



Sowing seeds of compassion: The case of a music therapy integration group[☆]

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ABSTRACT

The purpose of this research was to examine whether, and in what ways, compassion developed within the integrating children in a music therapy integration group. The group included two integrated PDD boys and two integrating girls and met for 14 half-hour weekly sessions. The audio recordings and the verbal documentation of the sessions were analyzed according to qualitative (interpretative-phenomenology analysis) and quantitative methods. Qualitative analysis resulted in five distinct categories that could be organized hierarchically, from the most basic compassion (“pre-compassion”) to very high standard, compassionate behavior (“high compassion”), the higher levels containing the basic ones. Each of these categories diverged into variants, resulting in 11 additional sub-categories. Quantitative analysis showed that compassion developed gradually. As the process progressed, more compassion events were observed. Connections between compassion expressions and the use of music were found. Results of this research are discussed in light of the debate concerning integration for children with special needs. Recommendations for further therapeutic and research activity are provided.

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For several years now, the second author of this article has been implementing a music therapy integration model intended for regular children and children with Pervasive Developmental Disorder (PDD). According to this model, two PDD children and two normal children meet in a music therapy room on a weekly basis for 1 year. Musical activities are introduced by the music therapist. They are designed to encourage communication and productive interactions between the children. Naturally, the musical activities and the group process as a whole influenced not only the PDD children, but also the normal (i.e., integrating) children. It seemed that their attitudes and social perceptions were changing and that they were gradually becoming more empathic towards the PDD children. Their behavioral patterns developed into what could be defined as compassion, in a Buddhist manner; that is, the ability to perceive the “other” as he or she is, from an equal-valued perspective, to be with them when they are sad and to share their happiness when they are glad.

The present study was designed to empirically examine whether the music therapy integration model was indeed successful in developing compassion within the integrating children. It was of special interest to see whether musical elements were connected to such a development and, if so, in what ways. Before describing the study and the methods that were used, we will provide a brief review of the field of integration of children with special needs and

of the controversy about its effectiveness. We will then describe the few integration projects that involved musical means and finally define compassion as it is perceived by the Buddhist approach.

Integration of children with special needs

Integration of children with special needs has gone through dramatic changes during the past few decades. The basic shift was in the way that the place of people with special needs was perceived: Are these people to be separated from society (e.g., taught in separate schools, provided with separate facilities), thus affording them rare and incidental contact with “normal” people, or are they to be integrated into society (e.g., taught in mixed classes, provided with the same facilities as other people), thus enabling continuous contact with other people and affording them the opportunity to be an integral part of society. Since the 70s of the 20th century, there has been a considerable movement towards the latter possibility, i.e., the inclusion of people with special needs in society (Wolfensberger, 1972). This has to do with a shift in thought from the “medical model” according to which disabilities are perceived as a disease of some sort (which needs to be eliminated), to the “ecological–environmental model” according to which the disabled person is an integral and essential part of his or her environment (Kirk & Gallagher, 1983). This perceptual shift did not pass over the educational field. Starting in the 70s and 80s, schools around the world began to develop programs in which disabled children were integrated in regular classes. This was backed by the “least restrictive environment” principle legislated in law (Lathom-Radocy, 2002).

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Whether integration in schools and kindergartens has positive or negative effects on children is an issue under great controversy. On the one hand, there are researchers who have argued that integration could have a damaging effect on the integrating children (e.g., Shaker, 1994–1995) and on the integrated children (e.g., Fuchs & Fuchs, 1994–1995; Rimland, 1993). Shaker (1994–1995), for instance, argued that integration without proper support for the integrated children puts the teacher in a problematic situation. He or she is required to invest much of his or her energy in caring for the integrated children, which inevitably leaves less time and attention for the rest of the class. Moreover, he argued that with no proper direction and explanation, the integrating children fail to understand the integrated children and their special needs, and so might tease or mock them. Ronen (1997) stressed that even if the regular educational system could adjust itself to a limited number of moderate cases, it is questionable if it could adjust itself to a large number of extreme cases and still stay effective for the class as a whole. Kauffman and Hallahan's (1995) book *The illusion of inclusion* contains various articles that refer to possible disadvantages of the integration. For instance, they refer to the loneliness, frustration, and rejection that the integrated children might experience in an overwhelming social environment.

