A PHENOMENOLOGICAL INQUIRY INTO SYSTEMIC MUSIC THERAPY TO ACCOMPANY THE GRIEF JOURNEY OF A BOY WITH HIGH FUNCTIONING AUTISM

A Thesis
by
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Abstract

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The purpose of this study is to describe one 9-year old boy with high functioning autism's experience, sense of meaning, and process in music therapy from a systemic theoretical perspective in his grief process. His psychologist referred Colt (pseudonym) to a music therapy clinic for services to address his sense of identity and his emotions related to the grief of losing his father. Colt received 30 minutes of individual music therapy and 15 additional minutes of music therapy with his mother for 11 sessions over a 15-week period. Results suggest Colt used music therapy to express his feelings of grief and explore his relationships to himself, his deceased father, and his mother.

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Chapter 1

Introduction

This chapter will define high functioning autism; children experiencing grief; and the prevalence, needs, and impact these challenges have on different systems in society. It also will introduce and define systems therapy and music therapy to provide the framework for understanding the rationale for the study that follows.

Systemic Therapy

Therapy aims to evoke a positive change in an individual's life. Many theories of therapy conceptualize an emotional challenge within the individual. Individualistic labels of a cause or a diagnosis suggest individual treatment for their presenting symptoms. Another perspective of therapy is a systemic perspective, grounded in the understanding that a person exists in context of relationships in different systems (Winek, 2010). The interconnectedness and dynamics in these frameworks are constantly shifting and provide understanding of how different subjective processes work as a whole, providing direction towards growth.

Systems theory views people within the context of their relationships. All individuals are influenced by their families, communities, and culture, and in turn, influence the same factors. A therapist functioning from a systems theory focuses on relationships, inductive methodology, and the present pattern and the cybernetics of clients' functioning. There is a shift from product to process orientation, with an understanding of how structure, boundaries, and communication maintain and support the present dynamics within a system (Winek, 2010). Family therapy is a treatment based on understanding the epistemology of the family,

how a family functions, and how change can result from a shift in the family's system, often in communication and interactional patterns (Winek, 2010). Pathology is conceptualized as not being within an individual, but instead being between and within systems; therefore, family systems therapy would suggest that treatment should be strength-focused. Family therapists are interested in how the system maintains its present way of functioning (Defrain, Cook, & Gonzales-Kruger, 2005).

Treatment of families is critical when working with children who are highly influenced by their surrounding systems, including their family. Therapists can practice from a systemic perspective when working with individuals and/or families in therapy. Symbolic Experiential Family Therapy (Whitaker & Bumberry, 1988) is a family therapy approach originating with Carl Whitaker, a psychiatrist whose premise was that change occurs best when the whole family is seen as the client. This perspective will provide a space for the many relationships impacting the dysfunction to be brought into the therapy room. In this approach, emotional growth occurs only as a result of experience. The conceptualization from this perspective and treatment of a child is understood with a relational focus. The individual family systems session would be focused on how the systems influence and maintain ways of functioning, even if the individual is the only one presenting for treatment. Instead of pathology, family systems theory can also view all patterns as common traits that are present among all family systems to different degrees of presentation (Kerr & Bowen, 1988).

Autism

The Centers for Disease Control and Prevention (n.d.) has observed that the prevalence of autism is continually increasing. In March 2012, they estimated that 1 in 88

children in the United States have an autism spectrum disorder with increased odds for boys (1 in 54). The Autism Society of North Carolina (n.d.) estimated that 1 in 70 children in the state has an autism spectrum disorder. They speculated that both an increase in the prevalence of autism in children and an increase in awareness have contributed to the rise in diagnosis. The prevalence of individuals with high functioning autism is unclear since it is not listed separately in the Diagnostic Statistical Manual (4th ed., text rev.; DSM–IV–TR; American Psychiatric Association, 2000) or as an International Statistical Classification of Diseases and Related Health Problems (ICD-10) code (World Health Organization, 2008). Children with high functioning autism are at high risk for comorbid mental health related problems, reporting the challenges with (a) social problems (60.6%), (b) thought problems (50.7%), (c) attention problems (49.3%), (d) withdrawal/depression (40.8%), (e) attention deficit/hyperactivity problems (35.2%), (f) anxiety problems (33.8%), and (g) affective problems (31%; Ooi, Tan, Lim, Goh, & Sung, 2011). Although children with high functioning autism have normal language development and intellectual abilities, their social deficits and restricted interests result in significant impairments in their social and emotional functioning (Epstein, Saltzman-Benaiah, O'Hare, Goll, & Tuck, 2008).

Grief

The predominant culture in the United States chooses to deny and avoid acknowledging death and the unavoidable impact it has on our society (McBride & Simms, 2001). The loss of a loved one can be one of the most stressful events in life and can leave an individual feeling a variety of complex emotions, including (a) sadness, (b) anger, (c) anxiety, (d) guilt, and (e) despair (American Association of Marriage and Family Therapists, n.d.). Kubler-Ross (1969) described four phases of a grief process may occur: (a) numbness

or shock, (b) feeling of separation, (c) disorganization, and d) reorganization. A sudden loss of a parent during childhood not only brings on grief, but also presents new contextual stressors, including economic challenges and new family structuring (Gass-Sternaes, 1994). Early parent loss often interrupts typical childhood development, while presenting a new challenge of mourning (Biank & Werner-Un, 2011). As the surviving parent struggles with his or her own grief, children often attempt to grieve by themselves with the limited skills they have developed, all while coping with limited support. With one parent dead and the other parent grieving, supports for the child are limited, and a child's grief often becomes overwhelming, leading to interruptions of development progression (Webb, 2003).

The United States Census (2011) estimated that 2.5% of children living in a single parent household have a widowed parent. These statistics do not account for children whose parent has died if the surviving parent has remarried or if the child is not living with the surviving parent. Based on the United States Census data (2011), the Children's Defense Fund estimated that 46.9 % of single-mother families and 28.2% of single-father families are living in poverty, adding economic stress to the family system.

A child with autism has challenges of social interaction, including emotional awareness and expression and seeking appropriate support, which may lead to coping with grief differently and potentially less effectively than their typically developing, same-aged peers. In a family system experiencing bereavement and grief, additional economic and adaptation of roles and responsibilities adds tremendous pressure on the surviving parent, and consequently, the child(ren).

