From Content to Structure: Contributing to Disability Studies by Exploring the Notion of Normativity through Active Music Therapy

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ABSTRACT

This paper presents a philosophical perspective on disability theorization grounded in the concept of normativity. The integration of phenomenology in Disability Studies, specifically the critique of Maurice Merleau-Ponty's ideas, provides the background. A comprehensive analysis of the concept of maximal grip, as examined within the context of Merleau-Ponty's thought, offers significant insights and potential avenues for further investigation. The notion of normativity will be elucidated through an integrated analysis of the perspectives proposed by Maurice Merleau-Ponty and Georges Canguilhem. An interpretation of this notion, which aims to provide a framework for investigating the conceptualisation of disability, will reveal the normative dynamics at play in the relationship between subject and world. This concept will therefore be examined in the context of an analysis of the case study of active music therapy, with a particular focus on how this practice approaches the subject with disabilities through the use of musical improvisation. In consequence, an analysis of the normativity of musical improvisation will prove beneficial. The core question of this research is whether it is possible to move beyond the conventional dichotomy of what is and is not considered to be a disability. In pursuing the goal of abandoning a reductionist approach to the theoretical definition of disability, my proposal aims to shift the focus from an examination of the content of the definition of disability to an investigation of the structure of the relationship between the subject and the world. In this regard, the concept of normativity offers an alternative to an approach that may result in the categorisation of disability into predetermined categories.

1. Premises

This paper focuses on contributing to the field of Disability Studies by offering a philosophical perspective on disability definitions. Assuming that the theoretical understanding of disability "has substantive normative implications" (Beaudry 2020, 4), I aim to interrogate the pervasive influence of reductionist

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approach to disability conceptualization. The central issue of this essay is to define disability in a way that is not based on an opposition between what it is and what it is not. Indeed, the terminology employed to describe disability, e.g. the terms *abnormal* and *deviant*, results from this conceptual framework.[1] My goal is to avoid the risk of confining subjective experience within the boundaries of absolute definitions. In light of these considerations, I seek instead to elucidate a structural image of the relationship between the subject and the world, which may prove useful in describing disability in a dynamic sense. In order to pursue this aim, I propose to investigate the concept of *normativity*.

The first section will employ the tenets of phenomenological models of Disability Studies. My focus will be on the possibility of applying Maurice Merleau-Ponty's conceptual framework to clarify the subjective experience of disability. This section will examine the concept of *maximal grip* as defined by Hubert Dreyfus and then contextualised by Gayle Salamon.

The second section will elucidate the normative nature of the relationship between the subject and the world. An interpretation of Merleau-Ponty's ideas that uses Georges Canguilhem's thoughts on the normal and the pathological will prove beneficial. Towards this end, I will adopt the concept of *pathic normativity*, as proposed by David M. Peña-Guzmán, as a point of departure to develop a specific interpretation.

The notion of *normativity* elucidated by previous analysis will find support in the case study examination of the musical improvisation used in music therapy. Indeed, the third section will focus on how active music therapy deals with disability, specifically with deaf people and hard-of-hearing people.[2] The decision to adopt music therapy must be justified, given the risk of contradictions in relation to discourses that frequently employ therapeutic terminology in

[1] This critique is primarily grounded in reductionist approaches to defining disability, which are distinguished by their emphasis on a singular theoretical framework to define disability, often at the exclusion of other perspectives (Beaudry 2020).

[2] Given the close association of music therapy with medical terminology, the literature predominantly employs the term "hearing impaired" (Bang 2009; Gfeller & Baumann 2014). Nevertheless, this paper opts for the term "hard-of-hearing" (Bowker 2019). This choice is not attributable to its association with activist movements; rather, it is more appropriately ascribed to the principles of agency empowerment expressed by this terminology, which is in line with the aims of this paper. Considering the correlation between deafness and the term "disability", it is important to mention studies on Deaf Culture and Identity (Leigh 2009; Padden & Humphries 2005; Scott-Hill 2014).

the context of disability (Bruce 2022; Straus 2018). It is of fundamental importance to acknowledge that the notion of care within the paradigm of active music therapy is not conceptualised within the medical framework of returning to a state of wellbeing or of attaining a desired pre-defined status. Instead, it is interpreted as a practice aimed at fostering well-being, thereby enabling self-advocacy on the part of the subject and informing the behaviour of specialists and the evolution of therapy through subject expertise and, in this sense, through their own disability expertise.[3] This aim is associated with a process of seeking wellbeing that is not defined in terms of medical normality, at least not in all cases, but also in terms of the subject's own normality (Maienza 2021; Manarolo 2020). I intend to examine the potential of musical improvisation as a tool in the definition of a therapeutic framework based on subjective norms. Investigations into the *normativity of musical improvisation*, as conceptualised by Alessandro Bertinetto (2016; 2024), will prove a fruitful analogy.

This proposal aims to introduce the notion of *normativity* into the process of defining disability. This concept offers a dynamic and structural approach to understanding the interconnectivity between an individual's condition and their engagement with the world. My perspective wants to diverge from the prevailing tendency to conceptualise disabled subjects as a homogenous group, thereby reinforcing the process of their normalisation (Kumar 2021) and thus defining disability exclusively within pre-determined categories.

