



Music Therapy and Special Music Education: Interdisciplinary Dialogues

Alice-Ann Darrow

interviewed by Giorgos Tsiris

Abstract

Drawing from Professor Alice-Ann Darrow's life-long work in the fields of music therapy and special music education, this interview brings to the fore the importance of interdisciplinary dialogue. A range of themes (including the notion of 'musical rights' and inclusion) emerge and are discussed in relation to the development of interdisciplinary and collaborative work between different music practices. Darrow shares experiences from her personal and professional life that have shaped her work and way of thinking over the years. This interview can provide a framework within which readers can situate and further understand Darrow's rich contribution within the fields of music therapy and special music education both nationally and internationally.

Keywords: music therapy; special music education; collaboration; interdisciplinary; profession

Dr Alice-Ann Darrow is Irvin Cooper Professor of Music Therapy and Music Education at Florida State University. Her teaching and research interests are teaching music to special populations, the role of music in deaf culture, and nonverbal communication in the classroom. She is co-author of *Music in Special Education, and Music and Geriatric Populations: A Handbook for Music Therapists and Healthcare Professionals*; and editor of the text, *Introduction to Approaches in Music Therapy*. Darrow presently serves on the editorial boards of the *Bulletin for the Council on Research in Music Education, Music Therapy Perspectives, Update: Applications of Research in Music Education, Reviews of Research in Human*

Learning and Music, and the Florida Music Director.

Email: alifsu@mac.com

Giorgos Tsiris is the editor-in-chief of the open access journal *Approaches: Music Therapy & Special Music Education*. He works as a research assistant at Nordoff Robbins and as a music therapist at St Christopher's Hospice (UK), while serving as the coordinator of the Research Network of the British Association for Music Therapy (BAMT). He is co-author of the book *Towards Ethical Research: A Guide for Music Therapy and Music & Health Practitioners, Researchers and Students*. Currently he conducts his doctoral research on music therapy and spirituality at Nordoff Robbins (City University, London).

Email: giorgos.tsiris@gmail.com

Note from the interviewer:

The idea for conducting this interview was born in July 2012, when Professor Alice-Ann Darrow and I met at the 30th ISME World Congress which took place in Thessaloniki, Greece. I hope this interview will serve as a vehicle through which Darrow's dedication, work and wisdom can be conveyed and inspire other practitioners and researchers in the field of special education and beyond. The interview took place via a series of emails, dated from September 2012 to April 2013, and was edited by Darrow and myself. An informal style has been maintained throughout this interview, reflecting the spirit of the dialogues that Darrow and I had face-to-face in Thessaloniki. Relevant references to other papers and sources are provided so the reader can find more detailed information about certain themes emerging throughout the interview.

Background and early experiences

G: Alice-Ann, thank you very much for this opportunity to talk about your work and life.

AA: You are so welcome!

G: Could you please describe briefly your journey into music therapy and special music education?

AA: My entry into clinical work coincided with the passage of Public Law 94-142 in 1975, the *Education for All Handicapped Children Act*, a landmark in public education in the United States of America (USA). As a first-year music teacher and therapist in the public schools, I was excited and proud to be a part of these early historic efforts on behalf of children with disabilities. I was one of the first music therapists to work in the Dade County Schools in Miami, Florida, where I grew up. The purpose of PL 94-142 was to support states in protecting the rights of and meeting the educational needs of children and youth with disabilities. This historic law is now currently enacted as the *Individuals with Disabilities Education Act* (IDEA), as amended in 1997. Before PL 94-142, most children with disabilities were denied access to their neighbourhood schools and were educated in segregated institutions, if at all. I remember very few students with disabilities in the schools I attended when growing up. Many students with disabilities in public schools now receive music education and music therapy as a part of their educational experience. It has been exciting to observe such important changes in the field of special education over these past thirty-seven years. By chance, a number of family members had disabilities, both in my immediate family and extended family, so I was aware of disability issues early in life. As a musician, music therapist and music educator, I was also interested in the musical rights of all children. The public schools were the right place in which to bring these personal and professional interests together.

G: Can you think of any particular experiences that have played a key role in shaping your thinking and practice as a professional?

AA: I can think of three key experiences that shaped many of my beliefs about inclusion and music therapy practice. These experiences were ‘eureka’ days; those that you feel such euphoria in your chosen career.