Definition of Terms

Grief and Bereavement from Parental Loss

A death of a parent results in an abrupt relational change, resulting in bereavement and grief. Grief is a cyclical and chronic process that is a reaction to any loss, often of someone or something experienced in relationships. Responses to loss encompass emotional, physical, cognitive, behavioral, social, and philosophical domains. Each person's unique grief process is different based on religious, cultural, social, and personal beliefs and partly because of the relationship with the loved one who died (American Association of Marriage and Family Therapy, n.d.).

High Functioning Autism

A child with high functioning autism (or Aspergers) has qualitative impairments in social interaction and demonstration of stereotypic areas of interest and behavior (American Psychiatric Association, 2000). Unlike other children with autism, the child with high functioning autism has no impairment in language or intellectual abilities (American Psychiatric Association, 2000).

Music Therapy

Music therapy is the "clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program" (American Music Therapy Association, n.d.).

Systemic Approach

A systemic approach in therapy provides treatment of the individual in a relational context. Family therapy, based on a systemic perspective, is a treatment based in

understanding the epistemology or a family's functions and how techniques of change can result in a shift in the family's system, often in communication and interaction (Winek, 2010).

Chapter 2

Review of Related Literature

This chapter reviews extant literature, describing needs of children with high functioning autism and bereavement and their families. It will summarize literature related to specific systems therapy approaches and the use of music therapy as an effective treatment for children with high functioning autism and grief.

Systemic Approach

There are different techniques, models, and theories of practice from the systemic perspective. Among these are Bowenian Family Therapy and Symbolic-Experiential Family Therapy. The concept of differentiation (Kerr & Bowen, 1988) is a foundation for Bowenian Family Therapy. Differentiation and fusion are manifestations of "how one functions in response to one's level of anxiety" (Winek, 2010, p. 83). In a differentiated family, each family member would have autonomous emotions; while in an emotionally fused family, the family would share an emotional response (Winek, 2010). Carl Whitaker's Symbolic-Experiential Family Therapy is an approach to therapy focused in the "here and now" and the therapists' use of self as a required asset for therapy (Whitaker & Bumberry, 1988). The growth or change that occurs from therapy happens between the client(s) and the therapist within the therapeutic environment in the experience. The living relationship in therapy, such as challenges of life, death, and abandonment, exist and are experienced within the sessions. The use of metaphor further brings a client(s) symbolic world into the therapeutic

relationship (Winek, 2010). Whitaker and Bumberry (1988) stated that change comes from the growth of a client (family) through process-oriented therapy in the here and now. Often, client and families attend treatment when they have reached a level of anxiety that is motivating them to seek out help or solutions. It is important to provide opportunities for emotions, including anxiety, to surface to allow for motivation for change and the different layers of issues to arrive in therapy. When respecting a client's freedom of choice to change or not, Whitaker and Bumberry (1988) described the role of the therapist and the client, as they are "seeds to be harvested" (p. 84), but they are not my [the therapist's] seeds. Change comes from opportunities in session to move out of rigid and fixed roles and moving into a playful experimentation of accessing new roles, how we see ourselves, and how we perceive and respond to others. As part of therapy, change comes from the experience of caring as a blending of nurturance and confrontation, an integration of love and hate as a central concept. Change emerges when we experience the freedom to separate or to join. When we feel free to express our feelings and ourselves, a family will shift out of their dysfunctional patterns (Whitaker & Bumberry, 1988).

Systemic Therapy with Children with High Functioning Autism

Family therapy is a systemic treatment based in understanding the epistemology or a family's functions and how techniques of change can result in a shift in the family's system, often in communication and interactional patterns (Winek, 2010). Communication and social interaction are two relational growth areas for children with autism and systemic treatment allows for it to be addressed within the family's ways of relating.

Children with high functioning autism often receive a variety of services and therapies to support their growth and learning. Therapy can address all types of goals,

including emotional challenges and relationship needs. Behavioral and cognitive-behavioral interventions are commonly employed in the treatment with children with autism spectrum disorders. Wood et al. (2009) studied the use of a cognitive-behavioral program with children with high functioning autism. The systems approach included in vivo participation, parent training, and school training to support social communication and emotional regulation skills. Results indicated the treatment group's gains were statistically significantly more when compared with the control, no-treatment group. The authors acknowledged that more research with a larger number of participants and broader outcomes is needed. They also recommended having multiple treatment groups to study the impact of the systemic approach of including the parents and the schools.

Hamilton et al. (2009) found that during a child's psychological assessment and treatment a child's family provides critical data for identifying how maladaptive family functioning supports and is supported by the child's presenting symptoms. An assessment of the family provided multiple perspectives and brought to the therapist's attention how the family system was presently functioning and supporting the child's pathology.

Solomon and Chung (2012) identified the importance of family therapists in supporting parents of children with autism spectrum disorders. She found the therapist's role was to facilitate the parents to take action, find meaning, and balance emotions related to the disorder and its impact.

There is limited research on the role of system-focused specific therapy modalities for families with a child with high functioning autism. There are family therapies that address emotional challenges and relational needs that are applicable, although it is scarcely found in the current literature relating to this population.

Systems Approach with Grief

Every child has a different response to the death of a parent, and the loss of the relationship can be traumatic on a child. The absence of the parent and of the relationship causes a dramatic shift in the system and changes the child and family's way of functioning. Several studies have shown that in addition to focusing on the child's grief and the change in relationship to their lost parent, working with the child and their existing relationships can be beneficial in helping to restructure their new systems.

Gass-Sternas (1994) examined four types of single, widowed parents: (a) widows raising dependent children, (b) widows raising a handicapped child, (c) independent older widows with children, and (d) dependent, ill, older widows with a child. Common themes among widows raising a handicapped child and all other types included (a) caregiver stress, (b) changing of roles and responsibilities, (c) employment, and (d) loneliness. Healthy, single, widowed families' characteristics included (a) finding positive meanings of their bereavement, (b) use of adaptive ways of coping, (c) good health, (d) utilization of many resources, and (e) a healthy and normal grieving process.

In the absence of a parent or family, systemic treatment can still be beneficial to the child. Family and systems-based therapy for children in a school setting or residential treatment without access to their family can still be beneficial to children. Sng (2009) identified the importance for children in residential treatment to have the need for a family to be met by their facility when a family or parent is unavailable. This further reinforces the child's need to have a family or substitute relationship and to reframe negative experiences or negative expectations of the family based on traumatic experiences. She asserted that a systemic based, residential treatment in which for children can have a healthy attachment to a

parental figure provides not only a reduction of behavioral and emotional symptoms, but also gives a child increased opportunity for healing.

