
Research Article

Music Therapy as a Method in the Therapy of a Child on the Autism Spectrum from the Perspective of Preschool Education Teachers

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ABSTRACT

The article addresses the issue of using music therapy as a method to support the development and therapy of a child on the autism spectrum from the perspective of preschool teachers. The aim of the article is to show the possibilities of using musical activities in working with children on the autism spectrum and to learn about teachers' opinions on their effectiveness and significance for the child's functioning. The article presents the basic assumptions of music therapy and its potential impact on the development of communication, social, emotional and motor competences of children. Particular attention was paid to the experiences and observations of preschool teachers who use music, singing, rhythmization, movement to music and instruments in their daily work. The subject of the research are the opinions of preschool education teachers about music therapy as a method of therapy for a child on the autism spectrum. The diagnostic survey method was used in the research process. The level of professional promotion of the teacher and the experience in working with a child on the autism spectrum were taken into account as independent variables. The analysis of teachers' perspectives indicates that properly selected forms of musical activity can be a valuable complement to therapeutic and educational influences, conducive to the activation of the child, building relationships and developing their individual capabilities. Music therapy can therefore be seen as a method supporting comprehensive interventions undertaken towards children on the autism spectrum in the preschool environment.

Keywords: *autism spectrum, child, music therapy, preschool education, teacher, therapy*

Introduction

Terminology Determination and Etiology of Autism

The latest ICD-11 classification defined autism as a neurodevelopmental disorder, characterized primarily by disorders in social

communication, difficulties in adapting to changes in the environment and repetitive stereotypical patterns in behavior. The word spectrum has been added to the concept of autism due to the specificity determining the size of neurodevelopmental disorders, which,

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depending on the person, occur in varying degrees of severity, as well as in various variants of severity and combinations of symptoms.

In every child diagnosed with autism spectrum disorders, the symptoms are multiforme, highly diverse. They generally consist of a strong withdrawal from social life, disorders in cooperation, exclusion itself and self-isolation in contacts with the social environment. At the same time, there are numerous accompanying somatic disorders. Ewa Pisula added to this definition deficits in non-verbal and verbal contacts, consisting in both the broadcasting of messages and their reception (Rymkiewicz, Kulik, 2010).

It is worth citing the concept of an improper mother-child relationship by Leo Kanner, who defined autism as the extreme loneliness of an autistic child, the features of which are visible not only in infancy, but in the child's further development. It consists in the inability to communicate with other people (Brauner, 1988). The researcher saw the causes of autism in the relationship established with the mother, which has a psychogenic effect on the improper development of the child's consciousness (Szmania, 2016). The concept has been refuted, but it emphasizes man's inability to relate to the environment and his great suffering associated with it.

Uta Frith's concept defined autism disorder as a congenital damage to the cerebral cortex, manifested by a limitation in the use of nonverbal messages, theory of mind, lack of ability for meta presentation. The author has identified the causes of autism in cognitive deficits in brain functioning at the level of abstraction and understanding (Suchowierska, Ostaszewski). Anna Jean Ayres also saw the causes of autism in a brain defect, more precisely in the area of the trunk, which causes disturbances in the reception and processing of the child's experiences. As a result of the damage, sensory integration disorders occur. The process of organizing information received by the senses in the perception of stimuli is disturbed, which constitutes inadequate behavior (Bobkowicz-Lewartowska, 2005).

Medical sciences and humanities are still working to explain the causes of autism. The emerging concepts are based on the integrated

knowledge of previous ideas. The conditions of fetal development, the course of childbirth and factors related to biological and genetic conditions are studied. The causes of autism are also considered in terms of traumatic causes – among them: rejection, early separation from the mother. Researchers attach particular importance to the attachment theory, which draws attention to the mechanisms of the relationship with the mother, the first caregiver, which, if disturbed, affect the development of social relationships, the possibility of lack of development of expression of feelings, empathy, and intensified neurotic behaviour (Gołaska, 2013).

Currently, it is recognized that the emergence of autism spectrum disorders on a poly-etiological basis (Jagielska, 2009). The concepts do not establish a single cause of the disorder, but they agree that it occurs in the area of stimulus processing and affects the formation of relationships with the environment. The analysis of symptoms leads to determining the path in the undertaken therapy to support the functioning and improvement of the conditions for adaptation of the disturbed person. Detecting and understanding the symptoms of the disorder in a child as early as possible allows for early therapeutic intervention to support the strengths of functioning and prevent the worsening of the disorder (Sadowska, 2020).

Characteristics of a child with autism

A specific feature of a child with autism symptoms is moving away from reality. It ignores certain feelings caused by stimuli from the environment, it gives the impression of being focused on its own sensations. He closes his world around his own feelings, distancing himself from himself and his surroundings (Mrózek, 2017). The state of the psyche, and especially the mind of the child, shows a different perception and understanding. The deficit manifests itself especially in understanding other people's thinking, in imagination and empathy, which causes difficulties in communication and social functioning. In further development, this results in a disorder in the development of identity (Winczura, 2008).

Behaviours on the autism spectrum can also take on a correspondingly specific range in social functioning. Some children do not accept social interactions at all and do not show the need to establish relationships. There are also those who have a passive attitude towards social interactions, but do not avoid them. Some children on the autism spectrum attempt to establish interpersonal interactions, but in a specific way – without maintaining a dialogue in the process of communication (Pisula, 2005).

