



# Community Music Therapy

Edited by  
Mercédès Pavlicevic and Gary Ansdell  
Foreword by Even Ruud





# Community Music Therapy

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*To those music therapists  
– past, present, and future –  
who dare to follow where people and music lead.*



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## Editors' Note

### **Musicking/musicing**

Several authors have used the term *musicking* with direct reference to Christopher Small's (1998) influential book of that name. Another author, David Elliott (1995) also came to a similar concept independently, using the term *musicing* (see Chapter 3 by Ansdell for a discussion of these terms). Along with other unconventional usages such as 'musicers' or 'musics' we have chosen not to italicise or put inverted commas on these terms at every appearance, unless specifically emphasised by the author.

# Foreword

## Reclaiming Music

*Even Ruud*

When music therapy was reinvented as a modern profession in the middle of last century, it became affiliated with established institutions and ideologies. Music therapy was incorporated into university programs, and research was initiated within a natural science paradigm. Music therapy was constructed as a treatment profession where the individual relation between a client and a therapist was foregrounded. Therapy was performed within medical or special educational frames, and music became a means to establish and regulate the basic therapeutic relationship. For many years, music therapy seemed less preoccupied with larger social forces or cultural contexts. Music therapists insisted upon the boundaries between their discipline and others, such as music education, community musical practices or alternative healing medicines.

Thus, music therapy was performed inside the institution, in the music therapy room. There were few links to the world outside; sometimes even other children, parents and siblings were not involved in the therapy. The biomedical model of illness did not allow therapists to consider or challenge social and material conditions, social networks or cultural contexts when therapeutic measures were taken. Also, at the time, systemic thinking was not developed within music therapy.

Gradually, music therapists have come to realize that ill-health and handicaps have to be seen within a totality, as part of social systems and embedded in material processes. People become ill not only because of physical processes, but also because they become disempowered by ignorance and lack of social understanding. Music therapists have come to see how their tool, music, may be unique in involving other persons, to empower and make visible those who, because of ill-health and handicap, have lost access to the symbols and expressive means so important in every culture. Music therapists are now on

the way to using music to bridge the gap between individuals and communities, to creating a space for common *musicking* and sharing of artistic and human values.

A whole new discourse labeled 'Community Music Therapy' is gradually evolving. In this anthology, we are offered for the first time a collection of articles that documents this new practice as it has developed in a number of countries. Some readers may look for what is new in these reports, and perhaps only see the links to conventional practice of music therapy. Others may notice how this community-oriented approach is changing not only the goals, vocabulary or language of doing music therapy, but also the actual practice. An approach to the use of music in therapy that is sensitive to cultures and contexts speaks more of acts of solidarity and social change. It tells stories of music as building identities, as a means to empower and install agency. A Community Music Therapy talks about how to humanize communities and institutions, and is concerned with health promotion and mutual caring.

This is a book that challenges traditional boundaries and definitions of music therapy. It takes seriously how culture informs our ways of perceiving therapeutic needs, and seeks to develop new perspectives, role identities and ways of doing music therapy. It is essential reading for the socially engaged music therapist.

For some of us who entered music therapy during the 70s, we had an idea of how music might become an important factor in social change. We saw music therapy as an orientation towards life, as a social movement, in addition to a treatment profession. Although we had no way to express this idea clearly, it informed our ways of doing and theorizing music therapy. Today, we are witnessing music therapists crossing the boundaries between 'therapy' and 'community music making'. We can see how music therapy takes part in reclaiming some of the original functions of music in our culture.

Music ethnography has claimed that music in some form or another exists in all human cultures. It also seems that music has always had a regulative role concerning the individual's place in cosmology, in healing rituals, educational settings or in building relations and networks. In contemporary society, although many of the earlier functions of music may have become less obvious, music seems to serve a whole array of functions ranging from social control to ideological maintenance within the institutions of religion, politics and art. Increasingly, music sociologists and psychologists also report the power of everyday *musicking* to energize our lives, to prepare us emotionally to cope with the technologized world (DeNora 2000; Juslin and Sloboda 2001).

Although music always served everyday needs in our culture, such needs and functions were gradually placed in the background. From the eighteenth

century onwards, we saw the installation of an aesthetic of music that insisted upon the pure and uncontaminated contemplation of the musical artwork as the paradigmatic relation to music: music was taken away from everyday life and cultivated in concert halls and conservatories. The result has been a highly elitist art form, ideologically separated from 'low culture' through an aesthetic discourse where music is constructed as autonomous and universal, complex and original.