Family therapists can have special training in understanding the impact of loss on a family and provide assistance to help families in their own grief process (American Association of Marriage and Family Therapy, n.d.). Sedney, Baker, and Gross (1994) identified "facilitating and listening to bereaved families tell the story of their loss" (p. 287) as a critical part of therapeutic work. The story provides opportunities for mastery, emotional relief, making meaning, and connection between those surviving. The use of stories or other rituals gives opportunities to provide developmentally appropriate interventions in therapy for children and their families.

Music and Emotions

Music therapists often use music to work with clients and their emotions. Pellitteri (2009) described the use of music in therapy to facilitate emotional processes. Music can also serve as a catalyst for emotions and a stimulus to provoke physical response and/or associated referential thoughts. It may also serve as a behavioral intervention, increasing engagement. According to Pellitteri the "isomorphism of music and emotion… refers to the similar meaning and similar structure of music and emotion (p. 159)." He suggested that this relationship indicates that music experiences in therapy are thus emotional experiences. The requirement for self-reflection, externalization of inner emotional process, and opportunity for increased self-awareness are all factors that support a client in experiencing his or her emotions. Conscious recognition of music matching an emotional state can provide a structure and congruence between internal and external experiences.

Altschuler (1948) described the iso principle or how music can also be used to alter emotional states when matched with the client's present mood state. As the affect of the music shifts, the client's mood slowly changes with the music if the initial matching of moods was congruent.

Austin and Dvorkin (1998) discussed viewing clients' resistance to music as a way to understand more about the clients. They described how "music elicits spontaneity, which can feel threatening to people with rigid personality structures… and anyone who feels that his or her authentic feelings or aspects of themselves are not 'correct'" (p. 125). Clients may also resist due to music's ability to move past defensive barriers and access feelings otherwise less accessible than words. Although clients may express an initial attraction to music to provide an emotional outlet for repressed emotions, resistance may provide a self-regulation for the client to determine the level of intimacy in this process with the music and the therapist.

Music Therapy with Children with High Functioning Autism

Many music therapists have worked and currently work with children with autism. The use of communication, social interaction with aesthetic distance, and a different level of intimacy are assets for working with children on the spectrum. There is limited research specifically on music therapy for children with high functioning autism; other literature addressing similar goals and needs provides rationale for music therapy with this population.

Montello and Coons (1998) reported their findings on certain music therapy approaches that were found to be most successful. They studied and compared the use of passive, or receptive, music therapy and active music therapy for preadolescents, 11-14 years old, who had emotional, learning, and behavioral disorders. The participants exhibited

symptoms such as poor emotional control, low frustration tolerance and academic performance, depression, hyperactivity, short attention span, and/or impulsive behavior. Based on the results, Montello and Coons recommended a music therapy receptive intervention for the first 20 minutes of each treatment session followed by an active intervention. Also, the authors recommended to limit group size to no more than four children when working with children who have attention difficulties and to minimize over stimulation by providing a limited number of options for instruments.

The use of music therapy as a motivating and non-threatening medium in which to establish a therapeutic relationship provides the foundation for therapeutic work. This is particularly important when beginning to develop basic relationship skills with children who have emotional and social challenges.

Music Therapy in Bereavement

Many music therapists work with individuals who are in bereavement. A meta-analysis provided a review of quantitative studies of a wide variety of treatment models used with children and adolescents (Rosner, Kruse, & Hagl, 2010). The analysis found that music therapy and trauma/grief focused, school based brief therapy as promising treatment models. The researchers theorized based on the significant role music plays in childhood and adolescent culture that “music might be a promising venue for grief intervention” (p. 130). Due to the limited research with grief interventions with youth compared to other areas of therapy, Rosner, Kruse, and Hagl (2010) suggested that further research is needed to provide insight to effective treatments for this population.

Grief symptoms may present as changes in mood or behavior in children (Hilliard, 2001). Hilliard studied the effect of music therapy-based bereavement groups with children

who were experiencing grief related to the death of a loved one within the past 2 years. Participants were 18 children aged 6-11 years old who participated in eight music therapy group sessions. Significant grief symptoms were reduced following treatment, including behaviors, emotions, and physical complaints. Hilliard recommended additional research with larger participant samples.

Music Therapy from a Family Systems Perspective

In systems thinking, one shifts from viewing objects as separate to viewing subjective realities of the in-between relationships (Wilber, 1996). Similarly, in her Field of Play theory, Kenny (2006) described how music therapy is a creation of relationships that presents opportunities for change and growth. Kenny emphasized the importance of the aesthetic as it "forms a defined, yet open, space…[of] safety and support, one that receives all being and acting as part of the ongoing process of change (defined through the emerging relationship between client and therapist" [p. 105]). Using music, "one can hear the reflection of one's own being—appreciating, adapting, adjusting and experimenting, and potentially moving toward [higher organization]" (p. 105). Music provides a means to express and communicate that which is difficult or may not be expressed in words. Kenny stated, "In words, we realize the power of limits, in music the expansion" (p. 79). Kenny's Field of Play theory uses music to move towards wholeness. The music provides the movement and meaning to offer the therapeutic space for change.

Metaphor is an expression of creativity and is important to understanding change and how shifts in constructs can occur in the symbolic world, which impacts on everyday life. In music therapy, music serves as a metaphor and primary therapeutic agent of change. Stephens (1983) identified the link between music and emotion when she stated that

improvisation is “express[ing] a specific emotion or emotions at any moment in our playing; our playing reflects who we are, how we organize ourselves, and how we feel as we move through time” (p. 30). Music is a nonverbal expression of emotion and serves as another way to communicate this otherwise complicated and indescribable sensation. It is difficult to describe this nonverbal phenomenon using a language dependent on verbal skills. A strength of music therapy is the ability to bypass the use of verbal language and venture into another natural state of musical language in order to connect. Often due to the challenge and vulnerability inherent in communication of emotion, individuals may avoid emotions and use language to translate emotions into measurable, scientific, and absolute statements. Music provides opportunities to confront and engage without the need for words, increasing a person’s tolerance of feeling and changing one’s perspective. When emotions are no longer inside, but instead are in-between the individual and either the music or another person, perception and experience of emotion shifts. The emotion is given life and shifts as the connections change, and the client is no longer alone with the emotion.