Some characteristics of a child diagnosed with autism spectrum are noticed from an early infancy. One of the characteristic ones is a deficit in making eye contact with the closest people from the environment. A reluctance to physical contact may also be revealed. Along with psychophysical development, the child's reluctance to hug deepens, excessive attachment to unusual patterns of action, objects, stereotypical activities, repetition of words and gestures (Karpińska, 2011).

A child with autism reacts in a rather characteristic way to noise and other auditory stimuli, plugging their ears or trying to shout out the sounds that reach them. He may also be extremely interested in selected sounds. It also perceives smell and taste stimuli in a specific way, which leads to varying degrees of selectivity in food preference. Disorders in phonemic hearing are observed, which is evident in attempts to repeat words, distinguishing words that sound similar. An important feature is a strong hypersensitivity to pain or an exceptional lack of sensitivity. He observes objects and phenomena without directing his eyes exactly towards them. All these features contribute to the pathological way of developing many activities, especially self-service and motor activities, which causes reluctance to perform various activities of everyday life (Błądek, 2013).

An autistic child's speech may develop with a delay. Deficits concern both the quantity and quality of spoken words. The child gives the impression of not being interested in other people's statements, not understanding the intentions of the interlocutor, metaphors and jokes, using words inconsistent with their meaning. The child usually does not respond to the name, does not establish verbal

interactions. Autistic children are often not accepted by a group of other children because their behaviors are not accepted by the community. The voice of an autistic child is usually loud, the statements are fast, characterized by repetitive words and even sentences. The statements are characterized by the dominance of hyperactivity. Even in the case of well-developed speech, an autistic child occasionally starts a conversation, does not use facial expressions, gestures, does not maintain dialogue. A child usually does not respond to his own name. The mental sphere operates in a specific, selective way, often with the restriction of many important processes, and especially well-functioning in the field of memory (Yates, 2009).

In the description of the characteristics of the behavior of a child with autism, stereotypes and mannerisms should be mentioned. In most children on the autism spectrum, they are visible in behavior, depending on the individual needs of the child, spinning around themselves, snapping their fingers, waving their arms, rocking, hitting their heads. A child may be aggressive, alternately apathetic, strongly frustrated for reasons unknown to the environment. Acts of self-aggression often occur.

A child with autism plays in a specific, peculiar way. The game looks inadequate to the objects and toys used in it. She selectively chooses toys, more often mechanical, not plush. In his usually monotonous play, the preferred toys are scattered, put into a whirling motion, used for tapping, often dismantled into parts, put in his mouth. A characteristic feature of a child with autism disorder is not taking up roles in play that does not become an imitation of social reality. It does not have the qualities of creativity or reflection of imagination (Bobkiewicz-Lewartowska, 2005). The play of a child on the autism spectrum shows disorders in the development of motor skills, speech, social skills, self-control. The child plays alone or chooses a narrow range of peers. Even developed patterns of behavior do not make it easier to establish relationships with the environment and form bonds with peers. The child does not seek closeness with other people, has visible deficiencies and difficulties with finding oneself in society (Różycka, 2003).

When analyzing the features of a child on the autism spectrum, it is necessary to mention somatic symptoms that affect activity. Usually, children suffer from insomnia or interrupted sleep. It is important to pay attention to details, which prevents the child from maintaining proper life hygiene – the child does not tolerate a variety of foods due to their consistency, color, smell. This causes food selectivity and frequent behavior during meals, consisting of reactions such as turning away, running away from the table, shouting, avoiding meals during group feeding. Food selectivity can apply to specific meals, a specific color of food, temperature, and even consistency. This is due to excessive attention to detail (Pisula, 2005).

Therapeutic support for a child on the autism spectrum

The peculiarity of the unusual features of the functioning of a child with developmental disorders resulting from autism requires a diverse approach on the part of people supporting the child's development. Therapy and the selection of methods and means depend on the age of the child and the level of his functioning. The basis is the child's difficulty profile, whether it concerns the area of communication, regulation of emotions, behavior. This affects the determination of the goals of therapeutic treatment and determines further action. The basis of each approach is the formation of skills needed for everyday life, which will facilitate the functioning of the child.

There is no single therapy regimen. Therapy is always based on the individual preferences and needs of the child. The support undertaken emphasizes stimulating and forming communication skills (ibid.). Always the starting point for working with a child is to organize an appropriate child's environment, adapted to the needs, possibilities recognized against the background of bonds and the specificity of the family environment. Another rule is to minimize stimuli that could affect the way the child perceives and violate his sense of security. It is important to take care of a permanent team of people working with the child, a predictable and familiar pattern of activities and activities (Garncarz, Rybka, 2012).

Therapeutic intervention in the functioning of a child with autism uses directive and non-directive approaches. Among the former, the actions taken are to induce changes in the child's behavior, which lead to minimizing undesirable behaviors and inducing new behaviors that allow them to adapt to the environment. Many systems of care and therapy for children with autism spectrum disorders use a directive style of inducing and reinforcing desired behaviors while eliminating undesirable ones. For this purpose, a properly constructed reward system according to the child's interests is used (Szeler, 2007). The range of methods included in the directive approach has the strongest research base, which results in their wide application in therapeutic support. They are sometimes treated as the leading way of constructing the therapeutic scope. This approach puts the therapist in the position of a person who directs all activities within the therapeutic program. It creates the conditions and therapeutic environment, determines the activity, actions repeated many times in order to raise the level of functioning of a child with autism (ibid.).