The first was when five students of mine with profound intellectual disabilities performed on bells in a concert. The principal, parents and other

students were shocked at what they could do and that it sounded so musical.

The second was when four students from the deaf education program were first introduced to the class that they would be mainstreamed into for music. It was a particularly precocious class and the students didn’t understand how these four would function in their class. When they heard them play guitar, and play rhythms much more difficult than they could play, they responded, “*Yes, but they won’t be able to sing with us!*” The four students proceeded to sign a song that was popular at the time; Mac Davis’ *I Believe in Music*. The students in the class all tried to sign with them so I had the four students teach the signs, and we all signed and sang together. The students were well-received into the class after that and it was a wonderful experience for everyone.

The third experience was with a student who had severe behavioural problems in a very low-income school. I brought her and her classmates to the Olympia Theatre in Miami, Florida to see Walt Disney’s *Fantasia*. She was entirely engrossed in the movie. She came back to school and wanted to hear the music from the movie (all classical of course) over and over. She remembered the visual for every piece played in the movie. I praised her and took her to the principal and played the music and let her explain the movie for each piece. She was so proud. She was a changed young lady after that experience and the praise she received from the principal. These experiences may not seem like much to someone who wasn’t there, but I will never forget these students. There have been other experiences, but these three affirmed my chosen career early on.

Musical rights

G: Earlier on, you talked about ‘musical rights’; a term I find very interesting and which makes me think of ‘musical democracy’¹. Drawing not only from your professional background, but also from your early experiences of the shifts in the USA political scene, could you please explain what ‘musical rights’ means to you?

AA: I see ‘musical rights’ as similar to cultural democracy. All students have a right to an aesthetic education. Students with disabilities were not routinely included in music education classes until the mid-to-late 1970s in the USA. Even today, some students with disabilities are not included in music classes in the public schools; others are given only music therapy services, which is beneficial to

¹ For details, see Insull (1992).

their growth and development academically and/or personally, but music therapists do not attend to the musical growth of the child. If children are only given music therapy, they are being discriminated against in terms of their cultural and aesthetic education.

G: Could you please explain a bit further what you mean by saying that “music therapists do not attend to the musical growth of the child”? I am asking this question as some music therapists - especially those coming from a music-centred approach (Aigen 2005) – would perhaps consider one’s musical growth as closely interlinked with their personal growth.

AA: I should correct that. The general purpose of music therapy, as opposed to music education, is to address non-musical goals (physical, social, emotional, cognitive, etc.)². I am sure there are music therapists who are concerned that students with disabilities also learn musical skills. I am one of those music therapists, as I believe all children deserve the opportunity to develop as musicians and to develop skills in music that they will take with them into adulthood. I know a number of professional musicians with disabilities. I am glad there were music educators and/or music therapists who were as concerned with their artistic needs as well as their therapeutic needs.

Music therapy in context: Inter-disciplinary work and music beyond school life

G: What you say I believe can help us think about music therapy ‘in context’, not only in terms of other services (including music education) for students with special needs, but also in terms of students’ lives and experiences beyond their educational setting. Would you like to comment on this interplay between music therapy and other services, and perhaps share your thoughts about how music therapy ‘fits’ with other services?

AA: I believe any therapist who thinks that he or she alone can address all the needs of a student with disabilities is decidedly misinformed, and perhaps a bit arrogant. I believe as music therapists we sometimes overreach, that is, we claim to address students’ needs in the cognitive, physical, social-emotional, communicative and sensory areas. Indeed, we can, but rarely does a music therapist

have expertise in all of these areas. If we do not seek the counsel of special educators, physical therapists, speech-language pathologists, audiologists, psychologists, behaviour specialists, and the like, we are probably not providing a student with the best possible services. Working as co-therapists, or consulting with a treatment team can give a music therapist’s interventions breadth and depth that might not otherwise be possible. I have worked mostly with special educators and speech-language pathologists and have learned a great deal from them. I hope I have reciprocated with some valuable strategies for them as well.

G: Could you please give a couple of examples of what strategies you consider important for music therapists to share with (or pass on to) other professionals?