In Thompson’s (2009) use of songwriting with an outpatient adult psychiatric group she found the themes and metaphors provided insight into the clients and provided clients a way of linking their internal and external realities. The use of metaphor provided the clients access to emotions and allowed them to process their personal narratives within the support of the music.

Studies have described music therapy using a family systems lens in several contexts. These include when a patient has dementia, is in palliative care or hospice, or is in a pediatric, developmental, or medical setting (Brotons & Marti, 2003; Oldfield, 2006a). One approach to family-based therapy is interactive music therapy, a music-based form of

assessment and treatment focused on the interactions between the client(s) and the music therapist (Oldfield, 2006a). Oldfield (2006b) asserted that “short-term music therapy interventions have an important and unique role to play within a child and family psychiatric team” (p. 20). Within the musical interactions, clients have a stronger sense of engagement and often share different sides of themselves that can be critical in assessment and treatment planning. In working with children with attachment disorders, music therapy provided opportunities for musical “nurturing” and holding for both children and parents who have struggled in their early relationships. The music also provided an outlet for expression and an opportunity to rediscover how to play and communicate.

Davies (2008) described her use of music therapy in working with children and families to “address difficulties within the context of the family together” (p. 121). Therapeutic aims were to explore emotions within music, addressing issues of control; strengthen the parent-child bond; and increase self-esteem and confidence. The families were provided with a CD as a permanent reminder of their experience that they could take beyond the therapy room. Music therapy created the space for families to “express and process difficult issues within a contained and supportive environment, and to enable them to find their own ways of interacting” (p. 137).

Jacobsen and Wigram (2007) established “an assessment for parenting competencies for parents suspected of emotionally neglecting their child in order to evaulate the relationship between parent and child. This music therapy assessment uses turn taking exercises, free improvisation, and following and leading activities. It utilizes the Autonomy profile of the Improvisation Assessment Profiles developed by Bruscia (1987). In the

assessment, critical information is gathered through musical improvisation between parent and child toward understanding the parenting abilities.

McIntyre (2009) used a method of intervention called Interactive Family Music Therapy within a multidisciplinary team to provide information for diagnosis and for treatment planning while actively engaging the family in a positive experience. McIntyre used this intervention with groups, individuals, and families at a mental health facility for children and families. The music therapists provided two to three music therapy sessions during the the family's one- to two-week stay. The families reported the music therapy sessions to be an enjoyable part of their admission. McIntyre found that this perception often led the family into speaking more openly and honestly about family issues and patterns and provided vital information to the multidisciplinary team. In this exposure of their family system, key issues could be identified, including strong feelings or dynamics among individuals, communication patterns, and social skills. Observations of on-task behavior, stress and anxiety, and other presenting behaviors were helpful in diagnosis and treatment.

Thompson (2013) described her model of music therapy with families and children with autism spectrum disorder in the home environment. In her case examples, Thompson identified the strengths of music therapy and the ability of music as having the capacity to adapt to facilitate learning for both the child and the family. Thompson emphasized the importance of family involvement to allow for family growth to continue facilitation of the child's development outside of therapy.

Systemic Music Therapy for Children with High Functioning Autism and Grief

In the music therapy literature there is minimal research into the music therapy treatment of children with high functioning autism and their families or other systemic

treatment, including with grief work. Bull (2008) described group music therapy with mothers and children with autism. She found music therapy allowed for a "pre-verbal musical medium…[to] revisit playful interaction and explore relation to each other in new ways" (p. 86). The unique space provided for the mother-child relationship was "not viewed in isolation but in terms of its ripples through the whole family" (p. 79).

The natural structure and reinforcing qualities found in music are profound in music therapy. The motivation to participate is the first effect of the music and most important to achieve success. With this motivation obtained, behavioral and emotional needs can be healthfully addressed. The skills that are experienced within music therapy may become generalized to other environments.

Music therapy research literature has documented the therapeutic benefits of music therapy, although more research would inform those providing services to children with high functioning autism to address emotional awareness and expression, including for grief work. Although the existing research is limited, evidence supports the use of music therapy interventions to facilitate the grief process in a child with high functioning autism. No studies have been reported describing the use of music therapy within family systems with children with high functioning autism and grief. Such research is needed.

Purpose and Research Questions

The purpose of this study is to describe one participant's experience, sense of meaning, and process in music therapy from a systemic theoretical perspective. The primary research question is, how does music therapy from a systems perspective facilitate emotional and social growth processes? Subquestions are as follows:

1. How does music therapy facilitate increased awareness of emotion in a child with high functioning autism?
2. How does music therapy facilitate individuation in relation to the mother in a child with high functioning autism?
3. How does music therapy expand sense of self in a child with high functioning autism?
4. How does music therapy facilitate processing of grief in a child with high functioning autism?

Chapter 3

Method

Colt (pseudonym) is a 9 year old boy with a diagnosis of high functioning autism who was living in a small, Southern rural town. His psychologist referred Colt to individual music therapy for an assessment to determine whether or not music therapy services would be appropriate and beneficial (a) to address his grief stemming from the sudden death of his father when Colt was 6; (b) emotional expression, including uncomfortable emotions; and (c) further identity formation. His mother was his primary caregiver. She contacted the facility and filled out the necessary forms, including consent for treatment.

Setting

Treatment was provided through an outpatient clinic, which served health needs of the community by providing various therapeutic services. Among the various types of professionals, board-certified music therapists provided music therapy assessments and treatment based on referrals from the community.

Procedure

I met with Colt and his mother for an initial intake, followed by two assessment sessions and nine additional treatment sessions. Each of these meetings was 45 minutes. The initial intake took place in a small, private room and included a 20-minute conversation shaped by semi-structured interview questions. Musical instruments were available, in addition to chairs for Colt, his mother, and me. I directed the questions primarily to Colt. I gave Colt the opportunity to be by himself or with his mother, to play a variety of

instruments in the room with his mother and to move to an alternate space. I explored Colt's musical preferences through both observation and questions.

Based on the intake findings that music therapy was recommended to address his treatment goals, two weekly assessment sessions followed. The sessions included structured and unstructured musical opportunities and varied between music therapist and client direction. Sessions averaged 30 minutes of individual time, followed by Colt's inviting his mother into the session for the remaining 15 minutes.

