PRIMJENA GLAZBOTERAPIJE U REHABILITACIJI BOLESNIKA S AUTISTIČNIM POREMEĆAJIMA

/ USE OF MUSIC THERAPY IN THE REHABILITATION OF PATIENTS WITH AUTISM SPECTRUM DISORDERS

Slavica Bevanda

SAŽETAK/SUMMARY

Ova studija slučaja opisuje jednogodišnji rad s tridesetogodišnjakom s poremećajima iz autističnog spektra, gotovo nerazvijenog govora. Postignut napredak odnosi se na tjedne jednosatne dolaske na glazboterapijski tretman s improvizacijskim pristupom. Program individualnih terapija opisan je u nekoliko faza, a podrazumijeva terapijski proces koji je superviziran od strane mentora. Nizom glazbenih intervencija i interakcijom u obliku glazbenog dijaloga između klijenta i terapeuta ostvaren je utjecaj na razini komunikacije, smanjenja nepoželjnog ponašanja i na razini funkcioniranja bolesnika u cjelini.

/ This case study describes one-year treatment of a 30-year-old man with the autism spectrum disorder (ASD), with almost undeveloped speech. The improvement was achieved after weeksly one-hour music therapy sessions with an improvisational approach. The program of individual sessions is described in several phases and understood as a therapeutic process supervised by a mentor. A series of musical interventions and interaction in the form of a musical dialogue between the patient and the therapist had a beneficial influence on communication, undesired behaviour, and complete functioning of the patient.

KLJUČNE RIJEČI / KEY WORDS

glazboterapija / *music therapy*, glazbena improvizacija / *musical improvisation*, neverbalna komunikacija / *nonverbal communication*

Slavica Bevanda, profesorica glazbe, glazboterapeut, master NLP-a, Adresa autora: Pešćanska 166, Zagreb; e-mail: muzter@net.hr

***Slavica Bevanda**, music professor, music therapist, NLP master practitioner, Author's address: Pešćanska 166, Zagreb; e-mail: muzter@net.hr*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/psihei.2020.170

UVOD

Glazboterapija i autizam

U ovom radu prikazati ću glazboterapijski rad, improvizacijski model u individualnom radu s osobom s autističnim spektrom.

Poremećaj autističnog spektra neurorazvojni je poremećaj koji karakterizira trajni deficit društvene komunikacije i interakcije te ograničeno i ponavljajuće ponašanje, interes ili aktivnosti (*American Psychiatric Association 2013*). Simptomi autizma očituju se u ranom djetinjstvu kao deficit društvenog i općeg funkcioniranja. S obzirom na ozbiljnost tog poremećaja ispitano je više mogućnosti liječenja, a glazboterapija jedan je od mnogobrojnih tretmana koji se primjenjuju.

Proces intervencije glazboterapeutima omogućuje postizanje terapijskih ciljeva pomoću glazbenih iskustava pacijenta i odnosa koji se razvijaju kao dinamička snaga promjene (Bruscia, 1998.). Definicija Svjetske federacije glazboterapeuta (WFMT) određuje ju ovako: Glazboterapija je primjena glazbe i njezinih elemenata od strane profesionalnih glazboterapeuta u medicinskom, obrazovnom i svakodnevnom okruženju s pojedincima, skupinama, obiteljima ili zajednicama koje žele poboljšati kvalitetu života i svoje fizičko, socijalno, komunikacijsko,

INTRODUCTION

Music therapy and autism

In this study I will present music therapy, an improvisation model in an individual treatment of a person with autism spectrum disorder (ASD).

Autism spectrum disorder is a neurodevelopmental disorder characterized by a permanent lack of social communication and interaction and limited and repeated behavior, interest, or activities (American Psychiatric Association 2013). The symptoms of autism can be seen in the early childhood as a lack of social and general functioning. Due to the severity of this disorder, a number of treatment possibilities have been examined and music therapy is one of many used treatments.