AA: I don’t know if this qualifies as a strategy or a helpful reminder. Because I work primarily with people who have disabilities – individuals who are not ill, I think it is wise to be mindful never to pathologise their disabilities. That is, not to regard or treat them as psychologically atypical or unhealthy. Disability is a permanent condition, whether it is sensory, cognitive or physical. We can certainly help persons with disabilities to lead better lives and to rehabilitate or habilitate them to a certain extent, but they generally will live their lives as persons with disabilities. The more we regard them as ‘one of us’ and not ‘one of them’, the more easily they will integrate into society. We are a long way from eugenics, but we still have a long way to go to the day when persons with disabilities are fully integrated into society, particularly in the areas of community access, employment, education, and personal relationships. We will all experience disabilities of some sort, if through no other means than the natural process of aging.

G: So, are you suggesting that music therapists can play a key role in passing on strategies (or perhaps cultivating an attitude) in terms of promoting a resource-oriented and inclusive attitude towards people with disabilities?

AA: If by resource-oriented you mean resourcing other disciplines in our therapeutic work, then ‘yes’. And yes, I think music therapists *must* have an inclusive attitude toward people with disabilities; otherwise, we are limiting the lives of these individuals. I rarely say anything that strongly (i.e., music therapists *must*...), but in this case the emphasis is intended. Persons with disabilities are a part of our communities; and consequently, deserve the same respect and opportunities that all other individuals receive and enjoy. When I am working

² According to the American Music Therapy Association (AMTA 2012), music therapy is “[...] is an established health profession in which music is used within a therapeutic relationship to address physical, emotional, cognitive, and social needs of individuals”.

with a person who has a disability, he or she is part of the treatment team, and also has the freedom to determine when it is appropriate to terminate music therapy services.

G: By resource-oriented I mean an attitude that focuses on, embraces and nurtures each person's and each community's resources³, i.e. the things that one *can* do, instead of the things that one cannot do. Of course, this attitude calls for actions that 'empower' people and involve them in decision-making procedures – something that relates directly to what you have just said about including students with disabilities as part of the treatment team. But could you please expand briefly on students' participation in the treatment team and how this works?

AA: I believe in self-determination for all students, but especially for students with disabilities. They often have little opportunity to express themselves and what they want out of their lives and where they want to be and what they want to be doing as adults. The Individual Education Plan (IEP) used in the USA provides for students' input, which is good, but can be challenging if they wish to do something their parents see as unrealistic, or ill-advised, or if parents have goals in mind that are not in line with their child's interests or abilities. As a therapist on the treatment team, we try to build consensus, though our preference is to let the child direct his or her future.

G: In a way, this brings us back to the idea of music therapy *in context*. This time the context doesn't refer to other professions, but to the ecology of people's lives. I would like your views on what music therapy can offer people with special needs beyond the immediate educational setting. Here I am thinking not only of students' lives outside the classroom, but also (and perhaps more importantly) after graduation.

AA: Music therapists who work in schools must be concerned about their students' quality of life after graduation. Included in music therapists' responsibilities is the task of preparing students for their future and increasing the likelihood that music will be a part of that future. After the eventual termination of music therapy services, it should be every music therapist's wish that students continue to be consumers of music. Participation in music, either actively or passively, can make one's transition to community life less stressful, and more socially and cognitively engaged. Music therapists

can also do much to encourage the continued musical and social growth of individuals with disabilities by presenting opportunities for music-making in the community, both before and after graduation. Community ensembles, church choirs, open mic night at various venues, civic concerts, and restaurants or bars that host local musicians are all opportunities for music-making and/or listening that are generally open to all individuals, regardless of musical skills or disabilities. Persons with disabilities may not be aware of all the community music activities available to them. Their enrolment or engagement in such activities may need to be facilitated by the music therapist. The necessary skill sets, such as concert etiquette or navigating transportation to various music venues, can be a part of their therapeutic goals before graduation. Participation in such organisations or performance events can make community life more rewarding and less threatening for people with disabilities.

G: One might say what you suggest here goes far beyond a traditional understanding of music therapy as something that takes place in specialised 'therapy rooms' and behind closed doors. I find your view exciting! Music therapy's potential in community engagement however, can be a complex task which requires wider social (and often political) change, including a change in community members' perceptions of people with disabilities. Have you ever encountered any problems or difficulties in engaging with community groups?

AA: Unfortunately, yes, or at least initially. I was working with a student who used a wheelchair and he wanted to sing in a community choir and a choir at his church. At first, the directors were reluctant because they were worried about getting him in the choir loft to sing on Sunday or on stage to sing at concerts. I suspect they were also concerned that the choir would be standing and he would be sitting, but once the logistics got worked out and they got to know him, they loved having him in their choirs.