Following the assessment sessions, Colt determined the shape of the sessions. He chose instruments and/or other materials for his music therapy time. I gave him the option of changing the organization of the room and determining the direction of the 45-minute session. Approximately the first 30 minutes of each session included only Colt and me, after which time he chose if and when to invite his mother into the session room. Sessions concluded either at the direction of Colt or his mother. I allowed Colt to make this decision in order for him to practice the skill of self-management.

Assessment

During the first assessment session, Colt explored various non-pitched percussion instruments, asking their names and playing each one. He developed a preference the following two sessions for the cabasa, a djembe, and the ocean drum and danced to *Moves like Jagger* with intense energy parallel to me. He invited me to watch him as he danced and spun in circles and fell over. He laughed loudly when I copied. After dancing, Colt expressed himself through his playing the xylophone and played loudly, stopped abruptly, and said "Too loud." He then played softly and stopped to say, "Too soft." He reported to his mom he was tired from playing the piano and dancing too much. He told his mother what we learned

about each other. During the second assessment session, Colt played instruments in relation to feelings he experiences while playing video games. When his mother joined the session, he asked her to share with me positive memories of himself. He smiled and laughed jointly as she did so. He was willing to try new activities for a brief period of time. Colt responded with strong engagement and dedication to composing music with GarageBand with prerecorded loops. He became almost immediately independent, asking for help only as he needed. He often sought validation of his music selection, but made his independent choice when I emphasized the importance of his opinion.

Colt was successful at providing concrete information about himself during the assessment sessions, although he looked to his mother and occasionally asked for confirmation. He also often looked to her or requested that his mother answer questions about him in the assessment. He smiled when she spoke of memories of him or memories of his family, including his father. When asked if he thought about his father a little or a lot, Colt reported a lot, followed by a quick redirection back to the humorous memory.

I found Colt to be a likeable, intelligent boy with a strong desire to connect with others. Colt's biggest strength was his strong connection to his mother, who was the secure base in his explorations. His family support was a key asset to Colt's growth, and this relationship helped him to understand himself. Colt did appear to be challenged by his identification with his mother and in differentiation from her.

Colt showed insight into himself and how he relates to others and his own feelings through his musical expression. He also used analogies and relating through video games to express thoughts and feelings that were otherwise inaccessible through strictly verbal means. Through these metaphors, he described his struggle to belong among his peers, his desire to

have positive relationships, and a range of emotions from uncomfortable to comfortable. Within these metaphors, Colt appeared to have drastically contrasting forces that often were competing. I felt that he would benefit from an understanding of how these can coexist cooperatively. Colt responded flexibly and positively to opportunities for self-responsibility when prompted, ranging from decisions about the structure of the room and session to the relationship with me. I also determined that Colt would benefit from increased freedom in choosing how he would like to be and how he would like to relate to others, including when and how to receive support. I hoped that my continuing to provide validation and support upon request would further empower Colt and provide him opportunities to discover new ways.

From the outset, Colt had an awareness of others' feelings and would check periodically when he was concerned about others' feelings. Colt was sensitive to others' emotions and had a desire to avoid his and others' uncomfortable emotions. He also demonstrated an understanding of emotions, while learning to identify events that led to uncomfortable emotions. Colt demonstrated a stronger capacity to connect with the uncomfortable emotions through music or his preferred metaphors. He responded when prompted and supported to express his wants, when they appeared to be different from others' preferences.

I noted that he had the capacity to cope with minor frustrations and uncomfortable topics or emotions when challenged and utilized his intelligence and previously learned self-talk to prevent escalation. His intelligence was a strength and prime coping resource. Although Colt demonstrated his occasional resistance to speaking about challenging topics, he readily expressed the emotion or challenging event through a musical medium.

Colt received 30 minutes of individual music therapy and 15 additional minutes of music therapy with his mother for 11 sessions over a 15-week period. My intention was to set up a field of play and work from a systems focus to provide opportunities to help him explore his feelings and his identity and utilize his strengths, particularly regarding how he wished to exist as an individual while relating to others and in his quest for wholeness. Music therapy offered Colt a safe environment together with constants, including his relationship with me. All feelings were accepted and explored symbolically and/or explicitly with an element of play, depending on Colt's preference. Within sessions Colt chose how to spend the time and was offered empathy and congruence. I offered direct interpretations to Colt only as deemed necessary for the therapeutic process, but primarily remained within the metaphor as directed by Colt. Recording and listening to the music was used to provide opportunities for increased self-esteem and self-reflection.

Research Design

Phenomenological inquiry is a research approach aimed at capturing the complex dimensions of human experience. Instead of isolating a specific and individualistic part, it instead attempts to capture the "many aspects which contribute to any human experience and that to eliminate any of these aspects is to lose the essence and thus not fully comprehend the event" (Forinash & Grocke, 2005, p. 321).

Phenomenological inquiry is used best to capture as many components as possible that lead to the therapeutic experience. Consistent with the therapeutic philosophy, this approach (a) looks beyond the individual with a broader lens, (b) focuses on the experience and how it exists without labeling with judgment, and (c) uses the "fundamental structure

within an experience that allows us to recognize it for what it is" (Forinash & Grocke, 2005, p. 321).

Data Analysis

Session narratives, music recordings, and the client's and parent's responses in addition to therapist's reflections provided the conceptualization for this case study. A brief history, symptoms, treatment themes, and the child's and parent's response to music therapy are included in the results.

Chapter 4

Results

The following case example explores how Colt addressed his relationships through the music therapy process. For the purpose of this study, I describe the process by using Colt's musical creations, which naturally fell into four phases, with a transitional phase within Phase 3.

Phase 1: *Colt's Movement*

First session. In the first treatment session, I invited Colt to set up the room to support his experience. He paused and requested my permission from me to set up the table a specific way. When I asked how he wanted the chairs, Colt hesitated for a few moments and with a puzzled look on his face did not respond. When asked again and provided options, Colt asked the therapist to help him with placing the three chairs.

Colt requested to use the computer music program (GarageBand) that had been introduced in the previous assessment session. He remained engaged with both the program and me for the session by actively participating in the program and in conversation. His mother gave the title Colt's Movement to this piece; she stated that she heard dance themes throughout.