"The process of intervention helps music therapists achieving therapeutic aims with the help of patient's musical experiences and relationships that develop through them as dynamic forces of change" (Bruscia 1998).

The definition of the World Federation of Music Therapy (WFMT) defines music therapy as follows:

"Music therapy is the professional use of music and its elements as an intervention in medical, educational and everyday environments with individuals, groups, families or communities who seek to optimize their quality of life and improve their physical, social, communi-

emocionalno, intelektualno i duhovno zdravlje (WFMT, 2011.).

Kako se povećava broj osoba s autističnim spektrom, povećava se i potražnja za glazboterapijskom intervencijom za tu populaciju. Glazboterapijska procedura kod autističnog spektra orijentirana je na ciljeve kao što su: poteškoće u učenju, neodgovarajuće ponašanje, manjak socijalnih vještina i komunikacije.

GLAZBOTERAPIJA KAO TERAPIJSKA TEHNIKA

Glazboterapija može uključivati sljedeće tehnike: (a) slobodnu improvizaciju, (b) strukturiranu improvizaciju, (c) izvođenje kreirane ili unaprijed sastavljene glazbe i pridruženih aktivnosti, (d) skladanje pjesama i instrumentalne glazbe, (e) iskustvo slušanja (Wheeler, 2005.).

Glazboterapija proučava i primjenjuje pokret, zvuk i glazbu kako bi postigla terapijske učinke. Ona može izazvati pozitivne učinke smanjenjem anksioznosti, eksternalizacijom emocija i olakšavanjem odnosa s okolinom. Izražavanje sebe glazbom potiče ekspresiju ljudskih osjećaja neverbalnim jezikom, uključujući interakciju i komunikaciju. Glazboterapija je indicirana u osoba u kojih je zbog motoričkih, kognitivnih oštećenja ili psihopatološke simptomatike primjena verbalnih psihoterapijskih tehnika onemogućena.

cative, emotional, intellectual and spiritual health and wellbeing." (WFMT 2011).

As the number of people with the autism spectrum disorders increases, so does the demand for music therapy intervention for this population. Music therapy procedure in persons with autism spectrum disorders is oriented to the following aims: difficulties in studying, inadequate behavior, lack of social skills and communication.

MUSIC THERAPY AS A THERAPEUTIC TECHNIQUE

Music therapy can include the following techniques: (a) free improvisation, (b) structured improvisation, (c) performance of a created music or music composed in advance and associated activities, (d) composing songs and instrumental music, (e) listening experience (Wheeler 2005).

Music therapy studies and uses movement, sound, and music to achieve therapeutic effects. It can cause positive effects by reducing anxiety, externalizing emotions, and making the relationship with the environment easier. Expressing oneself by music incites expression of human feelings by nonverbal language, including interaction and communication. Music therapy is indicated with people with motor and cognitive disorders or psychopathological symptoms due to which verbal psychotherapeutic techniques cannot be applied.

Modeli rada u glazboterapiji mnogobrojni su, primjerice: kreativna glazboterapija (Nordoff i Robbins), humanistička glazboterapija, bihevioralna glazboterapija, Benenzonova glazboterapija ISO (Ronaldo Benenzon), edukativna, analitička glazboterapija (Mary Priestly), psihodinamička glazboterapija, vođena imaginacija.

Ciljevi glazboterapije

	Opći ciljevi:
1	olakšati kreativno i općenito izražavanje u osoba koje nemaju razvijen govor ili imaju slabije razvijene komunikacijske sposobnosti
2	dati priliku za proživljavanje iskustava koja motiviraju učenje u svim područjima funkcioniranja
3	pružiti mogućnost za zadovoljstvo, uspjeh i pozitivnost – iskustva koja im nisu često dostupna
4	razvijati svijest o sebi, drugima i okolini u kojoj se osoba nalazi.

