapist encourages the clients to communicate and become involved. The therapist wants them to feel comfortable and fit in within each session. She wants them to enjoy the service and make sure they get the best out of it”.

Luke highlights that it may take a few weeks before they are communicating at ease. It can enhance their communication.

“They communicate more effectively in my opinion within each session. As they progress from one week to the next their communication levels increases. At the start they are apprehensive but as soon as they become familiar with everyone their communication levels increase”.

Emma clarifies that at times communication is better within a group compared to one to one.

“On some occasions I do believe communication is better as a group. They know their fellow clients and feel more comfortable within their company. They may become quieter if they are in the room with the Music Therapist”.

Darren highlights throughout the interview that communication is one of the themes that is prevalent throughout. It helps there communication in many different ways.

“Communication plays a key role within music therapy in my opinion. They are constantly communicating to their fellow clients. They may be singing or talking. There communication improves throughout”.

He also highlighted it can increase their vocabulary.

“It helps their communication and increase their vocabulary. They may not normally communicate much but when they hear a song that is played often they start singing to it”.

Laura believes that the communication of the clients increases. She believes that sometimes they communicate better with the music therapist and it is a very beneficial therapy. As the weeks progress they become more chatty as they become familiar with everyone.

“I find they communicate better within the music therapy sessions. The music therapist encourages them to interact and communicate as much as possible. Above all, communication plays a major role within this therapy. They communicate with the therapist or with fellow clients. As the weeks go on I find there communication levels increase”.

Communication is a major theme that can be seen throughout the transcripts. It is evident that each client communicates in their own way throughout the Music Therapy sessions. It has a different effect on each client. It may enhance the development of a client. They communicate better as the weeks go on. Overall Music therapy is a beneficial therapy to aid communication. Laura says:

“In general, Music Therapy helps the client’s communication. It is a great therapy for improving their communication skills”.

3.2 Effects on the clients

The third theme that was observed throughout the transcripts was effects of music therapy on the clients. Music Therapy can have many different effects on the clients. There can be positive and negative effects of music therapy on the client. It can effect their behaviour, actions and their personality. There were many different positive effects that can be highlighted within each Music Therapy sessions.

Behaviour

Their behaviour can be affected within the Music Therapy sessions. It can help people with Intellectual Disabilities in numerous ways. It can improve the client's behaviour and put them in good humour for the rest of the day. Laura highlights that:

"It can better there behaviour in many different ways. The clients that I work with have challenging behaviour. In some situations they may start to act up but when they know that the music therapy sessions are on they become more attentive".

Luke also says:

"I find it can calm the client. There behaviour becomes better as they have the Music therapy sessions to take there mind of other things. They have something to concentrate on".

Kate also reinforces this idea of positive behaviour in saying:

"For the majority of the clients when they attend Music Therapy sessions there behaviours changes massively. I believe that music therapy has a positive effect on the client and it improves their behaviour if they were angry or sad beforehand".

It can have negative effects on the client's behaviours. This may happen on the rare occasion.

Darren clarifies this:

“The person may react in a bold manner. It may all be related to them not liking the song that is played. They may play up until they hear a song that they like.”

Emma also highlighted that negative behaviour may be prevalent within the odd Music Therapy session. Although she clarifies that it is about getting to know the client and there will be less of this negative behaviour.

“Some clients that we have within our sessions may react in an aggressive manner and start banging and knocking things around them because they haven't heard their song. It is important to know what each client wants and to know when to play their songs”.

Actions

Music therapy can have an effect on the client's actions. They may express numerous actions throughout each session. Some of the clients may start clapping or start dancing. Each participant portrays this very clearly. Kate illustrates this in saying:

“Some clients may start clapping to the music, whereas others may prefer to sing”.

It depends on the music that the person may like. It may have someone singing who enjoys the song and someone else may be playing the drums. Laura says:

“Each client reacts differently. Within the Music Therapy sessions that I have been involved in enjoy dancing. Some love to sing and play the instruments that are involved within the sessions”.

Emma reinforces this idea in saying:

“A client may sing, dance or start clapping to the music”.

Laura shared similar views of Emma’s.