Colt became proficent with prerecorded loops in GarageBand. He was receptive to calm direction and stayed engaged throughout his efforts. He read each title out loud and sampled different musical loops. Colt chose specific loops, listening carefully to each loop, then accepting or rejecting the music. He expressed a range of preference as in, "That's not

my cup of tea," That's okay," "I don't like that," "That doesn't sound good," "Perfect," "That will do," etc. His favorite choice was the electric guitar "Secret Agent." Throughout his musical exploration on GarageBand, he stayed calm, tried again, or asked for help on loops. This was in contrast to his behavior during other musical engagement when he verbalized self-criticism and displayed agitation. His creation had two voices that ran parallel. He sought support from me in providing direction when he became stuck. When he asked preference questions, I often redirected the question back to him to support his expressing preference first. When he expressed his, I often followed with mine while supporting his choice.

Colt's first creation was a song with continuous movement with sixteenth notes. The song contains many instruments including drum beats, organ, guitar, and synthesizer and ended with a horn. The total length of the song is 1 min 16 seconds with each loop either 1 or 2 measures long. All the transitions in one voice lined up with transitions of the other voice. There is a tonal center with the rhythmic movement providing the sense of cohesion at the forefront of the piece.

Colt requested to use the computer program for his musical voice. He used self-talk to soothe his concerns, process his reactions, or encourage feedback from me. His first piece (*Colt's Movement*) was exploratory. He frequently sought reassurance for his choices and was responsive when encouraged to act on his preference. He had a foundational beat with syncopated rhythms, creating structure and a constant in his creation. The interplay between the two voices appeared to be a conversation or call and response. He repeated voices in the same line, which were conversational. The recurring theme was the James Bond theme, *Secret Agent*. This was the foundational theme that was his first melodic choice, ending with

an augmented neighboring tone suggesting mystery. There were two transition moments that occurred in the music. The first was in between first and second sessions and happened through repetition followed by a subtle shift in mood. The second transition was at the end with a "broadcast news" announcement, preparing for the breaking news of the next piece.

Colt shared his new music creation with his mom. She volunteered four musical loop selections, confirming that Colt would agree. She shared that it sounded like dance music. When she asked him to dance, he said, "I don't have to. I'm the creater." She shared that her favorite loop was the *Secret Agent* and sounded like something Colt would really like. Colt agreed that was his favorite, too. The theme recurred. He and his mom celebrated his creation, and he hugged me and said, "Bye, Allison. See you next week" with a smile. His mom thanked me and said that she thought "this was great that he found a connection."

Second Session. When Colt expressed his desire to work on the same piece from the previous session, I asked if he would help me with something first. He agreed. I said, "I'd like to know how you'd like me to support you and your music making." When he responded, "I don't know," I gave him many options. He picked my roles to be listener and drawer and assigned his role as the creator. Moving from there, I expressed how in these roles, it was hard for me to share what I appreciated about his music and wondered how he would feel in response to the absence of comments of appreciation. He gave me the additional role of the "sharer of what you like" and "drawer of the music" and himself the role of "sharer of music." He continued to create and used self-talk to soothe his concerns, process his reactions, or encourage feedback from the therapist. He took initiative, occasionally using a direct question to ask the therapist what she liked.

Unprompted, he used a “cue sheet” that we had designed to assign his mother the same roles previously assigned to me (“sharer of what you like” and “drawer of the music”) and indicated his expectations of her in the session. After he shared his music, he invited his mom to share her drawing. He agreed with his mom that his favorite loop was the one established in the previous session (*Secret Agent*). He then identified a second favorite, and at the end said the new one he chose was his favorite.

The composition as revised in the second session has more variations. For example, a brief limbo transition is played twice. The first voice of the song demonstrates deviations from the established rules of the second session. Syncopated rhythms and an isolated rhythmic instrument are in the foreground. He ended the piece with a broadcast news loop followed by wind chimes. He continued to use repetition in rhythm and themes, while beginning to introduce deviations from his established norms. He independently ventured out of his comfort zone. This evolution occurred with my verbal support, but without my suggestion or direction.

Summary of Phase 1. Colt found a new way of expressing and exploring himself through the music. He found the musical product reinforcing. In choosing to create two voices, the relationship within the music provides a metaphor for Colt’s process of learning about himself and his interactions. The first piece began at a surface level, as would be appropriate in first encounters. As the piece progresses, it becomes slightly darker and more varying, ending with an announcment of the new information to be shared in the following piece. The importance of this is not to be underestimated, as it provided Colt a comfortable and confident foundation to explore concepts that are not easily described in words.

Colt demonstrated his knowledge of social skills when he invited the therapist to participate in his piece, but was beginning to develop ownership for his music as a way to be more intimate with himself. He began to embrace the new freedom that when expressing himself in music, nothing is wrong. His fear of making a mistake or being rejected diminished, as he gained increased confidence. In the second session, Colt more clearly expressed wants and preferences verbally, musically, and relationally.

He shared his new way of expressing with his mother, who provided support for him in sharing her input and contributing to his music. The connection they have is further signified by their preference for the same musical excerpt. He demonstrated his struggle for autonomy and connection, wanting to have the same favorite while also wanting to have his own.

Phase 2: *Colt's Movement 2*

Third Session. When invited to set up the room, Colt organized chairs initially with one on each side of the table, but then moved his next to mine. He was motivated to participate in composing music using GarageBand. After communicating how he wanted to set up the room and the support he wanted from the music therapist in this process, he set up the computer and confidently set up the program.

Colt continued to engage in self-talk while compiling his music. He asked questions for validation but moved confidently through the program. Colt responded to obstacles with personal drive when the music therapist did not know the answers to his questions. During his composing, Colt brought up *Star Wars* and referenced the father/son relationship. He said it did not make sense why the son even knew the father, because the father dies. I joined his

metaphor, and we explored Colt's grief obliquely through the parallel process between the *Star Wars* story and his own.

Clearly highly motivated, Colt taught himself new skills (shortcuts) and took pride in his independence. He independently broke his previously established rules where not everything had to be lined up/equal, saying to himself, "It's okay. It doesn't have to line up. Well, maybe. No, it doesn't." When he had finished for the day, Colt called it "our music" referring to us.

When Colt did not use the "cue" sheet, Colt's mother invited him to read parts of it in support of his self-advocacy. He responded by trying again and going to his mother and me to assign roles. She added a portion where she asked him what he liked. He said he liked the backbeat and had put it in three times. Both mom and music therapist highlighted the contrasts and differences in Colt's music and highlighted the "opposing forces." I made a connection between opposing forces and sometimes how different feelings interact. Colt nodded in response.

Colt's mom told him, "It is important for me to know how you are feeling so I can help to validate you."

With a sigh and a puzzled expression, he responded, "I created my music to tell you how I am feeling."