	Specifični ciljevi:
1	razvoj komunikacijskih vještina
2	razvoj motoričkih vještina (fina i gruba motorika)
3	razvoj usredotočenja pažnje
4	redukcija društveno neprihvatljivog ponašanja
5	razvoj svijesti o sebi

Working models in music therapy are numerous, including creative music therapy (Nordoff i Robbins), humanistic music therapy, behavioral music therapy, benenzon music therapy ISO (Ronaldo Benenzon), educational, analytical music therapy (Mary Priestly), psychodynamic music therapy, guided imagination.

Music therapy aims

	General aims:
1	Facilitate creative and general expression of people with undeveloped speech or with weakly developed communication abilities
2	Give a chance to go through experiences that motivate studying in all the fields of functioning
3	Give the possibility for pleasure, success and positivity – experiences not often available
4	Develop self-consciousness, consciousness of others and environment

	Specific aims:
1	Development of communication skills
2	Development of motor skills (fine and gross motor skills)
3	Development of attention focusing
4	Reduction of socially unacceptable behavior
5	Development of self-consciousness

6	razvoj neovisnosti, kreativnosti i imaginacije
7	razvoj emocionalnog izražavanja i prilagođavanja
8	razvoj interakcije s vršnjacima i ostalima
9	razvoj socijalnih vještina
10	neverbalna komunikacija u terapijskom procesu.

Na svakoj seansi mogu biti opservirana tri elementa i njihovi odnosi: pacijent, glazba i terapeut. Povezanost između terapeuta i klijenta uspostavljena je kroz glazbu, a komunikacija se provodi korisnikovom uporabom instrumenata, odnosom s terapeutom i prostorom za terapiju. Tijekom terapijske intervencije klijenta se potiče da s terapeutom stvara improviziranu glazbu kroz koju terapeut ima pregled odnosa između sebe i klijenta nastojeći shvatiti i interpretirati (glazbeno ili verbalno) terapijske događaje koji imaju osobitu važnost za klijenta. Klinička improvizacija unutar terapijskog okružja omogućuje da se unutarnji emocionalni svijet klijenata istraži.

UKLJUČIVANJE PACIJENTA U TERAPIJSKU PROCEDURU

Kao djelatnik Centra za rehabilitaciju odabrala sam korisnika u dobi od trideset i jedne godine s dijagnozom autističnog spektra poremećaja koji

6	Development of independence, creativity and imagination
7	Development of emotional expression and adjustment
8	Development of interaction with peers and others
9	Development of social skills
10	Nonverbal communication in a therapeutic process

During each session, three elements and their relationships can be observed: a patient, music, and therapist. The connection between the therapist and the client is established through music and the communication is performed by client's use of an instrument, the relationship with the therapist and the therapy room. During the therapeutic intervention the client is encouraged by the therapist to make improvised music, thus providing the overview of the relationship with the client trying to comprehend and interpret (musically or verbally) therapeutic events with the great importance for the client. The clinical improvisation in the therapeutic environment helps to search the client's internal emotional world.

PATIENT'S INCLUSION IN THE THERAPEUTIC PROCEDURE

Since I am an employee of the Rehabilitation Center, I have chosen a 31-year-old client with autism spectrum disorder who reacts to music in a good way. The treatment lasted approximately a

je dobro reagirao na glazbu. Terapijski rad trajao je oko godinu dana, seanse jednom tjedno po 45 minuta. Prikaz podrazumijeva ključne događaje koji pokazuju znake napretka u pacijenta. Prije samih terapijskih intervencija radim procjenu ciljeva, tj. ponašanja za promjenu u pacijenta, zatim izvješće s preporukom za glazboterapijski proces, nakon odobrenja plana rada, provođenje individualnih intervencija i izvješće na kraju procesa. Korisnik najveći dio vremena provodi na odjelu stanovanja gdje je zbog svoje sklonosti bježanju, gutanju nejestivih stvari, autoagresivnosti, destruktivnog ponašanja (uništavanja inventara) i ometanja drugih često morao biti izoliran.