On the other hand, there are studies that have shown that integration programs are not only philosophically more just and humane, but actually have positive effects on both the integrating children (e.g., Esposito & Reed, 1986; Johnston, Proctor, & Corey, 1994–1995; Kune, 1992; Staub & Peck, 1994–1995) and the integrated children (e.g., Baker, Wang, & Walberg, 1994–1995; Guralnick & Groom, 1988; Johnston et al., 1994–1995; Kune, 1992). Specifically, studies have pointed out the social and interpersonal benefits that integration has on the integrating children (e.g., Esposito & Koorland, 1989; Esposito & Reed, 1986; Guralnick, 1980; Guralnick & Groom, 1988; Hughes, Robbins, McKenzie, & Robb, 1990; Jenkins, Odom, & Speltz, 1989; Safford & Rosen, 1981; Vincent, Brown, & Getz-Sheftel, 1981; Voeltz, 1980). Esposito and Reed (1986), for instance, have found that integrating children acquired more positive attitudes towards handicapped children who were integrated in their kindergarten and that these attitudes were preserved over a long period of time. Plaut (1977) found similar findings regarding the integration of deaf children, Zakai (1982) regarding the integration of aphasic children, and Mishori (1996) regarding the integration of autistic children. Other studies have shown that integration increased the ability of children to accept the "other" and to appreciate the unique contribution that each person (including one with special needs) has towards society (York, Vandercook, MacDonald, Heise-Neff, & Caughey, 1992); that it reduced the tendency to reject those who are different and strange (Peck, Carlson, & Helmstetter, 1992); that it developed children's tolerance and awareness of the needs of the "other" (Murray-Seegert, 1989); that it developed moral and ethical values (Peck, Donaldson, & Pezzoli, 1990); and that it contributed to the development of significant, enjoyable, and long-lasting social bonds with the integrated children (Amado, 1993).

Music and integration projects

Very few attempts to use musical means in integration programs have been reported (Hughes et al., 1990; Humpal, 1991; Jellison & Gainer, 1995; Kern, 2004), only one of them being an actual music therapy program applying a therapeutic approach (Elefant & Agami, 2001). In these programs, music was used to enhance children's social skills and to encourage them to interact with each other.

Kern (2004) examined the influence that musical activities had on the functioning of autistic children in an integrative kindergarten. She found that, due to the musical interventions, the autistic

children joined the "good-morning" song more readily; that they performed various tasks in the kindergarten more successfully; and that they initiated more social interactions with their friends out in the playground. In a different study, Jellison and Gainer (1995) described the case of "Ann," an 11-year-old with cognitive disabilities, who was learning in a class for children with special needs. She participated in a music therapy group with her classmates (therapeutic environment) and, in addition, was integrated in music lessons in a regular class (educational environment). The therapeutic environment was found to help Ann in developing her ability to perform different tasks successfully. The educational environment, on the other hand, seemed to enhance Ann's curiosity and interest towards normal children of her own age.

Humpal (1991) examined the effects that a musical program had on the interaction between 3- and 5-year-old children with moderate retardation ($n = 15$) and their normal peers ($n = 12$). They met on a weekly basis for 15 sessions and were encouraged to sing and play together, and to take part in many other musical activities. Data collected from this study showed that the program enhanced the interaction between the groups; that it contributed to the ability to accept the "other;" and that it helped the integrating children develop a realistic perspective regarding their retarded peers. Hughes et al. (1990) reported a musical integration program for kindergarten children with and without special needs. Observations conducted by the researchers revealed that the program enhanced better communication and physical interaction, as well as more active participation on behalf of both groups of children. In addition, it seemed that many of the integrating children were developing awareness and acceptance of the "other."

Elefant and Agami (2001) developed an integration model intended for children with cognitive, motor, and language problems and children with normal development. Following a therapeutic line of thought, they were highly aware of the psychotherapeutic processes that occurred during the integration sessions. In addition, they conducted a broad preparation system, including meetings with both groups of children prior to the sessions, as well as a preparation session for the children's parents. As for the group setting, they recommended that the group include four to seven children with special needs and about the same number of children with normal development. Musical activities include singing familiar songs, learning new songs, movement and dance to the sounds of music, and many other activities that encourage interaction between the children. Typically, some of these activities stay constant across sessions (e.g., an opening song and a good-bye song), while others change according to the context. All along the sessions, they recommend that the music therapist initiate feedback sessions with the integrating children to see how they feel about the group and if there are specific problems which can be worked through.

Elefant and Agami (2001) reported that, with proper preparation and monitoring of the integration process, the results are impressive. They saw how the process contributed to the development of a sense of tolerance and pluralism among the children. The integrating children related more openly and with reduced stigma towards the "other" and especially towards the irregular "other." Elefant and Agami stressed the important role that music had in achieving these accomplishments. It encouraged the children's non-verbal communication and enabled them to express emotions. The fact that music was the main activity in the group helped to reduce the perceived cognitive differences between the groups of children since many integrated children were quite proficient music makers. Being centered on music enabled the process to focus on the healthy aspects of the children, not on their deficiency—on the person and not on his or her disability.

Summing up the few integration projects that involved musical means, it can be seen that they had a positive influence on children. The musical activities had the power to enhance self-awareness as

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