"I didn't know that's what you are doing. It is helpful to know that," replied his mom.

Colt paused and responded, "Can we wrap this thing up?"

After discussing how helpful it is to communicate and share parts of oneself through music, words, and feelings, Colt admitted, "At first, I thought I was going to be really bored, but who knew it was going to be so much fun!"

Fourth Session. As sessions progressed, the mother shared the plans for her and Colt to relocate. I greeted Colt as he was walking towards the room. He announced confidently that he would get the tables. I asked how I could help, and he said I could get the chairs. I set them out, and he arranged them. He sat next to me and opened GarageBand. When asked how he was feeling about knowing that we only had two months left together, he reported feeling a little sad, because we may never see each other again. I validated and shared my own sadness in saying goodbyes. When presented with a few options to remember our time together, Colt chose to make one of his compositions.

Colt started talking about his preferred video games and movies. About ten minutes in, he said, "We better get working on this song, because we only have three more times left." He stated strongly, "It's time to get serious." He started adding a few different loops, but appeared disengaged. He asked me if I liked his composition. I shared that I liked the differences I heard and asked him what would happen if I said I did not think parts of it were well done? He responded that he would probably cry and his feelings would be hurt. I asked him if he thought it was well done, and he said yes. I reassured him that I liked them, and more importantly, was glad he did, too.

He learned new commands and used them within GarageBand. He seemed to be distancing himself through his talk of video games/less engagement in music. He also appeared more comfortable talking to me directly. He talked about brother relationships and asked, "Why can one brother could turn out bad and the other good?" "How do you fight your brother?"

He invited his Mom to join the session and chose not to share his composition. They talked a lot about his weekend, how he tried new experiences, and how he was brave. We

compared that to moving and how there were a lot of opportunities for him to be brave. We also compared different feelings like nervous and excitement. He demonstrated signs of increased discomfort (less eye contact, looking at his book). We transitioned to “making a plan,” since he was aware that our time was limited and knew what he wanted out of it. I shared with Colt his responsibility to make the CD and that I would support him if he asked for help. He made the plan for me to teach him how to make a CD the following week and for it to be blue. Mom told Colt to make a CD also for his brother when his compositions were complete.

The music continued to have hidden themes, which are loops in GarageBand over which a filter has been placed. The music was tonally grounded, with a rhythmic focus, but he placed the minor melody under the synthesizer bass track, effectively drowning out the expression of his sadness. Listening to the original tracks, one still cannot hear the emotional track. Spurts of emotion present as different rhythms that are drowned out.

Summary of Phase 2. Colt found an emotional outlet in music. Recurring themes of conflict in relationships, loss, and grief are present in his musical and non-musical metaphors. He demonstrated emotional awareness in the music that he had not yet explored verbally in sessions. His choice of emotional loops masked by the other voice and the choice of the track type can be compared to his keeping his emotions hidden, but still acknowledging their existence. There is increased musical complexity, building of tension, and sustained contact with the tension. The three parts are comparable to music inside, music spoken, and music drowning him out.

Phase 3: ***My Song 4***

Fifth Session. After Colt set up the room for Session 5, he stated, "I don't want to start a new [composition], because I don't have time to finish it. We are almost finished. I just want to talk today."

Colt discussed *Star Wars*, highlighting the relationship between Luke and his father. He asked questions, including, "Why did Luke have to have a father, if he is just going to die?" Colt processed interpersonal dilemmas and his grief within the metaphor. He shifted back into the metaphor to explore relationships. Leaving the metaphor, Colt began to talk about the upcoming challenges of Father's Day and stated, "I don't have a father." Colt shared how and when he supports others and anticipated challenges of the upcoming days (Father's Day and the anniversary of his father's death). The music therapist talked with him about self-advocacy and coping with challenging feelings.

Sixth Session. Colt arrived for the next session saying, "We don't have enough time to do music," "Dad talks to me," and "Dad thinks that moving to [new location] is a good idea, but he is sad we are leaving the house he built for us." For the first time Colt shared with his mom his experience of talking to his dad. He shared with her what his Dad had shared with him. His Mom shared her appreciation for Colt's honesty and the increase of Colt's emotional communication she was observing in session and out. She observed that he was most able to share while engaged in a video game. The next session fell in between Father's Day and the anniversary of Colt's father's death. When asked how he wanted to spend the next session, Colt responded, "I don't know if I'll feel like doing much of anything. I'll just be sad." When I offered an alternative of the next session as a celebration of his dad's life, Colt quickly snapped, "It is not a celebration. It is sad." I validated his

response and apologized if I seemed to not understand his sadness. I thanked Colt for his honesty and communicated my appreciation for his willingness to be open and share. Colt decided he needed to work on his last piece since we were "running out of time." He quickly listened to and selected loops.

Seventh Session. Colt and his mom brought in pictures and his dad's favorite song to share. He talked about the pictures in his picture frame and when asked, shared that he felt sad when his mom cried. He said, "I wish it would be the same again." While talking about his dad, Colt's facial expressions and body language reflected his sadness. Colt used tangible items to help discuss his grief. When asked how he felt after 20 minutes of discussing, Colt reported feeling bored. His mom shared the song she had brought that Colt and his Dad used to listen to. In the middle of the song, Colt asked for it to be turned off. He reported having two emotion feeling places and discussed how he would find new ones in his new house. He became excited to make the CD of his songs and did so mostly independently, asking for guidance when needed due to new skill. "That's my creation," he proclaimed proudly. He was up and moving, had more energy, and was smiling. He discussed where and how he might want to listen to his music. He left waving and walking along side his to his mom and talking about it with a smile on his face.

Eighth Session. In the last session, Colt chose for his mother to participate for the whole session. I gave Colt a blank CD for his fresh start. He responded saying, "This is for the music I make in [the new location]. It's like a new beginning." Inside the case were three statements. Colt started to cry, and hid his face after reading the last quote: "The reason it hurts to say goodbye is because it means we loved." He picked up his head and looked at me, saying with an irritated tone, "You made me cry! You made me sad thinking about my dad!"

Colt went to cry in his mother's arms. They spoke and shared their grief and tears together. His mother consoled him, stroking his hair and holding him for a few minutes. They talked about how much they missed dad. Colt's mom shared how she has mixed emotions of fear and excitement about moving. Colt came over and hugged me with a strong and connected feeling. He said, "Thank you. I'll miss you." I responded with, "It was truly a pleasure to get to know you. You have made an impact on me and my life." As they were walking out of the building, Colt turned around and said, "It was a pleasure to know you, Allison. Thank you. I'm going to miss you a lot." As he walked out, Colt glanced back a few times, saying "Bye!" while holding his mom's hand as they left the building.