“The majority of the clients start dancing and singing to the music within these sessions”.

Personality

Music Therapy has a very positive effect on personality. This can be seen throughout the six semi-structured interviews. Initially, the person may have a very quiet shy personality but as they progress from one week to the next they become more open. Laura clarifies this by saying:

“They begin to talk more and start talking to there other clients”.

Luke says:

“It can encourage them to become more open and express themselves. The majority of the clients have a happy bubbly personality within the sessions”.

Emma also clarifies this in saying the following:

“The sessions are a great way of expressing ones personality. They can sing, dance, chat and laugh with their fellow clients. It is a brilliant therapy for bringing out the best in your personality”.

Darren also expresses his view on the client’s personality:

“The client’s personality can change dramatically from the start of the sessions till the end. These changes are all positive ones. They become more happy, bubbly, willing to sing/dance. I believe personally it is a great therapy to express the clients personality especially clients with Intellectual Disability”.

3.3 Benefits of Music Therapy

The fourth theme that was apparent throughout the transcripts was the benefits of music therapy. Music Therapy helps a person in so many different ways. There are different benefits that a client may experience such as; Encourages speech, Improves interaction between the clients, and reduces negative behaviour.

Encourages speech

Music therapy is a technique that encourages a person to communicate. A client with Intellectual Disability benefits immensely from the sessions. Kate says:

“The client may not communicate that much throughout a day. When they are in a music therapy session they may recognise a song and start singing to it”.

Darren supports this point in saying:

“I believe that it strengthens their communication so much, I have seen clients that I have worked with come on so much with these Music Therapy sessions”.

Laura believes it does help their speech but it may take quite a while for them to start communicating.

“Music Therapy is one of the most successful therapies in my opinion that helps a person to talk. Although this will not happen in one or two weeks, they need constant encouragement and reassurance from the Music Therapist”.

Emma makes a similar point to Laura's. She believes it can be quite a long process before they start communicating.

“I worked with a client with Autism and he loved the Music Therapy sessions. It took him about four or five weeks to start talking and expressing himself. He had to get used to the music and then he began to sing the words each week. It was brilliant to see how a person could come on so much with the help of Music”.

Improves Interaction

Music Therapy can help interaction between the clients. People who suffer from an Intellectual Disability prefer to be on their own. They don't like other people interfering and

stepping into there space. Laura believes that Music Therapy helps builds friendships between the clients and the people involved in the therapy.

“It helps the person to talk to other people, dance or sing with others. They become friendly with each other and look forward to attending the following week”.

Darren also says:

“I find it sort of builds friendships between each client in a way. They become to know each other as the weeks progress. They start playing instruments and singing together”.

Emma clarifies:

“I notice the interaction in these Music Therapy sessions is very good as the week’s progress. The majority of the time the clients prefer to be left alone for most of the day. When they become involved in a Music Therapy session they become chattier and start singing and dancing. It improves interaction”.

Reduces negative behaviour

I have noticed within each transcript that behaviour appeared and how music therapy reduces negative behaviour. Luke expresses this idea in saying:

“Music Therapy is a very beneficial therapy. I find it helps people get rid of there negative behaviour. It is a form of distraction and they have the Music to concentrate on”.

Kate also claims that it is a brilliant therapy for positive behaviour.

“It increases good behaviour. They have there mind on the music and they forget about their previously bad behaviour”.

Emma also reinforces Kate’s point in saying:

“The behaviour and interaction of the client within these sessions improve greatly”.

Darren also believes it is a good therapy.

“Yes there are many benefits of Music Therapy. It improves the client’s behaviour, it distract them from the negative behaviour”.

Builds Relationships

It improves relationships between the clients and between the client and the Music Therapist.

Luke’s clarifies this in saying:

“The clients become friends with the Music Therapist. They look at her a friend when they get to know her. They also get to know their fellow clients and look forward to seeing them every week”.

Laura believes that it is a very beneficial therapy especially for making new bonds.

“It is a lovely experience to see the clients talking and enjoying themselves with their fellow clients”.

It is clear that each client benefits from Music Therapy in some way. It reduces negative behaviour in some clients and encourages the person's personality to shine. It is a very worthwhile therapy as each participant has highlighted.

