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## Music Therapy and Autism: A View from Disability Studies

By Joseph N. Straus

### Abstract

Music therapy has positioned itself squarely within the medical model of disability, arguing that many sorts of human variability should be understood as illnesses, diseases, or other sorts of pathological medical conditions, and offering music as a source of normalization, remediation, and therapy toward a possible cure. But for many human conditions, including autism, cure is neither possible nor desirable. Instead of seeking to normalize autistic people, music therapy might instead acknowledge their distinctive sorts of musical interests and attitudes and offer to enhance their indigenous culture in an atmosphere of mutual respect. Instead of normalization and cure, music therapists might seek enhanced self-expression, knowledge, and pleasure through mutual music-making.

**Keyword:** disability studies, music, autism

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Human bodies and minds vary widely in form and function. In different times and places, certain bodily and mental conditions are identified as unhealthy or abnormal (and these concepts themselves have a variable history). In our time and place, the healthy and the normal are defined more and more narrowly, as ever larger tracts of human variability are medicalized as pathologies in need of diagnosis, remediation, and cure. Disability Studies offers a sustained critique of this medical model of human variability, asserting instead that human differences should be celebrated for their intrinsic value and their contribution to biodiversity and neurodiversity.

As “an established health profession in which music is used within a therapeutic relationship” (American Music Therapy Association), music therapy has positioned itself squarely within the medical model of disability. What we might call “normative music therapy” accepts that many sorts of human variability should be understood as illnesses, diseases, or other sorts of pathological medical conditions, and offers music as a source of normalization, remediation, and therapy toward a possible cure. (Of course, many music therapists, including many readers of this journal, practice music therapy in non-normative ways).

But for many human conditions, cure is neither possible nor desirable. Let’s take autism as an example. The diagnostic category has been around only since the mid-1940s when it was understood as a severe psychiatric disorder affecting roughly 1 in 10,000 children. At present, with the definition and diagnostic criteria significantly expanded, autism is understood as a broad spectrum disorder affecting roughly 1 in 68 children, as well as adults of all ages (Centers for Disease Control estimate, 2014). As the constantly changing definition and explosive growth in numbers suggest, autism is a very precarious and unreliable category, its population increasingly heterogeneous, its borders poorly defined. Like most psychiatric diagnoses, it is untethered to any biological marker or mechanism, and has to be understood to a large extent as a cultural grouping. Autism self-advocates have noted this, and under the banner of neurodiversity, have begun to claim autism as a social and political identity, one that comes with a distinctive worldview and culture, including musical culture. In the non-medical autism literature, one can read about autistic ways of making music, based on attention to discrete musical events in all their concrete detail (local coherence), a preference for the part

over the whole, an interest in associative networks of private or idiosyncratic meanings, possibly a good rote memory, possibly absolute pitch, and often eliciting vocalizations.[1]

What should a music therapist do in working with people identified as autistic? The usual approach would be to adopt the assumptions of the medical/therapeutic model: this person is defective in some way, and we should use music to normalize their behavior and remediate their deficiencies. But that approach has not been notably effective. This is no particular shame for music therapy, inasmuch as autism has proven intractable to most therapies (probably because it's not really a well-defined disorder in the first place). I would argue further that not only is a cure unattainable, it's also undesirable (just as a cure for homosexuality or for blackness or for any biosocial grouping would be undesirable).

If music therapists either cannot or should not offer remediation and normalization, they nonetheless have inestimable gifts to offer, especially the gift of shared pleasure through mutual music-making. Autistic people often have distinctive sorts of musical interests and attitudes—an emerging musical culture, as noted above. [2] Instead of normalizing them out of their preferred cultural frame, in a quasi-colonialist assertion of power, we might seek to enhance their indigenous culture in an atmosphere of mutual respect. Instead of defending music on the grounds that it is good for your health (“eat your vegetables, Jonny”), music therapists and all musicians should defend it as something intrinsically wonderful: it gives pleasure of a particularly deep and meaningful kind; it provides the occasion for mutual, shared endeavor; it offers a chance to build and demonstrate skill (performance); it allows for a specially meaningful avenue for self-expression, especially for people with limited or atypical verbal skills; it is a source of self-exploration, self-realization, and knowledge; it offers the joys of discovery in an atmosphere of intense mutuality; it makes us more wholly ourselves and more fully human.

Everyone, disabled or not, should have access to music, and music therapists are ideally suited to provide this access. But to do so, they may have to be willing to detach themselves from the medical model, which typically undervalues the sorts of pleasures I have just enumerated.

If you insist that you are basically a health care provider, you open yourself to the possibility of failure if you can't produce measurable results (i.e. remediation, normalization, cure). In the case of autism, such failure is practically guaranteed in advance. But if your goals are enhanced self-expression, knowledge, and pleasure through mutual music-making, you offer something that is both attainable and of the greatest possible value.

## Notes

[1] I describe and elaborate these features of autistic musical culture in *Extraordinary Measures: Music and Disability* (Oxford University Press, 2011) and “Idiots Savants, Retarded Savants, Talented Amateurs, Monosavants, Autistic Savants, Just Plain Savants, People with Savant Syndrome, and Autistic People who are Good at Things: A View from Disability Studies,” *Disability Studies Quarterly* 34/3 (2014). On autistic culture more generally, see Majia Holmer Nadeson, *Constructing Autism: Unraveling the “Truth” and Understanding the Social* (New York: Routledge, 2005); Mark Osteen, ed., *Autism and Representation* (New York: Routledge, 2008); Stuart Murray, *Representing Autism: Culture, Narrative, Fascination* (Liverpool: Liverpool University Press, 2008); and Joseph Straus, “Autism as Culture,” in *The Disability Studies Reader*, 4th edition, ed. Lennard Davis, 460-84 (New York: Routledge, 2013).

[2] The proper language for referring to people with disabilities is in a permanent state of contested evolution. The prevailing convention at the moment is “people first”: instead of saying “autistic person,” which might imply that the person is fully identified with and subsumed by autism, we say “person with autism”: the person is over here; the autism is over there. Among a new generation of activists, however, we find people who claim their disability as a valued identity, just as previous generations of activists claimed identities of ethnicity, gender, and sexuality. From this point of view, to say someone is a person with blackness, or a person with femaleness, or a person with queerness, sounds not only strange but wrong, suggesting that one is running away from a stigmatized status. By the same reasoning, I find the expression “autistic person” (or blind or deaf person) preferable to “person with autism” (or blindness or deafness).