Summary of Phase 3. Colt's use of metaphors in music and movies provided him space to explore relationships outside of himself. It gave an external representation of his thoughts and feelings about identity, family, and loss. Colt was able to direct his emotional tolerance in the metaphor and with my support, which allowed for him to stay present. Colt's understanding of his CD demonstrated his ownership for his process and his feelings. His relationship with his mother allowed him to be able to use her support when he feels it is necessary. Colt's sharing of his experience with his dad and his grief through provided metaphors provided a bridge to his sharing of his grief verbally. The support from his mother and me allowed him the space in which he could experience and communicate his feelings.

Chapter 5

Discussion

This study has described the experience of a boy with high functioning autism as he navigated grief stemming from the loss of his father. Through music therapy implemented from a family systems perspective, he further developed his identity in relation to others, while also managing his need to grieve in his individual way. Music therapy provided a developmentally appropriate opportunity to uncover and explore both his emotions and his relationships to self and others. The loss of his father changed his family and the relationships within the system. Colt utilized the music to move towards growth in his identity and to process his grief. The change in his relationship to his father after his death left Colt on his own to explore this relational issue. Music provided him with the space to explore and begin to redefine his relationship to his father. In this study, music therapy from a systems perspective facilitated emotional and social growth processes through the use of music as a nonverbal means of expression and connection with himself, the music, the therapist, and his mother.

Increased Awareness of Emotion

The present study found that music therapy facilitated an increased awareness of emotion in a child with high functioning autism through the medium of music, which served as a tool for communication of his awareness to others. The music provided a structured and motivating way to express emotions that may be difficult to express, particularly for an individual with high functioning autism who has developmental differences in

communication and emotional awareness. Music became the non-judgmental language that allowed for vulnerability and support while reflecting his emotions.

Individuation

Music therapy facilitated individuation through the shifting of relationships. The increase in independence and identity in the music and the shift in relationship with the therapist allowed for emergence of new ways of relating. Similar to the findings of Davies (2008), music allowed for experimentation and playfulness, while maintaining a motivation for engagement and increasing self-esteem. The use of the concrete reminder of a CD of the musical creations allowed for the confidence and newly developed relationship to generalize beyond the room as a reminder and representation of the positive change as described in Davies (2008). The introduction of a nonverbal means for separating and joining allowed a new experience to be introduced in nontraditional ways.

The relationship between the child and his mother shifted with the sudden loss. The resilience of the family in their adaptation allowed them to continue functioning. As Colt matured and with the burden of the mother's having to fill roles of both mother and father, the relationship had become stagnant and stunted. Similar to McIntyre's (2009) findings, music therapy provided an outlet to discuss difficult topics more openly. Music therapy, with creativity and playfulness, also provided opportunities for both Colt and his mother to experiment with different ways of relating. The music provided support for Colt, allowing the mother to let him self-soothe and self-regulate with her in close proximity. She was able to see his success and maturity in his compositions, seeing new parts that he was able to express through the creative process. The new experiences influenced their relationship, as they both were able to experience each other while maintaining separateness.

As found in Whitaker and Bumberry (1988), Colt and his mother became freer to express their feelings and themselves. They shifted out of their dysfunctional patterns and reorganized into a healthier relationship.

Sense of Self

Music therapy provided a successful musical experience designed to meet the client where he was. The flexibility of music and the absence of judgment from music provided a less threatening relationship in which playful experimentation could lead to growth. The ability to create music succesfully led to increased positive self-statements and positive feedback from others, in addition to bringing a sense of accomplishment and pleasure from the experience as shared.

Consistent with Whitaker and Bumberry (1988) Colt's change came from his freedom to experience his grief. The freedom he experienced from the shift in his relationship with his mother allowed for a shift in his sense of self. When given the experience and the freedom to separate or to join, he was able to experience and experiment in defining himself.

Moving Through Grief

One of the difficulties in the grief process is how each person's experience of grief is unique. There is no predetermined way of grieving. Music and metaphor provided the space for exploring emotions and grief in nonverbal or indirect forms of expression. The increased awareness, access, and tolerance of emotions allowed Colt to integrate his internal and external realties. Music also served as a catalyst for change (Stephens, 1983). Similar to Thompson (2009), the use of metaphor for the connection between realties allowed for less isolation with his emotions and an individualized way that is adaptive to his own process while finding similarities and support from others in a relatable way.

As described in Sedney, Baker, and Gross (1994), the use of ritual and meaning-making provided emotional relief for Colt. The music and experiences served as a spring board for a developmentally appropriate means toward relief. The relational grief process allowed for mastery, emotional relief, making meaning, and connection between Colt and his mother, with the versatility to meet both of them where they were in their grief. Congruent with the phases of grief that Kubler-Ross (1969) described, Colt was able to move into the feeling of separation and disorganization in the music, which planted the roots for the reorganization needed to move forward from the grief.

Limitations

Because this study reports only a single case, the outcomes cannot be generalized. The use of post hoc data precluded the collection of other forms of data (e.g., video) to be included in the research, thereby limiting the opportunity to capture details not included in the therapist's notes or musical recordings. This factor also limits opportunity for validity checks through observation and interpretation by a third party. The role of the music therapist as the researcher may introduce bias in data collection or interpretation.

Implications for Future Research

Emotional and social domains are primary areas of need for children with high functioning autism and more research is needed to create deeper understanding and directions for treatment. Consistent with previous research, this study found music therapy to be a key therapeutic modality in facilitating not only the grief process, but also the reconstructing of a sense of self and restructuring of relationships. The use of music therapy to facilitate expression of emotions associated with the grief process and use of familial support with children with high functioning autism needs further investigation. Future studies with larger

numbers of participants would provide important perspectives toward an increased understanding of how music therapy facilitates emotional and social growth processes. Students who use music therapy in other emotional and social need areas, including traumatic grief, also would contribute to the field.

Due to the limited research in working with children with high functioning autism and their families in the grief process, little is known outside of behavioral interventions about how music therapists are working with this population. Further research on how to include families in music therapy treatment would provide therapists a framework of different approaches and ways to utilize this form of treatment.

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