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Performing Identities, Performing Possibilities: A Music-Centered and Relational Perspective on Performance in Community Music Therapy and Music Education

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Music

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Abstract

All humans are born with musical capacity, yet many individuals have minimal access to active music-making and its affordances. This integrated-article dissertation explores the impact of participation in musical performance as it pertains to self-identity and relationship for participants who face barriers in accessing artistic engagement. Drawing upon music-centered theory from music therapy, this research celebrates the fundamentally performed and relational nature of musicking and the self and explores implications for music therapy and music education.

The first two articles explore the “Coffee House”, a community music therapy event at an adolescent mental health facility, through the voices of youth and staff performers. In the first article, a case study, I suggest that the Coffee House’s participatory ethos affords an inclusive and supportive atmosphere in which performers experience accomplishment and self-efficacy. As all members of this community are welcomed to perform, a levelling of hierarchical relationship dynamics occurs. In the following article, I examine the impact of performing at this event upon participants’ identities and relationships. I argue that expansions in youths’ identities were connected to staff members’ expanded perspectives on these youths; these expanded perspectives in turn afforded new relational possibilities. The narrative research presented in the third article explores the impact of performing at an inclusive creative-arts day camp. Participating campers and their families described performance as allowing children with disabilities to experience themselves as artistically capable and contributing to their communities. Transformations in children’s self-perceptions were interwoven with audience members’ transformed perceptions of them.

These participants identify many affordances of music-making while affirming the value

of musicking itself. That this music-centered perspective can serve as an impetus for transdisciplinary dialogue between music therapists and music educators, while providing a unifying vision for the role of music in therapy and education, is the final article's focus. These articles illuminate that musical performance's impact upon individuals and their communities, in community music therapy and beyond, cannot be achieved in any other way. More broadly, this research exemplifies the vast potential for transdisciplinary work between all practitioners whose work celebrates music-making and human relationship.

Keywords: performance, community music therapy, music education, music-centered, participatory, identity, relational, narrative inquiry, disability, mental health

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Chapter One: Introduction

Introduction to the Researcher

I discovered music as a therapeutic tool as a teenager. I poured my big emotions into Chopin preludes and Beethoven sonatas, inspired by my piano teacher's guidance in crafting melodic lines and instruction to tell a story through each piece that I played. I played songs like "Daisy, Daisy" and "Tea for Two" for my grandmother who, as she was dying of Alzheimer's Disease, no longer spoke but still sang. Something communicative and connective was happening within the music that was not available outside of it. I did not yet know of the field of music therapy's existence, but I knew much of music's ability to help.

For years I had imagined becoming a high school music teacher, and so in 2001 I embarked upon undergraduate music studies, majoring in music education. My undergraduate studio piano teacher tried to persuade me to major in performance by telling me that a career in music education would be akin to "throwing myself to wolves" (I can only presume he was referring to my future students), and though I did love to perform, I felt drawn to a career that involved more human-interaction and in which I could satiate my well-intended desire to "help" others. I still poured big emotions into Chopin, and, now led the weekly "Sing Along with Liz" at a nearby long-term care facility. There, I met many individuals who, like my grandmother, engaged in music even when little else appeared to prompt engagement. I began to research the field of music therapy more formally. At the same time, I began private voice study with an instructor who saw that reaching my potential vocally would demand that I step outside of multitude of pre-conceived ideas about myself. She and I both recognized that my musical growth implicated growth on a personal level, and vice versa, and so I dove into a process that both challenged and transformed me, as a singer, and as a human being.

My interest in the connections—or *continuum*—between music education and music therapy was sparked in 2005, the year I began graduate studies in music therapy. Though I had imagined myself becoming a music teacher far longer than I had known the profession of music therapy existed, there I was, settling into my new identity as “music therapy student.” As I eagerly learned theoretical concepts and practiced musical techniques related to music therapy, I found myself regularly pondering whether this content might hold relevance within music education, and vice versa, whether music education might hold any relevance for music therapy.

Undoubtedly, these musings were related to my prior lived-experiences as a music student and musician. The music created, and relationships fostered, through the private lessons, small and large ensembles, and solo and group performances I had participated in had often validated or lifted my mood, provided a medium for communication, connected me with others, and taught me about myself. This is not to say that *all* of my experiences in music-making and music education had been this way, but there were countless instances in which I had experienced musical and personal benefits, while participating and after as well, benefits that appeared not so different from those I had come to think of as characterizing a successful therapeutic process. Though my music therapy training largely was emphasizing the fields’ distinctions, I began to actively ponder their common elements. What facets of music-making and human relationship might defy and transcend our societally-specific disciplinary boundaries?

Early research: Forays into music-centeredness.

As my graduate music therapy studies neared completion, I continued to be drawn to the idea of personal growth within music education, and the ways that such experiences might be linked to experiences of music therapy. Thus, in my master’s culminating Major Research Paper (Mitchell, 2007; 2016b) I explored students’ experiences of personal growth within private studio

music lessons, as well as university educators' philosophies regarding the role of student personal growth within music lessons. Based in the narratives of this study's six participants, I presented a model of therapeutic music education in which there is "a link between personal and musical growth contingent upon the teacher's holistic awareness" (Mitchell, 2016b, p. 32). This study portrayed the potentials for interaction and influence among the elements of student, teacher, and music. Participants' descriptions of the ways in which student personal growth within music lessons can "be attributed to the student teacher relationship and the music itself" (p. 33) held striking parallels to music therapy, which recognizes the "various facets of music experience and the relationships formed through them as the impetus for change" (Bruscia, 2014, p. 138).

In the research described above I suggested that music-centered music therapy (Aigen, 2014) might hold relevance to music education, might be spacious enough to provide a place of meeting for two fields that were perhaps not as disparate as many claimed them to be. My interest in music-centered approaches to music therapy was no doubt sparked by the impassioned in-class admonishments of Dr. Colin Andrew Lee, that we must understand our musical choices in improvisations the way a surgeon understands human anatomy before making an incision. Though my introduction to music-centered theory was in regard to clinical improvisation, in my master's research I continually returned to Aigen's (2005) broader assertion that "musical experience and expression are inherently beneficial human activities that are legitimate ways to address the reasons for which people come to therapy" (p. 56). If this was true—that such potential did indeed lie within musical experiences—then it appeared to follow naturally that within "music education lies at least potential for therapeutic growth" (Mitchell, 2016b, p. 36).

As I considered the so-called "benefits" of musical engagement, I also recalled that, as an undergraduate student, my classmates and I had been unremittingly reminded by Dr. Paul

Woodford of the historical use of music as a form of torture whenever any of us edged towards statements regarding the universal *benefits* of music or that that music is *inherently* anything. Certainly, my studies at the doctoral level have affirmed that music is active and ecological, always connected to its context, culture, and the people involved in its creation (Ansdell & DeNora, 2016; DeNora, 2000; Goehr, 2009; Small, 1998; Stige, Ansdell, Elefant, Pavlicevic, 2010). Thus, I disagree with Aigen's (2005) assertion that "musical experience and expression are *inherently beneficial* human activities" (p. 56, italics mine), and propose, rather, that musical experience and expression are *potentially* beneficial human activities, and, certainly, *inherently human* activities. My use of the term "affordances" throughout this dissertation affirms my recognition that "music's meanings are constituted in and through use" (DeNora, 2000, p. 44), rather than inherent.

That music-making is *inherently human*, as I will elucidate further in Chapter Two, and also *potentially beneficial*, are compelling rationales for engaging in music-making. If musical activity indeed holds potential benefits, connected to the fact that it is an inherently human activity, it would follow that its affordances are of course not limited to therapy settings. It is from this foundation that I recognize vast, untapped potential for conversation between all music practitioners who are invested in the role of music in human lives and view that the fields of music education and music therapy lie on a *continuum*, rather than existing as entirely separate disciplines.

Early clinical work and performance.

As I began to practice as a music therapist and work in the community, it became natural for my work to encompass community music and community music therapy, additional points on the continuum that holds music therapy and music education. I held the position of music

therapist at an adolescent mental health facility from 2007 to 2012, where my practice largely involved individual and small group music therapy sessions based in a psychotherapeutic model of practice. Chapters Three and Four within this dissertation pertain to the “Coffee House”, a performance event that I organized bi-annually at this facility during this time. This event, framed as an example of community music therapy (to be explored further in Chapter Two), provided the opportunity for staff members and adolescent clients to perform with and for one another, and for this facility’s entire community to come together in a way markedly different—that is, *musically*—than on a typical workday.

Concurrently, I became involved with “Arts Express,” a program run through the Faculty of Music at Wilfrid Laurier University that encompasses both a course for university students and an inclusive creative arts camp for children in the community. University students prepare and then provide leadership for this day camp, which provides children with disabilities, along with their siblings and friends, the opportunity to participate in music, dance, drama, and visual art. Camp culminates with a performance in the university’s recital hall. I was this program’s course music instructor, and academic and camp coordinator, from 2008 to 2017. In these roles, I had the honour of teaching university students and preparing them to take leadership at the forthcoming camp, and then also supervising and supporting university students and campers during the week of Arts Express. As an example of community music—and community arts more broadly—Arts Express sparked my interest in the benefits of artistic engagement and performance in a setting that is neither music education nor music therapy and for participants who often would not otherwise have access to the performance stage (Mitchell, 2016a). Chapter Five of this dissertation pertains to this program.

Facilitating performance-based musical opportunities within a not-for-profit adolescent mental health treatment centre as well as a community-based setting with children with disabilities piqued my interest in the affordances of participation in musical performance, prompting me to ask the question: what could be accomplished or achieved within musical performance that was unique to this particular musical medium? My involvement in these settings also raised my awareness of the many barriers, physical, socio-economic, and attitudinal for example, that restrict individuals' and communities' abilities to access active and meaningful musical involvement, including performance. This awareness gradually and subtly shifted my perspective on my own role as music therapist, as I focused less upon specific clinical techniques and more upon "making music possible" (Stige, 2010, p. 16).

The research in the chapters that follow examines the affordances of performance for individuals—adolescents with mental health issues and children with disabilities—who may not have accessed successful and inclusive performance experiences otherwise, and also for their communities. The focus on performance within this research provides a natural spaciousness for the community musician and the music educator to engage in dialogue with this music therapist, given that performances are musical activities that often occur in each of these disciplines' unique contexts. The specifics of this research, which has grown out of my interests and experiences as described here, is explicated further in following section.

Introduction to the Research

In all aspects of this research I am motivated by the reality that many individuals in Western society have little opportunity to participate in meaningful and active music-making and/or are excluded from a musician-identity (Lamont, 2002), but yet that all humans are born with the capacity to develop musically (Blacking, 1992; Hargreaves, Macdonald & Miell, 2012;

Lamont, 2002; Small, 1998; Stige et al., 2010; Turino, 2008; Welch, 2017). Each portion of the research presented here is grounded first and foremost in this fervent belief in our inherent musicality as human-beings, and that having access to active musical participation is a human right (Matarasso, 2019; United Nations, 1989).

This research holds disciplinary significance in that it “attend[s] to unheard voices” (Stige & Aarø, 2012, p. 5), thus filling a gap within the literature. For example, there is minimal research, across disciplines, that examines the first-hand experiences of individuals with developmental disabilities (Booth & Booth, 1996; Nind, 2008). Booth and Booth (1996) note that “informants with learning difficulties have been regarded mainly as sources of data for researchers’ narratives rather than people with their own stories to tell” (p. 56). As well, certainly, the voices of mental health service users, particularly adolescents, are also frequently absent from research and from music therapy literature (McFerran, 2012; Solli & Rolvsjord, 2015). This project allows these voices to be heard.

Research purpose and questions.

I conducted research with participants within the settings mentioned briefly above: the Coffee House event at the adolescent mental health treatment centre and the Arts Express creative-arts camp. These contexts will be described in far greater detail within the chapters that pertain specifically to them. The children who attend Arts Express, and the adolescents who attend school and, in many cases reside, at the mental health facility, often face various barriers in accessing musical participation, including performance opportunities. The purpose of this research, within both of these settings, was to examine the significance of performance upon the performers and, more broadly, the communities in which the performances took place. In particular, these studies sought to investigate the ways in which individuals’ musical and

performative participation impacted the development of their musical and personal identities along with their relationships with those who witnessed their performances. I also sought to investigate the impact of these performances upon the people witnessing them: the staff members at the mental health facility, who, vitally, also performed at the Coffee House event, and the parents/guardians of the children who attended the Arts Express camp.

Community music therapy and community music, with the Coffee House and the Arts Express camp serving as examples here, often represent challenges to the status quo, as they seek to bring music-making outside of the walls of the established classroom or therapy room (Ansdell, 2002; Veblen, 2008). As they celebrate inclusivity and access, so too do they challenge strict disciplinary boundaries. In connection to my investigation of these performance contexts then, I sought also to invite and explore “genuine dialogue” (Buber, 1947/2002, p. 22) between practitioners of music therapy, community music, and music education. As such, in addition to the chapters pertaining to the research at the Coffee House and the Arts Express camp, Chapter Six explores, theoretically, the relevance of concepts from music-centered music therapy (Aigen, 2014) for music education. In this paper, Dr. Cathy Benedict and I consider the purpose of musical engagement within both education and therapy, along with the inherent issues in basing our disciplines on the achievement of instrumental goals. Ultimately, we return to the potential value of music within our lives and societies, and in particular, music’s social and relational inevitabilities.

Research supports the notion that “musical identities mediate musical development” (Hargreaves et al., 2012, “Musical Identities”, para. 4), that is, the way in which individuals view themselves, musically speaking, increases the extent to which they participate in and practice music, and thus, develop musically (Demorest, Kelley & Pfordresher, 2017). This research

explored the ways in which active participation in musical performance contributes to shifts in musical identity, and, how it may mediate personal development as well. The following research questions were investigated:

1. How does participating in a musical performance influence identity?
 - a. How does participation impact musical identity?
 - b. How does participation impact personal identity?
 - c. How does the way we view ourselves musically interact with and inform our broader self-concept (i.e. how does musical-identity relate to self-identity)?
2. How does participating in a musical performance impact the relationships among all those present?
3. How is music-centered theory—from the field of music therapy—relevant to music educators and community musicians?
4. What elements of the Coffee House afforded its success within its context?

The final research question emerged during the data collection and analysis process. This question had long been a query of mine based on the event's popularity at the facility and the substantive level of participation it typically garnered. As I bore witness to the narratives of participants, it was evident that they too wished to speak about this topic. Though its answer is indelibly connected to the questions surrounding the benefits of performing, it is a broader topic that warranted its own inquiry.

I transition now to discussing this research's design and methodology. This section is, for the most part, a broad perspective upon these items, as each individual article contains further description of methodological considerations specific to its portion of the research.

Design and Methodology

This section outlines general principles of qualitative research along with, more specifically, those of narrative inquiry and case study research. The research design used in the various portions of this dissertation will be discussed, and my rationale for the use of an integrated-article framework will be presented.

Principles of qualitative research.

“Qualitative research is a situated activity that locates the observer in the world. Qualitative research consists of a set of interpretive, material practices that make the world visible. These practices transform the world” (Denzin & Lincoln, 2011, p. 3). This description of qualitative practice speaks to several of its foundational components, including the interpretive nature of inquiry and the notion that the very undertaking of research will inevitably effect change on what/whomever is being researched. Qualitative researchers acknowledge their role as an active instrument in the research process (Clandinin & Connelly, 2000; Cohen, Manion & Morrison, 2011; Denzin & Lincoln, 2011) and “the interpreted nature of all empirical material” (Alvesson & Sköldbberg, 2009, p. 284).

Recognizing that research methods are “ways of understanding the world” (Cohen et al., 2011, p. 4), it is essential that methodological procedures align with the researcher’s interpretive framework. In Holzman’s (1999) critique of traditional models of research in psychology, she notes that the discipline “dismissed that which is most fascinating and interesting about being human—our subjectivity (historicalness, socialness, consciousness and self-reflexivity)—in order to apply research methods constructed to investigate objects that do not have these qualities” (p. 58). Not only are humans an ecological phenomenon, but music is too; I thus share this concern that research conducted from a positivist standpoint cannot fully capture they

dynamic nature of humans or our music-making (Ansdell & DeNora, 2016). The epistemology from which I conduct research is constructivist, recognizing that “we understand our-selves and our world by way of interpretative processes that are subjective and culturally rooted” (Spector-Mersel, 2010, p. 212). From this perspective “subjective evidence is assembled based on individual views” and “knowledge is known...through the subjective experiences of people” (Creswell, 2013, p. 20). My ontology is relativist, emphasizing that there is no single external reality and that each individual’s lived reality must be studied holistically (Creswell, 2013; Wheeler & Kenny, 2005). My interpretive framework aligns with the methodological choice of narrative inquiry along with my use of a narrative and relational framework with which to explore the topic of identity.

Narrative inquiry.

Narrative and storytelling are ancient human art-forms, which have long been used to create meaning and “trouble certainty” (Barrett & Stauffer, 2012, p. 1). As will be explored in greater detail in Chapter Two, narrative plays a crucial role in helping us to structure and understand our lived-experiences, create meaning, and construct our self-identities (Barrett & Stauffer, 2012; Bruner, 1986; Chase, 2011; Clandinin & Connelly, 2000; Giddens, 1991; McAdams, 1997; Pinnegar & Daynes, 2007). Given that narrative plays a significant role in our construction of meaning, it is fitting that narrative inquiry would be a tool within a study of identity. Narrative inquiry is also resonant with a constructivist paradigm, affirming the existence of multiple lived realities (Bowman, 2006). Bowman asserts that narrative “has considerable promise as a way of recovering the complexity, multiplicity, and polyphony of musical meanings, and music’s deep implication in the construction and maintenance of identities” (p. 14). Creswell (2013) too notes that “narrative stories tell of individual *experiences*, and they may

shed light on the *identities* of individuals and how they see themselves” (p. 71, italics original). Narrative inquiry, identity, and music are naturally complementary; here, epistemology, methodology, and topic are aligned.

Narrative inquiry may investigate an individual’s life history, or it may instead explore a “personal experience story” (Cresswell, 2013, p. 73). The latter, “a narrative study of an individual’s personal experience found in single or multiple episodes” (p. 73), is the focus here. In this approach, the researcher plays an active role in “restorying” participant narratives, that is, “reorganizing the stories into some general type of framework” (p. 74). The resulting analysis may be “a description of both the story and themes that emerge from it” (p. 75). Narrative inquiry affirms that lived-experience is relational, contextual, and dynamic (Barrett, 2010; Bowman, 2006; Bruner, 1986; Clandinin & Connelly, 2000; Lyons & LaBoskey, 2002; Pinnegar & Dayes, 2007; Spector-Mersel, 2010).

Narrative research can “question restrictive narratives and...promote more emancipatory ones” (Murray, 2003, p. 109) while making “audible the voices and stories of people marginalized or silenced in more conventional modes of inquiry” (Bowman, 2006, p. 14). In this research, the voices of adolescents with mental health issues and children with physical and developmental disabilities are heard. I view my role as one of forging connections between participants’ stories and broader theoretical structures, balancing focus between each individual’s experiences and broader discourse surrounding the accessibility and benefits of music-making.

Narrative research is flexible; narrative can exist as the object of inquiry, the form of data presentation, and also the methodology as a whole (Barrett, 2010; Clandinin 2006; Creswell, 2013; Kenny 2005). Though typically a form of inquiry based in language, narrative does not necessarily preclude recognition of embodied experience; Bresler (2006), for example, writes

that “the embodied process of the narrative event” is “part of its overall message” (p. 21).

Certainly, the embodied nature of musical experience is undeniable, as the “boundary between sound and self” is “porous” (Bowman, 2004, p. 34). Because this research examines individuals’ experiences of active music-making, and also because many children who participated in the Arts Express camp use language in non-conventional ways, attunement to the embodied aspects of narrative is vital.

Case study research.

Case study research is portrayed in the literature as both a methodology and also a strategy of inquiry (Creswell, 2013). Like Creswell, I view it as a methodology, “a type of design in qualitative research that may be an object of study, as well as a product of the inquiry (p. 97). Yin (2014) recommends that case study methodology be used when “the main research questions are ‘how’ or ‘why’ questions”, “a researcher has little or no control over behavioural events” and “the focus of study is a contemporary...phenomenon” (p. 2). This research approach hinges upon the decision as to what to study, the *case*, which Stake (1995) describes as a “bounded” and “integrated system” that is specific, complex, and functioning (p. 2). Verschuren (2003) provides the following definition: “A case study is a research strategy that can be qualified as holistic in nature, following an iterative-parallel way of proceeding, looking at only a few strategically selected cases, observed in their natural context in an open-ended way” (p.138). The facets of his definition are generally agreed upon as integral to this approach to research.

Case study research allows the researcher to examine phenomena from a holistic perspective (Cohen et al., 2011; Stake, 1995; Yin, 2014). Verschuren (2003) distinguishes between holistic versus reductionistic work and believes that holism should apply not only to the research object but also to the methods. He uses the term “iterative-parallel” to describe an

approach to research in which there is “a continuous moving back and forth between the diverse stages of the research project” (p. 132). Case study design is flexible, non-linear, and often emergent (Brantlinger, Jimenez, Klingner, Pugach & Richardson, 2005; Ghesquière, Maes & Vandenberghe, 2004; Timmons & Cairns, 2010). Stake (1995) believes that “the best research questions evolve during the study” (p. 33) and describes a balancing act: too much emphasis on the original research questions may distract the researcher from seeing new issues, whereas too little emphasis “can leave researchers unprepared for subtle evidence supporting the most important relationships” (Stake, 2006, p. 13). All authors agree that new and vital themes may emerge should the researcher remain flexible. In the research presented in Chapter Three of this dissertation, the central research question, and the theoretical framework used, both emerged and evolved during the course of the research.

Another important feature of case study methodology is its strategic selection of cases. Stake (1995) differentiates between *intrinsic* case studies, in which the case is pre-selected in order to learn about that particular case, and *instrumental* case studies, which seek understanding of a broader issue. Intertwined with the holistic nature of case study research is recognition of the case as an “integrated system” (Stake, 2006, p. 3). Verschuren (2003) laments researchers’ tendency to view a phenomenon as “detached from its physical, social and political context” (p. 128), and asserts that case studies are appropriate “for studying phenomena that are highly complex... and/or embedded in their cultural context” (p. 137), true of the research proposed here. Case study research is well-suited to explore outlier cases, which are often disregarded within statistical research (Timmons & Cairns, 2010). Case study research shares its deeply contextual nature with narrative inquiry.

Cohen et al. (2011) describe case study research as methodologically eclectic, and

certainly the literature provides evidence that researchers use a wide range of methods for collecting and analyzing data, ensuring that “the questions, method, design, and setting [are] brought together to serve one another” (Snyder, 2012, p. 1). As qualitative case study researchers seek to understand ordinary happenings, data collection methods should be as close to “real life” as possible (Stake, 1995). Certainly, the research pertaining to the Coffee House performance event sought vivid description, an understanding of individuals’ experiences, and answers to “how” questions (Yin, 2014). As noted previously, case study research rests upon holistic examination of phenomena, highly suitable to fields characterized by the dynamic and fluid elements of music-making and human relationship. As within narrative inquiry, case study research too can give “voice to people who have been historically silenced or marginalized” (Brantlinger et al., 2005, p. 199).

In the next section I discuss details of the research process itself in limited detail, given that methodological information is contained within each research chapter as well.

Research process.

All research involving participants was approved by the Research Ethics Board at Western University. In addition, the portion of the research regarding the Arts Express camp was also approved by the Research Ethics Board at Wilfrid Laurier University (see Appendix A for all Research Ethics Board approvals).

Participants.

Participants were drawn from two settings: adolescent clients and staff members at an adolescent mental health facility in Southwestern Ontario who had performed at the facility’s biannual “Coffee House”, and children with disabilities who had participated in the “Arts Express” creative-arts day-camp coordinated through Wilfrid Laurier University, along with

their caregivers (see Appendix B for the Letter of Information and Consent Form from the “Arts Express” study). At the mental health facility, adolescent participants were recruited through posters, and staff members were recruited via an email from a psychologist at the facility. In order to recruit children who had attended the Arts Express camp along with their family members, parents and guardians of current and former campers were contacted via email by an administrative staff member at the university. Purposive sampling (Lincoln & Guba, 1985) ensured that the selection of participants was connected to the research questions.

Data collection.

Interviews were the main research tools used to collect data and investigate its research questions. They were semi-structured and “episodic” in nature. Murray (2003) describes episodic interviews as more focused than life-course interviews, in that the interviewer introduces specific topics; “however, unlike the standard interview...the episodic interview seeks detailed narrative accounts about the participant’s experiences” (p. 103). I transcribed each interview.

Data collection through interviews is resonant with narrative inquiry’s recognition of the relational and context-sensitive nature of the research process, which views that “the interview is not simply concerned with collecting data about life: it is part of life itself, its human embeddedness is inescapable” (Cohen et al., 2011, p. 409). Riessman (2008) acknowledges that even interview transcriptions are “deeply interpretive”, as conversations can be represented as though “the act of storytelling in dialogue *constitutes* the autobiographical self” or as though the “autobiographical narrative *reflects* a pre-existing self” (p. 29). My transcriptions included every single question and interjection from me, in my attempt to be utterly transparent regarding my role in the process of meaning-making within these interviews. In the chapters that follow, though I largely present the participants’ narratives as they stand-alone, there are several

instances in which I choose to include my questions or the dialogue between myself and my participants. In these instances, I am recognizing the interview as indeed a constitutive process between interviewer and interviewee.

In the portion of the research regarding the Coffee House event, all interviews were conducted at the mental health facility and audio recorded. Video recordings were not permitted, as per facility policy. These interviews were conducted individually with the exception of one youth who wished to have a familiar staff member accompany him into the interview. For the research concerning the Arts Express camp, interviews were conducted with the child together with a parent or guardian. These interviews were video recorded and took place in a variety of locations—at Wilfrid Laurier University, at a local child development centre, and at one’s family home—based on each family’s preference.

In their discussion of conducting interviews with individuals with disabilities, Booth and Booth (1996) explain the importance of preparing detailed and carefully-crafted questions. In the research surrounding the Arts Express camp, I sent families the interview questions in advance of our scheduled interview dates, so that parents could review the questions with their children and children knew what to expect from the process. Zhade, one participant in this study, prepared her answers to many of the questions ahead of time on her augmentative communication device. She also spoke spontaneously in the interview. Booth and Booth note that “it is possible for people to communicate a story in one-word answers” (p. 66); such situations call upon the researcher to take an active role in “reconstituting the transcripts as narrative” (p. 66) and to “read the spaces between the words” (p 57). Certainly, in the re-constituted narratives I created about each child in the Arts Express research, I included many details about their body language, facial expressions, and the very nature of their presence in the room.

Data analysis.

It was my intention, from the beginning of the research process, to remain flexible in adjusting the research's theoretical direction based on participants' stories (Clandinin & Connelly, 2000). Later in this section I will describe how my research embodied such flexibility, as my theoretical lens shifted and evolved as I delved deeper into the process of data analysis.

Narrative analysis differs from other forms of qualitative analysis in that "extended accounts...are preserved and treated analytically as units, rather than fragmented into thematic categories" (Riessman, 2008, p. 12). Riessman articulates that it is possible to combine traditional coding analysis with narrative analysis, though she cautions that "individual agency and intention is difficult when cases are pooled to make general statements" (p. 12). My analysis of data drew upon what Riessman terms thematic and dialogic/performative techniques.

In *thematic* analysis, content is the exclusive focus. Data are interpreted through the lenses of prior or emergent theory, the data themselves, or the purpose of the investigation, with minimal focus upon *how* the narrative is spoken or written. The decision to begin with a focus on content, rather than structure, is intentional, and representative of my own subjectivist framework. I am hesitant to place interpretive value upon structural or idiomatic features within my participants' use of language. Storytelling may be universal, but the way in which narrative is constructed is not (Riessman, 2008). Recognizing the challenges surrounding verbal communication faced by many of my participants, I remained committed to an ethic of caution surrounding interpretive judgements.

Analysis techniques categorized as dialogic or performative were resonant with the research topic, as they allow for an acknowledgment of the contextual and relational features of narrative production. This style of analysis "interrogates how talk among speakers is

interactively (dialogically) produced and performed as narrative” (Riessman, 2008, p. 105). Examinations of identity are conducive to dialogic analysis, given that identities are “dynamically constituted in relationship and performed with/for audiences” (p. 137). This is particularly relevant here, given the focus upon individuals’ participation in musical performances.

Close examination of individual narratives can be combined with “category-centered models of research” (Riessman, 2008, p. 12), and in these studies, I used the software program NVivo in order to analyse data using qualitative coding (see Appendices C and D for listings of relevant codes from both research settings). Coding, when completed effectively, does not reduce, but rather summarizes, distills, and condenses data (Saldaña, 2013). I drew upon Saldaña’s concepts of First and Second Cycle coding, during which the researcher first “fracture[s] data into individually coded segments (p. 51) and then “develop[s] a sense of categorical, thematic, conceptual, and/or theoretical organization” (p. 207). Second Cycle methods and beyond pose challenges as “they require such analytic skills as classifying, prioritizing, integrating, synthesizing, abstracting, conceptualizing, and theory building” (p. 58). Saldaña’s concepts of First and Second cycle coding are similar to “open” and “axial” coding from grounded theory research (Creswell, 2013). Though it is systematic, coding remains an inevitably interpretive process.

Trustworthiness and researcher’s stance.

With regards to establishing trustworthiness in qualitative research, Lincoln & Guba (1985) propose the evaluative criteria of credibility, transferability, dependability, and confirmability to replace positivistic research’s traditional criteria of internal validity, external

validity, reliability and objectivity. These alternative terms “stand in a more logical and derivative relation to the naturalistic axioms” (p. 301).

Lincoln & Guba (1985) suggest a number of techniques for ensuring research credibility, one of these being “prolonged engagement” (p. 301) within the research setting. Though my research design did not allow for prolonged engagement with the participants themselves, I have developed a broad and deep understanding of each research context and its unique culture and participants through many years of prolonged engagement. I am confident that I have “spen[t] enough time in becoming oriented to the situation...to be certain that the context is thoroughly appreciated and understood” (p. 302). I also engaged in “persistent observation” (p. 304) through the prolonged, recursive nature of the data analysis processes. With regards to triangulation, another technique for establishing credibility, the fact that there were two separate research contexts and processes, all contributing to the same research questions, is pertinent.

I also engaged in formal “member checking” with participants, “the constructors of the multiple realities being studied” (Lincoln & Guba, 1985, p. 314). Interview transcripts were shared with research participants, who were each given the opportunity to make changes and additions. In the case of the Arts Express participants, parents/guardians were encouraged to review the transcripts—or pertinent portions of them—with their children where possible. I met with youths at the mental health facility individually for a second time after having transcribed the interviews, in order to review their transcripts with them face-to-face. The use of specific quotations was vetted with participants where possible, and in the case of the Arts Express research, the prolonged narratives presented in Chapter Five were vetted by the families.

In seeking transferability rather than generalizability, the “burden of proof lies less with the original investigator than with the person seeking to make an application elsewhere” (Lincoln

& Guba, 1985, p. 298). The responsibility of the researcher is to “provide only the thick descriptions necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility” (p. 306). In my presentation of data, I have included in-depth, thick and holistic descriptions of the research contexts and participants’ lived-experiences.

My advisor and two additional committee members have contributed to the research’s dependability through following all aspects of the research process, not unlike the inquiry audit proposed by Lincoln and Guba (1985). This guidance, along with the triangulation already discussed, contribute to the study’s confirmability. With impact upon all four areas of the study’s trustworthiness, I maintained a “reflexive journal” (p. 318) throughout the course of the research, which provided opportunity for integral reflection regarding all aspects of the process along with my reactions, thoughts, and new ideas.

As a qualitative researcher—“the *human* instrument” (Lincoln & Guba, 1985, p. 327, italics original)—I acknowledge the biases that I held prior to commencing this dissertation. I have already detailed my previous involvement with both research settings. Certainly, prior to commencing this research, I had spent many years investing time and emotional energy into the Coffee House events and the Arts Express camp and had witnessed what appeared to be these events’ importance in the lives of their participants. I recognize that my prior involvement with these research contexts undoubtedly impacted me during data collection and analysis.

On the other hand, I am confident that my prolonged prior engagement with these contexts was largely an asset. Given the strict and cumbersome regulations regarding conducting research within children’s mental health facilities, my prior engagement with this setting, and its management’s trust in me, personally and professionally, was likely the only reason that I was

permitted to enter this building as a researcher. Throughout all aspects of the research process, I remained committed to reflexivity surrounding my own biases and potential blind-spots, and also to hearing my participants' voices, allowing myself to be surprised, and to creating meaning together during our shared interviews. Though I had witnessed these events' significance for many people, I did not have a pre-conceived notion of how my research questions would or should be answered.

The fact that I chose theoretical frameworks through which to present my research *after* the process of data collection and analysis, rather than before, is another indication that my pre-conceived ideas and biases did not unduly impact the studies' analysis or results. At times, my participants led me and the research in different directions than I had expected, a mark of relational, responsive, and responsible qualitative research. The research process was not "data-driven" in the sense that I viewed my own role as "objective and impersonal" (Burr, 2003, p. 152); rather, I strove to amplify my participants' voices first and foremost, while still acknowledging my own inevitably interpretative process. Alvesson and Sköldbberg (2009) distinguish "reflexive" and "data-driven" studies from "data-centered approaches", in that within the former, the "'data' are regarded not as 'raw' but as a construction of the empirical conditions, imbued with consistent interpretive work" (p. 283).

The use of Turino's (2008) framework of participatory performance to frame the Coffee House event, for example, was entirely in response to my participants' narratives. Concurrently and unrelated to the process of qualitative coding, I was reading Turino's *Music as Social Life* (2018). As I read Turino's description of the participatory performance field, the parallels between Turino's frame and my participants' narratives were far too compelling to ignore. This spawned a new research question—"What factors have afforded this event's success in its

context?”—and an article focused upon answering this question.

Similarly, my use of the concept of *relational* identity was also inspired and led by participants. Though in my dissertation proposal I had acknowledged that there existed sociocultural factors in identity formation, at that time I was framing identity primarily as a narrative, created by and maintained within the individual. The notion that we are not individual selves who seek out relationships but rather, wholly relational beings (Gergen, 2009), stemmed from participants’ descriptions of the crucial nature of the witnessing and support received from their audience members in terms of their own beliefs about themselves. Though I initially envisioned this research as focusing upon the benefits of music-making for participants and their individual processes of identity-formation, as I analysed the data, the social and relational benefits emerged as just as prominent, if not more so.

When I embarked upon this research, I envisioned conducting research in real-life settings involving individuals whose voices may not typically be heard in traditional research, and who may not have consistent access to musical-involvement. I also wished to explore, on a theoretical level, areas of connection between music therapy and music education. Due to these varied interests, the integrated article format seemed to be a logical format through which to present my findings.

Integrated article format.

As the number of students completing doctorates increases, so too does the amount of scholarly discourse surrounding dissertation-writing (Duke & Beck, 1999). Duke and Beck trace the mid-nineteenth century import of the PhD from Germany to North America and explain that the dissertation was traditionally thought to be either a form of training in the communicative aspects of research, and/or a means through which to contribute original knowledge to one’s

discipline. These authors argue that “in the field of education, the dissertation in its traditional format does not adequately serve either purpose” (p. 31), due to its lack of both generalizability and readership. Not only is the dissertation in its monograph format rarely read, but due to the time-consuming process of condensing such a document into articles, the research is often not published at all (Duke & Beck, 1999; Fridlund, 2010; Hagen, 2011).

As an alternative to the monograph style, within the integrated article dissertation, each chapter is a “self-contained research article manuscript ready to be submitted for publication” (Duke & Beck, 1999, p. 34). The Faculty of Graduate and Postdoctoral Studies at Western University states that, within this format, chapters are treated as “discrete but related problems (Western University, 2015). Integration of the dissertation’s discrete components is achieved through introduction, literature review, and conclusion sections, which display that all articles “stem from and relate to the same study” (Duke & Beck, 1999, p. 35). This alternative format has been commonplace in the so-called “hard” sciences for decades, and is gradually becoming accepted within the humanities and social sciences (Duke & Beck, 1999; Hagen, 2011).

In addition to the benefits of increased readership and generalizability, another advantage of this format is its flexibility; for example, Fridlund (2010) mentions that the content and number of proposed articles can vary “depending on the conclusions made in the first articles” (p. 144). This model encourages and allows “doctoral candidates to take different angles on their data” (Duke & Beck, 1999, p. 34) and to acknowledge “complexity, contingency, and heterogeneity” within findings (Hagen, 2011, *Ethnography in a Contemporary*”, para. 4). Hagen (2011) notes that “the whole is more than the sum of its parts” within the compilation thesis (“The Internal logic”, para. 2). Individual chapters form cases of their own, and in the

relationship between the articles we find “emergent ‘wholes’, those higher-order descriptions that constitute the knowledge given by the entire thesis” (“Discussion”, para. 1).

The format presents the potential for collaboration and teamwork, as papers can be co-authored so long as the candidate remains primary author (Fridlund, 2010; Western University, 2015). It has been a tremendous opportunity to collaborate and engage in dialogical process with Cathy Benedict for the fourth article presented here. Another advantage to the model is its inherent process of “quality assurance” through the publication process (Fridlund, 2010, p. 145). Hagen (2011) describes the political advantage of this model within a climate of higher education that places value upon research evaluation and bibliometrics. The third chapter of this dissertation has already been published in the online journal *Voices: A World Forum for Music Therapy* (Mitchell, 2019), and the fifth chapter has been accepted for publication within *Walking the Boundaries, Bridging the Gaps*, a forthcoming book about community music published through Wilfrid Laurier University Press.

When deciding which dissertation format to use, Fridlund (2010) states that factors such as the culture within the discipline and institution should be considered, and Duke and Beck (1999) advise that faculty and students consider whether the format of the dissertation will “make it possible to disseminate the work to a wide audience” and prepare students “for the type of writing they will be expected to do throughout their career” (p. 33). As already noted, given the two distinct contexts for investigation, along with my vision to complete a theoretical investigation pertaining to common ground between music education and music therapy, the integrated article format was a logical choice. This format is also a natural fit with my interdisciplinary background, providing the opportunity to publish research within music therapy, music education, and community music journals/publications.