It is important to specify the impossibility of not relating to external, positive principles in the analysis of the subject in a complete way. This statement is necessary to recognise that the approach taken in this paper is based on

[3] The domain of music therapy with people with disabilities is extensive and heterogeneous (Carlson 2022; Howe 2015; Straus 2018). However, it is noteworthy that disability does not necessarily constitute a prerequisite for accessing music therapy. The reason lies in the aim of music therapy to improve the well-being of the subject, despite the aesthetic aims of performance or improving musical skills. Musical knowledge facilitates comprehension of instructions; however, it does not contribute to therapeutic efficacy. The heterogeneity of disabilities usually leads to different situations, with examples including variations in the structures of music therapy, in the use of sound and music, or in the models chosen. Examples can be situations of difficulties in practice with sound-gestural or musical improvisation, such as music therapy with newborns (Shoemark & Ettenberger 2020). Despite these differences, the goal is responding to the specificities of the subjects when defining aims, settings, or pathways, thanks to the flexibility in the use of improvisation (Langenberg 1997; Manarolo 2020; Pavlicevic 2000).

an epistemology rooted in the phenomenological tendency to mitigate the influence of heteronomous categories in the analysis of the subject. This potential lies in the empowerment of the subjects to define what is or is not normal for themselves, namely in the exploration of normality *from within* (Wehrle 2021).[4] Moreover, the efficacy of phenomenology arises from the process of bracketing, which aims to explore the subject's personal expression prior to the use of any category or new interpretation.[5] Nevertheless, a discrepancy exists between the approaches of Merleau-Ponty and Canguilhem, in relation to the perspective employed in this paper. This is evidenced by their utilisation of medical categories in the analysis of medical empirical examples (Gotkin 2016; Lajoie 2023; Reynolds 2017; Sholl & De Block 2015). In acknowledging these issues within the context of their historical and epistemological development – as the cultural, political, and social background that shapes them –, this paper will explore the possibilities offered by these approaches in relation to more concrete and practical forms of application, as evidenced by the advances made in Disability Studies. The aim is facilitated by emphasising the significance these approaches attribute to the experience of the subject in establishing the categories of norm and normality, as a form of opening that aims to unveil the manifest by illuminating the subject's lived experience (Salamon 2018).

Furthermore, it is important to acknowledge the relationship between epistemologies of music therapy and this paper aims to detach from any external or positive principles in the analysis of the subject. This issue is influenced by music therapy practices and their relationship to their cultural, political, and epistemological landmarks. These are non-excludable features that can vary according to the models used and which mostly influence data analysis and therapy planning. It is indubitable that music therapy practices are influenced by political and cultural value systems; however, one of the more general tendencies in active music therapy is the use of approaches designed to provide the subject with the opportunity to express themselves using their own rules. The underlying reason may be attributed to the fact that, in this field, music is not evaluated

[4] As Wehrle (2021, 7) writes, phenomenological accounts of normality "investigate how and why subjects experience the world, themselves, and others in a 'normal' (i.e. continuous and coherent) way". A further investigation into the possible outcomes between this author's approach to a phenomenological account of normativity and Disability Studies would be required.

[5] Despite its virtues and limitations, as discussed in other literature (Tuffour 2017), this process is best exemplified in the empirical use of phenomenology in qualitative research methodology (Mortari 2022; Smith, Flowers & Larkins 2022).

in terms of performance, but rather in terms of sound-gestural productions and personal tools of expression. As this paper will explore, the use of musical improvisation emerges as a pivotal factor in facilitating this tendency (Langenberg 1997; Pavlicevic 2000).

Indeed, some unresolved questions remain. In the concluding section, some open issues will be identified to promote the development of stronger solutions. Ultimately, I claim that a dynamic concept, based on the relationship between the subject and the world – which can find empirical expression in musical improvisation used in music therapy – can be fruitful to construct an approach that avoids categorising disability exclusively within pre-determined categories.

2. The reversible relationship between the subject and the world: an analysis of *maximal grip*

The discourse on disability is frequently presented on the premise of the concept of difference. Such phenomena can be observed across a variety of domains, including medicine, work, education, and social representation (Bickenbach, Cureton & Wasserman 2020; Davis 2004; Goffman 2009; Lajoie 2024). The concept of disability is frequently limited to a perspective of deficit and deficit functioning. Indeed, the distinction between ability and disability emerges from the contrast between normality and abnormality (Medeghini 2015). As Ron Amundson (2000, 51) writes, "philosophers and medical practitioners alike have used the category to conclude that the disadvantages of disabled people result from their own abnormality; they have only themselves (and nature) to blame". Consequently, Disability Studies seek to examine the impact of the medical-individual norm on the conceptualisation of disability, particularly in relation to the reduction of disability to a biological phenomenon and a pathological deviation from the functioning of the so-called normal human body (Campbell 2009; Wieseler 2016). A substantial number of phenomenological models of Disability Studies examine the concept of disability from the perspective of subjective experience. In particular, approaches structured around Merleau-Ponty's thought adopt his perspective about the embodied subject (Martiny 2015; Paterson & Hughes 1999; Weiss 2015; Wieseler 2019).