Discussion

“The effect of Music Therapy on an Individual with an intellectual disability” was the goal of this study. The researcher wished to establish if there is a relationship between Music Therapy and Autism. This part of the study will observe and examine the findings of the study

Music therapy aims to encourage increased self-awareness/self-other awareness, leading to more overt social interactions and the therapy stimulates and develops the communicative use of voice and pre-verbal dialogue with another, establishing meaning and relationship to underpin language development (National Autistic Society, 2005).

The researcher believed that the best way to establish if there is a relationship would be to interview care assistants who were involved in these music sessions and observe the behaviour of the clients. They worked with them on a daily basis and would be aware of the results of this therapy. This study looked at the emotions expressed by each client when involved in Music Therapy. It also analysed the effect it had on the clients communication and the effect it had on the person. There were numerous benefits of this therapy. This part of the study will observe and examine the findings of the study. There were different themes obtained from the interviews; Emotions expressed by the clients, Communication, Effects on the clients and Benefits of Music Therapy. This data was obtained from semi-structured interviews.

Emotions expressed by the clients

Capps, Yirmiya & Sigman (1992) & Fein, Lucci, Braverman & Waterhouse (1992) claimed that individuals with autism show perception of affective cues within the social domain and

experimental evidence has also shown that such individuals often fail to interpret and recognize vocal and facial expressions of emotions.

The main theme that was observed from the results was the emotions expressed by the clients when they were in a Music Therapy session. This was one of the striking themes. According to the care assistants involved in the sessions the client experienced a lot of emotions throughout the Music Therapy session. Brown (1994) argued that participating in music therapy allows the person with autism to experience and explore a wider range of emotions. Within the interviews the clients experienced emotions ranging from happiness, nervousness, shyness and hostility. This theme was very interesting as the clients felt different emotions. Happiness was the most popular emotions felt throughout any given session. The care assistants claimed that it is based on the client's mood on entering the Music Therapy session. Music therapy had a major impact on the client's emotions.

They may also feel nervousness. Initially on entering a Music Therapy it was normal to feel nervous. Each care assistant clarified it was "absolutely normal to feel nervous when entering something new". It took a week or two for the clients to get used to the fellow clients and the music therapist. Once they became used to the surroundings and the routine they became more settled. There was a sense of hostility at the beginning of the sessions. They didn't know anyone and some preferred to work on their own. According to the care assistants, this is the one of the feelings that each client will experience when entering the sessions. It was important for the music therapist to make each client feel comfortable within the sessions. Music therapist Juliet Alvin (1975) contends that the music therapist and music therapy setting are especially conducive to ensuring that the client is deriving pleasure from the experience. It was evident within the interviews that the clients all look to the music therapist for guidance and reassurance. The research showed that music therapy had an effect on the clients.

Communication

The second theme that appeared throughout the interviews was communication. This was a very effective theme within music therapy. The care assistants believed that the communication of the clients became better as the weeks went on and they progressed each week. The care assistants highlighted that each client may not communicate that much on a daily basis but music therapy enhances their communication skills. Buday (1995) observed that the number of signed and spoken words correctly imitated by children with autism was higher using sung rather than spoken text. It is a major theme that can be seen throughout the interviews.

Most people with Intellectual Disability are believed to have some form of communication difficulty, which may often significantly affect their mental, social and emotional well being (Gates 2007).

It is clear within the interviews that the clients may have trouble communicating. The journals entitled “The effect of improvisational music therapy on the communicative behaviours of autistic children” explored the efficacy of improvisational music therapy on autistics children’s communicative behaviours. There were eleven autistic children who took part in the study. They were ages six to nine years old. They participated in these music sessions for ten weeks. In conclusion, it clarified that music therapy had an effect on people with autism. There was a noticeable difference between the first and last sessions. In relation to the interviews that were carried out for this study the care assistants also believed that the clients progressed so much from week one to the final session.

The report “Music therapy in the assessment and treatment of autistic spectrum disorder: clinical application and research evidence”, music therapy aids them in their communication. It highlights the fact that people with autism suffer communication difficulties. Each participant clearly stated that music therapy improved the client’s communication skills. They communicated more as they left the sessions.