GLAZBOTERAPIJSKI PROCES RADA

Za postizanje postavljenih ciljeva važna je reprodukcija klijentovih neverbalnih poruka, mikrogesta i pokreta. Reproduciram tjelesni način izražavanja pacijenta: stav, položaj tijela, disanje, pokrete očiju i geste i ne ispravljam svako njegovo nekonvencionalno ponašanje. Tako sam pokušala stvarati sigurnu bazu, okruženje koje pacijentu omogućuje da se otvori, stekne povjerenje u terapeuta te da se osjeća prihvaćenim. Promatram neverbalnu ekspresiju pacijenta: zgrčen položaj ramena, položaj glave sasvim spuštene na prsa, stisnute šake, udalja-

year, with 45-minutes sessions once a week. The description includes the key events that show the signs of the client's improvement. Before the therapeutic interventions I make the estimate of aims, i.e. behavior for patient's change, a report with the recommendation for music therapy process, after the approval a working plan and then carrying out individual interventions and writing the report at the end of the process. The patient spends most of his time in the residence department where he often has to be isolated because of his inclination to escape, swallow inedible substances, self-aggression, destructive behavior (destroying inventory), and disturbing others.

MUSIC THERAPY WORKING PROCESS

The reproduction of client's nonverbal messages, micro-gestures and movements is important for achieving the set aims. I reproduced thr patient's physical expression: attitude, body position, breathing, eye movements, and gestures and I did not correct his unconventional behavior. In this way I tried to make a safe basis, environment that helped the patient to open up, to gain confidence in the therapist, and to feel accepted. I observed patient's nonverbal expression: curled up shoulders, head completely lowered on the chest, clenched fists, keeping distance from the therapist, breathing, etc.

vanje od terapeuta, disanje itd. Predmet opservacije su i *izbor instrumenta, *ritmičke figure koje proizvodi na razne ne glazbene načine *kako doživljava tišinu, *što ga zvučno može stimulirati, *kako sluša moj zvuk, *kako sluša sebe. Prve seanse samo su zrcaljenje, odnosno reprodukcija (sviranje) fiziologije pacijenta, slijedi praćenje i na kraju vođenje pacijenta. Primjenom pokreta, glasa i improvizirane glazbe usklađujem se s njegovim tempom hoda, stereotipnim lupkanjem, ljuljanjem tijela i sl., jer to je jedino što je davao od sebe. Pacijent je tako postao „živa partitura" te je kada bih mu zvučno prikazala neku njegovu gestu, prestao s njom. Kad je pacijentu ambijent i redoslijed rada na seansi postao poznat i prihvatljiv, slijedilo je intenziviranje moje ne verbalne ponude za sudjelovanje u „zvuku".

OPIS INDIVIDUALNOG RADA

Prvi susret

Sviram tiho s velikim stankama, nenametljivo. Odlučila sam prvo upotrijebiti instrument, a tek kasnije glas jer je tako manji intenzitet kontakta. Sviram melodiju za koju su mi rekli da je voli. Sviram pjesmu u tempu njegova hoda i kada prestanem, i on se zaustavlja u hodanju i pogleda me odgovarajući tako na moj stimulans. Pacijent mi daje neke instrumente i tu je uspostavljena prva

The objects of observation are also the choice of instruments, rhythmical figures produced in various un-musical ways, the way he experiences silence, the sounds that stimulate him, the way he listens to my sound, the way he listens to himself. The first sessions were just a reflection, i.e. reproduction (playing) of patent's physiology, followed by monitoring and in the end guiding the patient. By using movements, voice, and improvised music, I harmonized with his pace, stereotype tapping, body swinging and similar since this was the most I could get from him. The patient became "a vivid score" and he stopped with one of his gestures I presented to him acoustically. When the environment and working order during the session became known and acceptable to the patient, I intensified my nonverbal offer to the patient to cooperate in the "sound".