Nevertheless, some phenomenological models of Disability Studies contend that traditional phenomenology represents the disabled experience as a "limit case for the study of 'normal' embodiment" (Lajoie 2023, 10). One of

the primary criticisms of Merleau-Ponty's work pertains to his distinction between the normal and the abnormal, which is based on medical norm categories. As some of these critiques assert, Merleau-Ponty's approach presents a depoliticised and abstract perspective, thus contributing to perpetuating ableist categories. This feature depends on his continuous references to an *average body* that uniquely accounts for "a harmonious extension of the lived body in the world". Therefore, his view "does not adequately account for feelings of disorientation, unease, misfit, queerness, alienation, or jarring incompatibility" (Lajoie 2023, 11). It is our view that these critiques are well-founded. However, as postulated in other contexts, "this is too hasty a conclusion; [Merleau-Ponty's] use of pathological cases needs to be placed in the context of his phenomenological approach" (Slatman 2022, 22).

The notion of "maximal grip" clarifies the *harmonious* structure of the relationship between subject and world in Merleau-Ponty. Hubert Dreyfus (2002) uses Merleau-Ponty's (2012) concepts of *intentional arc* and *maximal grip* to show that two of the main components of behavioural intelligence, such as learning and acquired behaviour, can be described without resorting to mental or neurological representations. As Dreyfus (2002, 367) writes, the subject develops competencies, which are stored as dispositions to respond to the stimuli encountered in the external environment: "[m]aximal grip names the body's tendency to respond to these solicitations in such a way as to bring the current situation closer to the agent's sense of an optimal *Gestalt*". Consequently, it illustrates the subject's predisposition to an optimal sense of coherence.[6]

The following section details how the idea of a harmonious relationship between the subject and the world is inadequate. As Gayle Salamon (2012, 244) states, "that grip cannot [...] serve as an apt metaphor for our enmeshment with the world [...], because such a characterization ignores the aspects of relation and reversibility that are such vital components of the phenomenological world". Salamon's argument aims to avoid any generalization of disability in the phenomenological analysis of subjective experience. In support of this statement, the author examines the difference between acquired and congenital disability, by emphasising the discrepancies in temporal experience and the pivotal role of the Other in the relationship between the subject and their own body, and

[6] In his critique of Merleau-Ponty's use of the figure/background system as a grounding of perception, Adam Blair (2022) postulates that the issue is not the *Gestalt* system per se, rather the fact that Merleau-Ponty employs it to define a normality from which any other system that does not tend towards determinacy is excluded.

thus between the subject and the world. Salamon (2012, 253) puts forth the necessity of considering the varying degrees of the connection between the subjective body and the external world. This does not refer to a fixed model of disabled embodiment; rather, it follows the changing curvature of different "paths to livability, ways to bind to the world, otherwise than the straight and sure conviction of a maximal grip". As the author notices, this is a perspective that is already present in the way Merleau-Ponty (1963; 2012) characterises grip, namely, in its reversibility. Indeed, the term "grip" (*prise*) is frequently employed to refer to its absence, "described as attenuated, or soft, or lost, or loosened" (Salamon 2012, 247).

> That is to say: a grip may be tight and it may indicate an absolute proximity, but unlike Dreyfus's model of individual mastery in which I grip the world, for Merleau-Ponty, it is as likely to be a matter of the world gripping me. [...] In this instance, it is the world, through the grip of the word, that shapes the body, rather than the body shaping the world. (Salamon 2012, 249)

This distinction provides the fundamental premise from which to elaborate my argument. The relationship between the subject and the world is a reversible process that exhibits a dynamic tendency. In Merleau-Ponty's thought, the so-called *maximal grip* is not defined as a comparison between optimal and non-optimal states; rather, it is based on its fundamental *Gestalt* nature. In this sense, it cannot be understood to concern the unilateral nature of the relationship between subject and world (which, as described by Dreyfus, also runs the risk of leading to identification with volition). Instead, it emphasises the reciprocity, the changing aspect of each situation, and therefore the specificity of each experience. The following section will examine this aspect through the concept of *normativity*.

3. Normativity against normality: examination of Merleau-Ponty's thought through Canguilhem's analyses

The primary criticism of Merleau-Ponty's work from the perspective of Disability Studies concerns the way he employs the notions of normality and abnormality in the analysis of case studies, as well as the consequences of his approach

(Lajoie 2023; Reynolds 2017).[7] A more comprehensive examination of Merleau-Ponty's considerations may elucidate a dimension that is pertinent to the specific aims of the phenomenological models of Disability Studies. In order to achieve this goal, I propose to rely on a notion of normativity based on an interpretation of Merleau-Ponty's ideas, namely, one that makes use of Canguilhem's thoughts on the normal and the pathological.

The notion of "pathic normativity" may prove to be useful in this context. David Peña-Guzmán (2013, 362) gathers it from the synthesis of analyses presented in Canguilhem (1991) and Merleau-Ponty (2012). This concept elucidates a perspective on the source of normativity, which, despite its emergence from two distinct fields – historical epistemology and phenomenology – is nevertheless traced "neither to imminent natural ends nor to principles of pure or conditioned human reason but to lived experience, and in particular the lived experience of suffering (*pathos*)".