In the section that follows, I provide a brief summary of the articles contained within this dissertation.

Summary of Integrated Articles

The four central articles within this dissertation, though distinct in content, hold many areas of thematic, theoretical, methodological, and epistemological commonality. The purpose and significance of active musical involvement, including performance, regardless of whether it occurs within a music therapy, community music, or music education setting, can be traced through this dissertation, with each paper illuminating different aspects of this broader conversation. Theoretical grounding in music-centered scholarship from music therapy (Aigen, 2014; Ansdell, 2014) is crucial within each article individually, unifies the work as a whole, and also provides an opening for transdisciplinary dialogue among music education, music therapy, and community music, as suggested in Chapter Six. When music's use in and as therapy is grounded first in theoretical perspectives regarding music, rather than medicine or psychology, then our differences as “educators” or “facilitators” or “therapists” become less prominent than does our common grounding in active music-making with others.

Summary of chapter three: Community music therapy and participatory performance.

As mentioned earlier in this chapter, I was employed as the music therapist at a treatment facility for adolescents with mental health issues for the five years prior to beginning my doctoral studies. I facilitated group and individual music therapy sessions largely from a framework based in music psychotherapy, supervised interns, and contributed to multi-disciplinary team meetings and client case conferences.

There were a number of factors that influenced my decision to begin organizing “Coffee Houses”, performance events that would become a bi-annual tradition at the facility and remain

so to this day. My growing realization that my caseload, based in a psychotherapeutic model of practice, was not reaching all of the youth at the facility who wished to make music was one factor, and the reality that the youths with whom I worked in music therapy often wanted to perform was another one. I was also curious about the potential benefits of an opportunity for artistic involvement that included the entire community, as I recognized the inevitable hierarchies and us-versus-them mentalities that pervaded relational dynamics between clients and staff members. As I recognized context-specific needs that were not being addressed through my practice, Pavlicevic and Ansdell's (2004) description of community music therapy as practice wherein "a community effectively becomes a client" (p. 26) resonated, theoretically and practically. And so, in 2008 I began organizing Coffee Houses.

In a 2005 article, Ansdell reflected on his 1995 book, *Music for Life*. This book presents his work with a client named *David* and makes brief reference to a performance they had undertaken together, an event Ansdell had viewed at the time as "illustrating the successful outcome of the individual music therapy process" ("Introduction", para. 1). When interviewing David years after the conclusion of their music therapy process, David spoke with particular enthusiasm when recounting the performance. Ansdell reflects: "What David remembers twelve years later is this public aspect of our work. He cites as central what I marginalized at the end of the case study" ("Introduction", para. 6). Ansdell's story prompted my own reflection on the "Coffee Houses" I had organized. Though these events had represented a small proportion of my overall workload, I wondered if their impact had been significant beyond my awareness, and chose to return to my prior workplace to investigate.

In January 2016 I observed a Coffee House organized by the facility's current music therapist. From there, I conducted semi-structured interviews with seven youths and eleven staff

members who had participated in Coffee House events at the facility both as performers and audience members. This was conceptualized as case study research—as it examined the event as an integrated and bounded phenomenon (Stake, 1995)—and also as narrative inquiry, given the weight given to participants’ stories of their participation in the event in their own voices.

The richness of the narratives offered from the participants led unexpectedly to two separate articles, Chapters Three and Four in this dissertation. Chapter Three examines factors that contribute to the event’s success in its context. One possible answer to this question began to reveal itself when I viewed participants’ lived-experiences of the Coffee House through the lens of Turino’s (2008) concept of participatory performance and its coinciding value-system. Participatory performances are those wherein success is primarily defined by the amount of participation, rather than a particular aesthetic standard, and there is no distinction between audience and performer (Turino, 2008). At the Coffee House, then, youths were cheering for one another not because of a miracle of behavioural management (the previous theory held by my colleagues and me), but because there exists, for the duration of the event, a mutual understanding that so-called “success” is defined differently here. The music therapist’s involvement in all aspects of planning, executing, and debriefing this event, as well as other contextual factors relating to the overall treatment milieu, are all crucial contributors to the creation of this ethos.

The event’s participatory value system affords many youths the opportunity to overcome what is often significant anxiety associated with performing, and in turn, experience newfound self-efficacy and a sense of accomplishment. Overwhelmingly, youths identified that through participation in this event, they learned that they could do something that they had never before thought they were capable of.

Summary of chapter four: Performing identities, performing relationships.

This chapter builds upon the case study presented in Chapter Three, and the themes contained therein, in order to more fully explore the impact of participating in the event upon youths' identities. As described in Chapter Three, youths experienced increased self-efficacy and a sense of accomplishment through their experiences of performing. These beliefs were internalized by youths—becoming a part of their personal identity narratives—both with regards to their musical capabilities and for some, their potential outside of music as well. The experience of performing—and of witnessing one another perform—afforded new and expanded perspectives on one another. For youths particularly, this experience of being witnessed as capable and successful in turn impacted their own beliefs about themselves.

As audience members witnessed youths' achievements and experienced expanded perspectives upon what these youths were capable of, in turn, youths internalized these expanded perspectives regarding themselves. Surely, this is a crucial affordance of performance within music therapy. These expanded perspectives upon one another, as well as the fact that the event welcomes both staff members and youths as performers, opens up new relationship possibilities, and provides what participants described as a “level playing field”. These experiences serve as a reminder of one another's “common humanity” (Aigen, 2012, “Performing in an Institutional Setting, para. 3), invaluable in a setting in which youths are often characterized by their mental health difficulties and behavioural struggles. Turino (2008) argues that “musical participation and experience are valuable for the processes of personal and social integration that make us whole” (p. 1), and certainly, both the personal and social aspects of participation in the Coffee House are featured in the articles here.

Through these articles' examination of community music therapy, theoretical and

practical points of overlap with community music and music education arise. When I asked Youth7, for example, about her perspective on the value of the event within a mental health setting, she quickly retorted “I’ve been to other schools that have [Coffee Houses] too...If you enjoy singing it’s pretty much the same thing everywhere.” Her perspective, which is more fully fleshed-out in Chapter Four, embodies the continuity between clinical and nonclinical settings of music-making, as described by Aigen (2014). Coffee House performers remarked that this event was significant in that, though it held relevant for youths’ mental health treatment, it also paradoxically “exists for itself” (Staff9) without broader implications for youths’ treatment. As community music therapy challenges many of the givens within music therapy practice based in psychotherapeutic or medical models, it also exemplifies meeting places for all practitioners whose work is music-making and human relationship.

I move now to describing the third article in this dissertation. This chapter also examines artistic participation and performance here within a community music, rather than community music therapy, setting.

Summary of chapter five: Musical identities, personal identities.

The summer of 2018 marked the twenty-fifth anniversary of the “Arts Express” camp, a week-long creative arts camp in Waterloo, Ontario, for children with disabilities and their siblings and friends. This dynamic program represents a collaboration between three post-secondary institutions, a community school of dance, and a child development centre. Children who attend the camp participate in sessions of creative music, art, drama, and dance, in addition to outdoor play and swimming. At the end of the week, they perform at the recital hall at Wilfrid Laurier University. The forty campers who attend range in age from 6 to 14, and many have a diagnosis of a developmental, neurodevelopmental and/or physical disability. Camp sessions are

facilitated by university students enrolled in MU353, “Inclusive Arts for Children,” at WLU. I was MU353’s music instructor and course coordinator and the Arts Express program coordinator from 2008 to 2017.

This chapter utilizes a narrative inquiry approach to examine the personal impact of participation in this camp, specifically its performance component, upon campers and their families. I collected data through semi-structured interviews with five children along with their parents/guardians. In addition to using specific questions to prompt conversation during these interviews, we also watched video footage together of the child’s participation at a previous camp performance.

With parallels to Chapters Three and Four, this paper too explores the personal and societal relevance of participation in performance for a population that is often underserved with regards to access to active artistic involvement. In a previous paper (Mitchell, 2016a), I drew upon Small’s (1998) concept of musicking to examine the ways in which the Arts Express performance subverts the norms of the university recital hall. Participants in this current study reflected upon the importance of artistic involvement on the development of their self-identities, specifically as it pertained to the program’s performance component, which allowed them experience themselves as artistically capable and as contributing to their communities. With important connectivity to the research regarding the Coffee House, identity here too is framed as both a narrative and relational construct. These participants also reflected upon the significance of the presence of the audience, and the ways in which audience members impacted performers’ identity-narratives. As children’s self-perceptions were transformed through performance so too were audience members’ perceptions of them, thereby impacting an entire community.

This paper also draws upon a “critical realist” perspective from disability studies (Shakespeare, 2014), a lens that I chose based upon my participants’ narratives and lived-experiences. Shakespeare situates his framework between the polarities of a wholly social model of disability (Goodley, 2014) versus an entirely medicalized and individualistic one. These five families’ narratives present an active balancing of both the social and medical perspectives, a refreshing stance upon what is often, among academics, a polemic debate. Participants highlight disability as a complex relationship between societal barriers and individual impairment and most importantly, presenting a poignant argument for inclusion within the arts and society at large.

In the day-to-day lives of the children who attend Arts Express, opportunities to participate in socially “normative” forms of music-making would certainly be the exception, not the norm. It is significant, then, that Arts Express does not provide music therapy, but rather, it can be viewed as a community music or community arts project. The significance of music-centered theory resonates here: “The continuity of clinical and nonclinical engagement with music...means that the rationale for providing music to individuals with disabilities does not have to be based upon or limited to a remediation of those disabilities” (Aigen, 2014, p. 62). The potential for inter- and transdisciplinary dialogue here, between music therapy, community music, and music education, and using a music-centered perspective as the impetus, is significant. Such dialogue is the focus of the final article, Chapter Six of this dissertation.

Summary of chapter six: Lives in dialogue.

This article, co-authored with Cathy Benedict, seeks to both embrace and embody Buber’s conception of “genuine dialogue”, “where each of the participants really has in mind the other or others in their present and particular being and turns to them with the intention of

establishing a living mutual relation between himself and them” (Buber, 1947/2002, p. 22). In its examination of both theoretical and philosophical matters at the heart of our professions—music therapist and music educator—we move beyond interdisciplinarity to transdisciplinarity, “concerned with the unity of intellectual frameworks beyond the disciplinary perspectives” (Stember, 1991, para. 15) and propose that music-centered theory from music therapy (Aigen, 2014) can be an impetus for such unity.

Though certainly interdisciplinary dialogue between music therapists and music educators exists in the literature, a great deal of this is focused specifically upon work within special education settings (Bunt, 2003; Darrow, 2013; Hammel & Hourigan, 2011; McFerran & Elefant, 2012; Montgomery & Martinson, 2006). Though special education is undoubtedly an important area of overlap between our disciplines, we argue that the potential for theoretical meeting is much more far-reaching in its scope. Moreover, existing interdisciplinary conversations often focus upon practical matters such as challenges within interdisciplinary professional training, research, or publication (Tsiris, Derrington, Sparkes & Wilson, 2016, p. 60), and may also be based upon overly simplistic conceptions regarding the purpose of music education and music therapy (Smith, 2018). Such conversations bypass the opportunity to explore areas of shared philosophical grounding.

We explore the term “para-musical”, as it is used in the music-centered music therapy literature (Ansdell and DeNora, 2016; Stige et al., 2010), a concept that defies black-and-white distinctions between music “itself” and its extra-musical benefits. We propose that this concept, along with the notion of music-centeredness, are equally relevant for music educators as they are for music therapists. Armed with a music-centered perspective, which proposes that “music enriches human life in unique ways” (Aigen, 2014, p. 65), we need not choose between music for

“music’s sake” or for its instrumental benefits; this lens encompasses both. Music therapists and music educators must advocate for our disciplines’ existence within larger systems of healthcare and education, systems that are not always sympathetic to the arts. Such advocacy demands a renewed understanding and vision for the purpose of musical engagement, and music-centered perspectives from music therapy can provide a meeting place.

Along with its presentation of theoretical arguments and discussion, in the spirit of Buber’s (1947/2002) conception of “genuine dialogue” the paper also contains a section representative of such dialogue. This section recounts one of countless conversations that Cathy and I had as we thought together about the music and relationships at the heart of our practices; by including it in the paper, we seek to embody the type of dialogue we are promoting.

In the following chapter, I explore the literature as it pertains to topics such as identity formation, the musicality of humans, the continuum between music education and music therapy, music-centered music therapy, and community music therapy. These frameworks are relevant to the four articles contained within this dissertation, and thus display many of the theoretical and practical points of connection between this research’s different sites and topics of inquiry.

Chapter Two: Literature Review

This chapter spans themes—both theoretical and practical—that are relevant to the four articles presented in this dissertation. First, I present identity formation as both a narrative and relational undertaking. From there, I acknowledge the inter-connectedness of identity and music, and then shift to a foundational concept within my own musical-relational practice, whether as music therapist, community musician, or music educator: recognition of the innate musicality of human beings and, stemming from this, a commitment to increasing access to musical participation. I present the fields of music therapy, community music, and music education as lying on a continuum, and this naturally leads to a discussion of music-centered theoretical perspectives from music therapy (Aigen, 2014), and community music therapy as an approach to practice (Ansdell, 2002; DeNora and Ansdell, 2016; Wood, 2016).

Identity: Narrative and Relational Perspectives

Throughout this dissertation, I recognize and explore the concept of identity as both a narrative and a relational undertaking. This lens acknowledges the potency of the stories that we tell about ourselves, our embeddedness in context and relationship, and the ways in which these intertwine.

Narrative identity.

Bruner (1986), in his exploration of cognitive functioning, suggests that there exist two complementary but distinct modes of thought: the logico-scientific and the narrative. These modes each have their own “operating principles” and “criteria of well-formedness” (p. 11). As Bruner suggests, “Both can be used as means for convincing another. Yet what they convince *of* is fundamentally different: arguments convince one of their truth, stories of their lifelikeness” (p. 11, italics original). As a primary mode of cognitive functioning, narrative is interconnected with

all aspects of our lives: it “gives shape to things in the real world and often bestows on them a title to reality” (Bruner, 2002, p. 8).

Hall (1992) describes a “crisis of identity” present at the end of the twentieth century, “part of a wider process of change which is...undermining the frameworks which gave individuals stable anchorage” (p. 274). Under such conditions, scholars such as Giddens (1991) propose that self-identity becomes an active and “reflexive project” (p. 32), not unlike the work of an artist. From his perspective, our identities are not found in our behaviours or within others’ perceptions, but rather, “in the capacity to *keep a particular narrative going*” (p. 54). Narrative, then, not only provides us with a medium through which to shape the external world; with it we also give form to our very selves (Frith, 1996; Hall, 1992, 1996; McAdams, Josselson & Lieblich, 2006). Individuals become the narratives that they tell about their lives; narratives structure experience, organize memory, and “segment and purpose-build the very events of a life” (Bruner, 2004, p. 694). Thus, the reflexive nature of self-making and the importance of narrative are intertwined.

Postmodern theorists discredit the existence of metanarratives, that is, so-called universal or objective accounts on what is true or real (Lyotard, 1979/1984). Narrative is consistently presented as a means through which to create “a coherent and vivifying life story” (McAdams, 1996, p. 299), in particular due to its temporal and causal qualities (Murray, 2003). This is a crucial function of narrative then, within our postmodern era, as narrative can be seen as an invaluable means of coping with a fragmented reality, a tool for “integrating different autobiographic accounts into a narrated whole” (McAdams, 1996, p. 307). Its role in this regard is so significant that an entire model of psychotherapy, narrative therapy, is based around this premise. Its originators, White and Epston (1990) assert that when people seek therapy, “the

narratives in which they are storying their experience and/or in which they are having their experienced storied by others do not sufficiently represent their lived experiences (p. 40). They view therapy “as a context for the re-authoring of lives and relationships” (p. 17). Significantly, these authors validate the significance of inviting an “external audience” to witness the performance of a client’s new story, recognizing that “the audience contributes to the writing of new meanings (p. 17). This acknowledgement that change in our identities is not merely an internal nor verbal process, leads naturally into an exploration of the performed and relational aspects of our identities.

Relational identity.

In this section I begin by exploring groundbreaking developments in human development theory, which, led by feminist scholars, proposes the interconnectedness of relationship within all stages of human development. From there, I examine more recent scholarship from the social constructionist school in psychology, which views self-identity as a relational and performed phenomenon.

Embracing the relational.

According to mainstream Western psychology, human development follows a “trajectory from dependence to independence” (Jordan, 2010, p. 1). This paradigm’s valorization of self-interest and autonomy has come about in part because, through the early and mid 20th century, “research psychologists were taught that the most scientific way to treat women...and basically anybody who wasn’t white and male—was to leave them out of their studies” (Robb, 2006, p. 11). Excluded from the “critical theory-building studies of psychological research” (Gilligan, 1993, p. 1), most women, “according to Freud, Piaget, Erikson, Kohlberg, and other psychologists who theorized about human development...did not develop in the ‘normal’ human

way” (Robb, 2006, p. 16). In other words, “a problem in theory became cast as a problem in women’s development” (Gilligan, 1993, p.7). Certainly, when “maturity is equated with personal autonomy, concern with relationships appears as a weakness of women rather than as a human strength” (p. 17).

Beginning in the late 1970s, feminist scholars and therapists, including psychiatrist and psychoanalyst Miller (1986) and psychologist Gilligan (1993), articulated a “shift away from a one-way, individualist model of development to a relational model of human development,” suggesting “that healthy development occurs when both people are growing and changing in relationship” (Jordan & Hartling, 2002, p. 51). They were not endeavouring to make generalizations about women but rather, by striving to include *all* humans while mapping trends in development, their hope was to “[yield] a more encompassing view of the lives of both of the sexes” (Gilligan, 1993, p 4). I recognize that these writers are limited in their portrayal of gender in largely binary terms, likely due to the era in which they were most active in their scholarship; however their broader aim of “creat[ing] a new way of studying all psychological development” (Robb, 2006, p. 130) remains relevant today. This not only goes beyond gender binaries, but is also open to the experiences of individuals from varying ethnic backgrounds, socio-economic statuses, and so on.

Miller (1986) suggests:

Perhaps there are better goals than ‘independence’ as that word has been defined. Or rather, there may exist better conditions, which the word itself tends to deny: for example, feeling effective and free along with feeling intense connections with other people. (p. 119)

These groundbreaking women made the radical assertion that “mental health was relational health” (Robb, 2006, p. 179) and that human development not only occurred within relationships, but “depended on relationship to move it” (p. 53). From within this “relational approach to understanding psychological development”, the goal “is not forming a separated self or finding gratification” but rather “the ability to participate actively in relationships that foster the wellbeing of everyone involved” (Miller & Stiver, 1997, pp. 21-22). Upon taking this lens on human development, it follows that “the concept of identity expands to include the experience of interconnection” (Gilligan, 1993, p. 173). We are relational beings.

Social constructionist perspectives on identity.

We can thus view identity, and the very self, not only as narrative constructions, but also relational and social phenomena. Gergen’s (2009, 2011, 2015) relational perspective on the self is rooted in social constructionism, a movement in psychology, which, in contrast to positivism, “challenge[s] the view that conventional knowledge is based upon objective, unbiased observation of the world” and recognizes that our understandings are “historically and culturally specific” (Burr, 2003, p. 3). Social constructionists do not assert “There is nothing” or “There is no reality”; as Gergen (2015) explains, “To be sure, *there is something*, but when you try to describe what that *something* is, you will inevitably rely on some tradition of sense making” (p. 5, italics original). This need not be a bleak or nihilistic perspective; social constructions can provide us with “meaningful realities and valued actions” while reminding us that “we are not bound by the chains of either history or tradition” (p. 6). Recognizing Western culture’s “individuated, bounded, and autonomous view of the self” as one possible construction, rather than a fixed reality, a social constructionist view proposes instead a “more socially or communally embedded vision of the self” (Gergen, 2011, p. 111).

Social constructionists posit that, as there is not a “given, determined nature to the world or people” (Burr, 2003, p. 5), knowledge is “seen not as something that a person has or doesn't have, but as something that people do together” (p. 9). This dialogical perspective on knowledge formation is particularly relevant in Chapter Six of this dissertation. Gergen (2011) proposes that “if what we call knowledge emerges from social process, then social process stands as an ontological prior to the individual” (p. 112). His perspective on the self and self-identity, then, is linked to that of Gilligan (1993) and Miller (1986). Gergen (2009) proposes that it is only “from relational process that the very idea of an ‘inner world’ is created” (p. 61). Our selves, thus, are in constant co-creation with one another, as we perform ourselves into being.

Gergen's relational perspective on the individual is indebted to the work of philosopher Martin Buber (1923/1958), particularly to Buber's concepts of the two “primary words”, *I-Thou* and *I-It* (p. 3). According to Buber, upon perceiving, willing, thinking, feeling, or imagining something, we “establish the realm of *It*” (p. 4). In contrast, “when *Thou* is spoken, the speaker has no thing for his object” but rather “he takes his stand in relation” (p. 5). Buber's perspective on relationality is relevant here, as he asserts that

the relational event...precedes what may be termed visualization of forms—that is, before [the individual] has recognized himself as *I*. The primary word *I-It*, on the other hand, is made possible at all only by means of this recognition—by means, that is, of the separation of the *I*. (p. 22)

In other words, it is “through the *Thou* a man becomes *I*” (p. 28).

This perspective goes further than a sociocultural lens wherein environmental and social factors are seen as impacts upon a person's nature, as such a perspective still posits that people have some kind of discoverable “essence” to begin with (Burr, 2003, p. 6). The social

constructionist perspective is one wherein the very prospect of an entirely individuated self is suspect. This calls into question the popular term, “authenticity”. Gergen (2009) describes authenticity as performative, a “relational achievement of the moment” (p. 138), wherein meaning is “not the possession of the actor alone” but “is born in the coordination” (p. 74).

Within any relationship, we also *become somebody*. That is, we come to play a certain part or adopt a certain identity...Each relationship will bring me into being as a certain sort of person, and actions that I acquire will enter the repository of potentials for future use. (pp. 135-136, italics original)

Miller (1986) notes the paradox that “relationships can lead to more, rather than less, authenticity” (p. 98), and Elliott and Silverman (2017) recognize that “an ‘I’ becomes an ‘I’ because there is also a ‘you’” (p. 33). Social interactions are everything.

In his above description of a “repository of potentials for future use”, Gergen (2009) is hinting at the notion that our identities are performative in nature. Social constructionist theory for example views language as performative, or generative, rather than simply expressive (Burr, 2003, p. 8). “When we are participating in a dialogue...we are looking to create what neither is inside nor outside but what is socially available to be created” (Newman, 1999, para. 46).

Connected to his critique of simplistic notions of authenticity, Gergen (2009) proposes that human development is in essence “a process of expanding one’s capacities for performance” (p. 309). Burr (2003) notes that Gergen’s approach balances awareness of structural forces with recognition of the individual agency “implicit in the idea that people construct themselves and each other during interaction” (p. 20). Lamont (2007) too recognizes the individual’s agency within the social process of identity formation, noting people’s “try[ing] out different identities” or “provisional selves” is a crucial part of this process (p. 184). Procter (2013) notes that

recognizing each individual's agency within the social constructionist view "allows for the understanding that people are not simply victims of their pathology, but take [sic] actively contribute to their own experiences of health and relating" (p. 166).

"Social therapist" and scholar, Fred Newman, proposes radically that the self is entirely performative. Newman and Holzman (1999), critiquing narrative approaches in psychology, propose that "perhaps it is the talking—not what is talked about—that is therapeutic" (p. 95). Drawing upon Vygotsky's (1978) concept of the "zone-of-proximal-development", these authors suggest that human development and certainly therapeutic work is both relational and performative, activities "of creating who you are by performing who you're not" (Holzman, 1999, p. 66). Newman and Holzman (1999) use child speech development to exemplify this concept, and with relevance to the work of therapists and educators, they observe:

[We] relate to infants and babies as capable of far more than they could possibly do 'naturally' ... A total environment in which very young children are related to by themselves and others as communicative social beings (in which they perform conversation) is how they get to be so. (p. 102)

Though I have chosen Gergen's (2009, 2011, 2015) social constructionist lens as my primary frame through which to view our identities as performed and relational, it is important to acknowledge the work of philosopher Judith Butler, well-known for her use of the concept of performativity as it relates to gender. Gender, she posits, "is in no way a stable identity or locus of agency from which various acts proceed; rather, it is an identity tenuously constituted in time—an identity instituted through a stylized repetition of acts" (Butler, 1988, p. 519). Butler (1997) too, like Giddens (1991) and Bruner (2002), suggests that the existence of the self depends upon one's ability to narrate it, stating, "If the subject who speaks is also constituted by the language

that she or he speaks, then language is the condition of possibility for the speaking subject, and not merely its instrument of expression” (p. 28).

While recognizing language’s power to constitute our worlds, this notion raises particular questions for individuals who struggle in their use of verbal language. Certainly, I strongly resist this notion that the self cannot exist without verbal narrative. Small (1998) states: “To take part in a music act is of central importance to our very humanness, as important as taking part in the act of speech” (p. 8). He also strongly relates performance, relationship, and identity, explaining that “[t]hose taking part in a musical performance are in effect saying-to themselves, to one another, and to anyone else who may be watching or listening – *This is who we are.*” (p. 134, italics original). If “identities are performance, and performances construct identities” (Elliott and Silverman, 2017, p. 28), it follows that musical performance is a relevant medium through which to explore identity development, one which does not necessarily depend upon verbal language capacity.

Ansdell (2014), recognizing the physical body, the psyche, and affirmation from others as mutually supporting dimension of identity, describes identity as “a personal and social *reflexive* process” that “involves a ‘bending back’ of attention, perception or imagination in order to process and stabilise who and what we are” (p. 115). He suggests that feedback from “mirrors”, literal or metaphorical, “motivates or continues an inner process of reflection and internal dialogue between me and myself, through which I can further elaborate the ‘story’ of myself” (p. 115). His perspective is fitting for the research presented in this dissertation, in its balancing of a psychological and social lens. He also explains music’s relevance, given that “[m]usic can be appropriated both for the more ‘inner’ focus of identity work, but also as part of the outward-going process of creating group affiliations and social relationships. Each feeds the other” (p.

116). Also relevant to a consideration of the role of personal agency and structural forces within identity formation are perspectives from disability studies.

Disability and identity.

The field of disability studies is vast, and largely outside of the scope of this project. However, it bears mentioning briefly here, as I use a critical-realist perspective on disability (Shakespeare, 2014) in Chapter Five as one lens through which to understand my participants' experiences of disability and its intersection with identity and artistic involvement.

Like any dominant discourse, the medical perspective on disability presents itself as “established fact” rather than as one potential lens among many (Cameron, 2014, “Medical Model”, para. 4). Within the medical model, disability is viewed as “an individual deficit or personal tragedy” (“The Medical Model”, para. 2), and thus, in the face of disability, medical intervention targets resources “at individuals in order to fix them for participation in the world around them, while the environment in which they live is regarded as unproblematic” (para 3). Cameron presents scathing criticism of music therapy’s “keenness...for acceptance, recognition and respect from the medical profession” (“The Disability Business, para. 6), meaning that we “are complicit in the oppression of the very people they intend to help (“Conclusion”, para. 2).

In contrast is the social model of disability, which recognizes individuals' experiences of impairment but focuses upon disability “as a matter of how society responds to, or fails to respond to, the needs of people with impairments” (Cameron, 2014, “The Social Model”, para. 2). From this perspective, “disability is not a problem of the individual...[I]t is created at structural levels, with environmental/societies that are not flexibly adapted to allow for variability of humanness” (Rolvsjord, 2014, “Lessons from Disability Studies”, para. 3). Adoption of a social model of disability “implies a shift of focus from the 'effects' of the

impairment to people's experiences of social constraints, oppression and exclusion" ("The Social Construction", para. 1). Certainly, my training as a music therapist focused on the former—creating individualized treatment plans to target individual issues—with little discussion of the structural forces that serve to disable people.

These perspectives relate to self-identity in that individuals with disabilities—and those around them—may view their disabilities as primarily internal or external to themselves.

Shakespeare (2014) is critical of both options.

A social model of disability can be as negative as a medical model of disability. Whereas the latter sees disabled people as victims of their flawed bodies or brains, the former sees disabled people as prisoners of an oppressive and excluding society. In both versions, the agency of disabled people is denied and the scope for positive engagement with either impairment or society is diminished. (p. 104)

He proposes a middle option, a critical-realist perspective, which validates that “people are disabled by society *and* by their bodies” (p 75).

Shakespeare’s (2014) perspective is helpful in its promotion of a balanced perspective between the medical and social factors that contribute to disability. He notes that though the social model is easy to adhere to theoretically speaking, “qualitative research has found it very difficult to operationalize...because it is hard to separate impairment from disability in the everyday lives of disabled people” (p. 23). Reed, in LaCom and Reed (2014), makes a similar observation based on her lived-experience.

It is disabling to experience things like pain, vision problems, and loss of physical function. These aspects of disability cannot be explained away by social context and

external oppression...I am now learning...how to let an openness to unpredictability of embodiment stand in where a definition once was. (Rachel(2), para. 4)

Put more simply, Rickson (2014) reminds us of the importance to “carefully monitor the 'activist' stance in the context of individual experience” (Rickson, 2014, Abstract, para. 1).

These profound words from Rickson (2014) no doubt hold relevance within all explorations of identity in this research. Further considerations in the literature regarding music’s significance with regards to identity formation, and indeed in constituting our worlds are explored next.

Music and identity.

Music can act as an invaluable resource for this task of creating an identity narrative (Bowman, 2006; DeNora, 2000; Ruud, 1997) and, in fact, Ansdell (2014) refers to “the *musical* composition of personhood, identity, relationship, community and transcendence” (p. 299, italics original). Describing music as a “building material for self-identity”, DeNora suggests that music is crucial within “the reflexive process of remembering/constructing who one is” (pp. 62-63) and can serve as a “mirror” in our identity work. She refers to music as “a key resource for the production of autobiography and the narrative thread of self” (p. 158). Both DeNora (2000) and Ruud (1997) emphasize the individual’s agency within such processes of musical self-construction and use the image of a musical “map” to describe the individual’s orientation to various musical experiences. Frith (1996) takes a performative perspective upon identity and music’s relevance in its development, while also recognizing the significance of narrative.

[I]dentity is *mobile*, a process not a thing, a becoming not a being...[O]ur experience of music—of music making and music listening—is best understood as an experience of this *self-in-process*. Music, like identity, is both performance and story, describes the social in

the individual and the individual in the social. (p. 109, italics original)

He recognizes the role of both the individual and the social within both music and identity formation, stating that “music seems to be a key to identity because it offers, so intensely, a sense of both self and others, of the subjective in the collective” (p. 110). Ansdell and DeNora (2016), in discussing community music therapy in an adult mental health setting, identify musical personhood/identity as one of “music’s helpful affordances”, where “musick(ing) offers a way of being positively recognized by others...and as a way of recovering and further developing a sense of self (p. 222). In my research presented here, the significance of the self-reflexive creation of each individual’s identity as a musician, as well as the active and co-creative role of factors outside of the individual, are recognized.

The temporal and performative properties of music contribute to the formation of identity-narratives, while going beyond narrative as well. Aldridge (2000) describes music as a tool for a coherent “performance of the self” (p. 15) when other faculties, such as physical ability or communication through speech, are compromised. Indeed, the work of music therapists with individuals who cannot or do not use words challenges the perspective that self-identity relies upon *verbal* narrative for existence (Bruner, 2002; Giddens, 1991; McAdams, 1997), as individuals explore, construct, and affirm their identities through music. For example, Nordoff-Robbins Music Therapy, a music centered approach, is rooted in the notion that musical transformation can spark personal transformation, without necessitating a verbal process (Aigen, 2005; Bruscia, 1987). Countless examples from the music therapy literature, and certainly from my lived-experience as a music therapist, counter the primacy placed upon verbal language within perspectives upon self-identity and resonate with a relational and performative perspective. Musical experiences celebrate selfhood as both connected to, but also bigger than,

narrative, with music providing a medium for the communication of, and very creation and discovery of the self (DeNora, 2000; Frith, 1996). Music provides a tool for narrating self-identity when words are not used.

Music's significance in the construction of self-identities is a natural place from which to move to an examination more broadly of the research that supports the inherent musicality of human beings, and thus the significance, and also the challenges associated with, the development of musical identities.

Our Musical Birthright

Research from a variety of perspectives—anthropological, psychological, sociological, musicological, for example—is clear that human beings are a musical species (Blacking, 1992; Hargreaves et al., 2012; Malloch & Trevarthen, 2009; Small, 1998; Turino, 2008; Welch, 2001). “Musical behaviour is part of our basic neuropsychobiological design” (Welch, 2017, p. 543); certainly, research confirms that human beings have engaged in music-making for at least 40 000 years (Schulkin & Raglan, 2014; Welch, 2001) and that even infants display “complex musical sensibilities” (Trevarthen & Malloch, 2017, p. 158). As we have engaged in music-making for millennia, we have experienced many benefits from such engagement. Ethnomusicologists are largely in agreement that music has, across time and cultures, primarily held a social function, “a medium for active participation rather than as an aesthetic object for presentation or consumption” (Cross, 2014, p. 812). Recognizing music's integral role, across millennia and cultures, as a medium for participation and connection, music's current status in Western society, in which it is “considered a specialist activity by the society at large” (Turino, 2008, p. 98), is a peculiar state of affairs.

Musical identities.

Though members of Western society often identify as music listeners and consumers, identifying as a “musician” or as musically capable is less common (Spychiger, 2017).

In many cultures active participation in music is considered a birthright. Most take part and consider themselves equipped to do so. In industrialized Western societies, by contrast, a large proportion of people consider themselves unmusical...and avoid active participation in music. (Sloboda, Wise & Peretz, 2005, p. 256)

Those who do identify as musically capable typically have performance proficiency on a musical instrument (Lamont, 2002). Having had the opportunity to develop proficiency often stems from having been labelled as musical or “talented,” a term for which Small (1998) declares present-day notions to be “based on a falsehood” (p. 8). Despite the well-recognized correlation between the presence of a “supportive and fertile musical environment” and so-called “talent” (Hargreaves et al., 2012, “Normal Distribution”, para. 2), the term’s use is widespread, privileging some and excluding others from musical participation and identity, while ignoring the external factors that typically contribute to its development (Lamont, 2017). Numminen, Lonka, Pauliina and Ruismäki (2015) note that professional musicians and laypeople “often concur with the common folk psychology belief that the singing skill is an ‘on-off phenomenon’: either you have it or you do not” (p. 1661). These authors note that there is a “fracture” between “learning conceptions based on modern learning sciences and learning conceptions in music,” as within the latter, “singing is not traditionally taught to those who do not ‘naturally’ sing in tune” (p. 166). Thus, vocal skills remain underdeveloped and “non-singer” identities are formed (p. 1661).

Being labelled as *untalented* or *unmusical* creates self-fulfilling beliefs about oneself that

“hinder musical participation and the continuous musical learning that results” (Turino, 2008, p 98). Rolvsjord (2010) notes that music education has “killed off in so many children the drive to learn to play an instrument or to sing by telling them that they are not musical” (p. 34), and Sloboda (2005) asserts that Western society’s focus upon musical achievement over enjoyment has rendered people “musically wounded” (p. 271). For example, Lamont (2017)’s research displayed that though the vast majority of mothers in Western society report singing to their infants, fifty percent of participants in the same study agreed with the statement “that they did not have a singing voice” (p. 179). As a practicing music therapist, it is rare that a week goes by without meeting someone who has not sung a note or played an instrument since childhood, due to a family member or teacher who told them they were not capable.

Where musical identities are constructed largely within cultural institutions whose meta-narratives value only particular types of musical engagement, most children ultimately disengage from active music-making, becoming spectators and consumers but not “musicians”. The diminutive number of students who elect to take music courses in school once they become elective is one example of such dis-engagement, and perhaps disillusionment (Wright, 2008). Given the overwhelming evidence that most humans have the ability to develop musically and experience the affordances of musical engagement, Western society’s exclusionary views on musical participation are an issue of social justice and human rights. Our consumer- and expert-oriented perspective on music infringes upon each person’s right to active cultural participation (United Nations, 1989).

Narrow conceptions of “talent”, “musician”, and even “music” within educational institutions and Western society at large are particularly exclusionary towards individuals who face marginalization, for example, those of lower socio-economic status, whose families are less

likely to be able to afford the private instruction crucial in securing a child's identity-as-musician (Lamont, 2002; Wright, 2008). Also typically excluded are children whose disabilities, behavioural issues, and/or mental health struggles, render participation and success within legitimated types of musical involvement difficult or impossible.

Though not within the scope of this project, I also recognize that individuals from particular cultures and class backgrounds may not be given access to musical identity and participation because their musics are not seen as valuable by the dominant culture (Green, 2012; Small, 1998). Noting the social privilege required to secure the training and musician identity necessary to become a music therapist or music educator (Gonzalez, 2010; Zubrzycki, 2015) it is no wonder that professionals within these disciplines are disproportionately White (AMTA, 2011; Bradley, 2007; Elpus, 2015; Hess, 2017, 2018). In turn, this contributes to a colonial agenda within schools of music, where particular musics are reproduced—thereby validating particular students—and many others are omitted (Bradley, 2007). Race scholars recognize that race is a social construction, performed, not unlike Butler's notion of gender (Koza, 2008). Whiteness, then, as a “dominant ideology”, is “reinscribe[d]... through superficial engagement with diversity and through failing to engage discourses of race and power” (Hess, 2017, “Interrupting What?”, para. 5). I acknowledge this ideology's troubling impact upon music education, music therapy, and our clients and students, and recognize that our disciplines must continue to engage critically and reflexively with these themes. Participants in my research were largely Caucasian, representing the majority of the population in the region, and perhaps also representing disproportionate access to services such as summer camps and mental health treatment. I acknowledge this, though do not engage directly with race/ethnicity as a part of this research.