Gold, Wigram and Elefant (Music Therapy for autistic spectrum disorder) carried out three studies to analyze the short term effects of music therapy interventions for autistic children. All studies were small sizes with four to ten participations taking part. In each study, music therapy was held on a daily basis. This study lasted one week. Results showed that music therapy had an impact of the person communicating.

Farmer (2003) conducted a quantitative study which compared active and passive music therapy techniques to determine whether or not these techniques enhanced verbal and non-verbal communication skills. This study was investigating to see if there was a difference in the persons communication levels after music therapy. It concluded that music therapy had an impact on the persons non verbal communication. This is clear within the interview transcripts. Each participant concluded that music therapy had a major influence on the client’s communication skills. They noticed it improved as they progressed from one week to the next.

Wigram (1988: 44) proposes the following as a useful description of the potential function that music therapy serves for people who have an intellectual disability:

“Seeking to create or develop an alternative means of interaction is one of the primary functions of music therapy. The effect of providing this new means for a person to make contact and be understood has a profound value in satisfying emotional needs, and in building relationships with other staff and particularly with other mentally handicapped people”.

Effect on the client’s behaviour, actions and personality.

It was clearly illustrated within the interviews that music therapy had different effects on each client. The care assistants clarified that it can have effects on the person’s behaviour, actions and personality. This was another main theme that came to light throughout the interviews. The care assistants highlighted that music calmed the clients. It reduced their challenging behaviour and increased good behaviour. Music therapy was described by one of the clients as a distraction.

The study “Increasing social responsiveness in a child with autism; a comparison of music and non-music interventions” showed that music therapy had a major influences on the clients behaviour. This study aimed to analyse the difference between music and non-music interventions on the social responsive and avoidant behaviours of a child with autism. They conducted some tests to see if the child would react differently with or without music. In conclusion, results clarified that was a huge difference when the child was involved in music sessions. There was clear evidence that music had an impact on the person’s emotions, communication and behaviour. It also suggested that music therapy motivated the person more.

Benefits of Music Therapy

The final theme that arose within the interviews was the different types of benefits of music therapy. The care assistants believed that it encourages speech, improves interaction between clients and reduces negative behaviour. A 2007 Journal of Music Therapy study entitled “Using embedded music therapy interventions to support outdoor play of young children with autism in an inclusive community-based child care program” investigated the effect of music therapy on children who had autism. There were four children taking part in this study. These children showed no interest in their friends. The aim of this study was to improve the relationships between the friends and get them to engage in more activities. There was an outdoor music house with teachers, and the researchers came up with a song for each child. The teachers introduced a routine using music therapy and play between an autistic child and non autistic child. During these play sessions the nonautistic child and the teacher would sing the song and encourage interaction. As each session progressed the teacher would gradually not participate. In the end the child would be interacting and singing with the other children. The results show that there was slight improvement in interaction and they gradually built relationships. This was evident within the interviews. The care assistant believed the client needed help at the start, but as soon as they got to know everyone they were building more relationships at ease. They were enjoying themselves more as the sessions went on. Music Therapy is designed to impact the auditory, proprioceptive, and visual sensory systems and can also serve as a motivational tool (Brownell (2002); Thaut (1999)).

Toolan and Coleman (1994) investigated the use of Music Therapy in increasing levels of engagement. It also investigates the positive interaction among five adults with intellectual disability. The study highlighted change among five people with learning

disabilities. These changes included greater level of involvement and engagement. This session was conducted over a thirty day period. This research design was also descriptive and non-experimental in nature. In conclusion, the results showed that there were major changes among the peoples involvement.

A pilot study conducted by Grob, Linden and Ostermann investigated the effects of music therapy in the treatment of children with delayed speech development. The study used an observational checklist where music therapy and no treatment were observed to see if there was a link. This study highlighted the fact that music therapy has an effect on a person who has an intellectual disability. There were a total of eighteen children in this study aged between three and a half to six years old. The results highlighted that there was a positive effect on the people that were undergoing music therapy. It concluded that music therapy may have an effect on the person's communication with another individual. This related to the interviews as the care assistants believed that the communication of the person improved immensely with the sessions. Their speech came on so much and they progressed a lot from the start of the sessions.