Methods used in the non-directive approach, referred to as developmental or relational, are gaining more and more popularity. The name therapy using non-directive methods is also used as bonding therapy, which perfectly reflects the therapist's unforced participation in the world of the child's sensations and activity (Grodzka, 2000). The main feature of such an approach is following the child. They emphasize the spontaneity of the child, building relationships and understanding with the child. They use the learning process in natural, uninduced situations. Using them makes it easier to recognize the stage of development of the child's skills in order to develop and consolidate them as effectively as possible. The therapist's task is to adapt to the child's emotions and behavioral symptoms. Observing the child makes it easier for the therapist to get involved in the child's activity. This, in turn, allows you to concentrate on it, gain trust by engaging in its casual activity. The relationship between the therapist and the child established in this way triggers motivation for further activity. There is growing scientific evidence for

the effectiveness of autistic disorder therapy in combining approaches without a rigid division. The practical application of various non-directive methods requires the adaptation of activities depending on each child requiring therapeutic intervention individually.

Music therapy as a non-directive method in therapeutic intervention of a child on the autism spectrum

The method of music therapy activates the emotional and intellectual expression of the child using music and its elements. The basis for the use of the method is to support communication processes using the child's internal, natural potential (Jutrzyńska, 2004). Despite the fact that the autism spectrum combines many behaviors and features of functioning in the description, a child with autism spectrum disorders always experiences many tensions. At the same time, he is able to undertake physical activity related to the music he hears and its rhythm. This makes it easier for him to take up activities with simple percussion instruments, while controlling his body and reducing tension. Experiencing playing a percussion instrument can become a cause for the act of communicating with the therapist, as well as with peers. Triggering creativity and expression increases fine motor skills. Music therapy contributes to the formation of insular abilities and an increase in the level of intelligence. Of course, music therapy should be used in a specific way, taking into account the needs and interests of the child. The basic rule, as with the use of any method of therapy, is to maintain a ritual proper to the child with respect for sensory preferences (ibid.).

Music therapy, as a type of therapy through art, is a relational and developmental method used in working with children on the autism spectrum. Its essence is to create therapeutic situations based on musical expression, which enable the child to express emotions in a non-verbal way and establish contact with others (Lipska & Leś, 2023). From a relational perspective, music therapy is conducive to building a safe therapeutic relationship, based on joint action and participation, which is particularly important for children with difficulties in social communication. The creative process becomes a connector, an initiation, a platform for

contact – it allows for a better understanding of the child's experiences and strengthens the social interaction between the therapist and the child. At the same time, music therapy has a clear developmental dimension – it affects many areas of the child's functioning, including emotional, cognitive and social development. Research indicates that creative activity supports the regulation of emotions, the development of communication and social competences, as well as promotes the integration of experiences and a better understanding of oneself and others (Samulak, 2023).

The literature also emphasizes that music therapy takes the form of a non-directive or semi-non-directive action, in which the therapist follows the child's activity and the creative activity itself becomes the natural context of development and interaction.

Music therapy is one of the most frequently used methods to support the development of children on the autism spectrum, especially in the area of communication, social relationships and emotional regulation. Its specificity lies in the use of music as a medium of contact – sound, rhythm and melody become a tool for building interaction where verbal communication is limited. In therapeutic practice, music therapy most often takes the form of active participation of the child. This includes m.in: singing simple songs together (often with a repetitive structure), sound improvisation (e.g. on percussion instruments), rhythmic and movement games, musical dialogue between the therapist and the child (alternation, imitation) (Bartnik, 2025).

The key element here is interaction – the therapist adjusts the tempo, dynamics and character of the music to the child's current condition, following his activity. As a result, music therapy is often non-directive or semi-non-directive, conducive to building relationships and a sense of security.

From a functional perspective, music therapy affects several important areas: communication – music facilitates the initiation of contact, imposes and develops alternation and intentionality of behaviour; social relations – making music together fosters common attention and cooperation; regulation of emotions – rhythm and musical structure help to calm

down or activate; sensory integration – auditory and rhythmic stimuli support perceptual organization.

In the therapy of children with autism, it is particularly important to use a musical structure (repetition, rhythm), which increases the predictability of the situation and makes it easier for the child to engage in interaction. At the same time, the element of improvisation allows you to develop spontaneity and initiative (Galińska, 2015).

Music is considered one of the most effective therapeutic tools. Kenneth Bruscia proposed ways of musical impact through musical experiences. He put them in groups: improvisations, creating, playing, listening. He specified that such experiences allow for musical and non-musical expression and communication (including verbal and non-verbal). They are a medium between the receiver and the sender, which in music gives an opportunity to adapt the communication process to the participant and the ease of establishing interaction between the therapist and the child (Bruscia, 2006).

Supporters of non-directive methods of therapy for children with autism emphasize that following the child is the most advisable way to recognize the needs and interests of the child. It is also the key to shaping his independence in functioning. A characteristic and extremely important advantage of non-directive methods, including music therapy, is that trained parents can take the place of a therapist. Of course, this requires an appropriate level of education in the field of therapy, but it is the parent who has a lot of empathy for the child and the greatest bond with the child, which determines the success of the therapy. At the same time, it is a great burden for the parent, but in the face of the high costs of autism therapy in Poland, it is the right alternative in the face of the necessary therapeutic intervention (Huioghton, 2010).

Materials and Methods

Research methodology

The subject of the research are the opinions of preschool education teachers about music therapy as a method of therapy for a child on the autism spectrum. The research problem

was the question How do preschool teachers perceive music therapy as a method of therapy for a child on the autism spectrum?, and the aim of this research was to learn the opinions of preschool education teachers on music therapy as a method in the therapy of a child on the autism spectrum.