DESCRIPTION OF THE INDIVIDUAL TREATMENT

The first session

I play quietly with long pauses, discretely. I decided to use the instrument and then later on my voice because the contact intensity is subtler in that way. I play his favorite melody. I play a song to correspond to his pace of walking and when I stop, he stops walking as well and looks at me, thus answering to my stimulus. The patient gives me some instruments and the first communication at his initiative

komunikacija na njegovu inicijativu. Pacijent sve vrijeme hoda po prostoru tražeći rubove zida u koje blago udari glavom, na što odgovaram glasnim udarcem po dubokim tonovima na klaviru umjesto verbalnog ili fizičkog blokiranja. Tada se okrene i pogleda me, što je novo s obzirom na to da uopće nema očni kontakt. Nakon nekoliko puta pacijent sjeda na pod blizu klavira i drži ruku u zraku kao zamah da se udari i gleda moju reakciju. I ja držim lijevu ruku u zraku spremna da udarim po tipkama. On spušta ruku i ja spuštam ruku i nastavljam svirati njegovu pjesmu.

Sedmi susret

Pacijent sada već samoinicijativno dolazi do mene i bojažljivo pruža ruku i sam dotiče žice gitare bez zvuka. Leži u fetalnom položaju okrenut prema meni, na podu smo. Ne bježi više od mene ni fizički niti se povlači u stereotipije. Pacijent preuzima inicijativu i uzima mi instrument, dopušta mi da sviram lagano njegovom rukom po žicama gitare. To je iznimno velik napredak u pacijentovu dopuštanju bliskosti, u razumijevanju instrumenta kao funkcionalnog predmeta, njegova pažnja sve je dulja, a njegovo hodanje po prostoru sve rjeđe. Ponekad prošeće samo da vidi hoću li ga sprječavati. To je već vrlo napredna razina – da on vidi što ja činim, dopusti mi da mu pokažem njegovom rukom i zatim polusamostalno zategne žicu i stvara ton.

has been established. The patient walks around the room the whole time looking for the edges of the wall to hit his head against to what I respond with a loud beat against deep tones on the piano instead of verbal or physical obstruction. He turns and looks at me and that is something new because he has not made the eye contact so far. After a while, he sits on the floor next to the piano and holds his hand up in the air as to hit himself and waits for my reaction. I hold my left hand up in the air as well ready to hit the keyboards. He puts down his hand and I do the same and continue to play his song.

The seventh session

The patient comes now to me self-initiatively. He stretches timidly his hand and touches the guitar strings without making a sound. He lies in a fetal position towards me, we are on the floor. He does not run away from me any more, neither does he withdraw into stereotypes. The patient takes over the initiative and reaches for the instrument, he allows me to touch the strings of the guitar with his hand. This is a huge improvement in patient allowing the contact, in understanding the instrument as a functional object. His attention span is wider and his walking around increasingly rare. He just walks from time to time to see whether I will stop him. This is a very advanced behavior, the fact that he sees what I do, allows me to show him with his hand and then almost on his own touches the string and makes a tone.

Četrnaesti susret

Pacijent sada mirno sjedi pokraj mene na seansi, uzima instrumente koje mu nudim i istražuje ih taktilno. Sada mi već rukom prekine gestu kad sviram nešto što mu se ne sviđa. Kad nešto ne želi, ne odlazi, nego mi pokazuje rukom da ne želi. Do tada je uvijek imao ozbiljan izraz lica i bez očnog kontakta. Nešto kao smiješak pojavilo se kad sam svirala na gitari grebući ritmično po jednoj žici. To je izgledalo više kao čudan grč na licu, ali nije se mogao zaustaviti. Stavljam mu instrument u krilo da pokuša nešto stvoriti, on mi vrati instrument, ali ne odlazi kao do tada.