Research supports the significance, both musically and personally, of the development of

robust musical identities. Such development requires building musical aptitude and gaining access to musical participation, of particular relevance to individuals who face barriers in such access. Macdonald and Miell (2002) observe, of a client with a physical disability, that it was through performance that “his identity as ‘musician’ became salient.” From there, others began to see him, and he began to see himself, as capable of creating “beauty and elegance” (pp. 170-171). Davidson (2017) describes “the development of a performance identity” as “empowering and therapeutic” (p. 378) for her community choir of older adults. This shift in identity resulted in “an expanded sense of self”, including “a greater sense of who they were and what they could achieve” (p. 379). Numminen et al. (2015) and Wiens, Janzen and Murray (2002) researched the impact of vocal development upon self-identified “non-singers.” Participants in the latter study identified that “an improved voice gave one a stronger self-identity and built confidence” (p. 231) and “voice training became a metaphor of self-discovery” (p. 231). My own experience of the identity shift from non-singer to singer, through voice lessons, holds many parallels (Mitchell, 2016b). Ruud (2017) notes that “a strong sense of identity derived from music can contribute” to the individual’s sense of vitality, agency, belonging, and meaning (p. 589) and continues: “Our musical identity is...a prerequisite for the exercising of this self-caring technology” (p. 590). We need a musical identity to fully experience music’s benefits.

I propose that the term *musicianhood* refers to the sort of musical identity I am promoting in this research, one that validates musical capability as a natural part of personhood.

Musicianhood is not denoted by high levels of training and/or skill but rather, refers to an identity wherein one actively makes music and sees oneself as capable of doing so. Just as we grant both ourselves and others the quality of personhood (O’Neill, 2012), an individual’s musicianhood is influenced and created by one’s self-narrative along with the narratives and

perspectives of significant others and society as a whole. The term acknowledges the contextual nature of identity or personhood formation (Murray, 2003; O'Neill, 2012) as well as the relational nature of musicking itself (Small, 1998). This focus upon active musical involvement, whether as a player, singer, and/or creator, does not intend to negate the creative engagement that listening often involves (Webster, 2002) nor deny listening's place as a valid form of musicking (Small, 1998). Recognizing however that "performance is the primary process of musicking" (p. 113), it is argued that active music-making is integral to the development of musicianhood.

In focusing specifically upon the process of coming to identify oneself, and/or be viewed by others, as a musician, I am speaking of a specific sort of relationship to music, a sub-topic within the area of "musical identities" (Macdonald, Hargreaves & Miell, 2002). Godlovitch (1998) uses the term musicianhood to describe "a status rank" that is "earned and not conferred" (p. 116). DeNora and Ansdell (2016) expand on the notion of musicianhood, describing it as an "all-encompassing musical identity" (p. 140), which "registers when there is a particular match between how a person experiences themselves in relationship to music, and how this comes to be recognized and acknowledged by others" (p. 140). These authors also recognize that musicianhood is a "fragile identity...easily interrupted or spoiled through personal or social circumstances" (p. 143). Recognizing musicianhood—a notion of oneself as musically *capable*—as a birthright, and recognizing that the development of such a musical identity requires access to active music-making, it follows that the facilitation of access to musical engagement is a worthy venture for the music therapist, whether or not it is overtly connected to the achievement of so-called "nonmusical" goals. Such access is of particular significance for individuals who may otherwise struggle to access active musical involvement, and thus musicianhood, in settings outside of music therapy.

Stige (2010) asserts a hopeful perspective, that we are witnessing a period of “democratization of music studies” wherein previous boundaries between classical and popular, and Western and so-called “world” musics, are being challenged: “This change in perspective has implications for the conception of *musicality*, which no longer could be thought of as a gift for the happy few but rather as a shared capacity of the human species” (p. 7). Matarasso (2019) too observes a rapid growth since the early 21st century in what he terms “participatory art”, acts of “cultural democratisation” (p. 47). He notes that such creation of art by professional and non-professional artists together “challenges our assumptions about what art is” and about “who is an artist and who isn’t” (p. 33).

Our musical experiences are “the raw material of musical identity” (Spychiger, 2017, p. 267) and our musical identities result from “the process of framing or contextualizing personal musical experiences” (p. 591). As research from outside of music therapy continues to support the importance of musical engagement to individuals and societies, the work of music-centered music therapists is rooted in the belief that a relationship to music is an essential part of being human; thus, when access to this relationship is restricted, so too is the full development of the individual (Aigen, 2014).

I turn now to a review of the literature with regards to the connections and distinctions between music therapy, community music, and music education. This connects back to the previous section, as these are contexts in which there is opportunity to affirm access to music-making as a birthright and build musical identities. This will also lead into the following section, in which I will introduce music-centered music therapy as a theoretical perspective relevant to these professions.

Music Therapy, Community Music, and Music Education: On a Continuum

This dissertation promotes music education, community music, and music therapy as “related disciplines that all use music for reasons of a positive outcome” (Macdonald, Kreutz, Mitchell, 2012, p. 7). In this section, I examine discussion in the literature regarding these fields’ points of overlap and distinction and suggest the importance of a perspective that views the disciplines as existing as points along a continuum.

Therapy and education.

With the rise of the discipline of psychology over the past century, and the onset of the postmodern era more recently, have come shifts in the concept of personhood, including an individualistic focus upon self-making and a “remodelling [of] persons from moral agents to emotional ones” (Scott, 2008, p. 549). This has led to what Furedi (2004) terms a “therapeutic ethos” pervading Western society on a number of levels, including its educational institutions. Scott (2008) notes, “Education has absorbed the ethos of therapy and in the process has become one of the major factors in its dispersal and acceptance as the dominant discourse of the age” (p. 551).

Furedi’s criticism of “the regime of therapeutic education” (p. 198) is shared by Ecclestone and Hayes (2009), who call therapeutic education “profoundly anti-educational” (p. xii). They suggest that recognition of students’ emotions and well-being, along with education’s quest to be personally relevant, inclusive, and engaging, “invites people to lower their expectations of themselves and others, and to see others as similarly flawed and vulnerable” (p. xii). Their proposed solution to this therapeutic conundrum lies in a traditional “radical humanist education” that promotes “progress through reason” (p. 164).

These authors raise important points, for example, criticism of a societal “climate where the internal world of the individual has become the site where the problems of society are raised and where it is perceived they need to be resolved” (Furedi, 2004, p. 24). Within our society’s individualistic ideology (Gergen, 2015), educators and therapists risk blaming individuals, rather than systems, which can result in people’s dependency upon so-called experts. Furedi neglects, however, to acknowledge approaches to therapeutic practice, such as feminist and anti-oppressive models (Baines, 2013; Curtis, 2006), which seek to connect therapeutic processes to broader societal change. Furedi’s perspective upon therapy itself is unnecessarily cynical; for example, he states that “self-acceptance represents a round about way of avoiding change (p. 204). Certainly as a practicing therapist, I can say with confidence that this is neither the intention nor the outcome of any successful therapeutic process.

Furthermore, it is troubling that Ecclestone and Hayes’ (2009) alternative to therapeutic education is a Cartesian one—“what makes humanity is the intellectual” (p. 164)—rooted in patriarchal and ethnocentric resistance to emotion and the body and ignorance of the fact that critical reflection “is only one of many valid approaches to knowledge” (Bowers, 2005, p. 7). It seems that these authors’ criticisms of the role of the “therapeutic” in education throws the proverbial baby out with the bathwater; just as effective therapy does not universally invite “people to lower expectations of themselves and others”, the application of therapeutic principles within educational settings need not do so either.

Though a holistic focus upon students’ broader personal development within education is often associated with so-called progressive models of education, the connection is in fact rooted in antiquity (Mintz, 2009; Smeyers, Smith, & Standish, 2007). Lampropoulous (2001) explores similarities between psychotherapy and “other change-inducing social relationships” (p. 21),

including education. It is relevant here to note “common factors” research in psychotherapy, a substantial body of evidence that supports the notion that factors such as therapeutic rapport and the presence of hope and expectation are more powerful predictors of therapy’s success than the particular model subscribed to by the therapist (Lambert & Ogles, 2014; Wampold & Imel, 2015). Drawing upon this body of research, Lampropoulous (2001) notes similarities and differences between psychotherapy and a number of other social relationships and proposes that future research in this area can illuminate “the salient change principles in human interaction” (p. 31). In his recognition of parallels within the type of growth and the relationships formed in education and therapy, I propose that the added presence of music — within *music* education and *music* therapy — may add greater complexity and perhaps more striking parallels to his argument. Given the personal and communal significance that music holds in human lives and societies, it follows that already existing points of overlap between education and therapy may become even richer when they involve music.

Music therapy and music education.

That areas of overlap exist between music education and music therapy is not a new assertion. In his foundational text, Gaston (1968) wrote, “Certainly the good music educator follows many of the principles and processes of music therapy...And just as certain the good music therapist follows many of the practices of music education” (p. 292). Bruscia (2014) notes that the distinctions between these fields are “frequently blurred” given that education and therapy “both help a person to acquire knowledge and skill” (p. 536). Though the literature does not generally present the fields as diametrically opposed, oft-cited distinctions between them can generally be grouped into four main categories: goals, focus, relationship, and training (Bruscia, 2014; Mitchell, 2016).

The first two categories are the most commonly discussed in authors' strivings to articulate how music therapy and music education are distinct. There is general consensus that music education is characterized by an overarching focus upon the achievement of musical skills and "products", as mandated by pre-defined curriculum; in contrast, music therapy is described as focusing upon areas of nonmusical and personal/developmental need within an overarching musical "process" that is unique to each client (Bunt, 2003; Darrow, 2013; Gascho-White, 1996; Goodman, 2007; Hammel & Hourigan, 2011; Macdonald & Miell, 2002; Martinson and Montgomery, 2006; Ockelford, 2000; Patterson, 2003; Salvador and Pasiali, 2017; Woodward, 2000). Interestingly, this general consensus does not take into account the settings of therapy in which goals are determined by a stakeholder other than the client—perhaps a loved one, a psychiatrist, or a judge—nor does it recognize the increasing number of therapies whose contents and outcomes are clearly defined within pre-existing manuals (Wampold & Imel, 2015). In addition, there certainly exist many contexts of education outside of traditional public-school classrooms in which students of any age have degrees of freedom to define their own goals.

Distinguishing music education versus music therapy by citing a respective focus upon musical versus nonmusical goals is also not necessarily accurate given that music therapists' scopes-of-practice depend upon geographical location. Even within North America, there exist key differences. The American Music Therapy Association defines music therapy by the therapist's work with clients towards development in nonmusical domains only (AMTA, 2018), whereas the Canadian definition acknowledges the "musical" domain as an area of "human need" that can be addressed within therapy (CAMT, 2016). I am being somewhat nit-picking here; of course, as a practicing music therapist, I do recognize that the goals that my clients work towards in music therapy are often distinct from goals I would promote in an educative setting.

However, the examples stated above speak to an important understanding that these distinctions cannot always be presumed, suggesting that the fields lie upon a continuum, rather than exist within distinctive boundaries.

Education within music therapy.

Ansdell (2002) traces the development of the modern discipline of music therapy in four stages. Whereas the first stage entailed *receptive* musical experiences, along with music's experimental use within medical treatments, the second stage, beginning in the 1940s, was marked by musicians increasingly playing *with*, rather than *to*, patients. During the ensuing decades, though music therapy began to gain "institutional legitimacy," many pioneers were still able to "maintain a flexible role and to work with a spectrum of musical/therapeutic activities" ("Toward Music Therapy", para. 5). Such flexibility allowed music therapists such as Paul Nordoff and Clive Robbins (1983), Fran Herman (Buchanan, 2009), and Mary Priestley (1975), for example, to use instructional techniques and performance in their work. The field's third developmental stage, beginning in the 1970s, was marked by professionalization and institutionalization, as music therapy became affiliated with the prevailing medical and psychological frameworks of the day (Ruud, 2004). An understanding of music therapy based in these frameworks began to replace the more flexible musical practices of the previous stage. Instructional techniques and performance did not benefit music therapy's new status in healthcare and the academy.

At the time of his writing, Ansdell (2002) observed the field to be entering a fourth and "reflexive" stage in its evolution. This stage has included, in some circles, a challenge of the primacy of the medical model, which in turn affords renewed opportunity for dialogue regarding our *musical* common ground with colleagues in music education and community music. The

emergence of community music therapy, an important marker of this fourth stage, will be discussed in depth later in this chapter. Community music therapy is also relevant in the present discussion given its explicit connections to music therapy and community music. Community music therapy is also implicitly linked to music education, as its initiatives often include performances, workshops, and ensembles, challenging the “boundaries between traditional concepts such as therapy and education, or treatment and impact” (Wood, 2016, p. 36).

Rolvjord’s (2010) “resource oriented” approach to music therapy is another marker of the fourth stage in music therapy’s evolution. Rolvjord (2004) promotes working towards musical goals with clients, noting that “therapy is not only about curing illness or solving conflicts and problems, it is also about nurturing and developing strengths and potentials (p. 100). She recognizes that musical skills are “a valid resource that might create access to social relationships and to social recognition” (p. 103), and describes musical skills as potentially contributing to mastery, self-efficacy, self-esteem, and positive emotions. Thus, music therapy may involve teaching an instrument, for example, so long as the process is “concerned with helping the client to achieve what is important for that person” (p. 104). Fundamentally, Rolvjord views musical empowerment as a process of “regaining rights to music” (p. 107); this holds particular significance for societies wherein access to music-making is shrouded in elitism.

Educational techniques can be used within more traditional music psychotherapy models of practice (Bruscia, 2014). For example, influential music therapist Florence Tyson (1982) used voice instruction in her clinical practice and drew parallels between the processes involved in learning to sing with those involved in overcoming mental illness. Several authors mention the inevitability that musical skill will develop in music therapy even when it is not the overt focus (Hall, 2012). Ockelford (2000) writes

Is it ever possible to indulge in music therapy with [children with developmental disabilities] without, at least to an extent, engaging in educational activity too?...Is it not reasonable—and indeed desirable—to assume that, in many children, skills and understanding will develop in the course of therapy sessions? Surely, the greater the technical proficiency, the more effectively a child will be able to express herself in music...Conversely, it seems unimaginable that a child could make educational progress unless she had at least a partial feeling of well-being...Hence, is there not inevitably a therapeutic component in education too? (p. 214)

Habron (2014) too, notes that “music therapists encourage and promote learning within therapeutic contexts and do not separate, what, after all, are inextricably overlapping domains” (p. 104). Community music, in its place on the continuum between music therapy and music education, represents another inextricably overlapping field of practice.

Community music.

Community music as it is currently understood is both a pervasive practice, taking place across cultures and contexts, and an emerging field of formal academic study and research. As both a practice and field of inquiry, community music undoubtedly has many connections to music education. Veblen (2012) describes community music as “informal music making, which includes teaching and learning dimensions” (p. 1). Community music occurs in a wide variety of settings, and is “local, personal, political, multifaceted, and above all, fluid” (p. 1). There is an implicit hybridity in the role of the community musician, as described by Veblen (2008).

In addition to his or her duties as an ‘instructor’, the CM worker usually takes on many other roles—prompter, mentor, facilitator, catalyst, coach, director—one or more of which may require the community musician to draw upon his or her expertise as a music

educator, entrepreneur, fundraiser, therapist, social worker, performer, composer, arranger, music technology expert, ethno- musicologist, dancer, poet, visual artist, storyteller and more. (p. 7)

Paradoxically, fluidity and elasticity, as described by Veblen, are critical defining features of community music. It follows that the discipline has long resisted institutionalization and categorization (Higgins, 2012; Veblen, 2012), and thus its professional trajectory and evolution have been distinct from music therapy's (Ansdell, 2002).

Community music undoubtedly contains areas of overlap with music therapy. Linking the formalization of community music to the ideology of the time, Ansdell (2002) states, "Not until the 1960s–70s...were attempts made to consciously articulate this link between the social and the musical amongst people *not* defining themselves as 'music therapists'" ("Towards Community Music", para. 2). Community music holds participation and inclusivity as core values (Ansdell, 2002; Higgins, 2012; Higgins & Willingham, 2017; Veblen, 2008). Many community musicians focus upon participants' personal growth and social well-being equally or more so than musical outcomes (Higgins, 2012; Higgins & Willingham, 2017; Veblen, 2008), whereas others may place greater priority upon aesthetic achievement or social change (Ansdell 2002; O'Grady and McFerran, 2007).

In discussing the relationship between community music therapy and community music, O'Grady and McFerran (2007) suggest three areas of distinction. They note that the community music therapist has the ability to "follow a person along the whole health-care continuum" (p. 21), whereas community musicians do not typically work with individuals during acute stages of illness. Secondly, they explain that community musicians at times will prioritize aesthetics whereas music therapists typically prioritize individual needs. Finally, they observe that music

therapy has externally-set behavioral and ethical guidelines. Wood and Ansdell (2018) also examine the relationship between community music and music therapy. They observe the traditions' shared "root attitude to music" (p. 457), particularly in relation to Small's (1998) concept of musicking, and use an "ecological perspective" to frame musicking, health, illness and wellbeing (p. 458).

Notably, community music involves both the achievement of musical outcomes along with a focus upon music's personal and/or social relevance for its participants. Areas of overlap between music therapy and community music are arguably broadening, as "music therapists are expanding their practices to become more politically and socio-culturally sensitive whilst community musicians are more consciously working alongside participants towards health-related outcomes" (Higgins & Willingham, 2017, p. 113). As we conceptualize music education and music therapy as lying on a continuum, community music naturally occupies an ever-changing location in-between them. In the next section I examine music education settings' promotion of non-musical or therapeutic goals, as a means of continuing to promote a continuum perspective upon these fields and challenging simplistic perspectives upon the purpose of music education and music therapy.

Therapeutic goals in music education.

Research, practice, and advocacy that promotes or acknowledges the achievement of nonmusical aims in music education speaks to the potential benefits of musical engagement that transcend context and labels. This work also illuminates further areas of connection with music therapy, as it challenges entrenched perspectives upon music education that see its sole focus as "the teaching and learning of music" (Smith, 2018, p. 183).

Though largely outside of the scope of this study, it is important to note research that examines the impact of music education upon academic performance, impact that “represents a kind of transfer, a process in which learning improves skills or abilities in a new context” (Rauscher & Hinton, 2011, p. 225). These investigations include areas such as language skills, mathematics, and spatial-temporal reasoning and awareness (Butzlaff, 2000; Courey, Balogh, Skier & Paik, 2012; Hallam, 2010; Rauscher & Hinton, 2011; Wolff, 2004). Rauscher and Hinton (2011) present evidence that “music instruction can enhance children's spatial-temporal reasoning, numerical reasoning, and phonemic awareness” (p. 115) but also note that if one wishes to improve one’s functioning in these areas, “there are undoubtedly programs that would achieve such objectives more effectively than music instruction” (p. 225). They conclude their extensive literature review by noting, perhaps facetiously, that “music instruction has the added advantage of teaching students music” (p. 225).

Gertrud Orff’s clinical adaptation of Orff-Schulwerk highlights the flexibility of an educational approach for the achievement of therapeutic aims. Here, elements of the Orff approach to music education, including the ideas of “elemental music, multisensory aspects of music, and the instrumentarium” were recognized as “especially suitable for working with children with developmental delays and disabilities” (Voigt, 2013, p. 99). With many parallels, Habron (2014) considers “theoretical and technical similarities between Dalcroze Eurhythmics and music therapy” (p. 91), including their use of “musical interactions [that] are communicative and improvisatory, and based on synchrony and attunement” (p 104). Resonant with this dissertation, Habron draws upon music-centered perspectives (Aigen, 2014) from improvisational music therapy to suggest that Dalcroze is “a music-centred education” (p. 100). Habron’s use of music-centered music therapy evokes similarities to my previous research

(Mitchell, 2007, 2016b) in which I examined students' experiences of personal growth within private music lessons and drew upon music-centered theory to frame these experiences. Habron notes that, within Dalcroze practice, "even when not with a particular clinical population, wellbeing outcomes may be present" (p. 105), a finding in my own prior research as well.

Special education.

Intersections between music therapy and music education are most frequently discussed as they pertain to special education. In this context, music therapists regularly provide both group and individual services for students of inclusive and self-contained classrooms (Montgomery & Martinson, 2006). Salvador and Pasiali (2017) explain that the "goal of music therapy as a clinical service in school settings is as a medium for assisting students in meeting educational outcomes" (p. 96). In the United States the provision of music therapy can be included in a child's IEP¹, allowing a student to receive music therapy if an assessment "indicates that he or she needs the service in order to make considerable improvement in his or her skill level" (p. 95). In contrast, the provision of music therapy within Canadian schools is not guaranteed through legislation, and thus is dependent upon the decision-making of administrators at a local level.

Given that many music education training programs do not offer or require courses that address exceptionality (Salvador & Pasiali, 2017), practitioners and researchers alike recommend that educators consult and collaborate with music therapists in order to be better equipped to meet the needs of students with disabilities (AMTA, 2016; Darrow, 1996, 2013; Hammel & Hourigan, 2011; Johnson, 1996; McFerran & Elefant, 2012; Montgomery & Martinson, 2006; Rickson, 2012; Salvador and Pasiali, 2017). Music therapist Rickson (2012) undertook an action research project in order to support educators working with students with disabilities "to use

¹ Individualized Education Plans are documents "describing the special education program and/or services required by a particular student" (Ontario Ministry of Education, 2017, p. E6).

music experiences that were especially planned to assist students to meet developmental and/or academic goals (p. 269). Through her development of a model for music therapy school consultation, she found that educators, even those with no formal musical training, “can be empowered to facilitate music experiences, and to maintain or develop their use of music to meet student goals” (p. 270). She notes that such consultation has particular relevance in areas of geographical isolation where students have limited access to music therapy services.

In a recent study, Smith (2018) examined the roles of a music therapist and music educator in an American suburban public school. Stemming from her clear-cut notion of the differences between the two fields—“Goals in music therapy can be physical, emotional, cognitive, or social....Music education involves the teaching and learning of music” (p. 183)—she shares a model of the fields that is troubling in its over-simplification. For example, she proposes that improvisation, as well as the development in “cognitive skills”, “communication skills” and “problem solving” are exclusive to music therapy, whereas to focus upon a child’s “musical responses” is the sole domain of the music educator (p. 193). Without resorting to such generalizations, certainly, I share Salvador and Pasiali’s (2017) vision for a music therapist in each school district so that, in turn, the music educator is “well-supported” and “freed to do what she knows best: effectively facilitate music learning and music making with children” (p. 102).

Ensembles.

Research that examines the personal and social benefits of participation in musical ensembles represents another area of overlap between music education, community music, and music therapy. For example, Coffman and Adamek (1999) surveyed members of a volunteer wind band for older adults and found that members joined the program because of a desire for both participation in music-making and increased socialization. Participation in the band was

viewed as contributing to enhanced quality of life for these adults. Jutras (2011) too surveyed a large sample of older adults participating in a band program; similarly, his findings suggest that adult participants strongly value the development of new skills, but also the social benefits—including new friendships, camaraderie, belonging, and a common purpose—and personal benefits of participation.

Many studies examine group and choral singing for individuals with mental health issues, addictions, and social disadvantage. These studies cite benefits in mood enhancement (Clift & Morrison, 2011; Dingle, Brander, Ballantyne & Baker, 2012; Dingle, Williams, Jetten, & Welch, 2017; Eyre, 2011), emotion expression and regulation (Bayley & Davidson, 2003; Dingle et al., 2012; Eyre, 2011), self-esteem (Bailey & Davidson, 2003; Eyre, 2011), social connection (Bailey & Davidson, 2003; Clift & Morrison, 2011; Dingle et al., 2012, 2017; Sun & Buys, 2013), accomplishment and pride (Bayley & Davidson, 2003; Clift & Morrison, 2011; Eyre, 2011), and increased physical health and/or other health-promoting behaviours (Dingle et al., 2012; Plumb & Stickley, 2017; Sun & Buys, 2013), among many others.

Studies of choral singing's impact on the wellbeing of amateur singers in the general population shows similar benefits in social, emotional, physical, and cognitive domains (Livesey, Morrison, Clift & Camic, 2012; Moss, Lynch & O'Donoghue, 2017). Livesey et al. (2012) comment that the strength of their findings suggest that "choral singing could be used to promote mental health and treat mental illness" (p. 10). The participants in Moss et al. (2017)'s study noted each of the benefits listed in the previous paragraph, as well as experiences of "transcendence" and improved "spiritual health". The authors note this as an important finding, particularly given the study's significant sample size.

Beynon (2017) describes an intergenerational choir made up of high school students, persons with dementia, and caregivers. In this setting, learning goes “far beyond improvement in singing” (p. 24) and encompasses “life lessons about acknowledging, understanding, and appreciating such significant aspects as chronic illness, aging, death and dying, developing communication skills, socialization, and caring, which in turn support the development of self-efficacy and renewed confidence” (p. 24). Harris and Caporella (2014) too formed an intergenerational choir for college students, individuals with Alzheimer’s disease, and caregivers. Their research displayed choral singing’s impact in decreasing social isolation for the older adults and decreasing stigma surrounding Alzheimer’s disease for the college students. Choral singing for individuals with Chronic Obstructive Pulmonary Disease, which aims to reduce physical symptoms of the disease while increasing positive social connections, is becoming more common (McNaughton et al., 2016; Morrison & Clift, 2013)

Referring to research that affirms the possibility of “building meaningful human relationships” within choral settings, Cohen (2012) reflects that “such findings suggest the possibility that...what we do as much educators is much broader than just focusing on sonic dimensions of music making and understanding” (p. 48). She refers to lyric content, the “embodied aspects of choral singing” and the “group processes” as “tools for expanding participants’ social awareness, provided the choir director purposefully facilitates communal growth among the members” (p. 48). As has been exemplified, music ensembles, including those under the purview of music educators, often can be linked to substantial individual and social benefits for participants. Many of the above examples could be classified as community music, community music therapy, or music education, making a strong case for viewing these fields as lying on a continuum.

The case for a continuum and transdisciplinarity.

Our fields' similarities, rather than differences, become illuminated when we focus upon our shared medium of music (Bunt, 2003; Gascho-White, 1996; Martinson & Montgomery, 2006). In this spirit, Robertson (2000) presents a continuum that progresses from "clinical music therapy" through "educational music therapy" and "music education" to "music profession" (p. 45). He recognizes that clinical and special education needs are not always easily differentiated, and that "a sensitive music teacher would find it difficult not to work therapeutically (perhaps clinically) when attending to the most complex needs of such pupils" (p. 44). He recognizes that clear-cut distinctions between music education and music therapy serve to "diminish the quality of the educational experience" in their failure to "acknowledge the creative heartbeat of good teaching" and the "*feelingfulness* of music" (p. 41, italics original).

The fact that Robertson's (2000) proposed continuum for music education and music therapy is situated within a discussion that pertains specifically to special education is notable. I certainly concur that special education is a natural and important point of crossover for these fields. I also suggest that the relative dearth of conversation regarding such crossover outside of special education speaks to unnecessarily entrenched views as to the purpose and aims of music therapy and music education, not to mention problematic generalizations about individuals with diagnosed disabilities as requiring therapeutic intervention (Aigen, 2014). There is significant opportunity to open our respective fields of vision far wider, to include but also go beyond special education, in order to explore the shared elements in our work regardless of context. Here, we can begin to entertain a true notion of continuum and invite transdisciplinary dialogue.

Darrow (2013), importantly, advocates for children's "musical rights" (p. 13). She explains that "if children are only given music therapy, they are begin discriminated against in

terms of their cultural and aesthetic education” since music therapists “do not attend to the musical growth of the child” (p. 14). I do unequivocally agree with Darrow that *all* students should have access to music education. However, her argument is limited by its assertion that music therapists do not attend to musical growth. A music-centered perspective on music therapy (Aigen, 2014), which will be elucidated in the following section, presents an entirely different possibility. This perspective affords a widening of our lens upon music’s role in both music education and music therapy.

Stember (1991) outlines a typology that includes the terms intra-, cross-, multi-, inter-, and finally transdisciplinary. The latter three are relevant here, as multidisciplinary and interdisciplinary are used frequently and sometimes interchangeably (Stember, 1991), and transdisciplinary represents an aim in my own scholarship, present and future. Stember defines multidisciplinary work as involving "several disciplines who each provide a different perspective on a problem or an issue" ("Definitions of Interdisciplinary", para. 4). This is distinct from interdisciplinary scholarship, wherein "integration of the contributions of several disciplines to a problem or issue is required" (para. 4). These are both set in contrast to transdisciplinary study, which is "concerned with the unity of intellectual frameworks beyond the disciplinary perspectives" (para. 4). Chapter Six in this dissertation illuminates one such attempt at a transdisciplinary conversation.

I turn now to a discussion of music-centered perspectives from music therapy. This framework is indelibly connected to the discussions above regarding our musicality as humans, the connections between music therapy, community music, and music education, and the importance of transdisciplinary scholarship. This perspective thus aligns with all components of this dissertation.

Music-Centered Music Therapy

Music-centered music therapy, a theoretical perspective that underlies various clinical approaches, is fertile ground upon which to propose dialogue with musical practices outside of therapy, given that music-centered therapists “consider the value of music in music therapy to be the same as its value outside music therapy” (Aigen, 2014, p. 30). Music-centered theory recognizes that music therapy practice can be based first and foremost upon the properties and affordances of music and musical experience, rather than theory from medicine or psychology.

Arguably, the simplest and most common way to define music therapy is “the use of music to achieve nonmusical goals” (Aigen, 2005, p. 56). Certainly, professional associations often reflect this focus upon music’s nonmusical benefits in their respective definitions of the field (AMTA, 2018). Grounding music therapy in the achievement of nonmusical outcomes, while using music as a tool, is undoubtedly a helpful way to delineate the field from music education, or to advocate for its place on interdisciplinary treatment teams within healthcare settings. However, as Aigen (2014) argues, this is an untenable foundation for music therapy to rest upon: “If a better, quicker or more efficacious tool can be found toward the nonmusical end, then there is no rationale for the provision of music therapy. This is because the music is merely a tool for an extrinsic purpose” (p. 65).

This is a familiar conundrum to music educators too, who face perennial temptation to advocate for the existence of school music programs based on music’s ability to improve students’ functioning and intelligence in other domains (Coalition for Music Education, 2019; Vitale, 2009; Willingham & Bartel, 2002; Wolff, 2004). Wolff (2004) rationalizes the importance of research surrounding the “nonmusical outcomes” of music education given that music and the arts are often viewed as “educational frills” and thus as “logical targets for

reductions" during times of budgetary cutbacks (p. 74). She asserts that these outcomes, whether or not the educator deliberately focuses upon them, may provide "justification...for maintaining strong arts programs" (p. 74). In contrast, Varkøy (2015) provides scathing criticism of music education's "kneeling in front of modernity's tendency of worshiping instrumental reason and technical rationality" (p. 48), proposing that the value of *musical experience* must be the field's *raison d'être*. Rauschner & Hinton (2011) caution that "an emphasis on extra musical values may be detrimental to the progress of music education" (p. 225), a stance that holds strong parallels to Aigen's perspective upon music therapy.

Aigen (2014) proposes an alternative to the rigid polarities of advocating for musical engagement "for music's sake"—a focus upon the sounds and structures within music itself—versus for music's "nonmusical benefits." Though intended as a framework for music therapy, I argue that perspective is relevant for music education, community music, and indeed, any discipline whose scope encompasses human relationships and active musical engagement.

If music enriches human life in unique ways, and if this enrichment is considered to be a legitimate focus of the work of music therapists, then what music therapy provides to people is different from that of other therapies. It provides experiences of music, self, others, and community, within music, that are essential to well-being and that are uniquely musical. (p. 65)

Rather than viewing music as a tool intended to produce nonmusical ends, Aigen's alternative perspective—that music enriches human life in unique and *musical* ways—affirms that the role of the music therapist, and by extension, the music educator and community musician, is distinct.

It is challenging, semantically at least, to grasp the seemingly paradoxical notion that music's nonmusical benefits are somehow also musical in nature. Stige et al. (2010) offer the

term “para-musical” as an aid in navigating this apparent paradox. Para-musical phenomena are neither the sounds themselves nor the benefits that appear once the musicking is complete. Para-musical affordances exist somewhere in between, “wrapped up in the immediate ecology and need of a situation, and...never an abstract entity that you could isolate—either during or afterwards” (Ansdell and DeNora, 2016, p. 35). These “other ‘things’ that are caused, initiated, influenced, modulated, or co-occurring with musicalized sounds” may include actions, responses, thoughts, associations, and emotions that “accompany or work beside the musical, whilst not being purely musical themselves” (p. 35).

This subtle shift in language, to speaking about the *para*-musical rather than the extra-musical, opens up space in which we can celebrate *both* musical engagement alongside its human value while resisting simplistic notions of musical stimuli leading to specific nonmusical effects. As Ansdell (2014) explains,

Musicking is seldom a single means to a single end, but rather a complex medium that has qualities that usually transcend any specific purpose....As such, musicking has value and purpose as an end in itself. Paradoxically, this is exactly how it achieves other things...[S]ubtle but powerful musical affordances only show up when music retains its wholeness as a phenomenon; when it remains musical. (p. 299)

Given that music-centered theory is rooted in music—rather than medicine or psychology—it seems not far-fetched to explore its relevance to music education or community music. Music’s para-musical aspects, those “experiences of music, self, others, and community, within music, that are essential to well-being and that are uniquely musical” (Aigen, 2014, p. 65), are available in any musical context. Conversely, *any* mode of human musical engagement can also be a modality for music therapy (Wood, 2006).

Recognition of music's para-musical affordances, along with our inborn musicality as a species, returns us to the imperative that humans have access to musical experiences. As a music-centered music therapist, my role may be "to midwife music's help in situations where people can't necessarily access it for themselves" (Ansdell, 2014, p. 296), "making music possible" (Stige, 2010, p. 16). Powerfully, Aigen (2014) asserts that it is problematic to presume that people with disabilities "must have their access to music based upon nonmusical criteria that are different from other members of society" (p. 72). Just as non-institutionalized members of society may choose to participate in musical engagement for the sake of musical engagement—and in doing so, may experience a host of music's para-musical affordances—so too must those with less agency have such access. Ansdell (2014) proclaims that "We must preserve musicking for its own sake, not to achieve something else (even when it often does just this)" (p. 300). In this dissertation, both the Coffee House and the Arts Express camp exemplify this paradox: musicking *both* for its own sake and with a whole host of impacts.

In its spacious recognition of all that musical engagement may afford its participants, this theoretical framework invites dialogue regarding our shared values and practices with other musical disciplines, even as we maintain our distinctness as well. Along the continuum discussed earlier, community music therapy lies in-between community music and music therapy. This music-centered approach to clinical practice edges closer to community music than does traditional music therapy, and also holds areas of overlap with music education.

Community music therapy and the role of performance.

For many music therapists, the emergence of community music therapy did not so much define a new way to work, but rather represented a "'coming out' with a broader identity of what it is to work musically with people" (Pavlicevic & Ansdell, 2004, p. 17). As music therapy

evolved through the stages outlined earlier (Ansdell, 2002), practitioners had not necessarily stopped working with a wide spectrum of musical activities, but certainly many music therapists felt that they could not discuss these aspects of the work openly, due to their “ongoing struggle to have the depth, potency, and professionalism of their work recognized” (Aigen, 2012, “Overview of Music Therapy”, para. 4). Despite the field’s focus, for a time, upon the “trappings of status” (Ansdell, 2002, “Toward Music Therapy”, para. 10), including practice couched in purely psychological or medical terminology, as Aigen (2012) observes, “the natural modes of relating to music favored by clients have led in the opposite direction, eventually bringing the profession full circle through the introduction of [community music therapy]” (“Origins and Foundations”, para. 2). Performance represents one such natural mode of engaging in music.

From a scholarly perspective, discourse in community music therapy surrounding both music’s embeddedness in context and the value of performance can be linked to movements in “new” musicology. Music is no longer viewed as an “autonomous object” but rather is recognized as entirely “embedded in socio-cultural process” (Ansdell, 2004, p. 67). If music is inherently social and active (Goehr, 2009; Cross, 2014) and if performance is a primary means of engaging in music (Cook, 2012; Small, 1998), then it can be argued that to limit music therapy to the confines of a private room in fact limits the potential within musical experience. Procter (2013) notes that the “psychotherapeutic norms of privacy and boundaried practice...in many ways cut against the intrinsically social nature of music” (p. 39). He continues, “Anecdotal evidence suggests that where music therapy has thrived, it has often done so because music therapists have been seen as willing and able to be involved outside their sessions” (pp. 39-40).

Performance’s role in many community music therapy projects is thus music-centred; performance is a natural mode of relating to music, and within performance there are affordances

that cannot be achieved in other ways. This perspective views “the act of aesthetic completion via performance as within the music therapist’s professional activity rather than outside of it” (Aigen, 2014, p. 166). Incorporating performance into practice validates music’s ecological role in communities and the continuities between clinical and nonclinical music-making (Aigen, 2014). Regarding music’s ecological nature, Epp (2007) explains that “people express themselves with music's contextual components as much as with its structural components” (“Implications for Music Therapy”, para. 1). Thus, she asserts that for music therapists, “Mediating personal significance through context may also mean that the most meaningful way for music to be experienced is in settings other than the closed music therapy space” (para. 3).

Community music therapy is an approach to practice with no singular or fixed definition, as “our discipline is not just contained in practice, it is revealed by it” (Wood, 2016, p. 21). Ansdell (2002) describes community music therapy as “an approach to working musically with people *in context*: acknowledging the social and cultural factors of their health, illness, relationships and musics” (“Defining Community Music Therapy”, para. 3). This approach “goes beyond conceptions of music therapy in community settings to also embrace music therapy *as* community and music therapy *for* community development” (Stige, 2010, p. 10, italics original). At its essence, within community music therapy “music is considered to be a natural agent of health promotion (Aigen, 2012, “Origins and Foundations”, para. 4). Within community music therapy, Wood (2006) proposes, “all formats of music-making can become formats for music therapy”, as the approach is “based on an understanding that the essence of any form of music-making is the way in which music works within and between people” (“The Matrix”, para. 1).

Though they too resist rigid definitions, Stige and Aarø (2012) do recognize defining elements of community music therapy. The *ecological* nature of the approach has already been

referenced above in the acknowledgement that music is “embedded in socio-cultural process” (Ansdell, 2004, p. 67). Linked to its “celebration of ecology, context, relationship, community” is the fact that community music therapy “tends toward rethinking the causal individualism of the medical model and of positivist science” (Wood, 2016, p. 36). Community music therapy’s *activist* qualities resonate with the prior discussion regarding the music-centered therapist’s role in facilitating inclusive access to music-making.