By distinguishing the concept of *biological error* from the Aristotelian notion of *monstrosity* or *exception*, and thus conceptualising it as a misunderstanding, Canguilhem (1991, 278) establishes a distinction between abnormality and disease.[8] Defined as an "original flaw in macromolecular form" disease lies at the level of the organism, considered as a whole, in relation to its environment. In light of this assumption, Canguilhem (1991, 284) distinguishes the notion of *normality* from that of *average*, emphasising that the definition of normality cannot be confined to the domain of statistical norm diffusion. Instead, it takes shape around the roots of the organismic organisation, specifically in its *normativity*. In this context, normativity is defined as "the biological capacity to

[7] An example of the use of the term *abnormal* in Merleau-Ponty (2012, 507: note 53) is when he refers to the experiments by Stratton which incite "abnormal perception". Other sources assert that "[i]t seems Merleau-Ponty does not make a distinction between an abnormal person and a person with an anomaly" (Vydra 2014, 121: note 18). In considering the critique of Merleau-Ponty's examination of the cane employed by the blind subject (Reynolds 2017), I recall Salamon's analysis (2012, 256).

[8] Canguilhem's use of the term *disease* is contextualised within the field of biomedicine. However, the concept of *illness* is also evident in his work. As Slatman writes (2022, 25), "Canguilhem [...] suggests that pathology is not necessarily the same as some localizable defect in the body (disease) but rather has its origin in the experience of illness". In a certain sense, the impossibility of defining illness only in terms of the average is also present in Merleau-Ponty. Slatman (2022, 30) emphasises this aspect by examining the figure of the hunchback (Merleau-Ponty 2012, 459). My reference on terms distinction is Nordenfelt & Twaddle (1993).

challenge the usual norms in case of critical situations". It is therefore evident that the concept of disease cannot be defined by a presumed state of normality; rather, it must be considered as a qualitatively distinct form of existence.

Peña-Guzmán (2013, 366) thus corroborates the aforementioned assumption declaring that, following Canguilhem, the "normativity of medicine [...] originates in the lived experience of the patient and not from the scientist's second-hand reflection on it". Is indeed in this sense that "Canguilhem is joining hands with the phenomenological tradition by showcasing the supremacy of subjective experience in the production of scientific knowledge". Peña-Guzmán draws connections between Canguilhem's thoughts and the phenomenological tradition, particularly emphasising how Merleau-Ponty describes perception.[9] Following Merleau-Ponty (2012, 62), it can be asserted that every act of perception embodies "the birth of a norm". This is feasible due to the following factor: "when we are confronted with a perceptual field, which is necessarily constituted by the contrast between figure and ground, this field is already normatively-charged and exerts a necessitating force on the perceiving subject" (Peña-Guzmán 2013, 370). In analysing the expression of normativity, Peña-Guzmán (2013, 371) begins by investigating the perceptual relationship between the subject and the world, thereby grasping the background of normativity in the *intentional arc* as "our primordial relationship to the world". In this sense, as following Canguilhem, "norms come from the polarity of life, from the primary and primordial projection of an organism (figure) into a social context (background)"; for Merleau-Ponty, "as for Canguilhem, norms come from the original exhortation of subjective, lived experience".[10]

[9] There is a notable affinity between the philosophical tenets of Canguilhem and those of phenomenology. This author "is in his own way, a thinker of embodiment" (Wolfe 2015, 205). However, it is important to clarify that Canguilhem's engagement with phenomenology could not have been a direct result of reading Edmund Husserl's work. Rather, it was more likely shaped by the prevailing French phenomenological perspective of the time (Marcelo 2023). In contrast, an exhaustive body of evidence exists attesting to Merleau-Ponty's engagement with Husserl's work (Toadvine & Embree 2002).

[10] Additionally, the concept of "vital normativity" emphasises another key theme in the interconnections between Merleau-Ponty and Canguilhem (Vörös 2023). It is important to underline that, differently from Canguilhem, Merleau-Ponty does not employ the term *normativity* (Breyer 2015; Spina 2016). However, references to a normative structure of the living can also be found in examples such as the courses on the theme of *Nature*, as evidenced by the case study of the axolotl (Merleau-Ponty 2003; Vanzago 2017), and in the conceptualisation of body schema in relation to habit development (Wehrle 2020; 2022). Historically, the convergence between Canguilhem

This examination is significant insofar as it shows that the norm concerning the subject cannot be defined by a comparison with a general and fixed notion of normality. The norm emerges from the relationship between the subject and the world (Doyon 2024; Wehrle 2020; 2022). Consequently, it cannot be applied to the subject as a feature to be related to in order to obtain an identification. As Peña-Guzmán (2013, 377) sets forth in his analysis, "[s]tated otherwise Canguilhem and Merleau-Ponty normality is a norm because the normal is normative and not because the normative succumbs to the normalized". Nevertheless, Peña-Guzmán study reveals one of the aspects that some phenomenological models of Disability Studies critique in Merleau-Ponty's thought. For both Merleau-Ponty and Canguilhem, disease is presented as the incapacity of the subject to comply with new norms (Jackson 2022; Rakoczi 2022).