In the research process, the diagnostic survey method was used, to which the questionnaire technique was selected and a questionnaire was developed. The tool was made available online to randomly selected preschool education institutions in Poland. The following were determined as independent variables: the teacher's gender, the teacher's age, the teacher's seniority, the teacher's level of professional advancement and experience in working with a child on the autism spectrum.

The survey took place in May 2025 and involved 86 professionally active preschool teachers. The largest group were teachers with 6 to 15 years of service, it was 38.4% of respondents. Almost every third teacher had less than 5 years of service. Almost every fifth person had between 16 and 25 years of service, while the least numerous group turned out to be people with more than 25 years of service. The largest group among respondents were appointed teachers – 41.9%. The smallest group was a part of beginner teachers – 25.6%, and 32.6% were certified teachers.

This study concerns the survey of teachers' opinions about the method in therapeutic support for children on the autism spectrum. The choice of this method is not accidental. Music therapy has a special place in practice with autistic children in Poland. First of all, it focuses on supporting development holistically, combining all areas of change, and not only on modifying behavior or reducing symptoms. This is an alternative and complement to structural approaches (Pisula, 2020). It combines musical and movement expression and elements of play. This determines the nature of the therapist's activity, which follows the child's activity in a non-directive way. This allows you to build a relationship with your child. Music therapy facilitates communication and supports emotional regulation (Prokopiak, 2021). It is commonly used in Polish schools and kindergartens, especially when working

with children with special educational needs. Therapists and teachers use them almost in everyday practice, regardless of confirmation by scientific research.

In the Polish literature, both the evolution of therapeutic approaches towards developmental and relational methods and the wide use of non-directive methods are emphasized (Winczura, 2020). An analysis of the literature on the effectiveness of non-directive methods in the therapeutic practice of autism suggests that there is a discrepancy between the popularity of these methods and the level of scientific evidence for their effectiveness (Chrzanowska & Szumski, 2019).

Teachers are the direct implementers of therapeutic interventions. Their opinions and beliefs affect the way they work with the child, the choice of methods and the intensity of their use. This is a key methodological argument. The analysis of teachers' opinions allows us to grasp how a non-directive method of music therapy of a developmental nature functions in educational practice. An important aspect is also to learn about the importance that is attributed to these methods by people who work directly with children with autism.

Researchers report the growing popularity and wider use of music therapy and other non-directive methods in educational and therapeutic practice in preschool and school institutions (Knapik-Szweda, 2014).

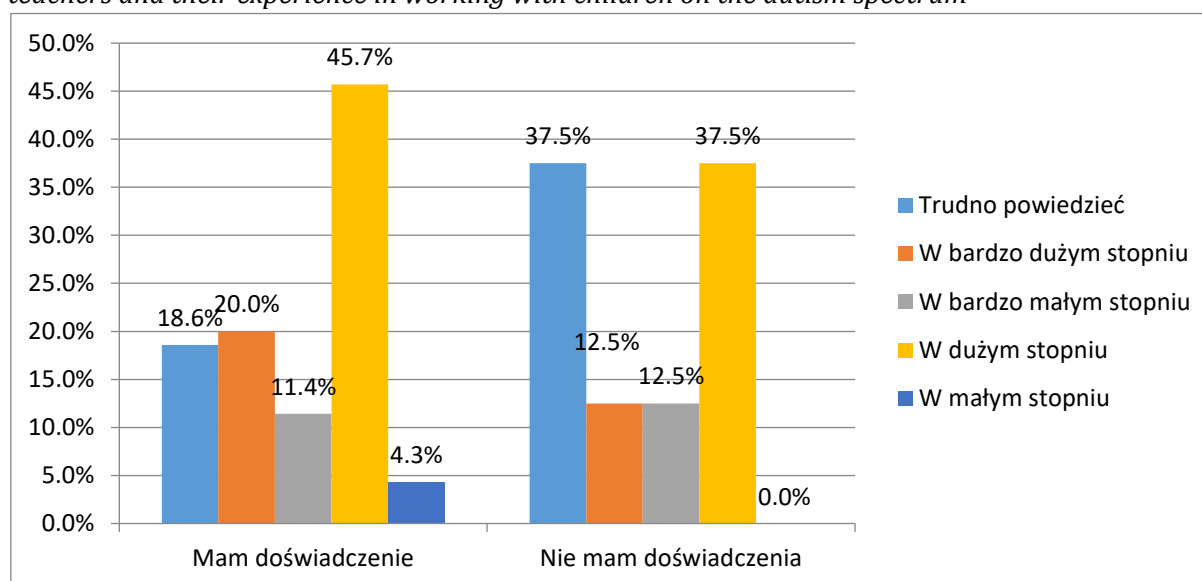
Results and Discussions

Teachers said that they see a high level of activation of a child on the autism spectrum, especially teachers appointed in 63.9% of cases, certified teachers in 25% and beginners in 36.4%. The highest percentage of answers among teachers that they are undecided whether music therapy activates children undergoing therapy with this method was among beginner teachers and amounted to 36.4%.

Teachers who declared their experience in working with a child with autism in 45.7%, i.e. almost half, considered music therapy to be an activating method. Every fifth teacher with experience considered the method to be very activating, but there were also 18.6% of respondents with experience who considered it to be activating to a small extent. Teachers who declared their lack of experience in 37.5% of respondents consider music therapy to be highly activating. (Chart I)

Chart I.