This research was done with qualitative research which was the most appropriate approach for this topic. Qualitative research is used to obtain an insight into people's attitudes and behaviours. Within Qualitative research the researcher wants to find out "why" and not the "how" of the topic. This was done through the analysis of unstructured information; interviews. The researcher interviewed care assistants who worked with people with an intellectual disability on a daily basis. There were many limitations while conducting this study. The first limitation was the number of people selected could have been higher. This was due to the time limit. The researcher has a certain amount of time to conduct these

interviews. Qualitative research has a small focus compared to quantitative. It is difficult to prevent researcher induced bias. The participants provided quite similar answers as they worked in the same organisation. In future, the researcher would interview people in different organisations as the opinions were very similar within this interview process. A second limitation is the use of purposive sampling methods as this type of sampling technique may also limit the ability to generalize findings (Pilot and Hungler 1995). The main reason for using this method of sampling was to try and include participants, which were homogenous or representative of the chosen population (Parahoo 1997).

Conclusion

Kaplan & Steele (2005) claimed that music therapy has been employed with success in autism. Music Therapy is designed to impact the auditory, proprioceptive, and visual sensory systems and can also serve as a motivational tool (Brownell (2002); Thaut (1999)).

In conclusion, this research was a very interesting and stimulating project to carry out. This research project set out to establish the effect of music therapy on a person with intellectual disability.

There is much of literature seen in this study that encourages the use of music therapy for people with autism and people with an intellectual disability who may have communication difficulties (Alvin and Warrick 1991, Bunt 1994, Berger 2002, Wigram 2002, Watson 2007). Communication is important within ones daily life. The researcher believes that music therapy enhance their communication and therefore it should be recognised

The information from the individual care assistants was quite similar as they worked in the same organisation. Each of the care assistants were involved in the same music therapy session and therefore see the same results. The results established that there is an important relationship between music therapy and intellectual disability. It has a positive impact on the client in many different ways, communication, behaviour and speech. Finally, this research project was a very stimulating and interesting topic to study.

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Appendices

Appendix 1

Interview Questions

1. Do you find music therapy effective within your organisation and are there any benefits to the clients in your opinion?
2. What are your opinions on Music Therapy, are there many people involved in the sessions? Is there many emotions expressed throughout?
3. Do you think it is more beneficial than Art Therapy for instance?
4. How often are they involved in Music sessions?
5. How do they respond to the Music Therapy? Do they express themselves in a positive manner?
6. Do they relate to the music? Do they show much of there personality as the weeks go on?
7. Do you notice any positive feedback in relation to there communication?
8. Is the communication better between the clients as a group?
9. Does Music Therapy have a positive/negative effect on the clients? If so in what way?
10. What are the good points about music therapy in terms of speech, interaction, relationship building and behaviour?
11. Do the clients interact as the weeks go on?
12. Finally do you think that Music Therapy has a positive effect on the individual?

Appendix 2

Consent Form

Dr. Bernadette Quinn,
Research Coordinator,
Social Science Programme,
Dublin Business School.

24th January 2011.

Dear Sir/ Madam,

Re: Permission to conduct a research study with members of your organisation.

Sheila Coyle is enrolled as a final year social science student at Dublin Business School. DBS social science students are required to complete an independent research project during their final year of study. Sheila Coyle's final year research project aims to investigate the effect of Music Therapy on the autistic individual.

All research conducted by final year students is done for the purpose of meeting course requirements. All results obtained are strictly confidential, and to be used for assessment of the researching student's qualifications for receipt of a BA in Social Science. Sheila is requesting written permission, as soon as possible, to collect research data.

Please feel free to address any questions regarding this research to Dr. Bernadette Quinn, Research Coordinator, Social Science Programme, Dublin Business School. Sheila Coyle [sheila.coyle0@gmail.com] can also provide further details about how she will conduct her research study. Thank you for your time.

Yours Sincerely,

Dr. Bernadette Quinn

Tel: 01 4178737

Email: Bernadette.quinn@dbs.ie