Indeed, in Merleau-Ponty, "what defines a person's situation as pathological is her inability to answer adequately to the demands of her own experience" (Bredlau 2022, 80).[11] The problem in this statement is not the feature of disease itself, but rather the fact that this definition also encompasses the categorisation of disability, identifying it with deficit and pathology. As Salamon (2012, 254) notices, when confronted with the reality of disability, this perspective is subject to the "perils [of] using the category [of disability] too generally". Kristian Moltke Martiny (2015, 559) deals with this critique, by examining merleau-pontyan concepts of the actual and habitual body (Merleau-Ponty 2012, 142). In the context of disease, the typical *I can* attitude of a subject in good health can be reversed to *I cannot*. Nevertheless, this phenomenon does not occur in people living with congenital disabilities. Indeed, it is not always the case that a disability serves to highlight or upset a previously established pattern of ability (Martiny 2015). Furthermore, the concept of disability does not necessarily entail a direct opposition to the notion of enhancement (Campbell & Wasserman 2020).

and Merleau-Ponty, particularly on their understanding of the normal and the pathological, lies on the common source of inspiration Kurt Goldstein (1995), and in the role of statistic in the distinction between illness and abnormality (Jackson 2022; Slatman 2022). Therefore, Peña-Guzmán (2013, 377) makes clear the distinction between normativity and normalization as bio-power (Foucault 1995; Sholl & De Block 2015).

[11] On the other hand, other sources claim that in terms of Merleau-Ponty "[p]athology and normality are different modalities of the same underlying phenomenon" (Slatman 2022, 22; Razavi 2023).

Turning now to the interpretation of this paper, it is important to clarify my belief in limiting the tendency to define disability in terms of comparison with pre-established categories, in order to reduce approaches based on the concept of difference. The notion of *pathic normativity* may therefore be suitable, but not insofar as it relates to a state of necessary suffering (*pathos*). This issue is evident when it is applied to the context of disability, with the inherent risk of perpetuating a medical individual model that defines disability exclusively in terms of suffering and personal condition (Altman 2001; Campbell 2009). Rather, this notion elucidates a *normativity* inherent in the relationship between subject and world, which passes through the relationship between subject and body. It is my hypothesis that this concept may be advantageous in the field of disability theory, as it empowers autonomy of expression for the subjects involved. Indeed, given its phenomenological foundation in being shaped by the subject's relationship with their context, this definition has the potential of not being contingent on external, positive principles.

In order to illustrate this potential more clearly, it may be fruitful to examine the example of childhood learning, specifically in relation to the concept of *praktognosia*. This notion shows the way of accessing the world through the motor experience of one's own body. Merleau-Ponty (2010; 2012) explains that the child's experience begins in relation to an already given world. With specific reference to language learning (considered as a particular case of gestural learning in general), the philosopher highlights the pivotal role of the child's style in the learning process. Through gestural imitation, children perceive and adopt the gestures of others, incorporating them into their own gestural repertoire while simultaneously reproducing them according to their unique style. As the philosopher argues, it is not a matter of mere reproduction, but of striving for the same result in the repositioning of the perceived gesture, starting from the possibilities most appropriate to the child and their unique tendency. The body schema provides the potential for individuals to achieve similar outcomes. However, how they learn establishes a subjective norm, which then develops around in accordance with that norm. In this sense, the process of child learning analysis provides insight into the emergence of normativity. In light of the preceding discussion, the following section will examine the application of music therapy in facilitating the learning process for individuals with disabilities. In particular, I will focus on the way the subject can manifest its normativity through musical improvisation.

4. Normativity in action: musical improvisation in music therapy

As previously outlined, the concept of normativity is a useful tool to examine the categorisation of disability. In addition to not relying on pre-established normative categories, it can highlight the normative structure of the relationship between the subject and the world. To reinforce this view, the following section will present a case study analysis of the relationship between active music therapy and disability. Indeed, music therapy offers a range of illustrative examples of approaches that diverge from the conventional notion of *normality* (Carlson 2022; 2024). The exemplarity of this case does not lie in the solutions found; rather, it is based on the key tenet of music therapy, which is to provide support to the beneficiaries to enable them to identify and develop their own distinctive learning and interpersonal patterns about the context and their circumstances. In the following pages, the function of musical improvisation in music therapy will be useful to re-examine the concept of normativity previously proposed from the perspective of musical improvisation, as traced by Alessandro Bertinetto (2016; 2024).

The term *music therapy* usually describes a therapeutic approach based on non-linguistic forms of relationship and communication. Conducted in both group and individual settings, it employs two principal approaches to the use of music. Passive engagement with music can be achieved through the act of listening, whereas active participation may entail musical improvisation and sound expression in the form of sound-gestural production. Notwithstanding the fact that active music therapy draws upon theoretical and operational models of completely distinct types, it employs methodologies that could be described as phenomenological (Forinash 1992). This feature appears to be associated with a tendency to facilitate the subject's maximum freedom of expression. In contrast to a reliance on pre-established norms as a primary source of guidance, the process of therapy and the interpretation of therapeutic outcomes are grounded in the patient's self-expression. Indeed, this practice enables subjects of therapy to engage in a genuine exploration of how they can approach their body and the context. This, in turn, allows them to propose the categories that the specialist can use to develop the therapy path.