I prepare future therapists and teachers for the classroom. I have heard concerns about individuals who are blind, use wheelchairs, or have Tourette syndrome. There were questions about how they would function in a classroom full of children. Part of my job is to convince principals or employers that they need not, and ought not to be concerned. Another aspect of my job is to make sure these individuals are prepared as therapists and educators such that the likely concerns of potential employers and colleagues are not warranted.

³ See Rolvsjord's (2010) work on resource-oriented music therapy.

Contribution to professional and disciplinary organisations

G: Alice-Ann, over the years you have served in a number of professional and disciplinary organisations, both nationally and internationally. Would you like to talk briefly about your work in these organisations?

AA: I have had several rewarding experiences with my primary professional organisations: National Association for Music Education (NAfME), American Music Therapy Association (AMTA), and International Society for Music Education (ISME). In NAfME I have served on the editorial boards of its two major research journals (*Update: Applications of Research in Music Education*, and *Journal of Research in Music Education*), and as chair of the Society of Research in Music Education (SRME). Through these research experiences, along with serving on the editorial boards of the two AMTA research journals (*Journal of Music Therapy* and *Music Therapy Perspectives*), I have been able to help shape the research agendas of our profession, and able to read some excellent research reports, which of course has informed my practice as well as that of my graduate students' practice.

G: In 2012 you also served as the chair of the ISME Commission on Music in Special Education, Music Therapy and Music Medicine, and you led the Commission's international conference which took place in Greece⁴.

AA: For the Special Music Education Commission of ISME, I had not planned to be chair, but we needed a chair, and I said yes because I believe so strongly in the mission of the Commission. I am glad I did agree as I have met some wonderful practitioners and researchers from around the world through my work with ISME.

G: The next ISME World Congress takes place in Porto Alegre, Brazil (20-25 July 2014). What are the Commission's priorities and agenda for this conference, and who should attend?

AA: The Commission on Music in Special Education, Music Therapy and Music Medicine will again convene in Rio de Janeiro, Brazil between 17th and 18th July before the ISME World Conference begins on the 20th of July 2014. At the last commission meeting in 2012, I set up a working group in addition to the commissioners. We have so much talent in our commission that I

wanted more people involved and working toward our 2014 conference. Lyn Schraer-Joiner is the new chair and she is doing an excellent job of getting the new commissioners and working group set up for the 2014 meeting. She and the chair-elect, **Markku Kaikkonen** have started a newsletter so that members are more informed about what is going on with the commission and are better able to connect and network with each other. International organisations are never easy to maintain. Distance is an obstacle, but this commission has grown and is on the right track. The agenda is for members to continue to present original research and share clinical perspectives with the intent of making us all more knowledgeable music educators and therapists, particularly regarding what is going on in other countries.

Aspirations for future developments

G: Reflecting on the future, how do you envisage the development of collaborative work between music therapy and special music education?

AA: I believe the lines between music education and music therapy will become a bit more blurred with the increasing inclusion of students with disabilities in classrooms and in society in general. I am pleased about that as I believe interdisciplinary practices in music education, music therapy, and other therapies as well will only strengthen the services students with disabilities will receive both in and outside of school. I suspect territorial issues will remain until we all find a place of comfortable co-existence, but I believe it will happen. We have come a long way from the time when students with disabilities were segregated and placed into institutions and/or separate schools and classrooms. The full integration of persons with disabilities into society means that we as professionals must also learn to integrate our practices and feel comfortable with shared responsibilities. I see a bright future for music therapists, music educators, and the consumers of our services. I feel fortunate to have shared in so much of the educational history of students with disabilities.

G: Closing this interview, what are your aspirations and hopes for the future contribution of music in the lives of people with disabilities?

AA: My hope for the future is that all individuals with disabilities will be welcomed in their communities, to be able to find employment when appropriate, and have a social life that they find

⁴ See ISME (2012) and Kaikkonen (2012).

fulfilling. Of course, I hope that they also have lives filled with music, but most of all, I want them to have dignity and respect. There are still many countries where individuals with disabilities are not accepted into the mainstream. I hope that music educators and music therapists will work together to propel the disability movement forward.

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