Something was lost when music became an art-form within an aesthetic that became disentangled from everyday life and separated into its own sphere. Music became non-instrumental and not intended to serve any practical purposes in life. This process may have come to its end. Within the post-modern climate, the process of differentiation and fragmentation that characterized modernity are met with processes of integration and search for wholeness. We are witnessing how the arts are corroborating with the economic spheres; how music is being taken into marketing as well as medicine.

The post-modern climate, which challenges much music education as well as public support for the arts, has led to a more inclusive attitude towards the value of popular musical forms. The boundaries between high and low are not any longer easily justified.

At the same time, music sociologists and music psychologists are discovering how people are using music to regulate and control their emotional behaviour (DeNora 2000) and take care of their health needs through music (Ruud 2002). Music is used for identity building (Ruud 1997), relaxation, to cope with stress, to release pain or to regulate sleep patterns. People bring their own soundtracks and personal stereo into the urban landscapes to regulate their moods and attentions (Bull 2000). As this book demonstrates, music therapy is aligning with this research.

Music therapists are increasingly more often working with whole communities. They not only work with individual problems, but also focus on systemic interventions: how music can build networks, provide symbolic means for underprivileged individuals or be used to empower subordinated groups. Music has again become a social resource, a way to heal and strengthen communities as well as individuals. Music therapists may soon become health music psychologists, and start teaching people to take care of their own health needs through music. *Musicking* thus will be seen as a kind of 'immunogen behavior', that is, a health performing practice, in the same spirit as when Pythagoras practiced his music at the root of culture.

Maybe this is the time for music therapy to leave its marginal site, and to take on a more central role in society. Music therapy may come to express the same spacial politics as other groups, like new social movements, youth subcul-

tures and identifications associated with the 'New Age' who have come to articulate alternative futures for society (Hetherington 1998). Could it be that music therapy, in aligning with other practices of music making, could vitalize the healing, empowering, self-regulatory functions of music? Thus music therapy could reclaim music for everyday life as a central force in humanizing the culture.

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# Introduction

## ‘The Ripple Effect’

*Mercédès Pavlicevic and Gary Ansdell*

An ex-client calls ‘hello’ to a music therapist in the courtyard of a drop-in centre, and five minutes later they are jamming with violin and guitar outside the café. People start gathering around the musicians. Someone turns the radio off in the café and the diners have live music with their lunch.

In a remote African village a large group of women who are care workers on a support course start singing spontaneously. Children appear at the windows as the sound leaks out into the village, and other people come in to sing and dance. They don’t need a music therapist to start the music.

In a ‘Music for Health’ group for volunteer workers in the Northern Ireland ‘troubles’ other workers in the building comment on how the music sounded this week through the walls. Elsewhere, a music therapist finds herself doing spontaneous musical groups in the car park, or in a corridor. They happen when and where they happen – as music catches people’s spirit.

A music therapist in a top hat and playing a trombone leads the children of a paediatric oncology ward (along with parents, some staff and visitors) around the hospital in a musical procession – a modern-day Pied Piper.

Patients and staff in a psychiatric hospital rehearse a musical about patients in a psychiatric hospital, then get on a coach and perform it at the annual conference of the British Royal College of Psychiatrists.

A music therapist takes a group of patients to an art gallery where the exhibits can be played like instruments. They improvise there as they do back at the centre. Elsewhere, a music therapist invites in local community musicians to do workshops with his patients in jazz and in drumming.

A music therapist finds himself on the stage with Maria, who's got together a show of her 'therapy songs' about her battle with cancer. Elsewhere, a music therapist plays with his band for the rehabilitation hospital's 'Happy Hour' – where the staff serve patients drinks and the musicians provide the entertainment.

A music therapist stands in the middle of a church in Berlin and conducts a spontaneous musical event for 80 culturally diverse refugees, connecting these disparate individuals into an energetic, spontaneous musical community.

### What is going on here?

Our curiosity about these seemingly unusual practices in music therapy (which we also find ourselves part of) led us to plan and edit this book. We want to investigate this phenomenon which is becoming known as Community Music Therapy<sup>1</sup>. In recent years, music therapists have been cautiously presenting their newer practices, along with their thoughts about them. We invited a selection of these therapists to describe their work and how they think about it.

So what *is* going on? The cover image of this book gives our tentative preliminary answer: the 'ripple effect'. The vignettes you have just read lead to many thoughts, but one in particular: music naturally *radiates*, like dropping a pebble in a pond and seeing the waves of energy spread out in concentric circles. This could be a metaphor for many aspects of CoMT.