The degree of activation of children through Music Therapy in the opinion of preschool education teachers and their experience in working with children on the autism spectrum



Source: own study

Half of the surveyed novice teachers considered music therapy to be a calming therapy to a large extent (45.5%). Appointed teachers acknowledged such a relationship in 36.1% of cases, and certified teachers in 42.9% of responses. On the other hand, teachers declaring experience in working with a child with autism in 40% of their responses considered the method to be calming. Every fourth teacher with declared experience (25.7%) considered music therapy to be a calming method to a very high degree. Among teachers with a declared lack of experience, 43.8% of respondents answered that music therapy calms down to a very large extent.

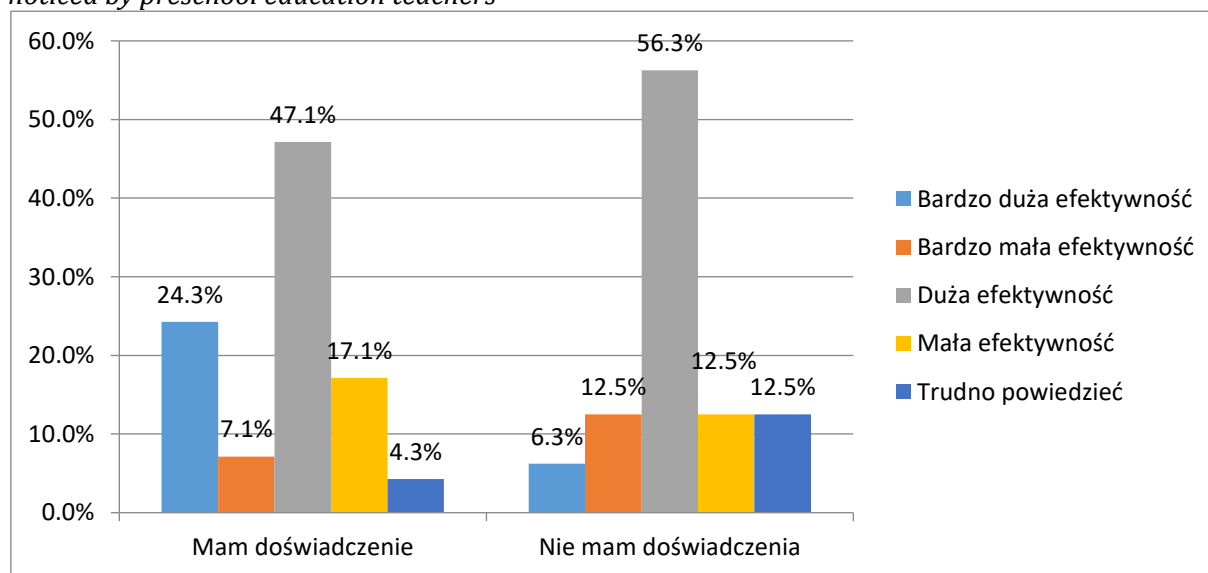
Respondents in the degree of promotion of a novice teacher answered in 63.6% that the music therapy method is highly effective in the cognitive development of a child on the autism spectrum. Appointed teachers in 58.3% indicated the high effectiveness of music therapy as

a method of developing the child from the cognitive side. On the other hand, certified teachers recognized the low effectiveness of the method in cognitive development in 32.1%, and in turn, 28.6% of certified teachers recognized very high effectiveness in the cognitive side of development.

Both groups of teachers – experienced and inexperienced in working with a child on the autism spectrum noticed a high and very high effectiveness of the method in the area of cognitive development of the child. Experienced teachers in 47.1% and 24.3% and with lack of experience in 56.3% were in favor of high efficiency and in 12.5% very high. Teachers with experience declared the opinion that they notice low effectiveness of using music therapy in the area of cognitive development of a child with autism, very low effectiveness was declared by 7.1% of respondents with experience. (Chart II)

Chart II.

The effectiveness of the use of music therapy in the therapy of an autistic child in the area of cognitive development and the experience of respondents in working with children on the autism spectrum noticed by preschool education teachers



Source: own study

Certified teachers indicated the answer that they see a high effectiveness in the emotional development of a child on the autism spectrum related to the use of music therapy – 39.9%. In more than half of the cases (52.8%) of the appointed teachers said that they see

great effectiveness in the use of this method in connection with the emotional development of the children undergoing therapy. Beginner teachers were also very effective in 17.3%. The answer about the very high effectiveness of music therapy was given by 32.1% of teachers

at the level of certified promotion, appointed in 25%, and beginners in 45.5%.

In the case of the answers about the low effectiveness of music therapy in the therapy of children on the autism spectrum in terms of the development of the emotional, social, physical, communication spheres, shaping independence, a negligible percentage of teachers, regardless of the level of promotion and declared experience in working with an autistic child, indicated such opinions.

Teachers declaring experience in working with children with autism in 44.3% of their responses said that they see the great effectiveness of the music therapy method in emotional development. Teachers declaring their lack of experience in working with a child with autism indicated in 44.3% that they perceive very high effectiveness in emotional development through the use of the music therapy method.

The survey also predicted teachers' opinions on the effectiveness of music therapy in the social development of children on the autism spectrum. One in three teachers (32.1%) of certified teachers sees very high efficiency in this regard, among appointed teachers only 16.7% said so, and 27.3% of novice teachers. Half of the appointed teachers answered that they see great effectiveness in social development using the method. This was also the answer given by one in four certified teachers (25%) and one in three beginners (36.4%).