Stige and Aarø (2012) also describe community music therapy as *participatory*, with regards to “how processes afford opportunities for individual and social participation, [and] how participation is valued” (p. 20). The inclusive notion of participation that underlies community music therapy is aligned with Turino’s (2008) use of the term, central within Chapter Three of this dissertation. Turino’s ethnographic research surrounding musical performance led him to proclaim that “music is not a single art form” (p. 20) and identify two distinct “fields” within musical performance. Within *participatory* performance “there are no artist-audience distinctions” and “the primary goal is to involve the maximum number of people in some performance role” (p. 26). This is contrasted with *presentational* performance, “situations where one group of people, the artists, prepare and provide music for another group, who do not participate” (p. 26). These fields and their participants have distinct goals, values, and practices, “shaped by their conceptions of the ideologies and contexts of reception and the purposes of music within that field” (p. 27). As distinct practices, it is not the case that participatory music-making is amateur or lesser in comparison to the “‘real music’ made by the pros” within presentational settings; rather, participatory performance involves “a different form of art and activity entirely” and “should be conceptualized and valued as such” (p. 25). Turino’s framework is a fitting lens through which to examine the significance of music-making within community

music therapy, or indeed any setting that values access over elitism, and plays an important conceptual role in the present research.

Resource-oriented is both a descriptor of community music therapy (Stige & Aarø, 2012) and also a separate model of clinical practice in music therapy (Rolvjord, 2010), as mentioned briefly earlier. Resource-oriented music therapy is important to note here given its intersections with music-centered and community music therapy. This model critiques “the strong illness ideology or a medical model in mental health care and psychotherapy” (p. 10), involves “the nurturing of strengths, resources, and potentials” and “collaboration rather than intervention”, and views “the individual within their context (p. 74). Rolvsjord draws strongly upon empowerment theory within her model; she notes that “empowerment includes access to valued resources” and that musical skills are valuable resources in many contexts (p. 44). As such, this model marks an important place of intersection with music education in its recognition of the potential clinical value of developing musical skills.

In describing community music therapy as *performative*, whether or not it includes public performance, Stige and Aarø (2012) explain that musical participation in community “affords the possibility of performing new identities” (p. 19). The relational, performative nature of identity development has already been discussed (Burr, 2003; Gergen, 2009; Newman, 1999), as has the relevance of music to the process of identity-formation. There are thus many natural intersections between music, community music therapy, performance, and identity formation, intersections that will be elucidated further in Chapters Four and Five of this dissertation.

With regards to the performative nature of community music therapy, I have chosen in this research to place particular focus upon the experiences of individuals involved in active music-making rather than listening. Though I agree with Small (1998) in his assertion that

everyone present at a performance is musicking, I also concur with Turino (2008):

Without diminishing the importance of music listening, I would suggest that music-making and dancing provide a special type of activity for directly connecting with other participants, for the intense concentration that leads to flow, and for an even deeper involvement with the sonic signs that create effects of feeling and physical reaction and thus personal integration. (p. 21)

Though I have placed primacy upon the experience of performing itself, I recognize throughout this research that audience members, those who bear witness, play a vital role to the success of community music therapy settings. The audience is an element of musical performance not available within a traditional music therapy framework, due to its valuing of confidentiality and boundaries. Participants in this research cite the presence of a supportive audience as vital within the development of their own identity-narratives. This act of witnessing was also transformative with regards to the relationships between performers and audience members.

Bearing witness is certainly integral to the work of any psychotherapist, letting clients know “that we are willing to be with them in places that they have inhabited alone, embracing despair while offering hope” (Lord, 2008, p. 127). As Weingarten (2000) explains, “voice is contingent on who listens with what attention and attunement” and thus “voice depends on witnessing” (p. 392). This act of witnessing is not only transformative for the client but for the therapist too, who may be deeply moved or inspired by witnessing a client’s story and process of change (Miller & Stiver, 1997; Timulak, 2014).

The presence of an audience heightens this experience of witnessing. The audience provides a large, flexible, and diverse mirror (Ansdell, 2014) and thus the potential for performers to be seen and to see themselves in different and new ways. Wood (2016) described

the impact of performing upon individuals with disabilities and their audience: “I was aware that the place of these musicians in their communities was also changing: Their relationships with family and friends had complexified, and they felt beautiful again” (p. 124). This impact of performance upon both performer and audience member, and how this intertwines, is a central focus of the chapters that follow.

Onwards

The topics explored above—identity formation, the musical-ness of humans, music-centered music therapy, community music therapy, and the relationship between music education and music therapy—are pertinent to the four chapters that follow. The confluence of these perhaps seemingly distinct areas will become evident, as each of these areas holds relevance to this research’s different sites and topics of inquiry and certainly to my own practice.

I am a music therapist who primarily utilizes a psychotherapeutic model, though I also facilitate a weekly community music therapy “jam session” for patients at my workplace as well as a choir for staff members, examples of community music therapy and community music. My doctoral studies are within a department of music education. And, the various portions of this dissertation, as described, pertain to community music therapy, community music, and music education. Though certainly distinct, these papers are not disparate entities, nor are the disciplines they portray and explore. At the heart of each chapter, are considerations regarding the impact of musical involvement, specifically performance, upon the individual, upon relationships, and upon communities. Also woven throughout each subsequent chapter is an indictment regarding the well-defined boundaries we all maintain around our chosen professions, whether as music therapists, community musicians, or music educators. Music’s affordances do not take disciplinary context into consideration. Let us open the floodgates.

Chapter Three:
Community Music Therapy and Participatory Performance:
Case Study of a Coffee House²

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Abstract

This case study research explores the impact of a musical performance event—the Coffee House—held bi-annually at an adolescent mental health treatment facility in Southwestern Ontario, Canada. Any client or staff member is welcomed to perform at this event, which is organized by the facility’s music therapist and framed here as an example of community music therapy. Drawing upon Turino’s (2008) ethnomusicological perspective on performance, I will argue that the Coffee House’s success within this context is due to its participatory ethos, wherein success is primarily defined by the act of participation. Here, performance takes place within an inclusive and supportive atmosphere in which participants can overcome anxiety, engage in the risk-taking of performance, and experience increased self-efficacy and confidence. This ethos also naturally affords a “levelling” of institutional relationship dynamics. Resonant with Aigen’s (2004) vision that “performances as community music therapy can forge a new type of art, one that creates meaning and invites participation” (p. 211), the Coffee House

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exemplifies the ways in which the values within participatory settings are indeed different and new in comparison to presentational settings that are the norm in Western society.

Keywords: community music therapy, mental health, adolescents, performance, participatory, ethnomusicology

Perhaps performance as Community Music Therapy can forge a new type of art, one that creates meaning and invites participation rather than creating a commodity that invites judgement. (Aigen, 2004, p. 211)

On a snowy day in January 2016, I found myself with a hot chocolate in my hands and seated at a table among former co-workers. Although I was intimately familiar with my surroundings—the adolescent mental health treatment centre where I had previously been employed—I was less familiar with the role of researcher I was to hold on this day. I watched as over 50 people—youths and staff members—entered the space until there was only standing room remaining. I noted a buzz of excitement and sense of camaraderie in the air, feelings one did not experience every day in this place, but that I along with colleagues and clients, had often reported experiencing at this bi-annual Coffee House. The event’s line up, detailed in a program that featured one youth’s artwork on its cover, included performances by clients and staff members: a bucket drumming group, rock band, air band, and many solo or duo acoustic songs. The audience’s support for the performers was evidenced by hearty applause, cheering, and at times, standing ovations.

One of the most memorable moments that day was the performance of a staff member. As cheers erupted from the audience before her song began, the psychologist sitting beside me leaned over to tell me that this was her first time performing solo. I witnessed her whole body shaking from nervousness and her deliberate slow breaths. When at the chorus her singing increased in volume the audience spontaneously applauded. At one point, she forgot a word and

briefly stopped singing. With the help of the music therapist supporting her from the piano she decided from where to begin again and cheers once more erupted as she resumed. As the song ended, a message appeared on the screen at the front: “Thank you everyone for supporting me as I step out of my comfort zone.” While a standing ovation ensued both a youth and a colleague ran to hug her.

Introduction to the Research

Research Setting

The scene described above took place at a treatment facility in Southwestern Ontario, Canada, for youths aged 12–18 with mental health concerns. This site, operated through a local not-for-profit social service organization, provides day and residential treatment programs as well as an open custody unit for adolescents sentenced through the criminal justice system, all within a multidisciplinary team environment. Clients, a term used interchangeably with youths throughout this paper, attend school here within a modified classroom environment, and access resources such as individual and family counselling, nursing, psychiatry, psychological assessment, recreation, and music therapy. The music therapist’s caseload consists primarily of individual sessions following a psychotherapeutic framework, wherein youths work towards goals that align with their broader treatment plans. I was employed as the music therapist here from 2007 to 2012. In 2008 I decided to expand my clinical role to include the organization of bi-annual performance events, Coffee Houses. The current music therapist has continued this tradition and notably has also initiated weekly rock band and bucket drumming rehearsals.

Background to the Research

Receiving a mental health diagnosis, attending school and maybe living within a treatment milieu, often means missing out on certain normative experiences. Participation in

music therapy is one of the only opportunities for active artistic engagement at the facility described here, and my decision to begin organizing Coffee Houses was primarily fueled by the wishes of my clients. Many youths on my caseload regularly requested to perform; their desire to share their music beyond the walls of the music therapy room had developed naturally through our work. I also quickly learned after starting this position that my caseload could not accommodate all clients at the facility who were interested in sessions. As such, I recognized the potential value in creating an artistic outlet for all interested youths. From the outset, I created the event as one in which staff members and youths could perform alongside one another. Acknowledging that issues such as burnout and vicarious trauma (Pearlman, 2012) were significant for staff members, it was my vision that participation could offer a source of enjoyment and expression for all members of the community as well as an opportunity through music for interaction with one another distinct from the hierarchical nature of institutional relationships (Aigen, 2004; Maratos, 2004).

As a novice music therapist at the time, there was tension between my decision to organize performance opportunities for my clients and my recent training. The underlying principles of my music therapy education had held sacred the boundaries of the clinical space. Aigen (2012) traces the music therapy profession's conflicted relationship to performance with our struggle to be recognized as a valid medium for in-depth treatment within healthcare settings. Music therapists, perhaps rightfully so, fear that facilitation of community-oriented events and performances could undermine our place on the treatment team. However, while music therapists worked tirelessly through the latter part of the 20th century to advocate for confidential spaces in which to conduct treatment for individuals and small groups, "the natural modes of relating to music favored by clients have led in the opposite direction, eventually bringing the profession

full circle through the introduction of [community music therapy]" ("Origins and Foundations", para. 2). Early on in my own clinical work, I began to see that one component of my role was "making music possible" (Stige, 2010, p. 16), bringing "natural modes of relating to music" (Aigen, 2012, "Origins and Foundations", para. 2) to clients who would not have access otherwise.

I clearly recall the moment from 2008 in which the facility's nurse told me that the day of the first Coffee House had been one of her most enjoyable days in 17 years of employment at this facility. I also vividly remember a unit supervisor who, after the 2009 event, explained that watching one youth's performance had provided her a new lens through which to see someone within whom she had struggled to recognize positive qualities. I organized six Coffee Houses between 2008 and 2012 and heard similar feedback after each. Perhaps even more memorable was the support given among the youths at each event. I was certainly aware of the risks of performance in a setting in which many clients struggle with behavioural issues, and yet I saw youths not only tolerating one another but cheering for one another, whether a given performer was stellar and poised, or out-of-tune and terrified. My colleagues and I regularly wondered how it was possible that these events were going this well, given the context. It was interactions and observations such as these that sparked my interest in conducting this research.

Pavlicevic and Ansdell (2004) suggested that just as music "ripples" due to its sound, "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" (p. 16). Curious about the Coffee House's personal and social impact, its ripples, I returned to the facility to investigate. In the following section, I expand upon the significance of community music therapy as a music-centered approach to practice, and Turino's (2008) concepts of participatory and presentational

performance. From there, I detail this study's rationale, research questions, and methodology, prior to presenting its results.

Community Music Therapy: A Music-Centered Approach

Community music therapy, an approach that acknowledges the sociocultural factors embedded within all musicking, was formally recognized by the profession around the turn of the 21st century. This was viewed as a “paradigm shift” (Ansdell, 2002, “Conclusion”, para. 4), wherein many music therapists began to challenge the biomedical model of illness and recognize “that ill-health and handicaps have to be seen within a totality” (Ruud, 2004, p. 11). Concurrently, music therapy discourse began to integrate perspectives from “new musicology” in which music is recognized as contextual, cultural, and historical, rather than abstract and universal (Ansdell, 2004). It was from this place that community music therapy emerged, an ecological and music-centered approach that involves work *with* communities (Pavlicevic & Ansdell, 2004) and affirms music's primarily social role across cultures (Cross, 2014).

Though the simplest way to define music therapy is often “the use of music to achieve nonmusical goals” (Aigen, 2005, p. 56), Aigen argued that this definition portrays musical experience as dispensable if a more efficient means comes along. In addition, a rigid conception of music therapy focusing solely upon the achievement of nonmusical goals is ethically troubling in its inference that individuals with disabilities “must have their access to music based upon non-musical criteria that are different from other members of society” (Aigen, 2014, p. 71). Music-centered therapists recognize that “music enriches human life in unique ways” and consider such enrichment “to be a legitimate focus of the work of music therapists” (p. 65). The work of DeNora (2000) surrounding musical affordances and appropriation provides helpful balance here. Music-centered perspectives need not infer that music has inherent power that is

automatically experienced by everyone. Rather, “music’s meanings are constituted in and through use” (p. 44).

From this perspective, music therapists can affirm that many clients are motivated to attend music therapy for musical reasons (Garred, 2006) and work towards musical goals within clinical contexts. Community music therapists’ frequent use of performance within clinical settings is an example of such work. Whereas music therapists rooted in medical and psychotherapeutic models were traditionally wary of performance, community music therapists view performance as offering unique benefits and resources (Ansdell, 2005). Community music therapy addresses issues of access, participation, and democracy (Stige & Aarø, 2012). I propose that the participation enacted within community music therapy embodies Turino’s (2008) concept of participatory performance, which I explore below.

Turino and the Participatory Field

Aigen’s (2004) vision that “performances as Community Music Therapy can forge a new type of art” (p. 211) speaks to the values upon which music-making within participatory traditions have always been based (Turino, 2008). Participatory performance is not new but certainly it is different from the presentational settings most familiar in Western society in which performers and audience members remain distinct. “There are no artist-audience distinctions” within participatory performances and “the primary goal is to involve the maximum number of people in some performance role” (p. 26). In these settings, music is “more about *the doing* and social interaction than about creating an artistic product” (p. 25, italics original). These are apt descriptions of the Coffee House. The Oxford English Dictionary provides a number of definitions of the term *ethos*, including, “The characteristic spirit of a people, community, culture, or era as manifested in its attitudes and aspirations; the prevailing character of an

institution or system” (Ethos, 2014). In this paper I utilize the term *ethos* in an attempt to capture the spirit of Turino’s concept, the notion that all elements within this setting, its “types of activity, artistic roles, values, goals, and people involved” (p. 27), hold a prevailing participatory character.

Though Turino (2008) primarily discussed participatory contexts that are formatted *simultaneously* (i.e. with all performers playing/singing/dancing at the same time), he noted that participatory performance can be formatted *sequentially*. Karaoke is an example of the latter, so long as there is an underlying ethos that everyone should sing (Turino, 2008). The Coffee House is largely an instance of sequential performance, not dissimilar to karaoke in that there is fluidity between the roles of audience and performer. The sequential format is significant at the Coffee House, as many of the event’s benefits for youth performers are made possible through the experience of being in the spotlight for a short time. Within its sequentially-organized program, there are also instances of simultaneous participatory performance, for example the rock band and bucket drumming group.

Ansdell (2014) acknowledged the relevance of Turino’s (2008) scholarship for community music therapists. The concept of participatory performance has also been drawn upon recently by scholars in music education (Randles, Griffis, & Ruiz, 2015; Waldron, 2012, 2016), particularly those looking to contrast it “with the specialist-oriented presentational field found in most music programs in U.S. schools” (Thibeault, 2015, p. 54). Regelski (2014) noted that participatory “musics are the most frequent means by which ordinary citizens derive the musical and social benefit of performing” (p. 79). I will explore the relevance of the Coffee House’s participatory nature following an examination of aspects of the research process.

Research Process

Research Questions and Purpose

The current paper investigates factors that have contributed to the Coffee House's success and represents one portion of a larger research project that also explores the event's impact on performers' identities and relationships at the facility. When conceiving of this study, I used the term "success" to refer to the consistent, active engagement and apparent enjoyment of most staff members and clients, and the resounding, overt offerings of support for performers from audience members. At a facility in which many clients are in need of intensive support in areas such as behaviour management, emotion regulation, and social skills, these observations seemed to provide remarkable evidence regarding the event's success in this context. Through in-depth examination and analysis of the narratives of staff members and youth, this paper addresses the question: What elements of the Coffee House have afforded its success within its context, an adolescent mental health facility?

This study integrates two underrepresented areas in the music therapy literature: that of music therapy with adolescents (McFerran, 2010), and that which examines the experiences of mental health service users (Solli & Rolvsjord, 2015). The research also contributes to community music therapy and music-centered music therapy literature through its exploration of the role of performance in music therapy and its use of an ethnomusicological theoretical framework (Aigen, 2014; Ansdell, 2014). I argue here that the Coffee House is an example of participatory performance (Turino, 2008) and that its success can be attributed to this. Participatory performance settings define success primarily by the act of participation and thus they are characterized by inclusivity. This allows Coffee House performers to engage in risk-

taking and overcome anxiety while experiencing increased self-efficacy and confidence along with a levelling of institutional relationship dynamics.

Methodology

This study received approval from the Research Ethics Board at Western University, Canada. This qualitative case study aimed to provide a holistic understanding of a “bounded” and “integrated” case (Stake, 1995, p. 2), a Coffee House at a mental health facility. Recognizing that narrative plays a fundamental role in structuring and understanding lived-experience (Bruner, 1986; Clandinin & Connelly, 2000; Pinnegar & Daynes, 2007), a holistic understanding of the case was gained through hearing the stories of as many participants as possible. Data was collected through in-depth and semi-structured interviews (see Appendix E) that were coded using first and second cycle techniques (Saldaña, 2013). In this process, the researcher identifies all themes and topics presented by participants and then collapses these into a smaller number of categories as it becomes apparent that “larger segments of text are better suited to just one key code rather than several smaller ones” (p. 24). In addition to presenting key categories that emerged from this process, I present many longer quotations from participants, recognizing that meaning may be lost when narratives are fragmented (Riessman, 2008).

Seven youths between the ages of 12–17 were interviewed; four were in day-treatment and three in residential programs. Though this study did not involve systematic collection of diagnostic information, many youths disclosed their diagnoses at our interviews, including anxiety, depression, post-traumatic stress disorder, and autism spectrum disorder. All youths had performed at and attended at least one Coffee House. Eleven staff members participated,

including two psychologists, three child-and-youth-counsellors (CYCs)³, four teachers, one nurse, and the music therapist. Staff participants, who had worked at the facility between 3 and 30 years, had performed during at least one Coffee House, whether in solo acts, small groups, or ensembles, and had attended multiple events as audience members. Except for the music therapist, staff members are identified by a number in order to protect their identities.

Trustworthiness & Ethical Considerations

Undoubtedly, my pre-existing relationships to some participants, and lack thereof to others, impacted the research process. I knew ten of the eleven staff participants prior to undertaking this study, whether as former colleagues or through the local community. In contrast, I met each youth for the first time at their interview. Having had no opportunity to build rapport with the youths prior to their interviews, I recognize that some of them may have felt uncomfortable, affecting their ability or desire to speak openly. On the other hand, the fact that the youths did not have to negotiate a dual relationship and had minimal knowledge of my previous involvement with the Coffee House may have helped them to speak more freely. The opposite was true for my former colleagues. I already had a strong rapport with many of these individuals, however, they also knew of my investment in the event. Such knowledge may have consciously or subconsciously affected the information they chose to share.

Similarly, my prior relationship to this event inevitably created both benefits and constraints to the research. My “prolonged engagement” (Lincoln & Guba, 1985) with this context positively impacts the project’s credibility; I have “spent enough time in becoming

³ The scope of practice of a child and youth counsellor “includes assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventive, and therapeutic requirements into the life space...and participating in systems interventions through direct care, supervision, administration, teaching, research, consultation, and advocacy” (Ontario Association of Child and Youth Care, 2017).

oriented to the situation...to be certain that the context is thoroughly appreciated and understood” (p. 302). Of course, my interpretations play a significant role in driving the story through the lens of a theoretical structure. Alvesson and Sköldberg (2009) described reflexive and “data-driven” studies as ones in which “‘data’ are regarded not as ‘raw’ but as a construction of the empirical conditions” and in which “reflection in relationship to the interpreted nature of all empirical material” (p. 283) is vital. My prior experiences with the Coffee House, along with my broader interest in community music therapy, inevitably meant that I embarked upon this research biased towards the event’s positive impact. This could have influenced the process of data collection and analysis, making me less likely to seek out or engage with criticism.

Recognizing these biases, I undertook “persistent observation” (Lincoln & Guba, 1985, p. 304) through in-depth and recursive analysis, reviewing and adjusting the coding process multiple times, as a part of my commitment to reflexivity and to ensuring that my participants’ perspectives drove the study. I also kept a reflexive journal throughout the research process, in order to document methodological and analytical decisions as well as personal reflections (p. 327). All participants had the opportunity to review their interview transcripts and vet direct quotations. I met with youths individually several weeks after their interviews in order to provide them the opportunity to change, add, or remove anything they wished from their transcripts.

Clear boundaries between a case and its context often do not exist, thus recognition of context within case study research is imperative (Starke & Strohschneider, 2010; Yin, 2014). The music-making and setting interact and influence one another to create a participatory ethos. Conversely, this ethos impacts the context, its relationships, and the music (Rolvsjord & Stige, 2015). I will thread the relevance of this event’s context through the presentation of the research results. It is important to note that the decision to use Turino’s (2008) work as a theoretical

frame, and even my introduction to his writing, came after data collection and analysis. This study's results are truly data-driven. The subsequent section is organized based around themes that emerged from participants' narratives and represent components of Turino's framework.

Results: A Participatory Ethos

The Coffee House presents a striking contrast to the presentational performance settings common in Western society, resonant with Aigen's (2004) vision that performances as community music therapy may "forge a new type of art, one that creates meaning and invites participation" (p. 211). The event's participatory value-system is crucial to and affording of the event's success. This ethos is evidenced by the way in which participants define and experience success, along with the fact that all members of the community are welcomed to perform. This ethos is instrumental in allowing performers to overcome anxiety and engage in the risk-taking of performance, while also contributing to a levelling of institutional relationship dynamics.

Inherently Inclusive: Participation is Success

Staff4 described the Coffee House's underlying value-system:

I have friends that work in community schools...and they're all jealous of what we're doing...The closest thing they would have is their big full-scale talent shows but...(laughs) I don't know how this will sound, for those talent shows you have to have talent. Whereas ours you don't...I think that's what makes it more special, right? It's just the whole community coming together. There's not that overt judgement, and it's not about being awesome and amazing; it's just about going up and trying.

Comparably, Staff6 explained: "We put the value on *them*: on the effort they put in...challenging their struggles and overcoming them. *That's* the success." Most staff participants similarly observed that at the Coffee House, performers succeed through participating. Youths evidently

internalized this sense of success; six youth participants, spanning a wide range with regards to musical experience and skill, described having felt “accomplished” after performing. For example, Youth3 stated, “I used to think that I’m not very good at drumming. Now that I’ve heard myself play with the other bandmates I thought I did really well.” Performing taught Youth1 “that I can do something that I didn’t think I could.” In this treatment context, in which day-to-day focus is often upon areas of struggle, such experiences are highly relevant.

With striking similarities to Staff4’s description above, Turino (2008) explained that within participatory settings, “the success of a performance is more importantly judged by the degree and intensity of participation than by some abstracted assessment of the musical sound quality” (p. 33). Though a participatory ethos does not preclude appreciation of so-called “good” performances, the “quality of *sociality* is granted priority over the quality of the sound” (p. 35, italics original). Several staff participants noted that while the Coffee House provides an opportunity to be impressed by certain performers’ musical abilities, they agreed that this is not the priority.

Where participation, rather than aesthetic standard, defines success, anyone can participate and the atmosphere is undeniably supportive. This inclusive framework holds significance in this context given that factors such as academic, behavioural, and mental health issues as well as socio-economic status have often impacted youths’ abilities to access active musical involvement, whether due to systemic- or self-exclusion (Rolvsjord, 2014). Several staff members acknowledged such barriers. “Some of our youth are so limited in their life experiences. Even... being in an audience, is a very new experience for them” (Staff1).

Youths’ feelings of accomplishment then are particularly significant in light of the fact that performing, particularly in a solo capacity, was a new experience for most of them.

I've been really struck by the number of youth who have had little or no exposure to music...This is something that *anybody* can do, right? ... That really speaks to my heart when I hear those examples...where there'll be a youth that never sang for anybody...and then find out that they can. (Staff10)

Staff4 noted that "high school is pretty cruel...There's some performances that are classics here...but if it was in a community school I don't think it would go over as positively." Staff8 agreed that the Coffee House "offer[s] something most of them would never do in a regular school." Youth2's only prior performance experience had been with his elementary school recorder class, a far cry from playing bass in a rock band. Youth1 had sung in school choir and Youth6 had played in school band, however, neither had performed solo before. Youth4 had sung before only with her immediate family. The participatory ethos of this event eliminates many of the barriers present in other settings.

One example of inclusivity in-action at the Coffee House was in the performance of the rock band, during which trained players used their skills to sustain the participation of less experienced members. Staff3, an accomplished musician and rock band member, described his responsibility "to make that experience for that youth as meaningful as possible" by "put[ting] aside those personal needs for a great performance." His comment is strikingly evocative of the role of the music therapist whenever playing with a client, and parallels Turino's (2008) statement that within participatory performance, players "have the responsibility of performing their parts in a way that will not exclude others" (p. 33). Those with more skills ensure that those with less are included in a meaningful and musical fashion.

Turino's (2008) description of participatory performance settings highlight the importance that "the full range of the learning curve is audibly and visually present" (p. 31). This

enhances success, as the presence of amateurs and experts performing alongside one another inspires participation from more people, promoting inclusivity and providing a variety of role-models. The presence of “the full range of the learning curve” is foundational in the Coffee House’s design, and this feature is integral in creating a safe environment for risk-taking, helping youths to overcome anxiety and build self-efficacy.

Overcoming Anxiety, Building Self-Efficacy: Safety in Risk-Taking

That participants feel safe in taking the risk to perform is a significant factor contributing to the event’s success. Demonstrating the way in which “context is constitutive of the activity and vice versa” (Stige & Rolvsjord, 2015, p. 57), there is a reciprocal relationship between the event’s participatory ethos and its context, a mental health treatment centre. Just as the Coffee House positively contributes to the atmosphere and the relationships within the treatment milieu, the context itself provides a supportive setting in which risk-taking is clinically relevant.

Though all youth participants acknowledged facing anxiety before, during, and after performing, they also offered perspectives on the value of these experiences. Youth1 stated proudly, “I get very nervous really easily, so when I accomplish something like that I feel good about myself.” Youth4 explained that the event “gives people a chance to face their fears...in front of a crowd of people that they know won’t judge them,” and Youth5 thought “the whole point” of the event “is that you’re coming out of your comfort zone.” Through the process of overcoming anxiety, and subsequently experiencing success and accomplishment, youths experienced increased self-efficacy, the “belief in one’s effectiveness in performing specific tasks” (Zimmerman & Cleary, 2006, p. 45), surrounding musical performance. Each youth identified that they wished to perform again in the future, and many of them explained that they would feel more capable and confident doing so after having participated in the Coffee House.

As Youth4 noted, “it makes me not be as afraid of singing in front of people.” Zimmerman and Cleary noted that “personal mastery experiences, which involve one’s accomplishments, are the strongest source of enhancing perceptions of personal efficacy” (p. 63) and certainly these youths experienced personal mastery through performing at this event.

Each staff participant reflected upon the relevance, clinically speaking, of the opportunity for positive risk-taking provided by the Coffee House.

Performance is an exhilarating thing, and it’s a terrifying thing, and that’s part of what youths come here to do, to acknowledge that emotions are real... and sometimes very difficult. We have lots of opportunities...to learn how to deal with those things, and here’s another opportunity. (Music Therapist)

Though performance is different in many ways than music-making that is contained within the therapeutic space, this music therapist sees the event as clinically relevant, and thus his role as fluid from one setting to the other. He plays an integral role in actively creating a setting in which it is possible for youths to take the risk to perform, and he also rehearses ahead of time with each youth performer, as well as many staff performers, allowing them to prepare musically while discussing topics such as anxiety, personal connection to the repertoire, and their goals for themselves. Many youth performers are also simultaneously participating in individual music therapy, giving them the opportunity to delve deeper into the musical and clinical process of performance-preparation. The setting of therapy room and performance stage, and the role of music therapist and performance coach, are indelibly connected despite their surface differences.

Other members of the clinical team are also invested in assisting youths emotionally in preparing for and debriefing their performances, recognizing that “the product [is not] the end of the process” (Maratos, 2004, p. 142). Pre-existing and ongoing therapeutic relationships make

this possible and are vital in creating the event's supportive atmosphere. "They're not only making music, they are people that are...on a healing journey together" (Staff9). Demonstrating the reciprocal relationship between context and performers, several staff participants suggested that performers' risk-taking and vulnerability was crucial in creating the event's supportive atmosphere, the very atmosphere that in turn made these performances possible.

Community musician Jon Hawkes, in an interview with O'Grady (2008), asserted that "the ultimate function of music is to *connect* the people who are playing it rather than to *communicate* to an audience of passive observers" ("Introduction", para. 3, italics original). Hawkes described the anxiety associated with this latter sort of performance as "not natural, not healthy" ("Theme Four", para. 1). Similar to Hawkes, Turino (2008) pointed out that whereas participatory performance "diminishes self-consciousness" as it "leads to a special kind of concentration on the other people one is interacting with...and on the activity" (p. 29), presentational performance "generates anxiety...and thus alters the performing experience and limits the number of people who choose to perform" (Turino, 2009, p. 108). As the Coffee House includes elements more akin to presentational settings, namely the presence of an audience, many performers experience anxiety no matter how supportive the atmosphere. For a small number of would-be performers, anxiety remains an insurmountable barrier and performance therapeutically contraindicated. On the other hand, the Coffee House's participatory ethos helps to minimize anxiety, making performance possible for many individuals who would not otherwise participate. As I continue to explore themes emerging from participants' narratives, the way in which performance embodies new relational possibilities is explored next.

“A Level Playing Field”: New Ways of Relating

Small (1998) proposed that a performance should be judged on its “success in bringing into existence for as long as it lasts a set of relationships that those taking part feel to be ideal and in enabling those taking part to explore, affirm, and celebrate those relationships” (p. 49). At the Coffee House, the fact that youths and staff members perform alongside one another puts them on “a level playing field” (Staff10), “putting [staff members] on the same level as the youth and also elevating the youth up to performers, to famous people” (Staff5). Whether through performing together or witnessing the performances of one another, there is a sense of equality embodied at this event, distinct from the typical hierarchical relationships within healthcare settings and contributing to the event’s participatory ethos.

Within a facility in which the focus is often upon their struggles, youths’ experiences of being seen as successful take on particular significance. Youth6 described the event as an opportunity to show others “what you can do” and Youth4 reflected, “I think the staff enjoy it—they get to see what we can do.” Youth3 stated that the event is important because it allows youths to “show their talents...Some people judge like, ‘Oh this kid’s like a loser,’ but they don’t know what they can actually do.” As Staff3 noted, “Everybody’s gonna leave here feeling like Lady Gaga.”

All participants reflected on the value of staff members’ performances. Staff participants described performing as a way of relating to their clients differently and demonstrating commitment to their therapeutic relationships. For example, Staff7 and Staff2’s debut performances were each sparked by a youth’s request for somebody to sing with. Though neither woman had performed since singing in childhood choirs, both recognized the importance of supporting their clients. Staff7 recounted her realization that she could not encourage youths to

perform unless she was willing to herself, and stated, “If I can do something way outside my comfort zone, they can do it.” Along with sharing vulnerability, as alluded to by Staff7, staff participants noted that performing allows them to share a bigger picture of themselves, “letting our kids know that we are whole people” (Staff3). Their willingness to step outside of their positions as experts and exist as music-makers alongside and in support of their clients contributes to the sense of equality and levelling (Aigen, 2004) among performers.

Overwhelmingly, research participants noted that staff performances, including those of accomplished musicians, send a message that no one is above performing at this event. Staff10 felt that staff members’ performances “put us...on a level playing field... because [youth] don’t feel like...staff that can play an instrument or sing wouldn’t do that in front of the kids.” Each youth participant expressed enjoyment of staff members’ performances. Youth7 specifically noted her appreciation of staff members who are musically accomplished: “If they’re good, then bring it!” Youth5 insightfully reflected:

On the one side you could say that they’re setting an example for us, but at the same time they’re doing this for themselves. And they’re strengthening themselves by doing this. And that’s amazing...If they’re getting something positive out of it then good for them. And we like listening to them!

Crucial to the Coffee House’s participatory ethos is the fact that anyone is welcome to perform, regardless of ability level and also regardless of their role at the facility. For the duration of this event, relationships typically marked by hierarchy are impacted by music’s levelling function. “Providing an opportunity for everyone to perform...serves to reinforce the common humanity shared by all members of the community” (Aigen, 2012, “Performing in an Institutional Setting”, para. 3). Also vital to the event’s success is the presence of audience

members who experience music's levelling function and who are vital participants in the event, regardless of whether they chose to perform.

All are Participating

The fluidity between the roles of staff member/client and audience member/performer reinforces commonalities and connections among everyone present, leading participants to describe the event as “intimate” and “close-knit.” While inclusive of staff members and clients of this facility, the Coffee House is *exclusive* in the sense that, for the most part, individuals from outside do not attend. Participants contrasted the Coffee House with larger events at the facility such as holiday celebrations. Though these events provide opportunity for a limited number of youths to perform, they are distinct from Coffee Houses in their content and in that their audiences include individuals from the greater community. Staff1 explained that the Christmas Pageant “does feel more—I don’t want to say *polished*, ‘cause things here don’t often end up being super polished (laughs)—but it ends up being more about the parents.” The presence of family, friends, community professionals, and donors, who attend the larger events as *observers*, shifts the focus outward: from participatory to presentational. Concern with pleasing external audience members means that fewer youths are invited and/or willing to perform (Staff8).

In contrast, because the Coffee House exists to create meaningful experiences for its participants, there is no pressure to polish for an outside audience. “The focus is primarily inward” (Turino, 2008, p. 29). Rather than the community entertaining the public, “the community is entertaining itself” (Aigen, 2004, p. 194). Anyone is welcome to perform; there are no outsiders.

With recognition that all community members are welcome to perform, and that “the primary goal is to involve the maximum number of people in some performance role” (Turino,

2008, p. 26), it is imperative to acknowledge that many Coffee House attendees do not perform. Though Turino defined participation “in the restricted sense of actively contributing to the sound and motion of a musical event through dancing, singing, clapping, and playing musical instruments *when each of these activities is considered integral to the performance*” (p. 98, italics original), and though I recognize that participation through listening is distinct from performing, I propose that most audience members at the Coffee House are indeed active participants. Whether or not they perform, their role in contributing to the ethos of the event through bearing witness to the performers is integral. Everyone is musicking (Small, 1998). Having their creativity, ability, and/or risk-taking witnessed and validated by audience members is vital to performers, and in this way, *all* audience members have a crucial role to play. Youth2 explained that the event is helpful “because a lot of these kids have problems with like self-image...I know I do. And it helps you when...you have like the courage to go up there and everyone encourages you.” Staff9 reflected upon the difference of sharing music with one other person versus “having a room full of people receiving that and feeding that back to you...It’s more powerful when they get to share it.” The witnessing and validation that youths receive from the audience contributes to the sense of accomplishment and the increased self-efficacy they experience. Due to the Coffee House’s participatory ethos, *all* performers have the opportunity to receive this witnessing and validation regardless of their ability level.

The Coffee House presents a deviation from Turino’s (2008) model of participatory performance settings with regards to the integral role of non-performing audience members. Stige and Aarø (2012) suggested that within community music therapy, “each musical situation is an opportunity for building participatory spaciousness where there is room for different styles of self-presentation, including peripheral and silent forms of participation as well as conventional

and more adventurous forms” (p. 149). This notion of “participatory spaciousness” resonates here, where the clinical demands of the context interact with the affordances of participatory performance, creating a setting in which everyone has a role. The context in which this event takes place demands a nuanced version of Turino’s model, with flexibility accounting for the different roles and needs of youths versus staff members. I turn now to a brief discussion of several broader themes emerging from this study’s results, beginning with an exploration of the intersections between participatory performance and community music therapy.

Discussion

Participatory Performance and Community Music Therapy

Ansdell (2010) described a performance group for adults with mental health issues as a space “for negotiating the delicate balance between identity and difference” (p. 43) and in which “people work to reconcile their equal, but sometimes conflicting, needs for autonomy and togetherness” (p. 45). Similarly, Staff9 described the way in which the Coffee House allows each performer “to be an individual and be that in front of other people.” The human needs for autonomy and togetherness are addressed at the Coffee House, arguably ideal within this mental health treatment and community music therapy context.

Wholly participatory settings are marked by significant interactivity and inclusivity, while they place constraints upon the individual’s artistic freedom (Turino, 2008). Alternatively, presentational performances offer individuals the opportunity to freely share their abilities; these settings often generate anxiety in performers and are limited to those who meet a pre-determined aesthetic standard. At the Coffee House, performers experience the affordances of the participatory field, including togetherness and inclusivity. Due to the event’s sequential format, performers also experience witness and validation for their individual contributions. This

opportunity for each individual to experience the spotlight is more akin to presentational performance settings, however, it is the participatory ethos that makes these moments in the spotlight possible. This balancing of the individual's experience within a supportive collective is highly relevant to adolescent mental health treatment. Important to note, staff members negotiated their moments in the spotlight differently than did youths. Whereas youths are free to perform with uninhibited creativity and expressivity, staff performers remain aware of their clinical boundaries and use-of-self while choosing repertoire and performing.