This phenomenon has been observed in the treatment of deaf and hard-of-hearing children through music therapy. By engaging the skin and body in addition to the auditory system, these children can learn to speak and perceive sounds in ways that do not rely solely on auditory residues (Bang 2009; Gfeller

& Baumann 1988; Palmer & Ojala 2022).[12] This inclination encompasses all music therapy techniques that seek to shape sounds and music following the subject's stimuli and intentionality (Lockett 2023). As it is not possible to anticipate the stimuli that will be proposed by the subject, it is not feasible to rely exclusively on pre-established operational models. Consequently, music therapy enables subjects to identify and develop their own norms.

It is important to elucidate that the greatest potential of music therapy lies in the practice of musical improvisation, in its deviation from stylistic conventions, and in its foundation in the spontaneous expression of the therapy subject. Indeed, musical improvisation constitutes a fundamental aspect of music therapy because it is based on three distinctive features. Firstly, it is employed as a tool to structure the physical-musical relationship between the specialist and the subject. Secondly, it takes shape from the categories presented by the subject, through the reading of their spontaneous gestures, rather than from mere adaptation to external rules. Thirdly, it facilitates the establishment of a shared path of change through the introduction of variations on the sound-gestural themes expressed by the subject.[13] Sound-gestural expression may manifest in several different forms, including the use of musical instruments, the production of sound, and the movement of the body. In therapeutic sessions, participants may employ their physical bodies as musical instruments, use actual musical instruments, or simply move within the room. Therefore, the therapist identifies and translates the stimuli presented by the subject into musically structured sounds, thereby shaping the therapeutic pathway that is intended to facilitate the subject's progress in alignment with the pre-established therapeutic aims. As an

[12] The reference in this specific examination is the opposition between normality and abnormality in hearing as it results from the medical-individual norm (Corker 1998) and the learning approaches of deaf or hard-of-hearing children that focus on residual hearing training (Bamford & Saunders 1992). Instead, methods that involve the skin and the body in addition to the auditory system exemplify an examination of language not only in terms of spoken discourse, but in its totality and complexity (Bauman & Murray 2014; Straus 2018). From a theoretical perspective, the notion of "musical normate" (Carlson 2024, 97) is pervasive in Disability Studies, particularly those centred on art and music. This concept has been employed to highlight the aspects of normal hearing and normal approach to music that are prominent in the philosophy of music (Howe 2015).

[13] In the context of active music therapy, the concept of "syntonization" (*sintonizzazione*, Schön 2018) is of particular significance. Gerardo Manarolo (2020) describes it as a synchronous interaction beat through a common time, whit the aim of establishing joint changing schemes, which the therapy beneficiaries shape in a way that is most suitable for them. As a result, it can serve distinct functions, depending on the manner in which the beneficiaries configure it.

open practice, musical improvisation facilitates the process of transposition, enabling the gestural sense of the interlocutor to be interpreted without being defined through closed filters. This is achieved through the use of open-ended forms of expression, which allow for the free flow of gestural communication without the constraints of predetermined structures or formulas (Høffding, Snekkestad & Stige 2023). From the perspective of a music therapist, Gerardo Manarolo (2020, 234) elucidates the following.

> We listen to our patients' bodies to perceive in their being in the world the traces of a meaning not yet manifest, but latent, potential. [...] We turn to the body to place it in a communicative and relational framework [to] integrate manifestations that would otherwise be denied in their expressive values. [It] is, therefore, a matter of [exploring] what is unusual and specific in the people with whom we converse and to grasp that range of *sui generis* physical signs with which they [express themselves] and which go to make up [their] expressive style.[14]

Before proceeding to examine musical improvisation, it is important to clarify the process by which a subject's expression may be transformed into musical form. The premise for the comprehension and subsequent transposition of the subject's stimuli into musical improvisation hinges on the assumption that expression inherently embodies meaningful qualities. Expression shows how "[sense] comes to be understood as the movement out of which subjects (and the 'world') are constituted" (DeRoo 2022, 69). As Merleau-Ponty (1963, 157) asserts, "[t]he gestures and the attitudes of the phenomenal body must have therefore a proper structure, an immanent signification; from the beginning the phenomenal body must be a center of actions which radiate over a "milieu".[15]

Indeed, music therapy enables therapy beneficiaries to establish the categories that structure the therapeutic session without the need to refer to the categories of the so-called *normalised* subject. The aforementioned case offers an illustrative example of this phenomenon. The training of residual auditory abilities, or the use of hearing prostheses, facilitates the alignment of hard-of-

[14] The translation is mine.