Every third certified teacher (32.3%) indicated that they see great effectiveness in physical development when using music therapy with a child with autism. Among the appointed teachers, more than half gave such an answer (52.8%) and half of the novice teachers. In addition, 28.6% of certified teachers, 13.9% of appointed teachers and 27.3% of beginners considered music therapy to be very effective in this area.

Teachers who have experience in working with autistic children have concluded that they notice major changes in the child's physical development as a result of the use of the music therapy method. Teachers without experience half of them answered that they noticed such effectiveness.

In 42.9% of the responses, certified teachers were in favor of the fact that music therapy

significantly improves the way children on the autism spectrum communicate. 35.7% of the surveyed certified teachers agreed with this answer. 36.1% of appointed teachers strongly agreed with this, and among beginners, 27.3% gave such an answer.

Teachers with experience in working with a child with autism strongly agreed with the opinion that music therapy affects the level of communication with the child. Teachers without such experience agreed with this in 37.5%.

When it comes to shaping independence, certified teachers believed in 39.3% that music therapy shapes independence. Teachers appointed in more than half of the responses (52.8%) felt the same. Beginner teachers also most often indicated that they agree that music therapy shapes independence in functioning (36.4%). Among the responses were also opinions that certified teachers strongly disagree with this in 14.3%, appointed teachers in 8.3% and beginners in 9.1% of the answers. A small percentage of all groups had difficulty answering this question.

More than half (56.3%) of teachers with no experience in working with a child with autism indicated that they agree with the opinion that music therapy shapes independence in a child on the spectrum. An additional 6.3% of teachers without experience said they strongly agree with this opinion. Teachers with experience in such work answered in 35.7% that music therapy supports the development of independence, and 22.9% of teachers from this group said that they strongly agree with this opinion.

Teachers commented on whether they agree with the statement that music therapy improves skills that allow for initiating relationships. Beginner teachers answered in 36.4% that they agree, and in 18.2% that they strongly agree. Appointed teachers agreed in 33.3% and strongly agreed with this opinion in 25%. The smallest percentage of certified teachers agreed with this opinion, as in 21.4% of the responses they thought that they agreed, and in 28.6% that they strongly agreed. In this case, it is worth mentioning the answers of novice teachers, who in 22.7% of the responses expressed that they do not agree with the

opinion that music therapy improves the skills that allow for initiating relationships.

Teachers with experience in working with a child on the autism spectrum admitted in 30% of cases that they agree that music therapy improves skills that allow for initiating relationships. Among teachers who declared no experience in working with an autistic child, 37.5% answered that they strongly agree that music therapy improves skills that are supposed to allow for the initiation of interpersonal relationships.

The most frequently chosen answer among teachers with a degree of promotion of a certified teacher was indicating indecision as to the extent to which they agree with the statement that music therapy eliminates socially unacceptable behaviour – the percentage was 35.7%, and 17.9% said that they agreed with such an opinion. 17.9% of the surveyed group strongly disagreed with this opinion. Among the appointed teachers, the answer was that they agree that music therapy eliminates socially unacceptable behaviour – the percentage was 44.4%. Beginner teachers most often chose an answer indicating difficulties in indicating an unambiguous answer (40.9%), and 31.8% of them said that they agreed with this opinion, and another 27.3% that they did not agree with it. Among the respondents with this

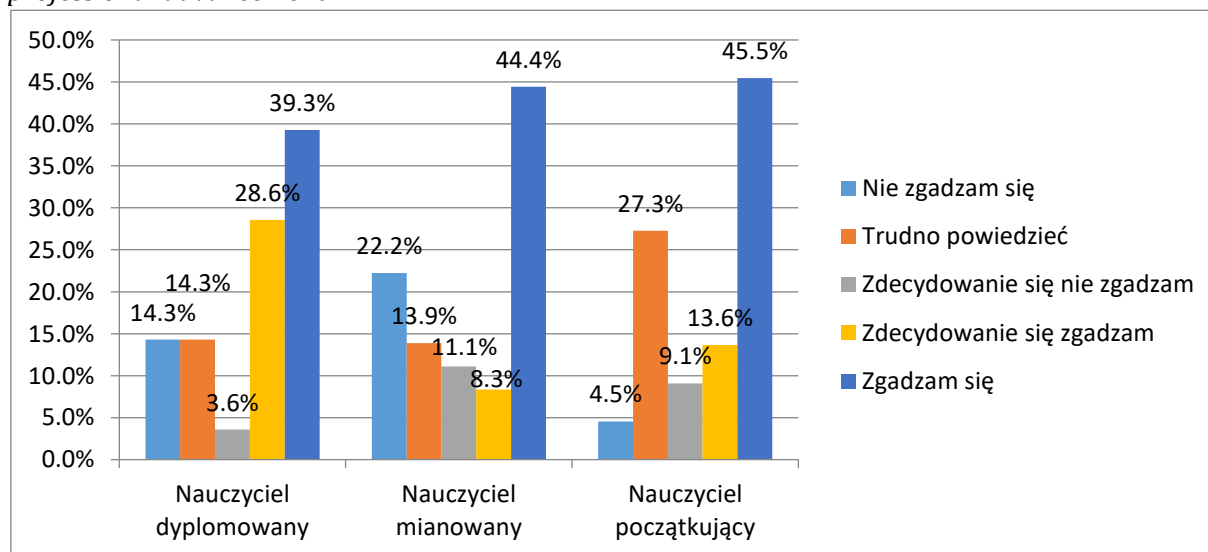
degree of professional promotion, no one indicated extreme negative answers.