Another area in which this event differs from Turino's model is in the area of social responsibility. At a wholly participatory event, those who do not participate are shirking a social responsibility, akin to sitting alone at a party (Turino, 2008). The Coffee House's treatment context necessitates a continuum of experiences of social pressure, and in this way, demands a nuanced concept of participatory performance. Certainly, there is a sense of social responsibility surrounding participation as an audience member. Consistently, front-line staff, required to attend for supervisory purposes, are present alongside managerial, clinical, kitchen, administrative, and janitorial staff. Youths are expected to attend as audience members, and most youths attend and look forward to the event. Staff10 noted that youths are eager to confirm that staff members will attend and pointed out that the facility endorses the event: "We are encouraged to close our office doors and come."

Staff members may encourage certain youths to perform, within the context of a clinical relationship where there is knowledge of each youth's goals. Staff4 reflected upon negotiating when to give youths an encouraging "push" versus when to acknowledge, "You're anxious, so don't perform." Ultimately, each youth's decision to perform is voluntary. Respect for clients' autonomy is important within a client-centered framework (Rogers, 1951), and some youths'

mental health issues render performance contraindicated. As noted before, staff members perform for a variety of reasons, and depending on their clinical position in the facility, may experience social pressure from their clients to perform. In the case of Staff7 who sang solo for the first time at a recent Coffee House, she contributed to the event's participatory ethos through role-modelling vulnerability and commitment to personal growth. In the following section I examine music therapy's relationship to mental health treatment.

Music Therapy and "Treatment"

Solli and Rolvsjord (2015), in their research surrounding mental health service users' experiences of music therapy, noted that their most "conspicuous" finding was the fact that several participants "did not consider music therapy to be a treatment, instead emphasizing its representation of freedom from illness, stigma, and treatment" (p. 84). The authors described that "for many of our participants it was exactly within this paradox 'opposite of treatment' that they found music therapy useful" (p. 84).

A similar paradox was presented here. The Coffee House's participatory ethos and overall success was at least partially constituted and afforded by its treatment context, particularly the existence of supportive clinical relationships and individualized treatment goals. Seemingly in contradiction to this, however, was that participants suggested that integral to the event's success is the fact that it is not overtly connected to treatment. "It exists for itself, and for the positive things that come from it" (Staff9). The music therapist's description of the event embodied this paradox; he noted that youths' participation can be based on their "authentic desire to perform" without broader implications to their treatment while also articulating the event's clinical benefits.

The event's artistic, rather than treatment focus, and the fact that participation remains voluntary, allows music to represent an "illness-free zone" (Solli & Rolvsjord, 2015, p. 84). The event celebrates the ways in which performers enjoy, relate to, and express themselves through music, and represents the way in which musical engagement within music therapy can be "continuous with its engagement in nonclinical contexts" (Aigen, 2014, p. 156). Performance is recognized as holding clinical relevance, and it is celebrated as a natural part of music-making. The paradox that musical engagement can be clinically useful when engaged with for non-clinical reasons is an important consideration for all music therapists and certainly not only relevant to performance. Musical characteristics of participatory settings are explored in the section that follows.

Music's "Cloaking Function"

Participatory performance settings not only have distinct goals and values; they also have telltale musical characteristics, such as loud volume, dense textures, repetitive forms, and wide tunings. "This wall-of-sound approach provides a 'cloaking function' whereby people with different skills can enter in comfortably without standing out" (Turino, 2009, p. 100), facilitating "prolonged social synchrony" (p. 102). At the Coffee House, such musical characteristics are at times audible. Particularly during the performances of the bucket drumming group and the rock band, participants can "blend in" to some extent and experience music's cloaking.

It was noted earlier that an important feature of the Coffee House is its focus upon the individual within the community. Though the "wall-of-sound" within participatory settings provides safety, it also may result in a musical experience in which an individual's sound is indiscernible. Though there may be safety in anonymity, there is less opportunity to address participants' unique goals or celebrate their accomplishments. Feeling that one's contributions

are redundant or unnoticeable would not likely align with the goals of many clients within this treatment setting.

With the exception of those within ensembles, most performers at the Coffee House are highly exposed. Individuals' sounds are audible and there exists, for the performance's duration, an audience that is completely attuned to them. Musical characteristics are often quite the opposite to a "wall-of-sound" and much of the repertoire performed is from genres associated with presentational traditions, for example the "singer-songwriter" style, in which performers "strive to be authentic to the personal experiences and emotions from the lives of themselves and/or their contemporaries" (Hill, 2012, p. 90). I suggest however, that despite the vulnerability associated with this style of performance, the Coffee House's participatory ethos provides its own kind of cloaking for performers. This social/emotional cloaking renders the event genuinely inclusive and supportive of its performers whatever their music sounds like. The presence of this social cloaking for performers, despite the exposed nature of their musical sounds, makes participation possible and successful for many individuals who would be unlikely to perform in any other context.

The Medium of Music

Turino's (2008) proposal that the participatory and presentational performance fields are different art forms is undoubtedly, a helpful theoretical framework, highlighting the distinctions between these settings' values, goals, benefits, and constraints. He took this a step further even, asserting that "participatory music has more in common with a neighbourhood baseball game or a good conversation than it does with presentational music" (p. 89). While I appreciate Turino's point, I assert that his stark distinction between presentational and participatory settings fails to

recognize qualities of musical participation that may transcend context or field. Music-centered theory from music therapy offers an alternative perspective in this regard.

Acknowledging that music's affordances are context-dependent rather than universal (DeNora, 2000), I maintain that there exist elements of experiences across musical fields that are uniquely musical and cannot be attained through baseball or conversation. Wood (2006) explained that community music therapy "encompasses within its range of therapeutic activities anything that can be done in music...its theoretical formulation starts from what is done in music and what that affords those who are doing it" (p. 59). Though certain elements of the Coffee House, for example its inclusivity, could have been experienced at a baseball game, participants attributed unique benefits to this event because it involved *musical* participation. Staff8 noted the significance of *musical* self-expression in this adolescent mental health context, "I recognize the limitations of sitting here having a conversation...Sometimes [youths] need something else." The event's benefits regarding social connections were also noted to be uniquely musical in nature.

Staff9 described the experience of staff members and youths performing together:

That's a relationship-joining sort of thing that goes beyond any technique...It's a different kind of connection...Here we are both...as humans more, making this music... connecting with each other, and with the audience...There's something not very tangible, and you feel it as an audience member too.

These perspectives resonate with a music-centered perspective on music therapy, which asserts that there are potential benefits to musical experience that "cannot be approached in any other way" (Aigen, 2005, p. 56). Without denying the distinctions between presentational and participatory settings (Turino, 2008), a music-centered perspective recognizes that within any musical engagement lies the potential for participants to experience music's affordances. At the

Coffee House certainly, whether performers play in the bucket drumming group or sing original song with lyrics reflecting their own life stories, there are indelible points of connection.

Conclusion

Returning to Aigen's (2004) vision, that performances as community music therapy "forge a new type of art, one that creates meaning and invites participation" (p. 211), the Coffee House exemplifies the ways in which participatory settings are indeed new in comparison to the presentational settings that are the norm in Western society. Where participation and sociality are the standards, rather than aesthetic or technical achievement (Turino, 2008), these performers are truly musicians of the highest quality. The inclusivity characteristic within such a setting supports its performers in overcoming anxiety, engaging in the risk-taking of performance, and experiencing increased self-efficacy and confidence.

Music-making does not become participatory by simply learning specific instruments or songs; this type of performance requires a shift in "deeper value orientation" (Turino, 2008, p. 233). At the Coffee House, though the music performed was primarily from presentational traditions, the values of the participatory field were evident in that a musical culture in which success is defined by participation was embodied. That the event drew on certain elements of presentational performance allowed individual performers to share their abilities, take risks, and experience witnessing. The fact that any community member is welcomed as a performer here affords a levelling of institutional relationship dynamics, providing a reminder of all participants' "common humanity" (Aigen, 2012). Inspired by the values inherent at the Coffee House, this project has assisted in levelling traditional research dynamics through amplifying the voices of adolescent mental health service users, an important contribution to the music therapy literature. Here, the impact of performance is not a theoretical hypothesis but rather is grounded in the

narratives of the performers themselves. These narratives can serve to mobilize music therapists looking to implement performance events within their own unique settings.

The Coffee House's unique and nuanced version of Turino's (2008) concept of participatory performance is personally and communally resonant within this mental health treatment setting. Musical engagement within music therapy can indeed be "continuous with its engagement in nonclinical contexts" (Aigen, 2014, p. 154). May this event and this framework serve as a reminder to community music therapists that our work is situated within the music therapy profession's rich history while also being indelibly linked to the ways in which humans have always used music across contexts and cultures.

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References

- Aigen, K. S. (2004). Conversations on creating community: Performance as music therapy in New York City. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 186–213). London, UK: Jessica Kingsley.
- Aigen, K.S. (2005). *Music-centered music therapy*. Gilsum, NH: Barcelona.
- Aigen, K. S. (2012). Community music therapy. In G. E. McPherson & G. F. Welch (Eds.), *The Oxford handbook of music education* (Vol. 2). New York, NY: Oxford University Press.
doi:10.1093/oxfordhb/9780199928019.013.0010
- Aigen, K. S. (2014). *The study of music therapy: Current issues and concepts*. New York, NY: Routledge.
- Alvesson, M., & Sköldbberg, K. (2009). *Reflexive methodology: New vistas for qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum for Music Therapy*, 2(2), 1–46. doi:10.15845/voices.v2i2.83
- Ansdell, G. (2004). Rethinking music and community: Theoretical perspectives in support of community music therapy. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 65–90). London, UK: Jessica Kingsley.
- Ansdell, G. (2005). Being who you aren't; doing what you can't: Community music therapy & the paradoxes of performance. *Voices: A World Forum for Music Therapy*, 5(3).
doi:10.15845/voices.v5i3.229
- Ansdell, G. (2010). Belonging through musicing: Explorations of musical community. In B. Stige, G. Ansdell, C. Elephant & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 41-62). Surrey, UK: Ashgate.

- Ansdell, G. (2014). *How music helps in music therapy and everyday life*. Surrey, UK: Ashgate.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- Cross, I. (2014). Music and communication in music psychology. *Psychology of Music*, 42(6), 809–819. doi:10.1177/0305735614543968
- DeNora, T. (2000). *Music in everyday life*. Cambridge, UK: Cambridge University Press.
doi:10.1017/CBO9780511489433
- Ethos. (2014). In *Oxford English Dictionary*. Retrieved from www.oed.com
- Garred, R. (2006). *Music as therapy: A dialogical perspective*. [EPUB version.] Gilsum, NH: Barcelona. Retrieved from Barcelonapublishers.com
- Hill, J. (2012). Imagining creativity: An ethnomusicological perspective on how belief systems encourage or inhibit creative activities in music. In D. J. Hargreaves, D. Miell, & R. A. R. Macdonald (Eds.), *Musical Imaginations: Multidisciplinary perspectives on creativity, performance, and perception* (pp. 87–104). Oxford, UK: Oxford University Press.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Maratos, A. (2004). Whatever next? Community music therapy for the institution! In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 131–146). London, UK: Jessica Kingsley.
- McFerran, K. (2010). *Adolescents, music and music therapy: Methods and techniques for clinicians, educators and students*. London, UK: Jessica Kingsley.
- O'Grady, L. (2008). The role of performance in music-making: An interview with Jon Hawkes. *Voices: A World Forum for Music Therapy*, 8(2). doi:10.15845/voices.v8i2.432

- Ontario Association of Child and Youth Care (2017). Current description of the field – Scope of practice. Retrieved from <https://www.oacyc.org/our-profession>
- Pavlicevic, M., & Ansdell, G. (2004). Introduction: “The ripple effect.” In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 15–31). London, UK: Jessica Kingsley.
- Pearlman, L. A. (2012). Vicarious trauma. In C. R. Figley (Ed.), *Encyclopedia of trauma: An interdisciplinary guide* (pp. 783–786). Thousand Oaks, CA: Sage.
doi:10.4135/9781452218595
- Pinnegar, S., & Daynes, J. G. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 3–34). Thousand Oaks, CA: Sage. doi:10.4135/9781452226552.n1
- Randles, C., Griffis, S.A., & Ruiz, J. V. (2015). “Are you in a band?!”: Participatory music-making in music teacher education. *International Journal of Community Music*, 8(1), 59–72. doi:10.1386/ijcm.8.1.59_1
- Regelski, T. A. (2014). Resisting elephants lurking in the music education classroom. *Music Educators Journal*, 100(4), 77–86. doi:10.1177/0027432114531798
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Rogers, C.R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton Mifflin.
- Rolvjord, R. (2014). The competent client and the complexity of dis-ability. *Voices: A World Forum for Music Therapy*, 14(3). doi:10.15845/voices.v14i3.787
- Rolvjord, R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy*, 24(1), 44–66. doi:10.1080/08098131.2013.861502

- Ruud, E. (2004). Foreword: Reclaiming music. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 11–14). London, UK: Jessica Kingsley.
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage.
- Small, C. (1988). *Musicking*. Middletown, CT: Wesleyan University Press.
- Solli, H. P., & Rolvsjord, R. (2015). “The opposite of treatment”: A qualitative study of how patients diagnosed with psychosis experience music therapy. *Nordic Journal of Music Therapy*, 24(1), 67–92. doi:10.1080/08098131.2014.890639
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Starke, S., & Strohschneider, S. (2010). Case study research in psychology. In A. J. Mills, G. Durepos, & E. Wiebe (Eds.), *Encyclopedia of Case Study Research* (pp. 115–118). Thousand Oaks, CA: Sage.
- Stige, B. (2010). Introduction: Music and health in the community. In B. Stige, G. Ansdell, C. Elefant & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 3-16). Surrey, UK: Ashgate.
- Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. New York, NY: Routledge.
- Thibeault, M. D. (2015). Music education for all through participatory ensembles. *Music Educators Journal*, 102(2), 54–61. doi:10.1177/0027432115610170
- Turino, T. (2008). *Music as social life: The politics of participation*. Chicago, IL: University of Chicago Press.
- Turino, T. (2009). Four fields of music making and sustainable living. *The World of Music*, 51(1), 95–117.

Waldron, J. (2012). YouTube, fanvids, forums, vlogs and blogs: Informal music learning in a convergent on-and offline music community. *International Journal of Music Education*, 31(1), 91–105. doi:10.1177/0255761411434861

Wood, S. (2016). *A matrix for community music therapy practice*. [EPUB version]. Dallas, TX: Barcelona. Retrieved from Barcelonapublishers.com

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: Sage.

Zimmerman, B.J. & Cleary, T. J. (2006). Adolescents' development of personal agency: The role of self-efficacy beliefs and self-regulatory skill. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents* (pp. 45-69). Greenwich, CT: Information Age Publishing.

Chapter Four:
Performing Identities, Performing Relationships:
Community Music Therapy and Adolescent Mental Health

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Abstract

This article explores the “Coffee House”, a community music therapy performance event held biannually at an adolescent mental health treatment facility in Southwestern Ontario, Canada. A part of a larger qualitative case study, in this paper I draw upon techniques and theory from narrative inquiry in order to investigate the lived-experiences of seven adolescent clients and eleven staff members who participated in the event as performers and audience members. Data was collected through semi-structured interviews and analyzed through qualitative coding; the participants’ voices are presented here. Building upon a previous article (Mitchell, 2019), in which I attribute the Coffee House’s success to its “participatory” ethos (Turino, 2008), this article examines the impact of performing upon participants’ musical and personal identities as well as upon their relationships with others at the facility. Significantly, the shifts and transformations that took place within youths’ identities were interdependent with the relational features of the performance context; youths’ expansions in their self-identities were indelibly connected to staff members’ expanded perspectives on these youths, afforded through the witnessing of their performances. Participants’ narratives validate not only the ways in which identity and relationship intersect, but also the way in which musical performance’s impact upon identity and relationship cannot be achieved in any other way.

Keywords: community music therapy, mental health, adolescents, performance, identity, narrative, relational, participatory

Adam⁴, age 15, wrote, memorized, and spit rhymes like nobody's business. As his music therapist, I was amazed by his resilience, inspired by his determination, and at times uncertain how to best witness and support his experiences of trauma and feelings of anger. I was moved by the poignancy of his rap lyrics, which expressed his anger, hurt, love for his family, and fierce determination to clean up his act. During the time that Adam and I worked together at a mental health treatment centre, Adam performed an original rap at a Coffee House. This bi-annual event is always marked by a buzz of excitement, camaraderie, and nervous energy, and the day that Adam performed was no exception. One seasoned staff member remembered that afternoon:

A youth got up and had written... a rap about his life. Pretty tough kid, lots of youth-justice involvement. But it was a very vulnerable rap... it went to the core: "People left. They said I'd see them again, I didn't. They said they'd be back, and they weren't. Where are they? I miss them. I want to have a family." Like, just the basic, core stuff of a kid in Care. And this was this street thug teenage boy. It really opened everyone's eyes. The best thing about it was...there was a police officer serving hot chocolate. And that officer had arrested this youth a couple times and knew him in that capacity ...That's just a great education for an officer of, "Look what's under some of the things that go on for a youth like this..."In the same room, all feeling the same energy...at the back with the hot chocolate, at the front telling about his life...That opportunity to connect in that

⁴ Adam's name has been changed to protect his identity.

way...how else would that have happened? That that officer would have gotten the opportunity to see that in that kid. (Staff9)

Introduction to the Research

The setting for this research is an accredited Children's Mental Health Facility in Southwestern Ontario, Canada, the site at which the performance described above took place. This facility provides day and residential treatment programs for youths, ages 12-18, with mental health concerns, as well as an open custody unit for adolescents sentenced through the criminal justice system. The site promotes a multi-disciplinary approach to treatment and I was employed as their music therapist from 2007 to 2012.

During my first year of employment at this facility I found myself often following my clients' leads and, at their requests, inviting other staff members into the music therapy room during 1:1 sessions. Youths were proud of the music they had learned, written, or improvised, and frequently wanted to share it with others. These moments of witness and celebration were meaningful for youths and staff members, and as many youths wished to extend these mini-performances even further, I found myself in a situation akin to that described by Procter (2013).

Despite being trained to work for (or, perhaps, taught that they should work) in a private and strictly boundaried manner akin to that of psychoanalysis, many music therapists nevertheless find themselves working in ways which are markedly varying in their degrees of privacy and boundary. (p. 39)

Regardless of my psychotherapeutic training, my clients wished to perform. This was consistent with Aigen's (2012) observation: despite our field's striving for the boundaries and treatment-focus of medical settings, "the natural modes of relating to music favored by clients

have led in the opposite direction, eventually bringing the profession full circle through the introduction of [community music therapy]” (“Origins and Foundations”, para. 2).

In 2008 I began to organize bi-annual “Coffee Houses”, performance events that would bring live music-making to the facility’s entire community. The Coffee House welcomed performances from staff members alongside youths, reflecting my intention to validate my clients’ requests to perform while affirming the potential benefits of performing for *anyone*. At the time, music therapy was the only formal avenue for artistic involvement at this facility, and there were consistently more youths interested than my caseload could accommodate. I envisioned the Coffee House as a context for artistic participation decidedly non-clinical in its feel and more typical of an event that might be held in a community high school.

I will never forget that first Coffee House, the moments of joyful laughter, cheers and standing ovations, along with poignant moments where a youth’s courage or expressivity sparked tears or goosebumps. My lived-experience of this event’s popularity among clients and staff members, year after year, piqued my interest in conducting in-depth research on these events. In a previous article (Mitchell, 2019) I present the Coffee House as an example of *participatory* performance (Turino, 2008), a performance setting wherein the primary goal is to actively involve as many people as possible. This participatory ethos is crucial to the event’s success within this context, as it affords an inclusive and supportive atmosphere while embodying an alternative to the hierarchical relationships typical within institutional settings.

The significance of the Coffee House’s participatory ethos—its conception of success and resultant inclusivity and relationship levelling—is foundational to the present article, where I explore the event’s impact upon participants’ musical and personal identities and their relationships with one another. A music-centered lens, which affirms the “continuities between

clinical and nonclinical uses of music” (Aigen, 2014, p. 39), grounds my perspective on the role of performance in music therapy. I frame identity formation as a narrative (McAdams, 1997) and relational (Gergen, 2009) undertaking. Research participants discuss the ways in which active participation at the Coffee House—whether as performer, listener, or both—expanded their perspectives upon themselves and others. Their narratives validate not only the intersections between identity and relationship, but also the way in which musical performance’s impact upon identity and relationship is uniquely *musical*; it cannot be achieved in any other way. In the section that follows, I expand upon these frameworks in more detail.

Theoretical Frameworks

The Place of Performance in Music-Centered Music Therapy

A *music-centered* perspective on music therapy affirms that the unique ways in which music enriches human life can be “a legitimate focus of the work of music therapists” (Aigen, 2014, p. 65). Musical engagement within music therapy is recognized as “continuous with its engagement in nonclinical contexts” (p. 156); at times, what may distinguish music’s clinical use is the music therapist’s commitment to providing access to musical involvement for individuals who would otherwise face barriers (Stige, 2010). Within this framework, all types of musical engagement hold potential clinical value (Wood, 2016), including performance.

As the profession of music therapy has evolved, performance’s role within practice, and the nature of the discourse surrounding it, have varied considerably. By necessity, early pioneers in music therapy “displayed considerable pragmatism” (Procter, 2013, p. 17), developing and adapting their work based on its context and participants, and regularly “straying from private space” (p. 18). As the field became largely institutionalized during the mid to late 20th century however, it became “legitimated by a theoretical consensus constructing music therapy as a

paramedical/psychological intervention, leading naturally to an “increasing ‘privatization’ of its occasions” (Ansdell, 2005, “Music Therapy & Performance”, para. 4).

Institutionally legitimized music therapy practice came to view “therapy and performance as antithetical,” cautioning that performance—“ethically dubious, professionally confusing and possibly dangerous”—compromises therapy’s requisite “boundaries of time, space and person” (Ansdell, 2005, “Music Therapy & Performance,” para. 8). Some scholars voiced concern that that music-centered work endangers client and therapist due to its lack of “psychological thinking” (Streeter, 1999, p. 5); others saw the emergence of community music therapy as “professional suicide” (Erkkilä, 2003) for a field that needs “approval and acceptance from external authorities” (Barrington, 2008, p. 71).

Thus, music-centered therapists at times face professional tensions between the values inherent in legitimated models of therapy versus musicking’s social nature (Small, 1998). In contrast to psychotherapeutic, medical, and behavioural orientations to practice, community music therapy “repositions the ‘social’ at the centre of music therapy’s concern” (Procter, 2013, p. 32) and affirms performance’s potential clinical value. In its addressing of the “personal, social and cultural dimensions of human need,” performance “can have positive, healthy connotations that relate to a fundamental and natural mode of musicing, and to a fundamental psychological and social reality –that ‘performing’ ourselves in the world is natural and necessary” (Ansdell, 2005, “Community Music Therapy & Performance, paras. 1-2).

If performing *ourselves* is indeed natural and necessary, then performance and identity are interconnected. I turn now to an exploration of identity development in greater detail, specifically examining its narrative and relational components. Just as musical meaning does not reside dormant within musical texts (Small, 1998), our selves do not exist contained within us in

isolation from our relationships (Gergen, 2009). Given music's role as "a building material of self-identity" (DeNora, 2000, p. 62), musical performance is ideally suited for the individual's identity work because it is, like our identities, social in nature.

Identity: A Narrative, Relational, Performed Construct

Sociologist Anthony Giddens (1991) asserts that "in the context of a post-traditional order, the self becomes a reflexive project" (p. 32), wherein "a person's identity is not to be found in behaviour, nor...in the reactions of others, but in the capacity *to keep a particular narrative going*" (p. 54, italics original). This notion that our narratives—whether limiting or expansive—create our realities and identities is at the heart of narrative therapy, which involves examining "those stories we carry with us about who we are and what is most important to us" (Sween, 1998, p. 5). Within narrative therapy, and certainly any therapeutic process that seeks to challenge limiting beliefs, clients undertake the process of "unearthing these stories, understanding them, and re-telling them" (p. 5). For clients in music therapy, and performers at the Coffee House, the process of unearthing, understanding, and re-telling their stories is often embodied in musical action.

Many narrative scholars recognize that we co-create our identity narratives with our cultures (Combs & Freeman, 2015; McAdams, 1997; Sween, 1998), that "our selfhood emerges through the systems available to us in our social and cultural milieu, in relations to the roles we enact" (Davidson, 2017, p. 365). A relational perspective on identity extends this notion of co-creation further. Such an outlook asserts that there is not an inner-process within the individual that comes to be known through interaction, but rather that "selves are only realized as a byproduct of relatedness" (Gergen & Kaye, 1992, p. 180). A relational lens on identity and human development is indebted to the work of feminist therapists/scholars such as Miller (1976)

and Gilligan (1993) whose perspectives challenge the primacy of patriarchal and ethnocentric values within mainstream Western psychology (Robb, 2006). Relational psychology suggests "that healthy development occurs when both people are growing and changing in relationship" (Jordan & Hartling, 2002, p. 51). Rather than placing primacy upon processes of individuation, it "asserts that people need to be in connection in order to change, to open up, to shift, to transform, to heal, and to grow" (p. 54).

Our identity-narratives not only change as a result of social interactions, but they also begin there. Newman (1999) describes that, within performance, "we are not looking simply to passively discover what is inside, we are looking to create...what is socially available to be created" (p. 128). Speaking more broadly, Newman (1999) suggests that every interaction is performatory and as we perform, we create new identities and new relational possibilities. We perform not necessarily to display existing parts of ourselves but to "actively creat[e] new parts" (Newman & Holzman, 1999, p. 87). This is embodied in the narratives of participants in this research: new self-identities are enacted through the experience of performing in social context. As Wood (2016) articulates, "there is a belief in [community music therapy] that the person may indeed be understood and thus 'performed' differently by varying audiences" (p. 103).

This emphasis upon the relational and contextual nature of identity formation brings us full circle to music, increasingly recognized as inseparable from the contexts in which it is actively created (Ansdell, 2004; Goehr, 2009; Small, 1998, Stige & Aarø, 2012). Music has unique affordances in the area of identity (DeNora, 2000), making *musical* performance a particularly impactful medium for identity work. As Procter (2013) articulates, music is both a "technology of the self" and a "technology of communality", and thus, "from a musical perspective it would seem sensible not to discount the possibility that music might be operating

in both ways at once” (p. 40). As such, it is vital to resist attributing therapeutic outcomes to either music itself or individuals themselves, as the relational aspects of performance pervade the music-making and each individual’s experience. This will be evident through the participants’ narratives, which will be presented following a brief description of the study’s methodology.

Methodology

Within this qualitative case study I draw upon techniques and theory from narrative inquiry. Narrative inquiry and case study research affirm the relational and contextual nature of lived experience (Bowman, 2006; Bruner, 1986; Clandinin & Connelly, 2000; Verschuren, 2003). In a previous article (Mitchell, 2019), I presented the Coffee House as a “bounded” and “integrated” case (Stake, 1995, p. 2) in order to explore the event’s success using a holistic lens (Yin, 2014). In the current paper a narrative approach is primary, as I explore participants’ perspectives regarding the Coffee House’s impact upon their identities and relationships.

Narrative’s role in structuring lived-experience and creating meaning has already been discussed, as has its role in individuals’ construction of their identities (Bruner, 1986; Clandinin & Connelly, 2000; Giddens, 1991; McAdams, 1997; Pinnegar & Daynes, 2007). Narrative inquiry is fitting within research that examines music-making, given “music’s deep implication in the construction and maintenance of identities” (Bowman, 2006, p. 14). Recognizing that the voices of mental health service users are rarely heard within the music therapy literature (Solli & Rolvsjord, 2015), this narrative approach to research, along with community music therapy practice more broadly, contribute to the “attending to unheard voices” (Stige & Aarø, 2012, p. 5).

Participants

All staff members and youths at the facility were informed of this research project and invited to participate. Participation was voluntary. Youths were required to have performed at

and attended at least one Coffee House. Staff members were required only to have attended at least one Coffee House, though each staff participant had attended *multiple* events as audience members and performed at least once as a soloist or ensemble member. Participants include seven youths and eleven staff members. Youths were between the ages of 12 and 17, four from day-treatment and three from residential programs. Though I did not systematically collect diagnostic information, several youths disclosed their diagnoses during their interviews, including anxiety, depression, post-traumatic stress disorder, and autism spectrum disorder. Staff participants included two psychologists, three child-and-youth-counsellors⁵, four teachers, one nurse, and the music therapist. These individuals had worked at the facility for anywhere between three and thirty years. Except for the music therapist, staff members are identified by a number in order to protect their identities.

It is vital to acknowledge my pre-existing relationships with many of this study's participants and with the event itself. While I met all youth participants for the first time on the day of their interviews, in contrast, nine of the eleven staff participants had been my former colleagues. I recognize benefits and constraints within both of these situations. The fact that youths did not have to negotiate a dual relationship with me may have assisted them in speaking freely, however, our lack of rapport might have hindered their willingness to do so. On the other hand, I have strong rapport with many of my former colleagues, and yet, these individuals also know of my investment in the Coffee House. I recognize that this awareness may have impacted their openness in sharing criticism of the event.

⁵ The scope of practice of a child and youth counsellor “includes assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventive, and therapeutic requirements into the life space...and participating in systems interventions through direct care, supervision, administration, teaching, research, consultation, and advocacy” (Ontario Association of Child and Youth Care, 2017).

Research Process

Participants' shared their narratives during in-depth, semi-structured interviews. Using NVivo, a software program for qualitative analysis, interviews were coded using first and second cycle techniques (Saldaña, 2013). In this cyclical process, the researcher gradually collapses all of the themes and topics presented by participants into a smaller number of categories as it becomes apparent that "larger segments of text are better suited to just one key code rather than several smaller ones" (p. 24). I also retained participants' narratives in their entirety, recognizing that meaning may be lost through the inevitable fragmentation of the coding process (Riessman, 2008). I strive, in the current paper, to strike a balance between exploring themes that emerged during coding while also presenting and reflecting upon the meaning inherent within participants' stories in their original form.

All participants had the opportunity to review their interview transcripts, make changes, and vet direct quotations. Recognizing that many youths were unlikely to review their interview transcripts individually, I met with each youth a second time in order to review their transcripts with them and give them the opportunity to edit their words if they wished to. With regards to research credibility, my prior "prolonged engagement" (Lincoln & Guba, 1985) with the context and case ensures my in-depth familiarity. To contribute to the research's trustworthiness, I maintained a reflexive journal in which I documented the overall progress of the study, including methodological decisions and my personal reactions and insights (Lincoln & Guba, 1985).

I acknowledge that a methodological limitation of this study is the fact that formal data collection spanned only approximately one month. I saw each youth on the day of their performance, at their interview, and then to review their transcript. Longitudinal tracking of youths would undoubtedly have deepened the discussion presented in this research. Following

participants beyond their discharge from the facility however was not a realistic aim within the confines of doctoral research, due to significant and understandable barriers surrounding confidentiality and ethics, in addition to the general unpredictability of these youths' lives. Recognizing these constraints, this study does provide an honest "snapshot" of what is no doubt an even more nuanced picture. In this way, this research is akin to ethnographic research known as "focused ethnography" (Knoblauch, 2005), which is characterized by shorter-term field visits than traditional ethnography due to the demands of contemporary settings. The shorter time frame of the research is compensated for by the "large amount of data and the intensity and scrutiny of data analysis" ("Introduction", para. 2), certainly the aim in this study.

In the following section, I detail the study's results as they pertain to the Coffee House's impact upon personal identity and relationships. It will quickly become clear that these two areas—identity and relationship—are entirely interwoven. Though I set out to investigate these domains separately, the participants led me to a new understanding of the relational nature of our very selves. As Ansdell (2014) suggests, to choose between psychological and social factors is to miss the point, given the ecological flow between them: "Music can be appropriated both for the more 'inner' focus of identity work, but also as part of the outward-going process of creating group affiliations and social relationships. Each feeds the other" (p. 116).

Results

Most of us in Western societies are familiar with what Turino (2008) terms *presentational* performances, settings in which music is "prepared by musicians for others to listen to" (p. 52). The values and goals of presentational settings lead to specific criteria for creating music and judging its success. Performers' "musical-dance skill" and often additional characteristics such as personality, appearance, and stage presence "become key criteria for

selecting certain individuals for presentational performance and rejecting others" (Turino, 2009, p. 101). In contrast to this skill-based definition of success, *participatory* settings define success primarily by "the level of participation achieved" (Turino, 2008, p. 29).

As an example of participatory performance, the Coffee House provides an inclusive and supportive setting in which performers can experience success and increased self-efficacy in musical performance (Mitchell, 2019). The significance of these experiences of success and resultant feelings of accomplishment and musical capability are expanded upon here. As youths accomplished something they had not previously known they were capable of, many of them experienced expansions in their overall self-concepts and self-identities.

Such shifts within youths' musical and personal identities were not primarily internal processes, but rather, were interdependent with the relational features of this performance context, forged in connection to staff members' witnessing of their performances. Staff members gained new perspectives on youths through witnessing their performances and vice versa, youths gained new perspectives on staff members. These new perspectives embodied and afforded new relational possibilities. The narrative and relational aspects of identity formation are presented here as continuously interacting and mutually constructive, with performance as an ideal setting for these new constructions to occur. The most commonly cited shift in youths' self-identity narratives was a newfound sense of being "accomplished" and "capable" within music. For some youths, the significance of their new musical self-concepts extended beyond music as well.

"I'm Capable": Expansion of Self-Identity Narrative

Each youth participant felt their performance had been a success. As youths experienced their musical capabilities, their musical self-efficacy increased (Mitchell, 2019; Zimmerman and Cleary (2006), and their musical-identities expanded, encompassing new beliefs about their

abilities to play, sing, and perform. Six youths articulated that their feelings of musical accomplishment were *new* for them and that they had learned something new about themselves. For example, Youth1 explained that performing led to “feeling like I was accomplishing something really big”, teaching her “that I can do something that I didn’t think I could.” Youth6 was glad that he “tried something new” and Youth2 reflected: “Before I came here, I couldn’t play an instrument...Now I can play...rather well.” Youth3 commented that performing with the band “changed how I feel about myself *a lot*...I used to think I’m not very good at drumming. Now that I’ve heard myself play with the other bandmates I thought I did really well.”

Increased musical self-efficacy was one element of a larger expansion in overall self-concept and self-identity that many youths identified, sparked largely by the experience of having succeeded at something that involved significant risk and that they did not previously know they were capable of. Zimmerman and Cleary (2006) describe self-concept as more “generalized” than self-efficacy, “incorporating a variety of self-reactions and beliefs such as feelings of self-worth and generalized beliefs of competence” (p. 48). Certainly, youths expressed shifts in both of these domains.

With regards to self-worth, Youth2 stated that the event helps with “self-image” and Youth1 explained, “I get very nervous really easily, so when I accomplish something like that I feel good about myself.” She added that the event “help[s] build self-esteem about performing in front of people and being able to do stuff that you think you could never do,” implying that her experience of increased self-esteem extended beyond musical performance. Staff6 noted that performing “gives [youths] a new sense of self-worth and boosts their self-esteem,” an observation echoed by Staff3: “Everybody’s gonna leave here feeling like Lady Gaga.”

As youths' self-narratives expanded to include the belief that they were capable of making music and performing, this led to feelings of increased confidence and competence not only in music, but for some youths, in other areas as well. Staff1 reflected upon a youth who had performed at a previous Coffee House:

We...saw her come out of herself, and talk to people and make eye contact, and it really supported her with her anxiety and building back up her confidence...Her experiences with music...and receiving such good compliments and support helped her develop her identity.

Youth4 reflected that the experience had made her less afraid to sing in front of people in the future; significantly, she also noted that facing the fear of performing “makes you want to try more things,” and clarified that she meant in areas outside of music. Performing had expanded her sense of her own potential in a broad sense. In the context of work with older adults, Wood (2016) notes that “one of the best things to ask of music is “*Show me what I can still do*” (p. 304, italics original). In the case of these youths, it appeared that an ideal question to ask of music was “show me what I *can* do that I never thought was possible.”

Implicit in several youths' narratives was the awareness that the presence of a supportive audience was crucial to their newfound feelings of accomplishment. “A lot of these kids have problems with self-image...I know I do. It helps you when you go up there and you have like the courage to go up there, and everyone encourages you” (Youth2). Youth4 observed that the event “makes...people feel good about themselves” and continued: “I felt good after I sang ‘cause people came up to me and said I was awesome.”

Youths' experiences of “accomplishing something” through their performances expanded their self-narratives surrounding their musical capabilities. For several youths, this expanded

their identities more broadly as well. These transformations within individual performers' self-narratives were indelibly connected to the relational nature of the performance context; as youths saw themselves through their audience members' eyes, the possibility of expanded self-narratives arose. These results resonate with Gergen's (2009) assertion that "the removal of affirmation is the end of identity" (p. 168). The relational nature of the performance context, and the way in which it affords new perspectives on one another, is explored next.

New Perspectives, New Relationships

Our selves are created and evolve within contexts and among people. As Gergen (2009) explains, "Independent persons do not come together to form a relationship; from relationships, the very possibility of independent persons emerge" (p. 38). The shifts that occurred in youths' beliefs in their abilities were contingent upon the presence of an audience. The performance setting holds unique affordances for identity building, along with relational possibilities for performers and audience members. Within the transformative moment of bearing witness/being witnessed, audience members experienced new perspectives on the performer and this in turn impacted the performer's self-identity narrative and the interactions between them.

New perspectives on youths.

Staff members gained new awareness of youths' strengths and a broader understanding of them as individuals outside of their roles as "clients" through watching their performances. This is evident in Adam's story, recalled at this paper's opening, wherein a police officer had the opportunity to hear and understand the trauma behind Adam's antisocial behaviours and perhaps, develop a different narrative about this youth. Staff's question—"That opportunity to connect in that way...How else would that have happened?"—speaks to the possibility that this performance provided the only context in which such a perspective shift could have taken place.