First, music's sound and energy naturally leaks out from its source. Anyone who's ever tried to soundproof a music therapy room knows they're on a fool's errand. Music is not designed for privacy or containment – it naturally reverberates, permeates, goes through boundaries and walls. And in doing so it calls to others, attracts, gathers, connects people together. It creates community. As in the examples we started with, you can often see how a musical event has a widening impact. Music therapist Stuart Wood writes: 'The power of music to connect people has an impact which can extend far into a participant's life, like ripples in a pond' (p.61).

Here the 'ripple effect' has a slightly different meaning – not just the sound moving out from its source, but also the idea that the impact of music therapy can work 'outwards' for an isolated person towards community, and it can also bring the community in, and can create community within a building. Here the concentric circles of the ripple model socio-cultural life, and also suggest a way

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1 Community Music Therapy is abbreviated to CoMT throughout.

of thinking about music therapy that includes a socio-cultural agenda for the people and communities it works with, and the places it works in.

As we edited the chapters in this book the ripple metaphor kept turning up, with different connotations, but with a central message: that music therapy always takes place *in context*; in the nested concentric circles of our socio-cultural life. No patient or music therapist is an island – our work unavoidably takes place in social, cultural and political contexts. After a period when music therapy has been modelled on the private needs of the psychological individual, music therapists seem again to be following where music also naturally leads – towards creating community and a cultural home.

'Whatever Next?', part of the title of Anna Maratos' chapter conveys some of the recent professional reactions to CoMT. The scenarios at the start of this Introduction are not very conventional, and, to some music therapists, can even seem dangerous as practices.

And yet we have also been getting different, and interesting reactions, to CoMT as we've talked about it in various places around the world in the last few years. People approach us and say 'It's like coming out of the closet! I do x, y or z practice because that's what I think my client, or my institution needs. But I've always thought *that's* not music therapy – and I certainly wouldn't present it to my colleagues! I might get struck off! But now I feel I can talk about it.' For these people the idea of CoMT has given them permission to discuss what they do and how they think about what they do – it's given a 'conceptual umbrella' for legitimating and exploring a wider variety of music therapy practices. Also for thinking theoretically in different ways – about culture, society and politics in relation to music and music therapy.

Another variant of the story people tell us is that they once worked as community musicians, or in music education, then trained as music therapists and assumed a new identity – conceiving of music therapy as a relatively narrow practice, and apparently unrelated to their past work. For them, CoMT seems to be a way of 'coming out' with a broader identity of what it is to work musically with people – integrating their past and present professional identities in new ways.

One message in this book is loud and clear: CoMT is a different thing for different people in different places. Otherwise it would be self-contradictory. You can't have something which is context and culture sensitive but which is a 'one size fits all anywhere' model. So you will not find authoritative definitions in this book – or recipes for practice, or techniques, as such. What you will find is a wide and colourful range of examples, alongside stimulating thinking, discussion and speculation – with a little added provocation and challenge.

Rather than summarise the chapters, in this Introduction we'd like to contextualise them by discussing them in terms of some of the major questions which music therapists (and other professionals) are asking about CoMT in the fairly short time it has been circulating internationally. Our answers are, of course, open to debate and dialogue.

If nothing else we all hope that CoMT will stimulate thinking about what music therapy *can* be, and what it perhaps *needs* to be in the twenty-first century. Perhaps CoMT is more a question than an answer...

## Some questions and answers on Community Music Therapy

### New name, old game?

There is of course nothing new under the sun, and a common response to CoMT is to ask whether it is just re-naming an established international practice – and, moreover, re-naming from a eurocentric and ill-informed basis. Are we, then, re-spraying an old car to sell it as new? David Aldridge said to one of us that it might be more useful to re-name narrower music therapy practices 'clinical music therapy' rather than re-branding the broader practices of most of the world's music therapists 'CoMT'. These are fair and urgent questions. Are we just reinventing the wheel?

After all, didn't most of the pioneer music therapists – Mary Priestley, Nordoff and Robbins, Juliette Alvin, Florence Tyson – work in flexible and broad ways, which included both private and public work? Alvin wrote in 1968 of the need for 'a flexible program of music therapy [which] may give the patient an incentive to continue music activities when he returns to the community' (in Stige 2003). Florence Tyson was probably the first music therapist to use the term 'Community Music Therapy' in 1971, in connection with her New York centre (though she may not have meant by it the same as we are suggesting today). Equally, the Scandinavian tradition of music therapy has taken a community-oriented, socio-cultural stance since the 1970s under the mentorship of Even Ruud. Brynjulf Stige has been calling his work 'Community Music Therapy' since 1993 (and working in this way for ten years before this). Certainly some of this work is well-documented and discussed within music therapy discourse. However, this doesn't seem to justify the view that CoMT is merely an old game. If other music therapists have indeed always been working in broader ways, and thinking in a culture-centred way, then there is very little