Teachers with experience in working with a child on the autism spectrum most often answered that they agree that music therapy eliminates socially unacceptable behaviour (32.9%). The least frequently indicated answer in this group was that there was a definite disagreement with this sentence (10%). 28.6% of these respondents had difficulty choosing among the answers. Respondents declaring their lack of experience in working with an autistic child, in the largest percentage of answers, considered it difficult to give an answer (37.5%). Responses in this group indicating agreement with the statement that the use of music therapy eliminates socially unacceptable behavior amounted to 31.3%.

The opinion that music therapy affects the way children undergoing autism therapy play was agreed by 45.5% of beginner teachers, 44.4% of appointed teachers and slightly less, 39.3% of certified teachers. The largest percentage of certified teachers – 28.6% of respondents gave the answer that they strongly agree with this opinion, while only 8.3% of appointed teachers gave such an answer and 13.6% of novice teachers. Almost every fifth appointed teacher (22.2%) disagreed with this opinion. (Chart III)

Chart III.

The impact on the way music therapy plays in the opinion of preschool teachers and their level of professional advancement



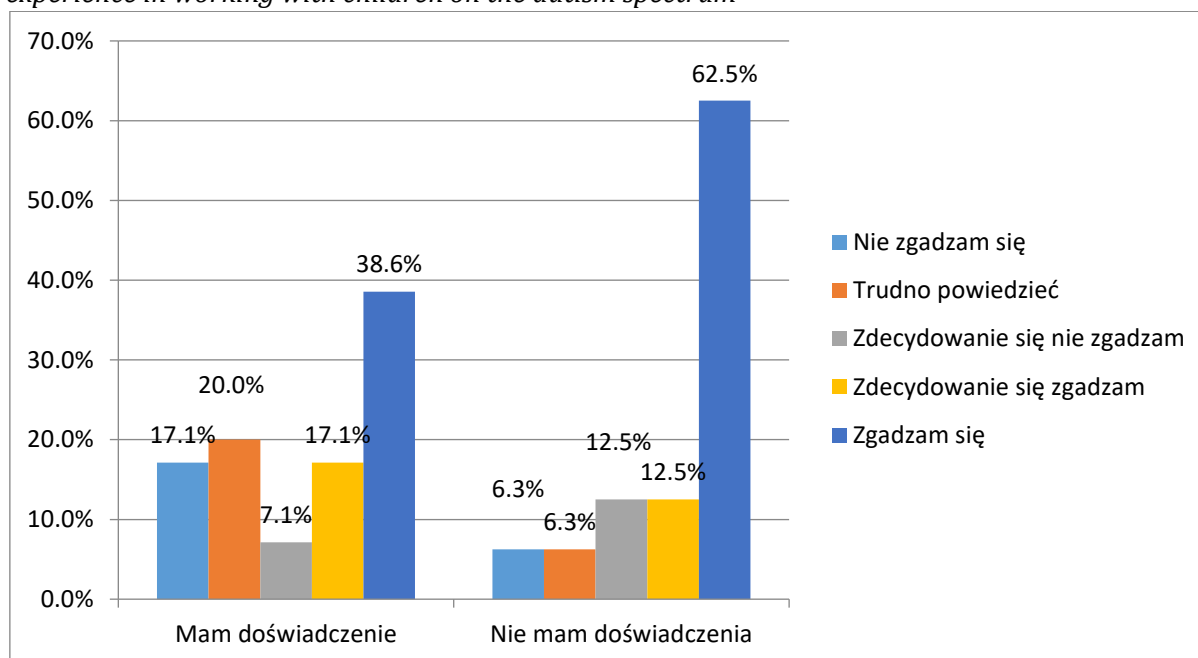
Source: own study

Teachers declaring their lack of experience in working with children on the autism spectrum expressed an opinion consistent with the statement that music therapy affects the way children undergoing therapy play. 12.5%

of these teachers expressed the opinion that they strongly agree with this opinion. On the other hand, among teachers with experience in working with children with autism, 38.6% and 17.1% agreed with this opinion. (Chart IV)

Chart IV.

The impact on the way Music Therapy plays in the opinion of preschool education teachers and their experience in working with children on the autism spectrum



Source: own study

Teachers with a certified teacher promotion grade in most of their responses said that they strongly agree that music therapy regulates sensitivity to stimuli (57.1%). Compliance with this statement was also shown by 17.9% of certified teachers. 11.1% of appointed teachers were determined to agree with this opinion, and 52.8% were decided, while beginners strongly agreed with this opinion in 27.3% and in 40.9% they agreed. A small percentage of teachers indicated that it was difficult to answer and that they strongly disagreed.

Teachers declaring experience in working with an autistic child in 38.6% of responses answered that they agree with the opinion that music therapy regulates the child's sensitivity to stimuli. 31.4% of certified teachers strongly agreed. Teachers who declared their lack of experience in this area strongly agreed in 25%

and 37.5% of this group expressed an unanimous opinion.