Several staff participants acknowledged the risk of burnout and vicarious trauma in their workplace; in light of emotionally demanding jobs, opportunities to relate to clients in a positive fashion took on tremendous significance. Staff2 recounted challenging circumstances with several youths and reflected: “You sort of forget that they’re not this...constantly-in-trouble, I-need-to-save-you all-the-time kid. They have other parts to them and [the Coffee House] lets you see that.” The Coffee House helps to normalize the youths, significant in this context with its day-to-day focus on mental health struggle. “You forget that there’s this part [of them] that’s very...typical of what some youth can do...It gives you connection with that possibility” (Staff10). Staff members witness new possibilities for their clients within their performances.

Staff members and youths reflected that the Coffee House offers an opportunity to recognize youths’ strengths that would not be witnessed otherwise. Youth3 stated that the event is important because it allows youths to “show their talents...Some people judge like, ‘Oh this kid’s like a loser.’ But they don’t know what they can actually do.” Similarly, Youth6 stated that performing allows youths “to show others what you can do.” He clarified that this was important given that otherwise “[others] might misjudge you,” implying that witnessing performances allows audience members to gain a fuller picture of youths’ potential. Youth1 connected her sense of accomplishment with the recognition that her performance had impacted others: “It kind of like makes you happy to see people being happy that I’m...good at singing. ‘Cause I’ve never felt that, and I feel so accomplished.” Youth4 stated: “I think the staff enjoy it – they get to see what we can do.” She explained that staff members get to see different sides of youths at this event because “people are different from everyday...when they’re facing their fears.”

As alluded to by Youth4, performing allows youths to share not only their musical abilities, but also other characteristics that may not have otherwise been visible. Staff4 reflected

that his pre-conceived ideas of youths are often challenged at this event: “They’re too cool for school...And then they go up and sing this lovely song, and it’s like, ‘Oh right! Just another person’ (laughs)!” Though Staff4 recalled this experience with levity, the significance of remembering that the client before you is indeed “another person” cannot be underestimated; Staff4 noted that this kind of perspective-shift in turn creates “another avenue” for interaction with youths. Staff members recalled witnessing youths’ courage, coping strategies, and senses of humour, in addition to musical and creative abilities, through their performances. Staff9 noted that the recognition of strengths that occurs here is natural and genuine, giving such recognition more weight than a formal clinical decision to adopt a strengths-oriented approach.

Performance also provides youths an opportunity to share a more holistic picture of their lives, providing audience members with a “visceral reminder of how there’s always more to a person” (Staff9). Staff8 noted the personal relevance of the songs that youths sing and remarked, “When kids are encouraged to write their own lyrics...You can become aware of...something that’s inside them that they wouldn’t have said in...a conversation.” Youth7 explained, “If I’m feeling a certain emotion I try singing a song like that.” Youth5, who explained that “a song’s never just a song,” described her choice of song as a way to “try to open up” and share a personal message with the audience: “For me, when words can’t work, music does.” This youth was also enthusiastic about staff members’ performances, which are explored next.

New perspectives on staff members.

Just as youths’ performances provided an opportunity for staff members to view youths outside of their roles as “clients,” staff members’ performances allowed youths to see them outside of their roles as “experts.” Participants described staff members’ performances as offering a more vulnerable, “human,” or “whole” perspective than typically seen in the

workplace. Staff performers were intentional in their decisions to perform and aware that by doing so, they were often role-modelling for their clients. For example, both Staff4's and Staff7's decision to challenge themselves to perform for the first time in their lives at the Coffee House was connected to the realization that they could not continue to encourage youths to perform if they were unwilling to do so themselves.

Staff8 referred to staff performances as “a different way of saying ‘I’m not perfect’, and Staff5 described the event as promoting an “even-playing-field” by allowing the youths to see “that we are humans, we make mistakes.” Staff6 reflected: “The kids come to us and they think your life is perfect... It’s nice...for them to see that some of us do struggle. And, putting ourselves out there is difficult.” Speaking of performing in the staff choir, Staff10 acknowledged: “We get nervous, and we have to overcome obstacles...And the kids see that.” As youths witnessed staff performers’ vulnerability, they had the opportunity to witness and relate to staff members as whole people, outside of the institutional role of “expert.” Within community music therapy, the staff member’s imperfect performance serves as a reminder that “it is not only the patients who are ‘imperfect’ in a sense, but all of us are” (Aigen, 2004, p. 195).

Staff3 never misses the opportunity to perform at the Coffee House. An experienced musician who does not experience performance anxiety in this context, he performs to “let our kids know that we are whole people...We’re not titles. We’re people.” Similarly, Staff1’s decision to perform at the Coffee House for the first time was sparked by a desire to relate more authentically to a group of youths: “They’ve shared so much with me, that I want to share something personal with them.” She also noted that the event at times allows youths to witness staff taking themselves “a little more lightly,” referencing the custody unit staff’s recent air band to the song “Breaking the Law.”

Several staff members also spoke about the way in which the Coffee House fosters new connections between colleagues. Staff9 for example spoke about singing in the staff choir: “It’s a different way of relating with your co-workers...you feel a new connection.” Staff10 described learning of her colleagues’ musical abilities and seeing a more “social side of people” through their performances. She said that this contributes to “fun” and “reminiscence” in the workplace for weeks following each event. Staff6 appreciates the opportunity to discover other musicians on staff: “Selfishly, I’m like, ‘Hey! I can jam with you now!’”

Witnessing her colleagues and clients sharing “something you would otherwise not necessarily have known about them” was a reason that the event had been a highlight of Staff10’s twenty-four years working at the facility. As Wood (2016) notes, community music therapy potentially has greater “reach” than traditional music therapy, because of its “orientation towards the benefits opened up by witnessing a person in music” (p. 56). The new perspectives afforded by the experience of witnessing one another perform impact relationships among youths, among staff members, and as will be the focus here, between youths and staff members.

New relational possibilities.

As already alluded to in several examples, research participants recognized that audience members’ new perspectives on performers often sparked interactions and new relational possibilities that would not have occurred otherwise. Staff1 for example described youths’ performances as helping staff members “develop more empathy:”

No matter how hard you try there’s gonna be a kid that you struggle to see the good qualities in...When they get up and perform, you’re seeing that vulnerability...Seeing that...and being able to...encourage them...it can strengthen relationships...One of the youth that performed yesterday, there was an incident in the fall where she physically

assaulted me...Since then (laughs) I've...not had the closest relationship...But it was really great to see her perform and to be able to have something to talk about with her and to say, "I'm really proud of you"...And have...a new opening to start a dialogue.

Staff10 reflected on the significance of witnessing a youth's sense of humour for the first time through a performance: "You can kind of tap into that a little bit then afterwards too...It helps you to expand information about that youth and ways that you can connect with them."

As mentioned earlier, Youth5 recognized that performing a song with personal meaning is a way to "open up":

It's nice to be able to explain yourself when you just want to go in your room and scream as loud as you can because no one understands...But then you can go up there and you can perform a song and it can say so many things. Maybe not with your own words but you perform it and people are listening and people especially in here they catch onto it. They know what you're going through. And a lot of the time after that staff will come up and they'll talk to you 'cause they'll get it.

Performance provided Youth5 with a vehicle through which to share a part of her story and—vitality—be witnessed by others. In turn, this led to supportive conversations with staff members in which she felt understood. As youths and staff members were seen and heard holistically through their performances, new relational possibilities were opened.

The more holistic perspectives on one another afforded by these performances offered the possibility of new interactions in the future while embodying non-hierarchical relationships in the moment, serving a "levelling function" (Aigen, 2004). I describe musical performance's ability to level hierarchical relationships in an earlier article (Mitchell, 2019) as an element of the

Coffee House's overarching participatory ethos (Turino, 2008). I re-visit this relational concept here, given its profound connection to participants' identity development through performance.

I think that what happens during a good performance is that the multiple differences among us are forgotten and we are fully focused on an activity that emphasizes our sameness...as well as our direct interaction...for those moments when the performance is focused and in sync, that deep identification is felt as total. (Turino, 2008, p. 18)

"Sameness" was felt when youths and staff members performed together in the rock band or the bucket drumming group. It was experienced when Staff7 stood, shaking, to sing solo for the first time, and when, after her performance, a youth ran to hug and congratulate her. Sameness is felt because the distinction of expert/client, at the forefront of most daily interactions, is dulled here. The event puts staff members "on the same level as the youth and also elevat[es] the youth up to performers, to famous people...It brings everyone together" (Staff5). Within a healthcare setting, such experiences of sameness are crucial, "serv[ing] to reinforce the common humanity shared by all members of the community, a commonality that is all too often lost in the interactions that characterize institutional hierarchies" (Aigen, 2012, "Performing in an Institutional Setting", para. 3). Through performing and *being witnessed* as they did so, performers experienced increased possibilities that were simultaneously intra- and inter-personal.

Staff members reflected upon performance's unique benefits, given its social nature: Music in isolation...can be hugely therapeutic. But...it doesn't have that same resonance in my mind. Music is a medium of communication...of relationship...And providing youth with the opportunity to share, whether it's their music...or their interpretation of someone else's music is...a valuable piece in terms of being human. (Staff3)

[Youths] can have some of that experience in the music therapy office...But there's something different about having a room full of people receiving that and...validating that...It's more powerful when they get to share it with more people and feel the energy back from more people. (Staff9)

Of course, clients experience being witnessed and feeling accomplished within traditional music therapy sessions, and certainly, traditional sessions have affordances that performances may not have. However, performing offered unique resources to participants. As Newman (1999) describes, through performance, "we are looking to create what neither is inside nor outside but what is socially available to be created" (p. 128). The performances at the Coffee House afforded new identities and relationships for its performers, and, due to the relational nature of performance and our very selves, audience members were integral to this process and experienced its affordances as well. All participants are musicking (Small, 1998), and thus both performers and witnesses contribute to the creation of new personal and relational possibilities.

Discussion

Community Music (*Centered*) Therapy: Participants' Perspectives

Aside from its affordances in the areas of identity and relationship building, the idea that musical engagement is worthy of being undertaken for *musical* reasons was expressed by several staff and youth participants. Staff10 noted that the Coffee House had led many participants to realize that musical participation is something "anybody can do" and reflected that this can contribute to "broadening the world for a lot of people, that they can have music be such an integral part of their lives." Her observation that music is "something that anybody can do," is certainly supported by research (Hargreaves, Macdonald & Miell, 2012; Welch, 2017). It also

speaks to the Coffee House's role in providing youth with access to an opportunity that is "a valuable piece of being human" (Staff3), a music-centered perspective (Aigen, 2014).

Community music therapists concern themselves with participants' access to and participation in music, "making music possible" (Stige, 2010, p. 16), and the Coffee House does just that. Through performance, many youths experience a newfound sense of musical accomplishment and for some of them, this self-discovery leads to feelings of increased potential in other areas. For other performers, feelings of increased potential remain in the musical arena. It is the experiences of these latter individuals that I will focus briefly upon here.

Several youths continually brought our interviews back to the importance of *music* in their lives. The music therapist and the keen PhD candidate in me would ask "What's the significance of that?" when youths described meaningful moments from their performances. Some of them willingly reflected upon the extra-musical significance of their musical involvement, but their faces lit up when we returned to talking about the music. Youth2 for example described his experience of playing with the band as a "confidence booster," significant for a youth who struggles with anxiety. I asked him whether he thought that the confidence he felt while playing might transfer to areas outside of music, and he replied, "I think it's probably just music." Then, as though he felt he needed to defend the importance of *music*, to the *music* therapist, Youth2 added emphatically, "But it still helps." The experience had been important to him regardless of whether it led to increased confidence in other areas. His *musical* confidence and the experience of playing in a band were monumental; he told me that had it not been for band rehearsals, he would not have come to school.

Youth7 participated in the Coffee House for the sake of enjoyment: "While I'm singing I enjoy myself, 'cause I like singing." Perhaps anticipating my questions, she informed me: "Just

‘cause I enjoy something doesn’t mean it’s gonna change me.’ Still determined to land upon some area of non-musical benefit, I asked her what she thought the event’s purpose might be. She replied nonchalantly that she had “been to other schools that have [Coffee Houses] too.” I pressed further, “What might be the purpose of this event in a setting where everyone’s working on their mental health?” Youth7 was adamant: “If you enjoy singing it’s pretty much the same thing everywhere. If you enjoy singing you enjoy it.”

I finally heard her. There is no need for this Coffee House’s *raison d’être* to be markedly different from the rationale it would hold in a typical school setting. That the event’s purpose could be *musical* in nature—no matter the context—was obvious to Youth7. There is resonance here with Aigen’s (2014) perspective that defining music therapy by its use of music to achieve *nonmusical* goals is ethically troubling in the inference that individuals with disabilities “must have their access to music based upon non-musical criteria that are different from other members of society” (p. 71). Within music-centered practice, “natural modes of relating to music are encouraged” (Aigen, 2012, “Origins and Foundations”, para. 9), and Youth7 articulated a music-centered perspective on this event’s value.

Ansdell (2014) suggests that the term *extra-musical* “gives the wrong impression that things are either ‘totally musical’ or ‘extra-musical’ (that is, ‘outside’ the musical)” (p. 40) and proposes the term *para-musical* instead.

A paramusical phenomenon is always wrapped up in the immediate ecology and need of a situation, and is never an abstract entity that you could isolate – either during or afterwards. Take away the music, and the paramusical feature can also disappear – even if its echo often remains. (Ansdell & DeNora, 2016, p. 35)

Put more simply, “What is musical is already personal and social” (Stige, Ansdell, Elefant & Pavlicevic, 2010, p. 300). Youth7 has a relationship to music and she articulates that her enjoyment of singing itself is purpose enough to engage in it. From there, it is possible that, “paradoxically, this is exactly how it achieves other things” (Ansdell, 2014, p. 299).

Interestingly, Staff1 commented on Youth7’s performance:

She struggles to be understood...She doesn’t get on well with her peers, or with many of the staff...But everyone really liked her performance...You could see...she was trying very hard to...present...a version of herself that she felt really proud of...The other youth accepted it so well...It allowed them to see a different side.

As with many participants already described, performing provided Youth7 a vehicle with which to present a different “version of herself.” Staff1’s description here is akin to Newman and Holzman’s (1999) perspective on human development as performative, in which “we become who we ‘are’ by continuously ‘being who we are not’” (p. 100). Ansdell and DeNora (2016) consolidate both perspectives in their research regarding community music therapy in an adult mental health setting: “People are motivated to come and make music, and then the demands of good musicking involve modes of awareness, contact and negotiating relationship...and togetherness...The Musicking is in this way an *indirect means* to personal and social goods” (p. 172, italics original). Identity and relational implications aside, from Youth7’s perspective, the fact that the event allowed her to share her love for music was sufficient rationale to participate.

Performance and Resource-Oriented Music Therapy

Ansdell and DeNora (2016) note that, as people recover from mental illness, they need alternatives to individual psychotherapy, settings “where the emphasis is on re-finding their place within the community and then accessing and re-building social and cultural resources” (p.

21). Resource-oriented music therapy (Rolvsjord, 2010), also a music-centered approach, “involves the nurturing of strengths, resources, and potentials”; “involves collaboration rather than intervention”; “views the individual within their context”; and, finally, views music “as a resource” (p. 74). There are clear points of overlap theoretically and practically between community music therapy and resource-oriented music therapy; for example, both “consider a relationship to music as an essential human need that reflects healthy tendencies within the individual” (Aigen, 2014, p. 39). Though the Coffee House is most obviously an instance of community music therapy, it also contains many resource-oriented elements as illuminated by participants.

In articulating a theoretical framework for resource-oriented practice, Rolvsjord (2010) draws upon various allied disciplines, including community psychology and feminist theory. *Empowerment* is a central component of Rolvsjord’s approach. A multi-layered construct, empowerment at an individual psychological level involves “the ability to act and participate, as well as the feeling that one has the right to do so” (p. 40). Certainly, the Coffee House celebrates the right to participate for everyone within the facility’s community, including youths who have faced barriers in accessing musical participation elsewhere. Rolvsjord recognizes that empowerment “includes access to valued resources” (p. 44) and that musical skills are a valuable research in many contexts and cultures. Developing such skills with our clients is relevant as it may “enable[e] them to participate in society” (Rolvsjord, 2004, p. 106). Most youth participants described this performing experience as having provided them with the confidence required to perform again, perhaps even in a different context. Preparing for and successfully performing within this supportive environment was an important step in musical resource building. A

reflection of her own empowerment, Youth4 noted that performing at the Coffee House “makes you want to try more things.”

Youth7’s insistence that enjoyment of singing was sufficient rationale for the Coffee House’s existence resonates with resource-oriented music therapy and its alliance with positive psychology. “Treatment is not just fixing what is broken; it is nurturing what is best” (Seligman & Csikszentmihalyi, 2000, p. 7). Suggesting that nurturing strengths and positive emotions in therapy can in fact enhance learning and progress in therapy, Rolvsjord (2010) criticizes therapists for our incessant focus upon negative emotions. Suggesting that music therapy’s focus in this regard reflects that we have moved away from music for the sake of “professionalization,” she asks poignantly, “Can we regard a music therapeutic process as successful even if all it does is to bring moments of joy and a sense of mastery in music” (p. 113)?

Empowerment philosophy “challenges the very idea of professional helpers” (Rolvsjord, 2010, p. 43), and resource-oriented practice celebrates *collaboration* in place of *intervention*. At the Coffee House, “professional helpers” perform alongside the clients. That the event, albeit temporarily, levels typically hierarchical institutional relational dynamics, connects the event to resource-oriented practice and provides potential for participants to experience empowerment through participation. In the following section, I acknowledge the risks that participants may not, in fact, experience empowerment through performance.

Risk and the Role of the “Backstage”

The data gathered in this research and presented here is overwhelmingly positive. For example, though six of the seven youths interviewed described experiencing significant anxiety surrounding their performances, they each were satisfied with their performances and able to reflect—in many cases, quite effusively—upon the feelings of accomplishment and the new

learning about themselves that this experience had sparked. These youths did not downplay the anxiety associated with the event. However, for these particular youths, the experience of having overcome this anxiety had made performance worthwhile: “I get very nervous really easily. So when I accomplish something like that I feel good about myself” (Youth1).

Ruud (2017) recognizes the feelings of achievement and mastery that can stem from participation in performance, while also noting that performing can lead to “ambivalence, the loss of self-confidence, and finally a sense of defeat” (p. 595). Certainly, even music therapy’s most outspoken proponents of the clinical use of performance “[do] not suggest that this is always the right move (Wood, 2016, p. 57). Staff members in this study recognized the risk that a youth might internalize a sense of failure or find the anxiety associated with performing overwhelming. Though this did not seem to have occurred for performers at the event I witnessed and researched, many staff members were able to recall isolated times when these risks had indeed become reality. For example, the music therapist recalled a youth who had backed-out of playing with the band right before the Coffee House started, and several staff members recalled a youth who had made self-deprecating comments on stage following her performance. In both of these cases, the treatment milieu, in particular, the event’s coordination by the music therapist, was integral. With support and realistic goal-setting, both of these youths were able and willing to participate in a subsequent performance at the facility, and to experience success their second time around.

These anecdotes have positive endings, but of course positive endings are not inevitable. The role of the music therapist in planning the event’s program and meeting with each youth performer to rehearse is crucial here. Any performance involves risks, and the musical and emotional preparation for the undertaking of these risks is a major part of the music therapist’s

task. Procter (2013) refers to the music therapist's role in accompanying people "between backstage and frontstage" (p. 222). He observes: "It is an unusual property of music that it can be both a means of therapy and a means of presenting oneself frontstage; surely therefore, it must be at least within the therapist's range of possibilities that they accompany their clients in whatever form that accompaniment may need to take" (p. 222). The frontstage, and its supportive, celebratory yet poignant atmosphere, as described in such minute detail by participants here, would not exist were it not for the music therapist's musical and emotional work in the backstage. In the following section, I briefly describe four staff members' stories regarding their journeys to performing at the Coffee House.

A Parallel Process: Affordances for Staff Performers

Given the research context, an adolescent mental health treatment facility, it is unremarkable that interviews focused a great deal upon youths' experiences of performing. During these conversations, however, it became clear that staff members' performances were significant too, and not only because of their role in creating the event's participatory ethos or in levelling the relational playing field (Mitchell, 2019). Many staff members shared that performing had been significant to them on personal and musical levels as well. As a researcher, perhaps the most unexpected finding in this data was that four of the eleven staff participants performed in a new capacity for the *first* time in their lives at this event. Just as youths expanded their musical self-identities through performing, so too did several staff members.

Staff7 described herself as someone who sings constantly at home and even at work in informal situations. Her decision to perform at the Coffee House was based in a number of factors. She described having often encouraged her clients to "step out of their box" only for them to say in return, "*You* should!" Her valuing of her relationships with youths was evident:

“How can I ask them to do something I’m not willing to do myself?” She reflected that just as the Coffee House provides youths with “the opportunity to explore something that they may never have before,” it had provided this to her as well. Aside from her intent to role-model for and support her clients, Staff7 performed to challenge herself musically and personally. She had never before performed solo in any context, and wished to answer the question, “Can I sing?” The impact of her inaugural performance, and her perseverance in the face of significant performance anxiety, was evident during interviews where it was one of the most common themes spoken about by both staff members and youths.

Staff1 made her Coffee House debut many years ago and has performed at each event since. She describes having felt reluctant to perform initially, though she regularly played violin in a community orchestra. The idea of singing at her workplace felt “very personal and private” and outside of the professional persona she was used to enacting. Her decision to sing was sparked by a memorable group of youths among whom a strong sense of mutual trust had been established. “A lot of them were taking the risk to perform...They’ve shared so much with me, that I want to share something personal with them.” After her first performance,

My group of students...all ran up and hugged me...It felt like...I’m doing something right...‘cause this isn’t about me being popular...This is about me having a genuine connection with these youth...They...saw something...that spoke to them in some way.

She described this as one of her “best memories” of her workplace, a memory that spans challenging herself personally and interacting with her clients in a new way, allowing them to see a different side of her and in turn, affording new relational possibilities.

Staff2 had no prior musical experience aside from singing in choir in elementary school and taking piano lessons “for a couple of years in high school.” Musical involvement as an adult

had been limited to singing alone in her car and she had never performed solo in any capacity. She first performed at a Coffee House with a youth who “was really nervous and didn’t want to do it on her own.” From this experience, Staff2 decided she would “challenge” herself to sing on her own: “I was always so shy in elementary school...It was...a personal goal...I’m comfortable [speaking] in front of groups of people now but talking...is completely different than singing.” Staff2 laughed as she recounted rehearsing for her first Coffee House appearance with another colleague who had said to her at one point, “You’re not really making any noise.” She reflected, “I was just so nervous,” and observed, “The more I’ve performed it’s definitely gotten easier.”

Prior to working at this facility, Staff4 had never before performed in any context, nor had he ever played the guitar. He explained that he decided to learn to play with the intention to perform at the Coffee House:

I’d always wanted to play the guitar...A past youth would show me how to play little things... And then he went up and performed at Coffee House, and...I remember thinking, “That would have been cool if I could have performed with him and been a support for him,” ‘cause he was really anxious about it. And he still went up with [the music therapist]...but I was like, “I wouldn’t mind doing that as well.”

Staff4’s decision to perform was also inspired by a youth who had said to him, “You always make us try things and go out of our comfort zones. How come the staff never has to?”

I was like, “Huh! Good point!” Why are we expecting [youths] to change all of these different areas of your lives, and take these risks...meanwhile the staff just don’t have to do that... I think the staff that do that are better received among the youth.

Staff4 taught himself basic guitar skills with the assistance of an online tutorial and now attends the weekly band rehearsals facilitated by the music therapist. He describes performing as “fun”

and said, “I’m a firm believer if someone’s up there performing it’s like, ‘Good for you! You actually had the guts to do that’. After that there’s no judgement on ability.” He hoped that his participation may inspire other staff members who are “on the fence” to try performing.

Given the clinical setting, there were of course marked differences between youths’ and staff members’ performances. For example, staff members’ awareness of clinical boundaries meant that they remained intentional if their performances entailed self-disclosure or emotional vulnerability, navigating awareness of their roles while still participating authentically and challenging themselves on musical and personal levels. The brief vignettes of these staff members display the ways in which the expansion in musical self-identity afforded through performing was available to *all* performers, a “parallel process” for staff members as Staff9 described. Within this highly challenging work environment, the significance of staff members experiencing musical fulfillment and personal growth cannot be underestimated.

Conclusion

The research presented here attends to the too often unheard voices of adolescents and of mental health service users (McFerran, 2010; Solli & Rolvsjord, 2015). With recognition of the highly personal nature of our musical voices (Mitchell, 2016; Wiens, Janzen & Murray, 2000), the opportunity for performers to share—whether through singing, instrumental playing and/or composition—and subsequently *be heard* in this sharing can be transformational, both for performer and also for those witnessing. Through performing, youths and staff members developed new self-narratives surrounding their musical accomplishments, which for several youths in turn led to expanded self-concepts regarding their own capability more generally. Through their act of witnessing, audience members developed new narratives about the potential within others, which in turn led to new interactions and possibilities within relationships. These

two types of new narratives—about the self and about others—were entirely intertwined. That is, it was as performers experienced witnessing from their audience that their new feelings of accomplishment and potential were made possible.

The formation of our self-concepts and identities embodies our interdependence with one another: “We collaborate with others to create who we are” (Gergen, 2009, p. 155). In tandem to the relational nature of our self-identities, the Coffee House reminds us of the relational nature of musical performance. As cited earlier, Ansdell (2014) reminds us that psychological and social factors are inevitably interwoven: “Music can be appropriated both for the more ‘inner’ focus of identity work, but also as part of the outward-going process of creating group affiliations and social relationships” (p. 116). As the dynamics of this inclusive and participatory performance setting allow participants to “explore, affirm, and celebrate” (Small, 1998, p. 49) relationships that are less hierarchical than is the norm within institutional settings, participants in turn experience an increased sense of their own and others’ potential. As this embodied musical potential is enacted, narratives shift.

Speaking of community music therapy in a mental health setting, Ansdell and DeNora (2016) note that participation in community music therapy allows individuals with mental health issues, who in other settings are primarily seen as “ill”, to experience their “potential and actual health-identity...recognized, nurtured and celebrated through musicking” (p. 6). Performers not only express themselves but *become* themselves in the presence of supportive and witnessing audience members. Recognizing that our lives are performative, the Coffee House highlights the potential inherent within performance and particularly, within *music*, to provide a setting for relational and identity transformation.

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References

- Aigen, K. S. (2004). Conversations on creating community: Performance as music therapy in New York City. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 186–213). London, UK: Jessica Kingsley.
- Aigen, K.S. (2005). *Music-centered music therapy*. Gilsum, NH: Barcelona.
- Aigen, K. S. (2012). Community music therapy. In G. E. McPherson & G. F. Welch (Eds.), *The Oxford handbook of music education* (Vol. 2). New York: Oxford University Press.
<http://doi.org/10.1093/oxfordhb/9780199928019.013.0010>
- Aigen, K. S. (2014). *The study of music therapy: Current issues and concepts*. New York, NY: Routledge.
- Ansdell, G. (2004). Rethinking music and community: Theoretical perspectives in support of community music therapy. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 65–90). London, UK: Jessica Kingsley.
- Ansdell, G. (2005). Being who you aren't; doing what you can't: Community music therapy & the paradoxes of performance. *Voices: A World Forum for Music Therapy*, 5(3).
<http://doi.org/http://dx.doi.org/10.15845/voices.v5i3.229>
- Ansdell, G. (2014). *How music helps in music therapy and everyday life*. Surrey, UK: Ashgate.
- Ansdell, G. & DeNora, T. (2016). *Musical pathways in recovery: Community music therapy and mental wellbeing*. New York, NY: Routledge.
- Barrington, A. (2008). Challenging the profession. *British Journal of Music Therapy*, 22(2), 65–72. <https://doi.org/10.1177/135945750802200204>
- Bowman, W. D. (2006). Why narrative? Why now? *Research Studies in Music Education*, (27), 5–20. doi: 10.1177/1321103X060270010101

- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- Combs, G., & Freedman, J. (2016). Narrative therapy's relational understanding of identity. *Family Process, 55*(2), 211–224. <http://doi.org/10.1111/famp.12216>
- Davidson, J. W. (2017). Performance identity. In R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 364–382). New York, NY: Oxford University Press. <http://doi.org/10.1093/acprof:oso/9780199679485.001.0001>
- DeNora, T. (2000). *Music in everyday life*. Cambridge, UK: Cambridge University Press.
- Erkkilä, J. (2003). Book review of C. Kenny & B. Stige (Eds.). *Contemporary voices in music therapy: communication, culture and community*. Retrieved from http://www.njmt.no/bookreview_2003029.html
- Gergen, K. J., & Kaye, J. (1992). Beyond narrative in the negotiation of therapeutic meaning. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 166–185). London, UK: Sage.
- Gergen, K. J. (2009). *Relational being*. New York, NY: Oxford University Press.
- Giddens, A. (1991). *Modernity and self-identity: Self and society in the late modern age*. Stanford, CA: Stanford University Press.
- Gilligan, C. (1993). *In a different voice: Psychological theory and women's development* (Rev. ed.). Cambridge, MA: Harvard University Press.
- Goehr, L. (2009). *The imaginary museum of musical works: An essay in the philosophy of music* (Rev. ed.). Oxford, UK: Oxford University Press.

- Hargreaves, D. J., MacDonald, R., & Miell, D. (2012). Musical identities mediate musical development. In G. E. McPherson & G. F. Welch (Eds.), *The Oxford handbook of music education* (Vol. 1). New York: Oxford University Press.
<http://doi.org/10.1093/oxfordhb/9780199730810.013.0008>
- Jordan, J. V., & Hartling, L. M. (2002). New developments in relational-cultural theory. In *Rethinking mental health and disorders: Feminist perspectives* (pp. 48–70). New York, NY: Guilford Publications.
- Knoblauch, H. (2005). Focused ethnography. *Forum Qualitative Sozialforschung*, 6(3).
<http://doi.org/10.1017/CBO9781107415324.004>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- McAdams, D. P. (1997). The case for unity in the (post)modern self: A modest proposal. In R. D. Ashmore & L. Jussim (Eds.), *Self & identity: Fundamental issues* (pp. 46–78). New York, NY: Oxford University Press.
- McFerran, K. (2010). *Adolescents, music and music therapy: Methods and techniques for clinicians, educators and students*. London, UK: Jessica Kingsley.
- Miller, J.B. (1976). *Toward a new psychology of women*. Boston, MA: Beacon Press.
- Mitchell, E. (2016). Therapeutic music education: An emerging model linking philosophies and experiences of music education with music therapy. *Canadian Journal of Music Therapy*, 22(1), 19–41.
- Mitchell, E. (2019). Community music therapy and participatory performance: Case study of a coffee house. *Voices: A World Forum for Music Therapy*, 19(1).
<https://doi.org/10.15845/voices.v19i1.2701>

- Newman, F., & Holzman, L. (1999). Beyond narrative to performed conversation ('In the beginning' comes much later). In L. Holzman (Ed.), *Performing psychology: a postmodern culture of the mind* (pp. 87–110). New York, NY: Routledge.
- Newman, F. (1999). A therapeutic deconstruction of the illusion of self. In L. Holzman (Ed.), *Performing psychology: a postmodern culture of the mind* (pp. 111–132). New York, NY: Routledge
- Ontario Association of Child and Youth Care (2017). Current description of the field – Scope of practice. Retrieved from <https://www.oacyc.org/our-profession>.
- Pinnegar, S., & Daynes, J. G. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 3–34). Thousand Oaks, CA: Sage.
- Procter, S. (2013). *Music therapy: what is it for whom?* University of Exeter.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Robb, C. (2006). *This changes everything: The relational revolution in psychology*. New York, NY: Farrar, Straus and Giroux.
- Rolvjord, R. (2010). *Resource-oriented music therapy in mental health care*. Gilsum, NH: Barcelona.
- Ruud, E. (2017). Music, identity, and health. In R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 589–601). New York, NY: Oxford University Press. <http://doi.org/10.1093/acprof:oso/9780199679485.001.0001>
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage.
- Seligman, M. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5-14. doi: 10.1037//0003-066X.55.1.5

- Small, C. (1988). *Musicking*. Middletown, CT: Wesleyan University Press.
- Solli, H. P., & Rolvsjord, R. (2015). "The opposite of treatment": A qualitative study of how patients diagnosed with psychosis experience music therapy. *Nordic Journal of Music Therapy*, 24(1), 67–92. <http://doi.org/10.1080/08098131.2014.890639>
- Spychiger, M. B. (2017). From musical experience to musical identity. In R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 267–287). New York, NY: Oxford University Press.
<http://doi.org/10.1093/acprof:oso/9780199679485.001.0001>
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Stige, B. (2010). *Music and health in community*. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 3–16). Surrey, UK: Ashgate.
- Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). *When things take shape in relation to music: Towards an ecological perspective on music's help*. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 277–308). Surrey, UK: Ashgate.
- Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. New York, NY: Routledge.
- Streeter, E. (1999). Finding a balance between psychological thinking and musical awareness in music therapy theory - a psychoanalytic perspective. *British Journal of Music Therapy*, 13(1), 5–20. doi: 10.1177/135945759901300103
- Sween, E. (1998). The one-minute question: What is narrative therapy? Some working answers. *Gecko*(2), 3-6.

- Turino, T. (2008). *Music as social life: The politics of participation*. Chicago, IL: University of Chicago Press.
- Welch, G. F. (2017). The identities of singers and their educational environments. In R. Macdonald, D. Miell, & D. Hargreaves (Eds.), *Handbook of musical identities* (pp. 543-565). New York, NY: Oxford University Press.
- Wiens, H., Janzen, H. L., & Murray, J. B. (2002). Heal the voice-heal the person: A pilot study on the effects of voice training. In A. Rose & K. Adams (Eds.), *The phenomenon of singing III* (pp. 228–234). St. John's, NL: Memorial University Press.
- Wood, S. (2016). *A matrix for community music therapy practice*. [EPUB version]. Dallas, TX: Barcelona. Retrieved from Barcelonapublishers.com
- Verschuren, P. (2003). Case study as a research strategy: Some ambiguities and opportunities. *International Journal of Social Research Methodology*, 6(2), 121–139. doi: <http://doi.org/10.1080/13645570110106154>
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: Sage.
- Zimmerman, B.J. & Cleary, T. J. (2006). Adolescents' development of personal agency: The role of self-efficacy beliefs and self-regulatory skill. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents* (pp. 45-69). Greenwich, CT: Information Age Publishing.

Chapter Five:
Musical Identities, Personal Identities:
Performance for Children with Disabilities⁶

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Abstract

This narrative research project explores the impact of participation in “Arts Express”, an inclusive creative arts day camp run by the Faculty of Music at Wilfrid Laurier University in partnership with a local child development centre. Research participants—five campers and their families—reflect upon the importance of artistic involvement on the development of their self-identities. Arts Express’ *performance* component was significant in that it allowed children to experience themselves as artistically capable and contributing to their community, and was an opportunity from which some participants had previously faced exclusion. The public stage is framed as an ideal setting in which to expand and perform one’s identity. As children’s self-perceptions were transformed through performance so too were audience members’ perceptions of them. Participants’ perspectives highlight disability as a complex relationship between societal barriers and individual impairment and most importantly, present a poignant argument for inclusion within the arts and society.

Keywords: performance, community music, disability, identity, narrative, inclusion

⁶ This article has been accepted for publication in *Walking the Boundaries, Bridging the Gaps: How Community Music Engages Those in the Margins of Society*, a forthcoming publication through Wilfrid Laurier University Press, edited by Lee Willingham.

Introduction

Each spring semester, approximately fifteen university students register for “Inclusive Arts for Children,” a course offered by the Faculty of Music at Wilfrid Laurier University in Waterloo, Ontario, Canada. Course content is based in theory and practice from the creative arts therapies, community music, special education, and early childhood education. Enrolled students participate in experiential learning in music, drama, dance, and art, while developing leadership skills and adaptation techniques for working with children with disabilities.

After completing twelve course modules, students become leaders at “Arts Express”, a week-long inclusive creative arts day camp. Forty children, ages 6–14, attend camp each year and engage in arts-based programming facilitated by the university student leaders. Most of the children who attend Arts Express have a diagnosis of a physical, developmental, or neurodevelopmental disorder. Other campers have no diagnosed disabilities and attend camp because they have a friend or sibling who does. Camp culminates with a performance at the university’s recital hall, where friends, family, community members, and faculty witness and celebrate the children dancing, acting, singing, and playing instruments.

Arts Express is an example of community music/arts practice, and has always been coordinated by a music therapist. From 2008 to 2017 I had the honour of serving as the program coordinator and course music instructor. The program was initiated in 1993 by Dr. Rosemary Fischer (Wilfrid Laurier University), Dr. Leslie O’Dell (Wilfrid Laurier University), Dr. Ruth Priddle (University of Waterloo) and Lana-Lee Hardacre (Conestoga College). Since the program’s outset it has benefited from the support of these institutions, particularly the Faculty of Music at Wilfrid Laurier University, which funds the yearly course. Arts Express also relies on collaboration with a local child development centre, KidsAbility, which donates a beautiful

and accessible space in which to run the camp. KidsAbility also provides the invaluable support of a recreation therapist who coordinates camp volunteers, instructs one night of the course, and provides behavioural support for children during camp. My involvement with this program and relationships with campers and their families has sparked my fierce commitment to the provision of participatory arts experiences, including performance opportunities, for children with disabilities, and curiosity surrounding the impact of such participation. The next section details in greater depth my rationale for conducting this research.

Research Rationale and Questions

Humans are born with the capacity to develop musically (Hargreaves, Macdonald & Miell, 2012; Lamont, 2002; Welch, 2001). Still, Western society's reproduction of false notions of talent (Small, 1998) and its promotion of narrow definitions of "musician" exclude many individuals from participation. In turn, numerous children develop self-identities that do not include recognition of their musical capacities (Lamont, 2002), including those children whose disabilities render so-called "success" difficult within traditional settings of music education (Goodley, 2014). Consequently, many children disengage from active music-making, becoming spectators and consumers but not "musicians" in their own or society's eyes. This issue has social justice implications. Given the role that musical and artistic involvement and expression have played in human societies for millennia, and the personal and communal benefits afforded by such involvement, access to participation in the arts is a human right (United Nations, 1989).