Dvadeset drugi susret

Sada se već vidi velika bliskost, sigurnost i povjerenje između terapeuta i pacijenta. Korisnik sada na moj prvi zahtjev prstom okida ton na gitari, smije se, sjedi mirno ne bježi, surađuje, svi negativni oblici ponašanja gotovo su sasvim nestali (stereotipije, bježanje, autoagresivnost). Položaj tijela od početnog grča sada je opušten s prekriženim nogama. Instrument ne istražuje taktilno, nego zna njegovu funkciju i stvara ton. Zaustavi se kad mu treba prostora i opet se uključi u improvizaciju kada želi. Sve dulja su i razdoblja usredotočenosti na zadatak. Još je jedna velika novost povremeni očni kontakt koji može podnijeti kao i oda-

The fourteenth session

The patient sits calmly next to me during the session, takes the instruments I offer him and examines them by touching. He stops my gesture with his hand when I play something he does not like. When he does not want something, he does not go away, but shows with his hand he does not like it. He had a serious look on his face so far without the eye contact. I notice something like a smile on his face when I am playing the guitar rhythmically. This seems more like a strange twitch on his face, but he can not stop it. I put the instrument on his lap to try to perform something, he gives it back to me, but does not go away like he has done before.

The twenty-second session

Now a great closeness, security, and trust between the therapist and the patient is obvious. The patient makes a tone on the guitar with his finger to my first request, he smiles, sits calmly, does not run away, cooperates, all the negative forms of behavior have completely disappeared (stereotypes, running away, self-aggression). The position of the body changed from the previous cramp to relaxing position with crossed legs. He does not examine the instrument by touch, he knows about its function and he makes a tone. He stops when he needs some space and then he becomes again a part of the improvisation when he wants. The periods of being focused on the task are longer. One more big novelty is an occasional

zivanje kad ga zovem po imenu. Dugo razdoblje prije početka zadatka koje mu je trebalo prije potpuno je smanjeno.

Na zadnjim se seansama samostimulira mazeći se po nozi. Najveći je napredak to što imamo dijalog šapatom pri čemu ja pjevam o tome što radimo, a on šapćući izgovara naša imena. Dakle, ne samo da počinje rabiti svoj glas nego i govori u ispravnom kontekstu. Izvodimo glazbeni dijalog šapatom pri čemu čeka na red i uključi se kad treba. Čak sam započinje ritamski dijalog, tj. preuzima inicijativu. Na kraju je seansi prisustvovala i psihologinja koja je donijela drvenu umetaljku pri čemu je izvadila tri oblika iz njihova ležišta (trokut, krug i pravokutnik) i on ih je ispravno umetnuo na mjesto.

RASPRAVA

Napredak je tijekom terapijskog procesa vidljiv na više razina. Prvo poboljšanje odnosi se na fizičku udaljenost između terapeuta i pacijenta, koju je od početne razdvojenosti pacijent prilagodio do sjedenja u blizini terapeuta. Pacijent počinje komunikaciju ležeći u fetalnom položaju na podu, a kasnije klečeći na podu i onda sjedeći na fotelji do terapeuta. To su stadiji koje prolaze i mala djeca tijekom svojeg razvoja. U početku nema kontakta između terapeuta i pacijenta, a kasnije je postignut funkcionalni oblik odnosa (zajedničko

eye contact he can stand as well as his reaction when I call his name. A long period he needed previously before starting the task is now completely reduced.

During the last sessions, he stimulates himself by stroking his leg. The biggest improvement is that we talk by whispering while I am singing about what we do and he whispers our names. He not only starts to use his voice, but also talks in the appropriate context. We perform a musical dialogue by whispering and he waits for his turn and talks when necessary. He even starts a rhythmical dialogue, i.e. takes initiative. At the end of the sessions the psychologist is also present and she brings a wooden puzzle and takes out three forms (triangle, circle, and rectangle) and he puts them correctly back to their places.