[15] This interpretation of the notion of *expression* is associated with the concept of *Gestalt*, which allows Merleau-Ponty to describe experience in terms of something that produces meanings without being separate from what it expresses and from which it originates (Foultier 2015). As Merleau-Ponty (1963, 206) writes, "[w]hat is profound in the notion of 'Gestalt' [...] is not the idea of signification but that of structure".

hearing children with those of a person with intact hearing. This goal is accomplished through the intensification of sound perception, as well as the implementation of strategies for the effective use of hearing aids. By contrast, music therapy modalities that do not prioritize this aim may instead facilitate a comprehensive auditory experience, encompassing the entire body. The practice of training the body to perceive sounds through vibrations establishes a novel norm, thereby facilitating a new form of normality. Moreover, this approach enables the subject to identify their normality through the expression and training of their normativity.

The potential of music therapy to enable the subject to express their distinctive style is based on the premise that musical improvisation is, in fact, an artistic endeavour. Indeed, the central feature of artistic production is "formativity" (*formatività*), in other words, the inseparable union of production and invention. In fact, as Luigi Pareyson (1991) explains, this definition emphasises the dynamic unity between the process and the product of the process in human industriousness in general. From this perspective, art is a form of human action that can be distinguished from other forms by its intentionality and distinctive features. Art is not indeed constrained by external aims and instead creates new ways of doing. In this sense, art is both a product and a process, simultaneously expressing itself normatively (Chiurazzi 2018).

Alessandro Bertinetto's aesthetic of musical improvisation is based on this normativity. As he writes (2013, 77), "improvisation [...] applies norms that still do not exist – but that are generated in the praxis, in a metaphorical way – for making sense of the concrete and unrepeatable situation of its realisation. It generates normativity out of single cases". Indeed, improvisational practice explicitly illustrates the self-referential and reflexive relationship between the process of production and its product. In this context, the elements of the process, as products, delineate the frame and the context within which they gain meaning, thereby becoming norms in themselves. The norms established in improvisation unfold moment by moment and also in a structural sense, encompassing alterations and violations of previous norms. Indeed, every actual event that occurs in the process of musical improvisation "is an emergent accomplishment that reflexively and recursively feeds back the imaginative projection of the course of the performance, that is, the live (self-) construction of normativity" (Bertinetto

2013, 84).[16] As Bertinetto observes, improvisational practice evinces a retroactive and self-reflexive feature that entails a continuous transformation of the context. The introduction of each new element provides a form of feedback, which in turn influences the interpretation of the music played. This process then becomes the normative framework for the subsequent elements. Even instances of error and the unexpected, if accepted, can be transformed into a resource. Such occurrences can become opportunities for reflection and adaptation, rather than being perceived as impediments to the process (Gilboa & Hakvoort 2022). In summary, the concept of normativity in improvisation can be conceptualised as an ongoing process of self-transformation, originating from the specific context in which it is applied. This process is shaped by the forms it regulates and relies upon their reproduction and confirmation within the performance, which occurs through the actions and improvisations of the musicians involved. The manifestation of formative constraints takes place during the emergence of the unexpected, which results in the suspension and redefinition of those same constraints. In this sense, in musical improvisation, normativity *emerges*.

This section has examined music therapy as an empirical example of normativity in action. As previously outlined, this approach relies on the subject's ability to express themselves, which in turn establishes the framework for subsequent therapeutic paths. As a means of articulating its own norms, musical improvisation plays a leading role in facilitating the subject's expression. Those who engage in this music therapy approach are enabled to articulate and train their own normativity, thereby being facilitated to identify their own methods for creating normality within a context that allows their embodiment to emerge as "actively performative" (Wehrle 2020, 38). Following the conceptualisation of individuation proposed by Merleau-Ponty, the process of self-expression in the setting of music therapy emerges through a dynamic interplay between contingency, gratuity, and improvisation (Amoroso & De Fazio 2020); it takes shape from the experience of the subject and returns to it. From this perspective, an examination of the music therapy approach provides valuable insights into the categorization of disability. Starting from an empirical expression, musical improvisation in music therapy facilitates an understanding of disability that may

[16] It is evident that the relationship between the emergence of new norms and the cultural framework may be considered (Bertinetto & Grüneberg 2023; Canonne & Aucouturier 2016). However, Bertinetto (2013, 83) asserts that, "even when they share a common cultural, artistic, and stylistic background, performers cannot know at a given moment (at least in any detail) what will happen some moments later".

not necessarily conform to pre-established normality. An approach to Disability Studies of this nature does not focus on specific attributes that constitute the concept of normality. Instead, it emphasises the structural dynamics between the subject, their own bodies, and their surrounding contexts. Consequently, it emphasises the normative aspects inherent to these relationships.

5. From content to structure through normativity: questions and thoughts

The initial premise of this proposal was to consider definitions of disability that do not entail an a priori comparison with what is not a disability. The central aim was to present an alternative perspective that would circumvent an approach based on the introduction of additional labels (Kafer 2013; Straniero 2020). Phenomenology represents a crucial approach to shift from a content-based conceptualisation of disability to an examination of the lived experience of disability. This shift in focus has the potential to facilitate analysis in line with the aims of Disability Studies, which have been characterised by an emphasis on the de-normalisation of disability.