Musical identities "mediate" musical development (Hargreaves et al., 2012); that is, the way children view themselves musically impacts their musical skill development (Lamont, 2002). The research presented here sought to further explore the significance of musical identity formation by investigating the following questions: How does participation in a musical

performance influence musical and personal identity? and, how does the way we view ourselves musically interact with and inform our broader self-concept? Arts Express provides a unique setting in which to explore these questions given that the program provides many of its participants their first, or only, opportunity to perform.

Based in the narratives shared by five young people and their parents, this chapter explores children's identity development through participation in and performance at the Arts Express camp. Participants described the program's cumulative performance as significant in that it afforded each child the opportunity to publicly experience themselves as capable and contributing: to perform *themselves* in these ways. Children's self-perceptions were indelibly linked to their audience's perceptions of them; as such, identity formation is framed as a narrative and relational phenomenon. As participants negotiated musical and personal aspects of their self-identities they acknowledged the place of disability within this negotiation. Arts Express' commitment to inclusion, experienced by participants as an absence of pressure to meet ableist norms and a freedom to be themselves, was, thus, vital.

In the following section I present a brief exploration of the relationship between community music and community music therapy followed by an overview of narrative, relational, and disability studies perspectives on identity.

Literature Review

Community Music and Community Music Therapy

Many of community music's foundational principles (Higgins & Willingham, 2017) deeply resonate with those of Arts Express. For example, the program's commitment to inclusivity and social justice is enacted through its provision of accessible and participatory artistic experiences to children who often would not access these elsewhere (Mitchell, 2016).

Arts Express' promotion and celebration of the wholeness and wellbeing of each participant reflects another principle of community music and an area of overlap with community music therapy (Higgins & Willingham, 2017; Mitchell, 2016). The program undoubtedly holds many points of connection with community music therapy (Ansdell, 2002); however, given that camp programming is largely implemented by university students who are *not* training to become music therapists, and also that the program does not entail formalized processes of assessment, goal-setting, and evaluation, Arts Express is framed as a setting of community music/arts rather than one of music therapy.

O'Grady and McFerran (2007) suggest that one distinguishing factor between community music and community music therapy is that "the music therapist considers aesthetic value only if it serves the music participant's sense of ownership or self-expression, whereas the community musician sometimes prioritizes aesthetic value for its own sake or for the sake of social change" (p. 21). In this regard, Arts Express leans towards community music therapy's place along the "health-care continuum" (p. 19), as the camp's focus is primarily upon the developmental and social benefits of artistic engagement regardless of the so-called quality of the final product. It is important to note however that the distinction made by O'Grady and McFerran (2007) above is not a clear-cut one, and that many community music practitioners do affirm that their work prioritizes participants' wellbeing over aesthetic considerations (Higgins, 2012; Higgins & Willingham, 2017; Veblen, 2012). Music-centered theory in music therapy recognizes that many personal and social affordances emerge from "deep involvement in the music" (Aigen, 2014, p. 67) and thus "in some contexts there are strong continuities between clinical and nonclinical musicing that greatly outweigh their differences" (p. 87). Arts Express, like many community music programs, is a telling example of the strong continuities between music therapy and

community music, affirming that the potential benefits of musical engagement do not abide by disciplinary boundaries.

Just as music-making presents affordances for individuals and communities, processes of identity development are both individual and social in nature. Music education scholar O’Neill (2012) states that “personhood” is something that we grant ourselves and others. Similarly, our musical self-perceptions are influenced not only by our own narratives, but also by the narratives of significant others and society. Here, I frame identity as a narrative and relational phenomenon.

Identity: A Narrative and Relational Construct

Postmodern society is also “‘post’ any fixed or essentialist conception of identity—something which, since the Enlightenment, has been taken to define the very core or essence of our being” (Hall, 1992, p. 275). As the “frameworks which gave individuals stable anchorage” (p. 274) no longer exist, self-identity has become an active and “reflexive project” (Giddens, 1991, p. 32), one for which narrative is a tool we can use to shape our external worlds and give form to our selves (Bruner, 2004; Frith, 1996; McAdams, 1997; McAdams, Josselson & Lieblich, 2006). As Giddens (1991) states, “A person’s identity is not to be found in behaviour, nor...in the reactions of others, but in the capacity *to keep a particular narrative going*” (p. 54, italics original). Narrative identities “function to organize and make more or less coherent a whole life, a life that otherwise might feel fragmented and diffuse” (McAdams et al., 2006, p. 5). Music can act as an invaluable resource for this task (Bowman, 2006; Ruud, 1997). For example, DeNora (2000) describes music as a “building material for self-identity” that is crucial within “the reflexive process of remembering/constructing who one is” (pp. 62-63).

Within this reflexive process, our personal narratives intersect with the narratives of others and with society’s grand narratives (McAdams et al., 2006). However, as society does not

privilege all narratives equally, individuals do not have access to the same narratives (Hall, 1992; McAdams et al., 2006). For example, Western society's grand narratives concerning talent and musicality, already discussed, influence people's ability to integrate a musician-identity within their personal identity narratives. Identity formation then is not only a narrative project but also a sociocultural phenomenon, embedded in context, culture, and relationship (Hall, 1992).

Gergen (2009) proposes that we are not individual selves who form relationships, but rather it is through relationships that we develop as selves. "Within any relationship, we also *become somebody*. That is, we come to play a certain part or adopt a certain identity" (p. 136, italics original). The concepts of self and identity and their ascribed value are culturally bound (Bochner, 1994; Gergen, 2015) and Gergen's perspective contrasts the typical valorization of individualism within Western society. Gergen's scholarship also counters the patriarchal "ideal of psychological separation," which, from a feminist perspective is "illusory and defeating because the human condition is one of inevitable interdependence" (Jordan, 2010, p 3).

Recognition of the relational nature of identity is fitting in a discussion of music given that many ethnomusicologists, community musicians, and music therapists argue that music is a fundamentally social phenomenon (Cross, 2014; Higgins & Willingham, 2017; Stige & Aarø, 2012; Small, 1998). Such a frame opens space for examining interactions among performers and between performers and audience members, which in turn impact performers' identity-narratives.

Disability and Identity

Historically, whereas community musicians resisted categorization, definition, and institutionalization (Higgins, 2012; Veblen, 2012), music therapists sought recognition as health professionals and scholars within medical and academic settings (Aigen, 2012). As a result, music therapists have long been complicit with the medical model's assumption "that disabled

people need intervention and treatment from experts who can rehabilitate their impairments” (Rickson, 2014, “Four Models”, para. 1). Music therapists, and perhaps community musicians too, stand to learn from a social model of disability wherein “disability is not a problem of the individual” but rather “is created at structural levels, with environments/societies that are not flexibly adapted to allow for variability of humanness” (Rolvsjord, 2014, “Lessons from Disability Studies”, para. 3). Community music therapy, for example, celebrates “a more flexible ecological understanding of...music, people, health, illness and well-being” (Rickson, 2014, “Music Therapy Theory”, para. 2) than did traditional, individualistic approaches to music therapy, making it naturally more aligned with a social model of disability.

The social model of disability turns “disability-as-impairment...into disability-as-oppression” (Goodley, 2014, p. 7), which beneficially “shift[s] attention away from individuals and their...deficits to the ways in which society includes or excludes them” (Shakespeare, 2014, p. 12). This also affords the possibility of viewing disability as “[a]n identity that might be celebrated as it disrupts norms” (Goodley, 2014, p. 7). However, Shakespeare (2014) asserts that the social model is equally extreme as the medical model, and warns that within both perspectives, “the agency of disabled people is denied” (p. 104). He proposes a critical realist approach wherein “disability is always an interaction between individual and structural factors” (p. 74). This nuanced and holistic approach, drawn from Shakespeare’s own lived experience of disability, resonates with the narratives of this study’s participants.

Acknowledging my own able-bodiedness, I strive to stay grounded in the words and experiences of my participants. All families told distinct stories of disability’s impact upon and intersection with their identities, narratives that fall in different places between the polarities of the medical and social models. I acknowledge my decision to use person-first language in this

article, that is, to say “people with disabilities” rather than “disabled people”. I do so, understanding the debate that exists surrounding this topic and recognizing that many activists and adherents to the social model of disability will disagree with my choice (Goodley, 2014; Shakespeare, 2014; Sinclair, 1999). Language undoubtedly matters, and rigid admonitions to “separate the person from the disability” often stem from and/or unintentionally promote ableist viewpoints in which “disability is something you should *want* to have separated from you” (Liebowitz, 2015, para. 4). For example, Goodley (2014) critiques the “neoliberal-abelism” implicit in person-first language, asserting that the signifier “person” in this context evokes neoliberalist ideals such as autonomy and independence that many people with disabilities will never meet (pp. 31-32). Weighing the importance of this academic and activist discourse, I choose to use “person-first” language because that was, for the most part, the choice of my participants. Rickson’s (2014) call to monitor the “activist stance in the context of individual experience” (Abstract, para. 1) is relevant as I move to discussion of the research and its participants.

Methodology

Narrative inquiry recognizes the relational nature of all lived-experience including the act of researching itself (Clandinin & Rosiek, 2007; Polkinghorne, 1995). Alvesson and Sköldberg (2009) describe reflexive and “data-driven” studies as ones in which “‘data’ are regarded not as ‘raw’ but as a construction” and “reflection in relationship to the interpreted nature of all empirical material” (p. 283) is vital. As a researcher, my interpretations and chosen theoretical structure play a significant role in driving the story.

This study was approved by the Research Ethics Boards at Western University and Wilfrid Laurier University. Data was collected through in-depth and semi-structured interviews

with five campers and their parents/guardians (see Appendix F for interview questions). As a portion of each interview, the child, parent, and I watched video footage of the child performing at a past Arts Express recital. Interviews were audio and video recorded. As the children varied in their capacity for verbal discussion and reflection, observation of body language and facial expression, and support from parents, were vital. Interviews were transcribed and coded using first and second cycle techniques (Saldaña, 2013), a process through which the researcher identifies all present themes and then, looking for relationships among them, collapses themes into a smaller number of categories. Qualitative coding provided accountability through its systematized process and assistance in detecting commonalities and differences between participants. Recognizing that meaning can be lost when stories are fragmented (Riessman, 2008), each transcription was also regarded as a complete narrative. Intact narratives allow for full recognition of individuals within their contexts and make “audible the voices and stories of people marginalized or silenced in more conventional modes of inquiry” (Bowman, 2006, p. 14).

My pre-existing relationships to the study’s participants held benefits and constraints within the research process. It is possible that our rapport assisted participants—particularly the children—in feeling more comfortable within the unfamiliar setting of a research interview. It is equally possible that participants felt hesitant to share criticism given their knowledge of my involvement in the Arts Express program. I am confident that my “prolonged engagement” with the study’s context (Lincoln & Guba, 1985, p. 304), as well as my “persistent observation” through in-depth and recursive data analysis (p. 304), highlight the study’s credibility as well as my commitment to reflexivity and to the primacy of my participants’ perspectives.

All participants wished for their real first names to be used in the presentation of this research. Though certain research contexts demand protection of participants’ identities,

inflexible rules in this regard are part of a grand narrative stemming from positivistic research (Clandinin & Connelly, 2000). These individuals are proud of their involvement in Arts Express and were happy to be identified. Recognizing the importance that research with marginalized populations not “add to their powerlessness” (Cohen, Manion & Morrison, 2011, p. 175), I present below narratives that have been vetted by these individuals. Here are their voices.

Narratives: Research Participants

Andrea

Andrea is not one to hide her effervescent personality, whether in conversation or on stage. She speaks with conviction, clarity, and a delightful sense of humour. Thirteen-years-old at the time of her interview, Andrea had attended Arts Express seven times. After listing her many community artistic involvements, she said, laughing, “So yeah, I really like the arts, just kind of.” Her mom, Charmaine, added, “It allows her to in a sense be outside of herself and be unintimidated...To bring a part her soul...alive...And not made to feel like she needs to fit into somebody else’s box.” I asked Andrea if her Mom’s words felt true, and she responded, “Yeah...I don’t really feel like I have to fit into like people’s boxes, because some of the boxes people are in are really lame!”

When asked about the experience of performing, she replied, “It’s quite fun when I’m on stage...I learned to not get nervous...because I have performed many times.” Andrea brought up the theme of “taking risks” and explained that this means “doing something that you’ve never really done before.” She felt this is important “because it allows [children] to like get outside of themselves...stop worrying about what might happen and just do it, because that’s pretty much what you need to do in life.” She noted performing and improvising have helped her confidence in other areas. Charmaine remembered a time when Andrea “could speak but couldn’t

communicate” and reflected that now, “she can advocate for herself, and she’s deciding what courses she wants for high school...Definitely the acting and the music and the whole program with Arts Express is really helpful with that.” Andrea agreed. “Arts Express...has helped me...learning to communicate...Since I have autism I like, can’t process social situations most of the time...Arts Express has given me the social environment that’s really inviting.”

Andrea sees the arts as “a way to express yourself” and believes that the arts are a good way for children with disabilities “to find themselves, and not be labelled.” She perceives herself as “lucky” in that she “got past [her disability],” but recognizes that other children might have fewer “opportunities to express themselves.” She thought that the performance might “move” the audience “because you’re seeing all these children who get rejected by society, like, thrive in this performance.” Charmaine added that “it makes [the children’s] lives bigger and richer...And it makes the world bigger for other people observing it. ‘Cause they realize that there’s potential in ways that they may not have thought of.” Andrea’s commitment to Arts Express led her to recently become a program volunteer, working one-to-one with a young boy with autism.

Michael and Mackenzie

Brother and sister Michael and Mackenzie were ages 15 and 14 at the time of their interviews and both had attended Arts Express seven times. Mackenzie would attend as a camper for one subsequent year before becoming a volunteer. Their Mom, Lois, emphasized that Arts Express had acted as a “great introduction” to the arts “especially for people with autism...It’s the best environment...if you want your children to be exposed to [the arts]...It was a great way to find...something that they can find fulfillment and enjoyment in and find their thing.”

Mackenzie noted her passion for the arts had started at Arts Express: “The more that I was doing it, I liked it and it made me grow more interest in it.” Lois pointed out that singing

provides her daughter with a medium for self-expression and Mackenzie reiterated the importance of the arts to her identity and in helping her to feel “better about myself”. For example, during a recent challenge with friends at school her participation in the arts had helped “because those are things that I like doing. So even though I was upset...I could go back to doing those things.” Mackenzie thought that Arts Express had helped her to feel confident performing in other contexts “because I already know what it feels like” and Lois extended this to her daughter’s overall confidence in many areas.

Mackenzie thought that performance is important to the camp because “it’s a good feeling. Also...it’s not something you do every day!” One of Mackenzie’s favourite memories from camp was performing a dance that featured her and a peer. She laughed, self-conscious, when her Mom described, “she likes an audience,” but then concurred and explained that this had been the “first time I got to do anything like that.” Mackenzie exuded pride and a sense of accomplishment associated with performing at camp. “It’s not just like, one of those kiddie shows from school...It’s like a big thing...You work on it to make it good.” Mackenzie’s internalized sense of the audience’s enjoyment was integral to her own pride: “I know that people are there because they wanna see it.”

Michael joined us as we watched portions of the performances from 2009 and 2015. A few minutes into the older video, Michael put his head down and said, “I don’t want to see flashbacks.” Lois explained that Michael dislikes watching footage of himself from childhood, and Mackenzie piped in, “I like evidence that I was little.” Michael comfortably watched portions from his most recent performance, alternating with focusing on the family’s dog. Lois, Mackenzie and I enthusiastically pointed out a part in the video where Michael had played an important role in advancing the plot by holding a leaf in the air. Both siblings were featured

during their group's dance, Mackenzie in a choreographed duet with a friend and Michael through jumping with a peer. Afterwards, I asked Michael, "What was it like watching the video of yourself?" He responded, "It felt pretty good actually!" and noted that he had liked "the leaf and dancing." I noted that he had had a bigger role in this performance than ever before and I asked him if he felt proud of that. He replied, "Yes! I felt proud."

When asked whether he participates in the arts at school, Michael responded, "I perform instruments at school" and listed the marimba, ukulele, and trumpet. Lois explained that she and her husband would not have known about Michael's strong interest in musical instruments were it not for Arts Express. "It exposed him to many different things in such a great environment... It was the perfect way to see what he likes." She also noted that Arts Express is "the only camp we have sent Michael to... It's the only one we trust to leave him."

I provided Michael with a list of emotions to choose from regarding his experience of performing and Michael exclaimed loudly, "Happy!" He also said that he liked "everything" about performing and feels "happy" when he is dancing as well. He hugged his Mom as he said this, and I asked how he thinks his parents feel when they're watching him. He immediately said, "They feel happy" and Lois affirmed, "Yeah, we do!" Michael stated that Arts Express "helped me do sorts of stuff". With help from his Mom, they identified that camp has helped him to have the confidence to play his marimba at school in front of other people. Regarding watching both of her children perform, Lois recalled:

You have a good feeling...Mackenzie's had a couple more experiences being on stage but for Michael, that's it... We watched him from...being that child who would stand in the middle of the stage looking for us...to...participating more...We've seen him evolve. We like to watch [Mackenzie] shine on stage...And, for [Michael]...I think he enjoys it.

Zhade

When I asked about the impact attending Arts Express has had on her, Zhade responded: “I didn't know who I am and it changed when I went to Arts Express...I tell myself... ‘This is who I really am.’...I learned that I can sing...I can dance...I love performing.” Zhade was 20 years old at the time of her interview and had attended camp five times until she reached age 14. Along with her adoptive mom Lana, she had attended several more recent performances as an audience member. Zhade alternated between using spoken speech and an augmentative communication device during her interview, and the speed at which she could program her device, piping in with articulate responses, insightful questions, or jokes, was striking. Lana named cerebral palsy as Zhade’s “starter diagnosis”, and then turned to Zhade and joked, “You got a whole bunch of add-ons just to be cool.” One “add-on” is epilepsy, and Lana noted that Zhade had been having fewer seizures recently. “They give me grey hairs and I already have enough.” Zhade grabbed Lana’s hair and then quickly programmed her device, “I love you, grey hairs”.

Lana recounted that in elementary school Zhade had been “systematically excluded from all of the arts performances,” sharing several devastating examples while Zhade kept her eyes on me, nodding. These experiences sparked Lana’s resolve that “this was not going to happen” in high school. Lana noted that inclusion within schools is usually “grudging” unless it’s an “exceptionally committed school.” That Lana’s tireless advocacy has been worthwhile was evident in Zhade’s smile and pride as she explained her recent roles in school plays and musicals. Lana and Zhade also enjoy attending live theatre and Lana described the attitudinal barriers in these settings in which ushers see medical equipment on Zhade’s wheelchair and assume that she will disrupt and that she is “unlikely to get anything out of it.” “People think that

her brain and her spirit work as well as her body does, and that's not the case." You need only speak with Zhade or watch her dance on stage to know this to be true.

The importance of the arts in Zhade's life echoed throughout the interview. When asked how she feels while performing, Zhade said clearly, "I love performing" and added, "I feel like I'm having fun and I am with people I know." She noted that she feels "capable" in singing, playing instruments, and dancing. Lana described the arts as crucial to Zhade's identity because "it was about what she *could* do" and there was potential for "embracing [Zhade's] wholeness as a person". Lana reflected that "A lot of other systems are built on a very rigid foundation," whereas "the space, the openness and the possibility" within the arts is a way for "kids with disabilities...to embrace life and for life to embrace them back."

Lana hopes that audience members without lived-experiences of disability will see the Arts Express recital as "worth watching as something other than a sideshow...The kids know the music...they're having fun, they're participating, they're part of a group, they're part of something that matters. That's a powerful message." Lana noted that for many of the children on stage, camp is the only opportunity to perform without being relegated to the edges and for their families to see them "having successes like that". With pride, Zhade said she thought that audience members would be thinking, "Wow, I didn't know that they could do that!"

Max

When I asked Max if he would watch the video from last summer's performance, he replied, "No thanks. I'll just close my eyes and think about my adventure." Max, ten-years-old at the time of our interview, enacted the adventures of Buzz Lightyear, the Hulk, and Mr. Incredible throughout our time together. His Mom, Mary, explained that, in a sense, "Max is always performing." Mary insisted that Max watch the video, and as soon as Max saw himself on

screen he sat down, turned his chair, and stared intently. He clapped enthusiastically each time the audience onscreen did and in one moment raised his hands to perform a song's actions with his fellow campers. While watching Max create a movement onstage as a part of his group's dance, Mary exclaimed, "I like your little hopping!" Mom and son watched the video closely for a few more moments before Max stated matter-of-factly, "I did very well in there."

During the interview, Max often paced, gazed out the window, or recited lines from movies. He also often spontaneously gave his Mom a hug or kiss, or leaned against her. In these moments, Max would happily participate in conversation for a brief time. Through closed-ended questions Max expressed that he prefers dancing over singing, but likes singing too. Though answering questions about feelings was difficult, when asked if he would like to attend camp and perform again, Max smiled and said "yes" without hesitation. Mary noted that in the months following camp, Max's participation at school had improved and he was smiling more often. She wondered if these changes were partially related to having attended Arts Express.

Mary explained that the camp's artistic focus and performance opportunity had attracted her because "he's not going to have that at school." Prior to attending Arts Express, Max had never participated in a performance. After recounting an experience wherein Max was excluded from his kindergarten class' Christmas performance, Mary noted, "I think he likes the stage...but he likes to control what he's performing." Like many children, Max engaged with the group at times and at other times was more independent. The structure of the Arts Express performance is designed for this, allowing Max to be an individual while also experiencing belonging to a group. Mary valued that Max could "express himself" and that camp programming aimed not simply to have children follow instructions "but to actually do something with the instructions."

That Max would have the opportunity to perform was important for Mary personally and for their relationship. “I thought, ‘He’s going to be on a stage!’ Just to have him show me something...Usually he’s...being interrogated or being told what to do.” For Mary, watching her son perform “erased eight years of pain.”

It felt like everything lifted from me...It was the first time...I've been able to be proud.

‘Cause I’ve never seen him do anything. I'm always trying to fix him...Or somebody's trying to fix him...Or tolerating...or enjoying it but in a private way. This wasn't private.

It was on stage!

She noted that at the performance “You see them for what they are...The more they were themselves, the more the audience loved it.” When I asked Max how his Mom might have been feeling while watching, Mary chimed in, “Did I have a frown on my face? Or was I smiling?” Max quickly said, “Smiling!” and smiled himself.

Mary’s reflections speak to the way in which our identity narratives develop relationally. Her pride in her son after witnessing his performance had no doubt impacted his own sense of accomplishment, evidenced by his statement, “I did very well in there”. Performance affords opportunity for development and expansion in self-identity, both artistically and personally, due to its public setting and the relationships enacted therein. This will be discussed below.

Results and Discussion

Performance and Identity: Narrative and Relational

The narrative and relational features of identity formation are intertwined, as our interactions with others, situated in specific contexts, are integral to the formation of our internal identity narratives. The intersections between individuals and their contexts are highlighted within musical performances, as performers’ experiences are witnessed by and filtered through

the social and relational features of the medium and setting. In the following section, I present the most prominent themes from data analysis pertaining to participants' self-identities. As evident in the narratives presented above, through the experience of publicly performing and sharing music, drama, and dance with their audiences, these children internalized feelings of personal accomplishment and knowledge that they had contributed to their community. Children and families also described participation in the arts as enriching their lives in somewhat ineffable ways, contributing to their overall sense of fulfillment and of feeling whole. Within each theme, the interdependency of its personal and social elements is evident.

I am capable.

For each child, there was a sense of accomplishment and pride linked to performing. Mackenzie described: "It's not just like, one of those kiddie shows from school...It's like a big thing...You work on it to make it good." Mackenzie took tremendous pride in the overall performance and her contributions to it. She also affirmed her brother's role in the performance, and when I asked Michael how it felt watching himself perform on video, he replied, "It felt pretty good actually!"

Andrea highlighted that performing had helped her self-confidence in other domains. She associated performing with "risk-taking" and noted that performing had "really gotten me like prepared for like class presentations and stuff like that." Charmaine described Andrea's involvement in the arts as allowing her to be "unintimidated by anything else that's around." Michael felt more confident playing the marimba at school because of his experiences at camp, and Lois noted that Mackenzie's involvement in the arts has boosted her overall confidence. Speaking directly to her daughter, Lois said, "You have to work really hard just to get by in some things. But this is something that you're naturally good at and enjoy...You know this is your

thing.” Similarly, Lana noted, “It’s not like math and sciences where there is only one right answer...For kids with disabilities...the space, the openness, and the possibility that the arts have is so different.” Of her involvement with Arts Express, Zhade said with certainty, “I learned that I could sing, and that I could dance” and Lana piped in, “And you could do that in a group.”

The sense of accomplishment, pride, and confidence in performing is particularly significant for the children who attend camp who would not otherwise access a performance opportunity. For Michael and Max, this was the case. Mary’s experiencing of public pride for her son at Arts Express had been significant for her personally and in turn for Max. Though not able to verbally reflect in-depth, Max’s statement “I did very well in there” appeared to indicate that he understood the significance of his accomplishment at his first performance. The impact of Max’s performance on his mother also speaks to the positive contribution that the children on stage make to the community of audience members.

I can contribute.

Arts Express’ performance embodies a subversion of norms surrounding the recital hall, sending a powerful message to its audience (Mitchell, 2016). Children with disabilities, typically excluded from the recital hall stage, are viewed as artists and creators, performing before an audience of caregivers, teachers, and policy-makers, their witnesses. As Lana described, this recital is “worth watching as something other than a sideshow.” That this performance is anything but a “sideshow” arose as a theme in each interview. As audience members are moved to laughter, tears, cheers, and resounding applause, these young artists experience witnessing and affirmation and in turn, internalize the notion that they can make a valuable contribution. Lana noted that the arts are important for Zhade not only because of the fulfillment they bring to her

but also because of *how they allow her to be seen*; the arts are “her connect point with life and interaction...and being seen as competent and...participating and having a valuable opinion.”

Mackenzie had internalized a sense of the audience’s enjoyment of the performance that was integral to her own sense of pride: “I know that people are there because they wanna see it.” Zhade thought many audience members would be thinking, “Wow, I didn't know that they could do that!” Andrea understood that attending Arts Express performances changes the perceptions of audience members. She noted that children with disabilities “don’t fit into what society thinks a normal person is” and she thought that performance “brings a good way for [children] to find themselves and not be labelled...just to be themselves.” Andrea recognized that as children are afforded the opportunity to “find themselves” the audience simultaneous can witness them as more than a “label”. Her insightful comment affirms the interconnection between the formation of one’s own identity narrative and the perspectives of others.

Gergen (2009) states that “the removal of affirmation is the end of identity” (p. 168), validating the interdependence of self-narratives and the perspectives of those around us. As Mary reflected, at the Arts Express recital, “You see them for what they are”. In turn, the children experience being *seen*. This experience of being seen, accepted, and celebrated by the audience no doubt in turn impacted the identity-narratives of individual participants. The Arts Express performance facilitates new perspectives, interactions, and identities for its participants. Through performing and being witnessed, participants experienced a somewhat ineffable sense of wholeness and fulfillment, which will be briefly explored below.

I am whole.

Participants spoke of artistic involvement as enriching their lives. With regards to identity particularly, viewing themselves as capable artistically broadened children’s perceptions of

themselves and contributed to a greater sense of wholeness. Lana described the arts as “where [Zhade] self-identifies...where she shines.” The arts “embrace her wholeness as a person” and are “integral to her concept of...life being worth living.” Zhade reflected emphatically, “I didn’t know who I am and it changed when I went to Arts Express. I tell myself, this is who I really am.” At various points in the interview, Charmaine described artistic performance as allowing children to be both “outside themselves” and “fully themselves”. Though this language appears paradoxical, her message is the same: that the arts allow Andrea and her peers to be uninhibited by barriers and to experience freedom.

Lois told Mackenzie that she “shines” and “radiates” when she’s performing and reflected that involvement with Arts Express has brought her children “fulfillment and enjoyment” and a way to “find their thing”. Lois described the significance of singing as an expressive medium for Mackenzie and Mary too felt that “Max was able to express himself” through the experiences at camp. She valued the program’s focus upon creativity, describing that children have the opportunity to “actually do something with the instructions” rather than just follow them, noting that this was different than many of her son’s experiences at school.

The significance of Arts Express’ performance component within each participant’s narrative is worth re-visiting here in the context of an acknowledgement of performance’s place within community music and music therapy discourse and practice. Though performance has always played a significant and uncontested role in community music, its role within music therapy has been tenuous. Historically, as music therapy gained recognition within healthcare and academic settings, performance was viewed as antithetical to psychotherapeutic or medical approaches to practice, posing risks to clients and the profession’s credibility (Aigen, 2012). More recently, as community music therapy has gained recognition as a valid approach to

practice, many music therapists are again recognizing the musical and personal significance of performance and suggesting that it represents a resource rather than a risk (Ansdell, 2005), and is one of many “natural modes of relating to music” (Aigen, 2012, “Origins and Foundations”, para. 9). Music therapists can continue to learn from community music endeavours, such as Arts Express, which celebrate the benefits that performance affords for performers and audience members alike, affordances not necessarily available within the walls of a closed therapy space.

“Community engagement, while dependent upon an individual act of participation, connects the musician to something larger, fulfilling that need to belong to something greater than one’s self” (Higgins & Willingham, 2017, p. 101). Certainly, this is one of the resources offered by performance: the opportunity to make an individual contribution while also belonging to something bigger. Our identities are not developed in a vacuum. While settings such as music therapy sessions, private lessons, classrooms, or summer camp sessions, undoubtedly play a role in personal growth and skill development and offer their own affordances, for these five children, the public nature of the performance at Arts Express was crucial. Performing offered them the opportunity to narrate their identities in new ways, based on their lived experiences as well as the perceptions and witnessing of audience members.

Performance and disability identity.

During interviews, though I posed general questions about participants’ experiences of inclusion and barriers within the arts, I did not otherwise inquire about their lived experiences of disability. All participants voluntarily shared in this area however, reflecting upon the intersections between disability, identity, and participation in the arts. Because of common threads weaving through each interview along with notable differences between participants, I

mention this topic briefly here. The diversity in these participants' perspectives emphatically reinforced the diversity within individuals' lived experiences of disability.

Andrea and Charmaine appreciated that the majority of children who attend Arts Express have diagnosed disabilities. Charmaine felt that within this environment, Andrea did not need to worry about being "one out of 35 that doesn't quite fit the norm...There was no norm there. And so everybody just came...as they were. And they learned how to communicate and accept each other's challenges and exceptionalities and it was beautiful." In an environment this noticeably diverse, there was no one to be but herself, and Charmaine felt that this had helped her daughter's social functioning.

Similarly, Lois described her and her husband's reluctance to enroll Mackenzie or Michael in most community programs. "It would be more them feeling left out...It didn't make sense to try to put them in something mainstream if it wasn't geared towards people with special needs." Mackenzie explained, "I normally don't tell people about my disability because I don't want people to treat me differently." She described feeling more comfortable at programs like Arts Express in which it is known that many children attending have disabilities: "Everybody already knows so it's not like there's that secret...you can be more open...You can have fun and it's not looming...like, should I or should I not [tell]." These families' statements can be read as arguments for the importance of programming geared towards individuals with disabilities. Alternatively, they can be interpreted as reflections of the amount of work we have left to do as a society to ensure that our schools and communities are truly inclusive and accepting places. Either way, their valuing of programming geared towards individuals with disabilities is important to hear and respond to.

In contrast, Lana explained that Zhade “doesn’t identify just as a person with a disability...She doesn't necessarily walk into a room and see the people sitting in wheelchairs...and go join them. She would tend more to find somebody in the ambulatory neurotypical group...that she knows.” Lana views the arts as “an ongoing way to belong in a community, to matter in a community, rather than just going to the segregated workshops and...the special needs dances.” Zhade nodded and noted that she would rather go to a performance where there are “all sorts of people” rather than attend an event for people with disabilities. At Arts Express, Zhade learned that she enjoyed and was capable of singing, playing instruments, dancing, and performing. From there, she became involved in mainstream productions at her high school with the help of Lana’s tireless advocacy. Because identity as a disabled person is not primary for Zhade, participation in mainstream experiences reinforces the parts of her identity that are primary, such as the arts.

As noted earlier, Mary described the experience of watching her son on stage for the first time as “erasing eight years of pain”. I did not ask Mary to expand upon what she meant by “pain”, but based on other parts of our dialogue, I can only assume that she was referencing both societal barriers, for example Max’s exclusion from his kindergarten class’ performance, along with impairments connected to Max’s diagnosis, for example his social struggles. The strength of Mary’s words is striking, and Shakespeare’s (2014) critique of a purely social model of autism resonates here: “Minimizing the extent to which autism is an impairment—seeing it simply as ‘an alternative way of being’—could be a denial of the pervasive and sometimes devastating impact of autism on both the child and the family” (p. 96). Also offering a perspective that challenges a purely social model of autism, Andrea describes herself as “lucky” because she “got past her disability” and Charmaine reflected that she finds attending the performance “difficult”

because she is “reminded of how different life could be.” Along with feeling pride in her daughter, she asks herself “unanswerable questions”: “Why is Andrea so lucky that she’s been able to overcome a lot of the challenges and other kids haven’t?”

Mary hopes that many people attend the Arts Express performances who “don’t have...access to children with disabilities.” Laughing at her clever use of the word “access” she continued, “They don’t know enough...I think it would actually change their lives.” Her use of the word “access” here is noteworthy; that it is not only children with disabilities who need access to the arts, but general community members whose lives could be enriched through spending time with children with disabilities. Mary recounted being approached by one university camp leader at the end of the performance. “I’m like, ‘Oh god,’ because I know [Max] can be a handful. [The student] goes, ‘I just want to tell you that I think I’ve decided my major...because of Max.’” Max had inspired this student’s decision to embark upon a career path in working with children with autism. Mary reflected, “I’m not used to Max having an impact!” Goodley (2014) notes that sidelining disability experience is “tragic” for a variety of reasons, individual and cultural: “While the disabled Other is made ever more a rejected entity, the centre-staging of the neoliberal-able self is, let us be clear, woefully, dull and inadequate” (p. 34). As Lana stated, this performance is far more than “a sideshow”. Participation here, as performer or audience member, is lightyears away from “dull and inadequate”; it has an impact, and it changes lives.

Conclusion

At the 2016 conference of the Canadian Association for Music Therapists, music therapist and disability studies scholar Dr. Cynthia Bruce gave a keynote address in which she spoke candidly of her lived-experiences as a blind woman. She challenged common discourse in

music therapy that conceptualizes music as allowing clients to “transcend” disabilities, which reinforces ableist perspectives of disability as something to be rid of (Bruce, 2016). I left her talk with a renewed understanding that it is never my role to decide that the individuals with whom I work need the experience of “transcending” their disabilities and a humbling realization of the many ways in which my discipline both subtly, and not so subtly, has historically promoted a largely ableist agenda.

The stories of these participants resonate with Bruce’s (2016) profound words. Arts Express provides opportunity for children with disabilities to experience artistic creation and performance, experiences from which they often face barriers. There is transcendence here, in the sense of rising above false limits placed upon them by societal barriers. On the other hand, on the Arts Express stage, diversity is celebrated and there are no ableist norms to fit into. Andrea said this most effectively: “I don’t really feel like I have to fit into like people’s boxes!” As Mary recalled, the children “were free to be up there...The more they were themselves the more the audience loved it.” As the children on stage receive public witnessing and support from their audience they in turn adopt narratives that include their ability to contribute, just as they are.

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References

- Aigen, K. S. (2012). Community music therapy. In G. E. McPherson & G. F. Welch (Eds.), *The Oxford Handbook of Music Education* (Vol. 2). New York: Oxford University Press.
<http://doi.org/10.1093/oxfordhb/9780199928019.013.0010>
- Aigen, K.S. (2014). *The study of music therapy: Current issues and concepts*. New York, NY: Routledge.
- Alvesson, M., & Sköldböck, K. (2009). *Reflexive methodology: New vistas for qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum for Music Therapy*, 2(2), 1–46. doi:10.15845/voices.v2i2.83
- Ansdell, G. (2005). Being who you aren't; doing what you can't: Community music therapy & the paradoxes of performance. *Voices: A World Forum for Music Therapy*, 5(3). doi: <http://dx.doi.org/10.15845/voices.v5i3.229>
- Bochner, S. (1994). Cross-cultural differences in the self-concept. *Journal of Cross-Cultural Psychology*, 25(2), 273 - 283. doi: 10.1177/0022022194252007
- Bowman, W. (2006). Why narrative? Why now? *Research Studies in Education*, 27(1), 5-20. doi: 10.1177/1321103X060270010101
- Bruce, C. (2016, May). *Performing "normal": Restless reflections on music's dis/abling potential*. Keynote address at the conference of the Canadian Association of Music Therapists. Kitchener, ON.
- Bruner, J. (2004). Life as narrative. *Social Research*, 71(3), 691-710.
- Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.

- Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry : Borderland spaces and tensions. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 35–75). Thousand Oaks, CA: Sage.
- Cohen, L., Manion, L., & Morrison, K. (2011). *Research methods in education* (7th ed.). London: Routledge.
- Cross, I. (2014). Music and communication in music psychology. *Psychology of Music*, 42(6), 809–819. <http://doi.org/10.1177/0305735614543968>
- DeNora, T. (2000). *Music in everyday life*. Cambridge, UK: Cambridge University Press.
- Frith, S. (1996). Music and identity. In S. Hall & P. du Gay (Eds.), *Questions of cultural identity* (pp. 108 - 127). London, UK: Sage.
- Gergen, K.J. (2009). *Relational being*. New York, NY: Oxford University Press.
- Gergen, K.J. (2015). *An invitation to social construction* (3rd ed.). Thousand Oaks, CA: Sage.
- Giddens, A. (1991). *Modernity and self-identity*. Stanford, CA: Stanford University Press.
- Goodley, D. (2014). *Dis/ability studies: Theorising disablism and ableism*. New York, NY: Routledge.
- Hall, S. (1992). The question of cultural identity. In S. Hall, D. Held, & T. McGrew (Eds.), *Modernity and its futures* (pp. 274–316). Cambridge, UK: The Open University.
- Hargreaves, D.J., MacDonald, R. & Miell, D. (2012). Musical identities mediate musical development. In G.E. McPherson & G.F. Welch (Eds.) *The Oxford handbook of music education* (Vol. 1). doi: 10.1093/oxfordhb/9780199730810.013.0008
- Higgins, L. (2012). *Community music: In theory and in practice*. New York, NY: Oxford University Press.