DISCUSSION

The improvement can be seen on more levels during the therapeutic treatment. The first improvement is the distance between the therapist and the patient, which the patient adjusted from the primary separation to sitting near the therapist. The patient begins the communication lying in a fetal position on the floor and later on he kneels on the floor and finally he sits in the armchair next to the therapist. These are the phases also small children go through during their development. In the beginning, there is no contact between the therapist and the patient and

sviranje, dijeljenje instrumenta, smijeh, sviranje njegovom rukom po gitari, verbalni dijalog...). Reducirano je njegovo stereotipno ponašanje. U početku odnosa je prisutna pacijentova destruktivnost te ne postoji sinkroniziranost pokreta ili sviranja. S vremenom se stvorila određena ritmičnost u gestama, sviranju i pjevušenju. Na kraju imamo ritmički dijalog u tempu koji on zadaje. Početni fokus na sebe i na predmete, kasnije zamjenjuje odnos s terapeutom uspostavljen putem zvuka, a na kraju se pacijent obraća šapatom terapeutu uz očni kontakt. U početku u pacijenta ne postoji nikakva ekspresija lica, a na zadnjoj seansi gotovo se ne može suzdržati od glasnog smijeha. Napredak od ignoriranja uputa terapeuta do trenutačnog izvršavanja vrlo je važan. Produljilo se vrijeme trajanja pacijentova odgovora i fokus pacijenta na zadatak. Potpuno su nestali neodgovarajući oblici ponašanja (bacanje i uništavanje predmeta), sada stimulans odbije gestom rukom, a na kraju uopće nema odbijanja stimulansa. Destruktivno ponašanje prema sebi (udaranje glavom o zid ili šakama pa glavi) transformiralo se u samostimuliranje (mazi sam sebe po rukama i licu). Pacijent je promijenio položaj tijela od zgrčenog hodanja, podignutih ramena, spuštene glave i ruku u obrambenom stavu u opušteno sjedenje prekriženih nogu uz smijeh. Osim kvalitete pažnje prisutno je selektiranje aktivnosti i instrumena-

later there is a functional form of the relationship (playing together, sharing the instrument, laughing, playing the guitar with his hand, verbal dialogue, etc.). His stereotype behavior was reduced. In the beginning of the treatment, the patient is destructive and there is no synchronization of movements or playing. As the time passes a certain rhythm in gestures, playing, and singing appears. In the end, we have a rhythmical dialogue at his pace. The patient's primary focus on himself and objects is later replaced by the relationship with the therapist established through the sound and in the end the patient whispers to the therapist, making the eye contact. There is no expression on patient's face in the beginning while during the last session, he can almost not refrain from laughing aloud. The improvement from ignoring the therapist's instructions to immediately carrying them out is very important. The duration of patient's responding and his focus to the task is prolonged. Inadequate forms of behavior completely disappeared (throwing and destroying of objects), he rejected the stimulus by a hand gesture and in the end, there is no stimulus rejection at all. The destructive behavior towards himself (hitting his head against the wall or with his fists) has been transformed into the self-stimulation (he strokes his own hands and face). The patient changed the position of his body from cramped walking with raised shoulders, lowered head, and hands in self-defense attitude into relaxed sitting with crossed legs and laughing. Except for the attention quality, the

ta. Na početku komuniciramo zvučno, zatim gestama, slijedi zvučni dijalog pri čemu čeka na red i na kraju govori. Niz novih vještina pokazao se na području fine motorike (svira jednu po jednu žicu te ponavlja ritamske figure, uspješno umeće oblike u drvenu slagalicu).