Indeed, while phenomenological methods are undoubtedly suitable for deconstruction, they raise some unresolved issues in the study and description of disability (Abrams 2020; Lajoie & Douglas 2020; Lajoie 2023; Martiny 2015; Slatman 2022; Wieseler 2018). However, the phenomenological approach, namely, the work of Merleau-Ponty, has been the starting point in directing this study towards the structure of the relationship between the subject and the world. My intention is not to propose an alternative content, but rather to highlight the necessity of beginning from a relational perspective. The concept of *pathic normativity*, developed by Canguilhem based on Merleau-Ponty (Peña-Guzmán 2013), was pivotal in achieving this aim. By eliminating all references to the suffering associated with illness, this study examination was able to relate it to disability through a thought that was as free from value judgments as possible. The concept of normativity provided a framework for pursuing a path of emancipation from deviance-based categories. The case study of active music therapy, in particular the subject's use of musical improvisation as a means of self-expression, offered insights into the emergence of an operative normativity within this context. This examination was made possible through the theoretical support of the concept of the normativity of musical improvisation (Bertinetto 2016; 2024). This analogy explored the relationship between the subject's expression in music therapy and how musical improvisation emerges.

Sound-musical improvisation allows the subject in music therapy to avoid the necessity of conforming to established norms, thereby facilitating the exploration of alternative forms of normality.

It is important to acknowledge that the findings of this research paper leave some questions unanswered, which require further investigation. One of the initial difficulties encountered is the engagement of distinct types of analytical pathways. The concept of *pathic normativity* provided a model for representing a normative structure that generates norms in the process of its manifestation, as intrinsic to the subject's perception and expression. It offered a potential framework for elucidating the relationship between phenomenological and epistemological perspectives. This is because, following Peña-Guzmán (2013), Canguilhem's approach has an intrinsic phenomenological aim, whereby the subjective context is imbued with normativity. The notion of pathic normativity provides a model for representing a normative structure that generates norms in the process of its manifestation, as intrinsic to the subject's perception and expression. Even if we were to excise the references to pathos from this concept, the interweaving of the two analytic pathways (epistemological and phenomenological) would still be embodied in the notion of normativity.

The concept of *normativity of musical improvisation* was developed from an aesthetic standpoint. As Bertinetto (2013, 90) declares, "[i]mprovised artistic performances [...] exemplarily show this generation of aesthetic normativity in the course of performance". In addition to its evident connection to an epistemological domain, this definition manifests empirically in the context of active music therapy. Indeed, in music therapy, the phenomenological perspective is inextricably linked with an aesthetic aspect. This is because subjective experience is shaped through artistic action, and the artistic product simultaneously becomes a subjective experience for each of the people involved (Manarolo 2020). As has been evidenced, musical improvisation occupies a pivotal position in this intertwining, providing a theoretical framework that facilitates analysis at a level closer to epistemology. The employment of improvisation in music therapy exemplifies a potential methodology for articulating the therapy in a manner that is shaped by the subject's own norms. Indeed, musical improvisation empowers the subject to give shape to rules that regulate the music therapy encounter, while at the same time expressing them. This approach is made possible by the foundation of music therapy in the interpretation of the spontaneous gestures of the interlocutor, as well as the development of a relationship between

participants in the sessions. Furthermore, the approach is grounded in the therapist's guidance in facilitating behavioural and experiential change in alignment with the subject's chosen trajectory. Indeed, music therapy enables individuals to express their own normativity by engaging with their own normative categories.

The transition from a theoretical to a practical perspective, and vice versa, represents a further source of difficulty for this study. The aim of this proposal is not to guide the practice of music therapy, nor is it to establish a definition of disability that emerges from music therapy practice or its theoretical frameworks. This paper intends to commence with praxis in order to gather pertinent indications for theoretical thoughts, which could then serve as a point of departure for the elaboration of concrete goals to modify how knowledge about disability is constructed. My goal is to suggest a willingness to modify existing practices while simultaneously offering a potential avenue for an epistemological approach that is shaped by tools of distinct natures. It is precisely at this point that the final issue arises, namely, the relationship between the theoretical level and the inherently political dimension of Disability Studies. It is towards this end that this proposal seeks to contribute valuable resources.

A shift in focus from the conceptualisation of disability to an analysis of the structural elements that shape the relationship between subjectivity and the surrounding world can offer valuable insights. In light of the aforementioned examples, it can be proposed that normativity can represent this dynamic structure. In other words, this concept can describe the subject-context relationship as a totality imbued with an intrinsic principle of diversification that varies following its affiliation with the world. The norm is never presented as an abstract, fixed, and unchanging behavioural parameter. Consequently, it does not require specific content to govern the individual-environment relationship, as it defines its structure in a general sense. How behaviour expresses the norm establishes its content, thereby defining what is normal or not for the subject in question. In this sense, the concept of normativity in Disability Studies provides a framework to describe lived experience as a "a bent arc" (Salamon 2012, 253). Moreover, this notion might be beneficial in order to avoid reductive or paternalistic descriptions of disability, emphasising instead the belief that "respecting someone for who she is involves respecting her as the author of her own identity, whether or not we agree with the identity she affirms" (Cureton 2020, 467). The concept of normativity may offer a potential avenue for circumventing the construction of definitions of disability based on categories of normality that restrict the

subject's autonomy by imposing external interpretative constraints that are irrelevant to their mode of engagement with the world.

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