The key features for supporting non-directive methods in therapeutic management of a child on the autism spectrum are following the child and learning in the natural context of games and everyday situations. The non-directive approach emphasizes the relationship and the joint commitment of the child and the person dealing with it. Control over the child is defined as shared, which shows the context of incomplete directiveness. In the reviews of studies, some of the non-directive interventions are considered to be confirmed, as the facts of supporting and improving communication, shared attention, play development and cognition by the child have been found. Research on non-directive methods of autism therapy is much younger than the descriptions of directive approaches (Iłendo-Łojewska,

Jakubczyk, 2024). They fall mainly at the end of the twentieth century, although the trend was initiated much earlier by Carl Rogers. His concept provided a theoretical basis for emphasizing the relationship and empathy towards the person undergoing therapy, his autonomy, instead of directly forming behaviors. The 1980s brought approaches that took into account the development of communication and relationships beyond behavior modification, while in the following decade there was an intensive development of the non-directive approach in therapy, which also resulted in the development of research on this trend of therapeutic intervention (Nowak-Łojewska, Artoszek, 2025). There is a significant acceleration in research on non-directive methods in terms of influencing the quality of the relationship between an autistic child and a caregiver, regulating emotions and effectiveness in the development of communication. Due to the observed effectiveness, most contemporary approaches are hybrid in nature, combining models of structural strategies and non-directive elements (Prkopiak, 2021).

In 2009, a report on the most effective methods in the treatment of autism was prepared. The application of the 11 most effective methods was summarized, of which the methods of the directive approach to therapy prevailed. Some of the non-directive methods were considered promising (Pomorska, 2015). These methods include multi-component packages and music therapy (NSR). Subsequent reports have identified some non-directive methods as promising in therapeutic intervention for autistic disorders, recognizing confirmation of their effectiveness.

In Poland, research is also being conducted on the effectiveness of therapy through music. Sara Knapik-Szweda's research has shown that music therapy improves the cognitive development of children with autism, increases the level of communication, motor skills, and definitely improves the sphere of sensitivity and emotion. Experiencing music by a child on the autism spectrum minimizes anxiety and raises the level of expression, which is evident in non-verbal expression. The author also noticed changes in children's social development (Knapik-Szweda, 2014).

Referring to the argument of choosing the issue for research, teachers are the direct implementers of therapeutic interventions, and their opinions and beliefs affect the overall work with the child. It is up to the teacher to choose the method and the intensity of its application. The analysis of the conducted research on teachers' opinions allows us to capture how the non-directive method of music therapy of a developmental nature functions in educational practice. It has also become important to learn about the importance that is attributed to music therapy by people who work directly with children with autism. The increasing use of music therapy and in educational and therapeutic practice in preschool institutions makes the method popular (*ibid.*).

The surveyed teachers concluded that music therapy activates children to a large extent. This opinion was mainly expressed by appointed teachers and those who have experience in working with a child on the autism spectrum. Regardless of the level of promotion and experience with a child on the autism spectrum, teachers found that music therapy has a calming effect on the child. They noticed the great effectiveness of music therapy in the cognitive development of a child on the autism spectrum, especially beginner and appointed teachers. There was a greater diversity of responses among certified teachers. Experience in working with a child on the autism spectrum differentiated primarily the number of people who were undecided in their answers, which was higher among teachers without experience. Teachers in the degree of promotion, diploma and appointment have noticed effectiveness in emotional development. Appointed teachers and beginners most often answered that they see a great effectiveness of music therapy in social development. Teachers' experience in working with an autistic child slightly differentiated the answers on this issue. Appointed and novice teachers said that they saw a high effectiveness of music therapy in the physical development of a child on the autism spectrum, while there was a greater diversity of responses among certified teachers. In this case, too, experience was not of great importance for the diversity of respondents' answers.

Teachers agree with the statement that music therapy effectively improves the way of communication. The most hesitant group on this issue were beginner teachers. Respondents also agreed that music therapy shapes independence in functioning.

The opinion that music therapy improves the skills that allow for initiating relationships met with more diverse responses. It turns out that teachers with no experience in working with a child with autism were much more in line with this opinion. On the other hand, teachers with experience in working with an autistic child were much more likely to be undecided about such an opinion.

The appointed teachers most often agreed with the opinion that music therapy contributes to the elimination of socially unacceptable behaviors. On the other hand, beginner and graduate teachers were quite undecided about this opinion. The experience declared by teachers in working with an autistic child did not significantly differentiate the answers provided.

The opinion that music therapy affects the way of having fun has been confirmed by all teachers, regardless of their level of promotion. The most indecisive group turned out to be beginner teachers. Even teachers with no experience in working with children on the spectrum were much more likely to say that they agreed with this opinion. Among teachers with experience, three times as many respondents were undecided.

Certified teachers were the group most in agreement that music therapy regulates sensitivity to stimuli. Although among the appointed and beginners the answers about agreeing with this sentence were also the most common, among the appointed relatively often there was an answer about disagreement, and among beginners about difficulties in making a choice among the answers.

The conducted research allowed to capture the way music therapy is perceived by teachers working with children on the autism spectrum and to determine its place in educational and therapeutic practice. The results obtained indicate that music therapy is assessed as a valuable tool supporting the development of children, especially in the area of communication, social relations and emotional

regulation. At the same time, there are noticeable differences in the level of knowledge and experience of respondents, which may affect the scope and manner of its application. The opinions also concerned teachers who are observers of the educational process and have not experienced working directly with a child on the autism spectrum.

The analysis of teachers' opinions also shows that despite the growing interest in music therapy, its use in practice is not always systematic and based on clearly defined methodological foundations. This indicates the need to further disseminate knowledge and improve teachers' competences in this area, as well as greater integration of this form of interaction with other methods used in working with a child with autism.

The results obtained may be the starting point for further research, especially of an empirical nature, aimed at assessing the effectiveness of music therapy in educational settings and identifying factors determining its effectiveness. In a broader perspective, they emphasize the importance of relational and developmental approaches in working with children on the autism spectrum, in which music can play an important role as a tool for communication and building contact.

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