ZAKLJUČAK

Glazboterapija može pomoći osobama s autizmom u poboljšanju vještina, socijalne interakcije, verbalne i neverbalne komunikacije te socijalno-emocionalne uzajamnosti i prilagodbe. Ona utječe na cijeli spektar problema: od pasivnog, hiperaktivnog, samostimulirajućeg, izolirajućeg do izazovnog ponašanja. Tijekom seanse odgovor pacijenta na zvuk i glazbene elemente može biti vrlo jednostavan, ali još uvijek kompenzirajući s obzirom na to da im je verbalno okruženje izvor konfuzije i potiče na izolaciju. Osnovni je problem u radu s autističnim osobama teško uspostavljanje kontakta, no one se vrlo dobro uključuju u individualnom glazboterapijskom okruženju i postaju aktivne. Upravo uz glazbene aktivnosti moguće je pozitivno utjecati na njihov otpor povezan s emocionalnim problemima i komunikacijom. Aktivni glazbeni kontakt zapravo je rad na redukciji te vrste otpora. Tijekom terapije pacijent počinje ulaziti u bogatu i aktivnu razmjenu iskustava kao što je komunikacija.

selection of the activities and instruments is present. In the beginning we communicate acoustically, then with gestures, by a verbal dialogue waiting for his turn and in the end he is talking. There is a number of new skills in the field of fine motor skills (he plays on one string at the time, repeats rhythmical figures, successfully puts the forms into the wooden puzzle).

CONCLUSION

Music therapy can help people with autism spectrum disorders to improve their skills, social interactions, verbal and nonverbal communication, and social-emotional reciprocity and adjustment. It has an impact on the whole range of issues: from passive, hyperactive, self-stimulating, isolating to provoking behavior. During the session the patient's response to sound and musical elements can be very simple, but still compensating since verbal environment is the source of confusion for him and it encourages isolation. The main issue in dealing with people with autism spectrum is a difficult way of making contacts, but they are well integrated in the music therapy environment and they become active. Exactly by the means of musical activities, it is possible to effect positively to their opposition connected with emotional issues and communication. An active musical contact is actually the reduction of such an opposition. During the treatment the patient begins to enter a rich and active experience exchange and that is what the communication is all about.

REFERENCE/LITERATURE

1. Troice EM, Sosa JJS. The Musical Experience as a Curative Factor in Music Therapy with Patients with Chronic Schizophrenia, Salud Mental 2003.
2. Aldridge D. Music Therapy Research and Practice in Medicine. From Out of Silence. London: Jessica Kingsley, 1996.
3. Nordoff P, Robbins C. Therapy in Music for Handicapped Children, London: Victor Gollancz Ltd. 1992
4. Sloboda JA. The Cognitive Psychology of Music. Oxford: Oxford science publications. 1995
5. Deliège I, Sloboda JA. Perception and Cognition of Music, Philadelphia: Psychology Press. 1997
6. Ansdell G. How music helps in music therapy and everyday life, England: Ashgate Publishing, 2015
7. Bunt L. Music therapy – An Art beyond words, New York: Brunner-Routledge Taylor & Francis group, 2002
8. Wigram T. Assessment and evaluation in the arts therapies: Art therapy, Music therapy & drama therapy; England: Harper House Publications, 2005
9. Darnley-Smith R.& Patey H. M., Creative therapies in practice: music therapy, London: Sage publications,
10. Ansdell G. Music for life – Aspects of Creative Music Therapy with Adult Clients, London and Philadelphia: Jessica Kingsley Publishers, 2000.
11. Wood M. Music for people with learning disabilities; London: The Guernsey Press Co. Ltd, 1993.
12. Lehmann AC, Sloboda JA, Woody RH. Psychology for musicians – Understanding and Acquiring the skills, NY: Oxford University Press, Inc, 2007.
13. Pavlićević M. Music therapy in context – music, meaning and relationship, London and Philadelphia: Jessica Kingsley Publishers, 2000.
14. Radulović R. Integrativna glazboterapija i cerebralna paraliza, Beograd: Jugoslovensko udruženje za glazboterapiju, 2002.
15. Eschen J. Analytical Music Therapy; London and Philadelphia: Jessica Kingsley Publishers, 2002.
16. Pavlićević M. Groups in Music: Strategies from Music Therapy, London and New York: Jessica Kingsley Publishers, 2003.
17. Wheeler BL. Music Therapy Research, Barcelona - Gilsum NH 2005.