- Higgins, L. & Willingham, L. (2017). *Engaging in community music: An introduction*. New York, NY: Routledge.
- Jordan, J.V. (2010). *Relational-cultural therapy*. Washington, DC: American Psychological Association.
- Lamont, A. (2002). Musical identities and the school environment. In R. Macdonald, D. Hargreaves & D. Miell (Eds.), *Musical identities* (pp. 41-59). Oxford, UK: Oxford University Press.
- Liebowitz, C. (2015). I am disabled: On identity-first versus people-first language. Retrieved from <https://thebodyisnotanapology.com/>
- McAdams, D. P. (1997). The case for unity in the (post)modern self: A modest proposal. In R. D. Ashmore & L. Jussim (Eds.), *Self & identity: Fundamental issues* (pp. 46–78). New York, NY: Oxford University Press.
- McAdams, D.P., Josselson, R. & Lieblich, A. (2006). Introduction. In D.P. McAdams, R. Josselson & A. Lieblich (Eds.), *Identity and story: Creating self in narrative* (pp. 3-11). Washington, DC: American Psychological Association.
- Mitchell, E. (2016). Arts Express: Performance, community, and creativity for children with exceptionalities. *TOPICS for Music Education Praxis*, 2.
- O’Grady, L., & McFerran, K. (2007). Community music therapy and its relationship to community music: where does it end? *Nordic Journal of Music Therapy*, 16(1), 14–26. <http://doi.org/10.1080/08098130709478170>
- O’Neill, S. A. (2012). Introduction: Perspectives and narratives on personhood and music learning. In S. A. O’Neill (Ed.), *Personhood and music learning: Connecting perspectives and narratives* (pp. 1-14). Waterloo, ON: CMEA

- Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis. In J. A. Hatch & R. Wisniewski (Eds.), *Life history and narrative* (pp. 5–21). London, UK.: Falmer.
<http://doi.org/10.1080/0951839950080103>
- Rickson, D. (2014). The relevance of disability perspectives in music therapy practice with children and young people who have intellectual disability. *Voices: A World Forum for Music Therapy*, 14(3). <http://dx.doi.org/10.15845/voices.v14i3.784>
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Rolvjord, R. (2014). The competent client and the complexity of dis-ability. *Voices: A World Forum for Music Therapy*, 14(3). doi: <http://dx.doi.org/10.15845/voices.v14i3.787>
- Ruud, E. (1997). Music and identity. *Nordisk Tidsskrift for Musikterapi*, 6(1), 3-13. doi: 10.1080/08098139709477889
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage.
- Shakespeare, T. (2014). *Disability rights and wrongs revisited* (2nd ed.). New York, NY: Routledge.
- Sinclair, J. (1999). Why I dislike “person first” language. *Autism Mythbusters*. Retrieved from <http://autismmythbusters.com/>
- Small, C. (1998). *Musicking*. Middletown, CT: Wesleyan University Press.
- Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. New York, NY: Routledge.
- United Nations: Office of the High Commissioner of Human Rights (1989). *Convention on the rights of the child*. Retrieved from <http://www.ohchr.org>.
- Veblen, K. K. (2012). The tapestry: Introducing community music. In K. K. Veblen, D. J. Elliott,

S. J. Messenger, & M. Silverman (Eds.), *Community music today* (pp. 1 – 9). Lanham, MD: Rowman & Littlefield.

Welch, G. (2001). *The misunderstanding of music*. London, UK: University of London.

Chapter Six:

Lives in Dialogue: Shared Musical-Relational Engagements in Music Therapy and Music Education⁷

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Abstract

Dialogue between music educators and music therapists largely occurs within the context of special music education (Mitchell, 2016). When common conceptions of music education and music therapy are interrogated, and the potential value of musical experience for all individuals and societies is considered, it becomes evident that theoretical and practical points of intersection between these fields are far broader in their potential scope.

This paper's authors—a music therapist and a music educator—engage in genuine dialogue (Buber, 1947/2002) in order to explore the purpose of music, along with the role of the teacher and the therapist, within their respective disciplines. Recognizing similarities between the music therapist's and the music educator's imperative to advocate for their disciplines' existence within larger systems of healthcare and education, these authors present music-centered theoretical perspectives from the field of music therapy (Aigen, 2014; Ansdell, 2014), particularly the concept of music's "para-musical" affordances, as providing a meeting place for

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transdisciplinary dialogue and a renewed vision for the purpose of musical engagement. This perspective reminds the music educator that it would be remiss to neglect the personal and relational affordances of the medium, while imploring the music therapist to resist reducing music to a mere tool for achievement of a nonmusical outcome, thereby neglecting the medium—the music—itself.

Keywords: Music education, music therapy, music-centered, transdisciplinary, relational

Introduction

It is in the nature of beginning that something new is started which cannot be expected from whatever may have happened before. (Arendt, 1958, pp. 177-178)

This article first and foremost reflects our desire to begin. Throughout, we endeavour an engagement that embodies Buber's (1947/2002) conception of genuine dialogue in order to open ourselves—a music therapist and a music educator—to the other. It is not to disregard the history and traditions of our disciplines, but rather to challenge, as Buber asks of us, “the desire to have one's own self-reliance confirmed” (p. 23). It is above all to think together what we are doing (Arendt, 1958) unencumbered of presumptions and expectations.

As we examine theoretical and philosophical matters at the heart of our chosen disciplines, we move beyond inter- to transdisciplinarity, “[concerning ourselves] with the unity of intellectual frameworks beyond the disciplinary perspectives” (Stember, 1991, para. 15). We are cognizant of and respect the important body of interdisciplinary scholarship regarding our

two disciplines.⁸ However, what we tend to find within the scholarship is primacy given to the sharing of goals, projects, challenges, and the “learning (and re-learning) of concepts, ways of thinking and practicing” (Tsirir, 2016, p. 58). While this has had powerful impact on both disciplines this interdisciplinary dialogue resides in Buber’s conception of “technical dialogue” where too often “the focal point of the exchange” is to “understand something, or gain information” (Kramer & Gawlick, 2003, p. 33). Consequently, we choose to see ourselves in “mutual relationship” (Buber, 1947/2002, p. 22), framing our process as “an encounter between equal, but different, partners” (Blenkinsop & Scott, 2017, p. 460).

That our disciplines overlap within school-based contexts may seem obvious, and certainly the literature reflects this resonance in its description of special education contexts (Bunt, 2003; Darrow, 2013; Hammel & Hourigan, 2011; McFerran & Elefant, 2012; Montgomery & Martinson, 2006). Within discourse surrounding the connections between music therapy and special education however, assumptions regarding the purpose of these fields, or the purpose of music in the lives of students/clients, often remain unexplored. For example, a recent article makes the connections between our disciplines in the confines of schooling seem apparent.

Goals in music therapy can be physical, emotional, cognitive, or social and can be met through music experiences that include creating, singing, moving to, and/or listening to music. Music education involves the teaching and learning of music. Goals in music

⁸ For example, the International Society for Music Education’s (ISME) commissions and special interest groups (SIGs) provide its members with opportunity to explore specialised areas of practice and research (ISME, 2016). The Music in Special Education and Music Therapy Commission is a clear avenue for interdisciplinary conversation and research between music educators and music therapists. The Community Music Activity Commission often engages with scholarship that is “located at the interstices of both community music and community music therapy” (Leske, 2016, p. 73) and a recent conference of the Spirituality and Music Education SIG was organized in collaboration with the Nordoff Robbins Centre for Music Therapy (see <https://www.nordoff-robbins.org.uk/conference2017>).

education are related to the acquisition of music skills and can be met through creating, performing, responding, or connecting to music. (Smith, 2018, p. 183).

While we respect the certitude that comes with such precise definitions, it is exactly this certitude that needs to be thought through. What does it mean to “teach music”? What is being taught, how, and for what purpose? And what is the rationale for the use of music as a medium for therapy, given that physical, emotional, cognitive, or social goals can also be attained through a multiple of other avenues?

Though special education is undoubtedly a significant area of connection for our fields, there is a need for far more encompassing critical dialogue as well as the identification or creation of theoretical perspectives that validate our shared musical medium. Much like Regelski’s (2014) “ethic of resistance” (p. 82) we too strive to resist instrumental “strategic thinking” and focus on, as Regelski suggests, “the long term musical welfare of students” (p. 82), recognizing that “a relationship to music” is “an essential human need” (Aigen, 2014, p. 39). As we write, our mutual commitment to praxis, and music as a shared medium, helps us to remain aware of the potential problematics of care (so often the uninterrogated guiding principle in our disciplines) construed as legitimizing educational or therapeutic intervention (Bowers, 2005, p. 17). As such, we are again cognizant of presenting a “monologue disguised as dialogue” (Buber, 1947/2002, p. 22).

We desire to grapple with the potential of both music education and therapy construed as “activities intended to produce external ends” versus music education and therapy “done as an end in itself” (Aristotle *Nicomachean Ethics* as cited in Hayden, 2014, p. 16), and seek a more nuanced approach that resists this false dichotomy and embraces both perspectives. Clearly, the potential is neither simple nor obvious, but we seek to perceive “the subjective worth rather than

objectified utility" (Holler, 1989, p. 83). It is exactly that which brings the two of us together: the desire to uncover questions that provoke and provide new ways forward, to present a narrative as "an invitation to problem finding, not a lesson in problem solving" (Bruner, 2002, p. 20).

Our goal then was to learn with the other without seeking solutions. While perhaps philosophical in nature we believe, as Biesta and Stengel (2016) do, that thinking together offers a way forward that "challenges, qualifies, deepens, and even transforms [an] understanding of a phenomenon ("Introduction", para. 1). To that end, in this article we work backward from encounters we experienced in person and through "live" online dialogues. In those dialogues we discovered, and uncovered, themes that both sprang from and spoke to both of us. Mutual relevance for the music therapist and the music educator emerged particularly in themes from music therapy such as "music-centeredness" and "para-musical". Out of these themes we were drawn to consider the ethical imperative of the relational aspects within all contexts of meeting and musicking. Thus, in the following sections we first present literature and discussion from our disciplines that frames these themes. We then present an excerpt from one of our dialogues and finally, conclude by thinking through the ways in which music-centered perspectives from music therapy, and music's relational imperatives, transcend disciplinary boundaries.

Music Centeredness and Relationship

Notwithstanding areas of common ground between education and therapy more generally (Lampropoulous, 2001; Smeyers, Smith & Standish, 2007), as it is music at the centre of what we do, we explore how the centrality of music provides a clear avenue to make our world in common (Arendt, 1958). Specifically, in this article we draw upon a music-centered theoretical perspective from music therapy, which asserts that "the clinical uses of music in music therapy...are continuous with the nature of music and its use in nonclinical contexts" (Aigen,

2014, p. 44). Rather than using music as a mere tool to be used for the achievement of a nonmusical end, music-centered music therapists propose that “music enriches human life in unique ways” and that this enrichment can be “a legitimate focus” of their work (p. 56).

We propose that this notion of “music-centeredness” from music therapy scholarship is a natural starting point for the embodiment of Buber’s genuine dialogue between a music educator and a music therapist. Recognizing that music-centered perspectives need not convey music’s impacts as universal or automatic, we use the term “affordances”, as per DeNora (2000), to convey that music’s effects are ecological, “constituted from within the circumstances of use” (p. 44). Certainly, the discussion as to what constitutes music seems to have settled; most now agree music is not a page you can hold in your hand, but something alive, sounded, and socially constructed (Cross, 2014; Goehr, 2009; Small, 1998). On the other hand, the purpose and function of music, in the context of both therapy and education, is not equally settled, specifically as the disciplinary purposes of music education and music therapy are continually shifting. A music-centered lens reminds the music educator that it would be remiss to neglect the personal, social, and spiritual affordances of the medium, while imploring the music therapist to resist reducing music to a tool to arrive at personal, social, or spiritual ends and thereby neglecting the medium—the music—itsself.

In our use of the term “relational”, we draw upon the relational movement in psychology (Robb, 2006) and the work of feminist/therapist scholars, such as Gilligan (1993) and Miller (1986). These groundbreaking women challenge Western psychology’s’ valorization of the autonomous, self-made “man” and propose an alternative framework, one in which “healthy development occurs when both people are growing and changing in relationship” (Jordan & Hartling, 2002, p. 51). This shift towards celebrating human development as wholly relational in

nature, rather than as a trajectory moving from relationship to independence, resonates with Buber's call to embrace genuine dialogue, rather than technical or instrumental exchanges.

In the next section we explore literature pertaining to the relationship between therapy and education and raise persistent issues in both disciplines in order to draw attention to possible meeting points as well as the similar kinds of theoretical discussions that reoccur for both.

Affinity, Affiliation, Alliance

In the literature, cited distinctions between music therapy and music education normally pertain to areas such as goals/purpose, training/education, and the nature of the relationships formed within these settings (Bruscia, 2014; Mitchell, 2016). Though clear on paper, these distinctions are often less so in practice; in the area of *goals*, for example, learning often occurs in therapy (Bruscia, 2014) and personal growth certainly within education. The matter of goals is further complicated when one considers that definitions of music therapy vary depending on the context from which they emerge. For example, the American Music Therapy Association asserts that music therapists work with their clients towards development in non-musical domains only (AMTA, 2018), whereas the Canadian definition acknowledges the "musical" domain as an area of "human need" that can be addressed within therapy (CAMT, 2016). Even within North America, then, the scope of practice of music therapists is variable. The subtle recognition within the Canadian definition that humans have *musical* needs is noteworthy, not least because it represents a potential point of connection between music therapy and music education. Of course, supporting an individual's development in the musical domain would normally be considered the terrain of the music educator. Disciplinary boundaries become murky here.

That there exist connections between our disciplines is not a new assertion (Gaston, 1968). Historically speaking, early music therapists "seemed able...to maintain a flexible role and

to work with a spectrum of musical/therapeutic activities” (Ansdell, 2002, “Towards Music Therapy”, para. 4), a spectrum that included participation in performances, ensembles, and other musical experiences more typically associated with the work of music educators. A shift occurred as “music therapy was reinvented as a modern profession in the middle of the last century” (Ruud, 2004, p. 11); the field became affiliated with the natural science paradigm and its practitioners “insisted upon the boundaries between their discipline and others” (p. 11). It followed naturally that music therapy moved into private spaces and its purpose and aims required framing with medical and psychological terminology. Musical skill development was seen as counter to therapeutic purpose, and certainly music-making “for its own sake” was not the domain of this modern healthcare profession.

In music education both purpose and goals have not only shifted but are continually shifting. Skill development, whether linked to the affective power of music, or heightened skill improvement in disciplines outside of music, is often assumed to be *the* purpose and more often than not, linked to the Western Classical Canon. Critical conversations and questions bound to purpose, however, have begun to guide the field, and critical reflection on how these “skills” came to be defined and who benefits are no longer the outliers they once may have been. Similar to the powerful and perhaps uncomfortable arguments Delpit (1995) makes when she argues that deliberate “skill-based schooling” (p. 12) is important for many children who may not have the same skills accessed through privilege, it is important to note, then, that these kinds of questions and issues are complex and hardly universal. Music functions differently in different contexts.

Skill-based music education that extends and reproduces the Western canon might assist in developing skills that are helpful to have in particular contexts, but certainly not in all. Much like scripted mathematics and reading programs, in which literacy often remains at the functional

level, a singular focus on skill development, much like a singular focus on mastering phonics skills, comes at a cost.⁹ Music curriculum that is not grounded in sociological and philosophical models that reflect nuanced understandings of literacies, social fulfilment, quality of life, and mutual relationship rarely move teacher and student beyond “silently consum[ing] other people’s words” (Christensen, 2006, p. 393).

Music therapy, too, has come to recognize that music functions differently for different people in different contexts. Music-centered approaches such as resource-oriented (Rolvjord, 2010) and community music therapy (Ansdell, 2002) challenge the primacy of the medical model and address issues of power and privilege. Authors such as Mitchell (2016) and Habron (2014) have previously suggested music-centered music therapy to be theoretically relevant for music education in the context of private studio lessons and Dalcroze Eurhythmics, respectively. As music-centered music therapists critique approaches to practice based purely in traditional medical or psychological models and values, music therapy’s areas of common ground with other *music* disciplines become illuminated. There is renewed opportunity for a less territorial stance and genuine dialogue between any professionals who are interested in the personal and relational impact of their music-making.

Certainly, there is much evidence in the music education literature of practitioners interested in such impact. Music through the life span can generate intrinsic enjoyment, emotional rewards and social fulfilment (Coffman & Adamek, 1999; Fulford, Ginsborg, & Goldbart, 2011), improve quality of life, well-being and provide feelings of accomplishment (Coffman & Adamek, 1999; Coffman, 2002). MacDonald, Kreutz and Mitchell (2012) recognize the possibility that musical skill development may produce “secondary benefits for participants

⁹ For a more in-depth look at functional and critical/transformational literacies in mathematics, language arts and music, see Benedict (2012).

relating to health and wellbeing” and that these benefits “overlap with music therapy” (pp. 7-8). Community music provides an additional point of overlap, as “its focus on the contextual manifestation of music and health tends to question boundaries between traditional concepts such as therapy and education” (Wood, 2016, p. 36). Wood and Ansdell (2018) observe music therapy and community music’s shared “rooted attitude to music” (p. 457) and O’Grady and McFerran’s (2007) research surrounding the relationship between community music and community music therapy elucidates areas of distinction and commonality that no doubt apply to many contexts of music education as well. Our fields’ established areas of affinity, affiliation, and alliance are evident.

In the following section we shift out of the theoretical into the narrative. We choose to present our *thinking together* as a narrative for two reasons. The first is to engage with a relational process that mirrors Buber’s (1947/2002) genuine dialogue. We desired to “[move] beyond the exchange of informational context, beyond simultaneous or dueling monologues, to an immediate, direct engaging and being engaged in which attentive listening and inclusive responding flow back and forth” (Kramer & Gawlick, 2003, pp. 33-34). Dialogue in this context, or our story told together, then, served as “a means of sense making, a way in and through which we represent, interrogate, and interpret experience and come to know ourselves and [each other]” (Barrett & Stauffer, 2012, p. 1). While we shared many spoken conversations, what is presented here is a small portion of a much longer conversation we had in a live, online document. This writing format allowed us more easily to “[turn] to the silent place of attention” (Avnon, 1998, p. 120) without preconceptions of how the other might respond, or about what the other might write. We also believe this record demonstrates “the possibility of being surprised” (Kramer & Gawlick, 2003, pp. 33) that is so much a part of genuine dialogue; the happiness and joy that is

found in the unexpected. We were drawn to Barone's (1992) belief in the power of critical storytelling and "fashioned an honest and critical story in a nontheoretical, nonmethodical manner" (p. 145). Thus, we embrace the exclamation points, so often disparaged in academic writing, and choose not to provide reference citations for the authors of which we speak, recognizing that each author is cited elsewhere in this article.

The second reason we present this section of dialogue is to reflect aspects of transdisciplinarity. We recognize this project as one that uses transdisciplinarity as a process rather than as a method of research and echo the belief of others that the "promise of transdisciplinarity [is] in terms of multidirectional conversation rather than unidirectional presentation" (Murphy, Wolfus & Lofters, 2011, p. 112). As these authors do, we too enter dialogue in order to both "[generate] new meanings collaboratively through the interpenetration of our knowledge and experiences" (p. 112) and to "trouble certainty, and raise questions concerning the "taken-for-granted" (Barrett & Stauffer, 2012, p. 1).

On Being in Dialogue

The meaning of this dialogue is found in neither one nor the other of the partners, nor in both added together, but in their interchange. (Friedman, 1965, p. 6)

Part of the reason I was drawn to study and earn my PhD within the department of music education was that, in my music therapy education, there was minimal acknowledgement of music therapy's relationship to other music disciplines, and at times even resistance towards such acknowledgement. And certainly, my music education training made no mention of music therapy. I'd had transformative experiences—both musically and personally—as a music student, and yet my training programs appeared to be invested in maintaining strict disciplinary boundaries. To me, these strict boundaries minimize the potential within our fields and I wanted to explore this.

I am drawn to the positioning of you as the one that wanted to reach out to music educators. In my experience music teachers did not reach out to therapists unless they could use them. Instrumental ends, as it were.

Right. And maybe that can be traced to particular beliefs about the purpose of music therapy and the role of the music therapist, that the music therapist's role is entirely distinct from the educator's. Music therapists hold these beliefs too. Music therapists are all about the non-musical. And music educators are about musical skill development, or music for music's sake.

I recognize the problems of speaking in generalizations, and I come from a very particular kind of teaching music, but we are, for the most part, about teaching music skill development. And performances are, at best, about demonstrating what has been learned, and at worst about what the teacher can do for, or has done to, the students.

Yes. The simplest way to define music therapy is often “the use of music to achieve nonmusical goals.” And it is that. Music does have potential nonmusical benefits, and that's how I have to talk about my work when I'm sitting across the table from doctors, nurses, etc. But, when music therapists focus only on the nonmusical ends we can lose sight of the stuff going on in the music. And alternatively, music educators perhaps don't address other aspects of music-making, such as relationship, because it's not their domain—but—what if it was somehow a part of the medium of music?

I am led to think about “what’s going on in the music.” I often think that teachers have learned not to use the word aesthetic or refer to personal meaning that can be found and made in music. Perhaps it’s because it is beyond difficult to explain and measure what that might be.

It’s so interesting. You say that music educators have moved away from talking about meaning found within music—and—on the flip side, music-centered music therapists are trying to move away from exclusive focus upon the “non-musical.” Perhaps in the past, to talk about “what’s going on in the music” did just refer to aesthetics. But Aigen or Ansdell, as examples, propose that to be “music-centered”—to focus on the “music itself”—is far more than just focusing on sound. Aesthetics is one aspect, but we know that music is social, relational, spiritual, expressive, and so on, and we know these things because we can look at how human societies have always engaged with music. So, a focus upon the “music itself” can also affirm all of those potential benefits. I think it follows that those potential areas of impact are just as relevant for music education as they are for music therapy, since they’re a part of music-making.

I think relevant and “works at what” are connected. Everything works. It’s the works at what that needs articulated. Everything I do now has to do with the conversations and reflections that take place out of the musical doing, the relationships out of the doing, the relationships IN the doing. Which is what you are addressing as well.

To your last point, to emphasize relationship doesn’t negate the music if music is itself an active and relational thing. And maybe we can bring in the concept of “para-musical” here – I think this is a helpful concept that certain music therapists have developed to find a meeting place between

the poles of music “for its own sake” and music for its nonmusical benefits. Para-musical phenomena are all the “things” that go along with acts of music-making; they aren’t the sounds themselves, but they are still entirely connected to the music. Argh, how to explain this? They would be occurring constantly in any musical environment, maybe how someone feels or what they think about while musicking, how a group acts towards one another while in music, etc. Ansdell uses the example that a group might interact differently within music than they do outside of music. But these interactions are wrapped-up in the music—it’s not as simple as saying the music has led to a nonmusical outcome—as that different quality of interaction may or may not last once the music is over. I’m not sure I’m explaining that well.

Oh gosh, lots there!! My first thought was I am so not sure how they are using “music for music sake” – I don’t think most music teachers use this phrase out loud anymore. Well maybe they do, or maybe they think it. But what I also hear you saying is that the music is something that speaks to, or needs to “address,” as Buber would say, each person individually. But what I feel might be more challenging is “running” a class with the relational at its core, no matter how you would frame relational, Noddings, anyone. The challenge for me is how to help pre-service teachers consider these ideas.

I agree that many music educators don’t have those tools, for relationships, because they’re not given them and perhaps they haven’t had them modelled. And perhaps they have been actively steered away from the relational elements of their work, since they are teachers and not therapists. This is an amazing thing about music therapy education –because it’s “therapy”, we can talk about relationship, read about relationship, practice relationship, be evaluated on

relationship. When it's framed as "therapy", relationship suddenly matters. But if music is relational/social/communal, which music-centered therapists say, but so do most ethnomusicologists, then why can't music educators start talking about relationships too? This is one of those transdisciplinary points. That these ideas from music *therapy* are really just ideas about music and people. And music education involves music and people.

This is fabulous. What is relational, and for what purpose? What would our teaching look like if we embrace your last paragraph?

We can't say that music-making will automatically create lovely and harmonious relationships with other people, but if we *can* say that it is relational—it implies being in relationship—then we perhaps have an ethical imperative to acknowledge this, and be clear about what kind of relationships we want (especially in the context of the inevitable power dynamic of teacher/student or therapist/client) rather than ignoring relationships and focusing on the notes. This is another place where music therapy scholarship can offer something to music educators.

This can be the entry point – the ethical imperative of relational which is what Buber is addressing. What does that look like in a class, in all of our engagements with others?

Music-centered, then, also means relational – or embedded in the discourse of music centered is the relational. That is not how music teachers would consider music-centered.

Exactly. This is the work of scholars like Aigen and Ansdell – to be music-centered IS to acknowledge the “non-musical” (or “para-musical”) stuff like relationships because it’s part of what music is/what music does.

Well, again, I am not convinced music does this, but rather it’s something that a teacher with students, together, can do. But it doesn’t just happen magically. And relational needs to be defined in our context for music educators – more importantly what it is not ... i.e. cooperative learning groups, or sectionals, etc. Of course, they could be, that’s the issue, but just using those terms, and words, and groupings doesn’t mean that relational as care and reciprocity is what becomes operationalized.

Ahh! I think I’m getting what you’re saying now. Yes, to be truly “relational” means that the teacher or therapist also needs to be open to being changed in the process. It’s certainly not just about changing the other person. It’s collaborative. Which is different than a purely “student-centered” or ‘client-centered” approach, I think. The teacher/therapist matters too. I think that this idea that music “is” or “does” the relationship thing, is not about something magical in the music, but rather an acknowledgement that relationship will happen differently in a music therapy session versus a talk-therapy session. Because of music’s musical-ness, relationship is somehow implied. Same as a music classroom as opposed to any other type of classroom. This doesn’t mean that the relationships are necessarily “better”, but that they are musical in nature, and so unique. I think Aigen would say that as music therapists we have to hang our hats here. That what is done in music has unique affordances, and also that having a relationship to music is an important part of being human.

Music-Centeredness and the Para-Musical

That music has unique affordances, and that our relationships to music are integral parts of being human, are fitting places to pause our “live” dialogue. We re-engage now more formally in thinking through how the themes that emerged above go beyond matters of technicality and practicality, and are indeed transdisciplinary in nature. Certainly, music and relationship both transcend our created disciplinary boundaries, whether or not we invite them to. We turn first to a critical examination of the purpose of our respective disciplines.

Darrow (2013) advocates for “musical rights” (p. 13), including access to music education, for people with disabilities, and certainly we concur with Darrow in this regard. She goes on to say that “if children are only given music therapy, they are being discriminated against in terms of their cultural and aesthetic education” because “music therapists do not attend to the musical growth of the child” (p. 14). Darrow’s point is valid *if* it is the twofold case that music therapy’s sole purpose is to work towards functional goals in non-musical domains, and that the primary purpose of music education is “aesthetic education” (p. 13).

Aigen (2014) too argues that it is problematic for access to music for individuals with disabilities “to be based upon nonmusical criteria that are different from other members of society” (p. 71); however, his argument diverges from Darrow’s in his proposition that music therapy can be a context in which individuals access *music* for *musical* reasons:

[I]f music enriches human life in unique ways, and if this enrichment is considered to be a legitimate focus of the work of music therapists, then what music therapy provides to people is different from that of other therapies. It provides experiences of music, self, others, and community, within music, that are essential to well-being and that are uniquely musical. (p. 65)

Darrow's (2013) perspectives on the purpose of music education—as “aesthetic education” (p. 13)—and music therapy—“to address non-musical goals” (p. 14)—underestimate our professions' potentials and the affordances within music. Music education affords students' development far beyond the aesthetic, a domain often made manifest in the classroom as teaching the ‘elements’ of the Western classical canon. This is only one culturally specific function of music, one which tends to favor a privileged way of knowing as well as limit other epistemic musicking possibilities. Similarly, we limit our clients in music therapy when we preclude domains of growth associated with the music itself, including the aesthetic (Aigen, 2005; Lee, 2003), and hinge participation solely upon the achievement of nonmusical goals.

It is not that music therapists are misrepresenting ourselves when we talk about our practice(s) this way—musicking *does* lead to nonmusical benefits—however, when we justify our work (in music therapy or music education) based upon the achievement of nonmusical outcomes, we do not provide a full picture of the value of musical experiences for individuals and communities. Aigen (2014) explains that within the traditional definition of music therapy

the nature of the musical experience is essentially irrelevant... because it is not important *as* music; it is only important to the extent that it facilitates a nonmusical goal... If a better, quicker, or more efficacious tool can be found toward the nonmusical end, then there is no rationale for the provision of music therapy. (p. 65)

The concept of musical “affordances”, defined earlier, is a starting point in recognizing that “music is different from being a one-sided stimulus” (Stige Ansdell, Elefant, Pavlicevic, 2010, p. 298). Music's effects—whether perceived as positive or negative—are never givens, as “it all depends on the *when, how, and with whom* of the given context” (p. 298, italics original).

Grappling with the analytic dilemma involved in talking about music and its nonmusical benefits

as if these were separate entities, Stige et al. propose the term “para-musical”, a concept “which does not either *reduce* the musical to the merely physical or psychological or social, or, alternatively, artificially separate out music into its own rarefied realm, of ‘music for music’s sake’” (p. 298). Ansdell and DeNora (2016) explain: “Seeing music as more fluid and continuous with human experience and practice would rather suggest how *para*-musical phenomena accompany or work beside the musical, whilst not being purely musical themselves” (p. 35).

For music therapy, a field typically defined as “the use of music to achieve nonmusical goals” (Aigen, 2005, p. 56), this concept of the para-musical provides an invaluable tool for conceptualizing music’s benefits in increasingly nuanced ways without disregarding our musical medium. For music education, whose relationship with the nonmusical is at best ambivalent, permission to acknowledge music’s para-musical affordances opens up spaces that move the field beyond the polarities of either aesthetics or, alternatively, transactional conceptions of music’s benefits. Neither music therapy nor music education’s role need hinge upon the achievement of nonmusical outcomes, as “music enriches human life in unique ways” (Aigen, 2014, p. 65) and addresses “core human needs” of recognition and development as individuals, being in relationships, being in community, and experiencing the transcendent (p. 297). Rather than necessitating a choice between the “music itself” or its instrumental benefits, this music-centered framework encompasses both perspectives.

Put more simply, “What is musical is already personal and social” (Stige et al., 2010, p. 300). There is an inherent paradox here, as music may improve mood or spatial intelligence or numerous other things

but such effects are mostly not what it does best, or indeed is primarily for.... Music is not primarily just a way of getting something done, but a way of doing things, or rather an

indication of *how* to do things – *musically*. As such, musicking has value and purpose as an end in itself. Paradoxically, this is exactly how it achieves other things. (Ansdell, 2014, p. 299)

If music therapy can find theoretical grounding within music, and there exist “continuities between clinical and nonclinical use of music” (Aigen, 2014, p. 39), then music therapy is indelibly linked with other contexts of music-making. Just as music therapists can work with their clients on musical goals, with understanding that music’s nonmusical affordances are implicated in these processes, conversely, these affordances will resonate in many settings of music education as well. And here is where there is *such* untapped potential for dialogue: between music therapists looking to increase clients’ access to and involvement with music, and educators looking to validate the potential that “core human needs” (Ansdell, 2014, p. 297) may be addressed through music.

Concluding Thoughts

*Can we who live in a culture informed by a persistent instrumentalism that construes all things as tools or means to ends break out of that reduction and perceive beings as ends-in-themselves?
(Holler, 1989, p. 83)*

In a daily lived reality defined more and more by hardened positionalities of reason, objective understanding not only offers spaces of comfort, but respite from “think[ing] what we are doing” (Arendt, 1958, p. 5). Why one would choose to *not* think is hardly surprising when one considers the often high-cost of challenging that which *works*, or that which is *efficient*. Focused on making one’s place in our current reality favors “monologue disguised as dialogue” (Buber, 1947/2002, p. 22), self-reliance and a dependence on one’s own individual successes. Points of intersection where we pretend to *find* in common, are really moments in which we are desirous to be *in* common, terrified of a superfluous existence. Thus, we return to Darrow’s

advocating for “musical rights” (p. 13) and consider her call for “individuals with disabilities...to have dignity and respect” (p. 17). Reflecting on the “basis of human dignity” through the lens of Arendt, Hayden (2014) reminds us that dignity is contingent upon “equal recognition” among each other as we make “in common” our world (p. 14). Dignity cannot be given by another, not if we desire to, as Holler asks in the above, “perceive beings as ends-in-themselves” (p. 183). It can, however, be made in common when we engage in forms of resistance against therapeutic and educational models that define our needs and sanction our musicking engagements.

Ansdell (2014) asserts that “there is no intrinsic difference between how music helps in everyday life and within the specialist area of music therapy” (p. 295). Music therapy practice is indelibly connected to the ways in which human beings have always used music personally and socially, and thus is indelibly connected to community music, music education, and all other practice that connects humans and music. We are not asserting that music teachers are or should be doing music therapy; rather, we propose simply that, though music therapy has fought hard, and for good reason, to establish its boundaries, maintaining professional identities can no longer be at the expense of dialogue with those who are asking the same questions about the purposing of musicking and its connection to being human.

We have addressed different and oft times conflicting theoretical perspectives not just within our own disciplines but those that address the connections of our disciplines. Certainly, what counts as ‘knowing’ in our disciplines differs not just among teachers and scholars but more importantly between clients and students. Does an inability or refusal to address these conflicting perspectives simply come down to a protection of turf?

A music-centered perspective, and the concept of para-musical phenomena, suggest that the boundaries we have constructed, between “music itself” and “music’s non-musical benefits”,

are artificial and unhelpful as we endeavor to understand our work for ourselves and those who come into our care. By validating that a relationship to music is a healthy part of being human, music therapists can safeguard against disrupting the healthy relationships to music that our clients often already have. Music educators too risk disrupting a naturally healthy relationship to music. The musical world in a school is controlled not only by the boundaries of the four walls of a music classroom, but by administrative and community expectations. Conceptualizing music as note reading and writing is tantamount to retreating into false comfort within those walls. If one believes that “making music is making social life” (Ansdell, 2014, p. 27), and one must if one believes that an education in music moves beyond the classroom, then one must contend with imagining possibilities for music education beyond learner-centered or even music-centered perspectives.

Engaging in acts and encounters with others that allows music to retain its “wholeness as a phenomenon” (Ansdell, 2014, p. 299) seems a sacred beginning place for our clients, our participants, our students, ourselves. Meeting the other through relational silence, actions, words, music, through dialogue, “makes” as Maurice Friedman (as cited in Buber, 2002) writes, “my ethical ‘ought’ a matter of real response with no preparation other than my readiness to respond with my whole being to the unforeseen and the unique” (p. xvi).

References

- Aigen, K. S. (2005). *Music-centered music therapy*. Gilsum, NH: Barcelona.
- Aigen, K. S. (2014). *The study of music therapy: Current issues and concepts*. New York, NY: Routledge.
- American Music Therapy Association (2018). What is music therapy? Retrieved from www.musictherapy.org
- Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum for Music Therapy*, 2(2), 1–46.
<http://doi.org/http://dx.doi.org/10.15845/voices.v2i2.83>
- Ansdell, G. (2014). *How music helps in music therapy and everyday life*. New York, NY: Routledge.
- Arendt, H. (1958). *The human condition*. Chicago, IL: The University of Chicago Press.
- Avnon, D. (1998). *Martin Buber: The hidden dialogue*. Lanham, MD: Rowman & Littlefield.
- Barone, T. E. (1992). Beyond theory and method: A case of critical storytelling. *Theory Into Practice*, 31(2), 142-146. doi:10.1080/00405849209543535
- Barrett, M. S., Stauffer, S. L., (2012). Resonant work: Toward an ethic of narrative research. In M. Barrett & S. Stauffer (Eds.), *Narrative soundings: An anthology of narrative inquiry in music education* (pp. 1–17). Dordrecht: Springer Netherlands.
doi:10.1007/978-94-007-0699-6
- Benedict, C. (2012). Critical and transformative literacies: Music and general education. *Theory Into Practice*, 51(3), 152–158. doi: 10.1080/00405841.2012.690293

- Biesta, G. J., & Stengel, S. S. (2016). Thinking philosophically about teaching. In D. H. Gitomer & C. A. Bell (Eds.), *Handbook of research on teaching* (5th ed.) (pp. 7-67). Washington, DC: AERA.
- Blenkinsop, S., & Scott, C. (2017). Becoming teacher/tree and bringing the natural world to students: An educational examination of the influence of the other-than-human world and the great actor on Martin Buber's concept of the I/Thou. *Educational Theory*, 67(4), 453–469. doi:10.1111/edth.12258
- Bowers, C. A. (2005). Introduction. In C. A. Bowers & F. Apffel-Marglin (Eds.), *Rethinking Freire: Globalization and the environmental crisis* (pp. 1–12). Mahway, NJ: Lawrence Erlbaum Associates.
- Bruscia, K.E. (2014). *Defining music therapy* (3rd ed.). [EPUB version]. University Park, IL: Barcelona. Retrieved from Barcelonapublishers.com
- Buber, M. (2002). *Between man and man* (2nd ed.). (R.G. Smith, Trans). New York, NY: Routledge. (Original work published 1947).
- Bunt, L. (2003). Music therapy with children: A complementary service to music education? *British Journal of Music Education*, 20(2), 179–195.
<http://doi.org/10.1017/S0265051703005370>
- Canadian Association of Music Therapists (2016). What is music therapy? Retrieved from www.musictherapy.ca
- Christensen, L. (2006). Our visions of possibility for literacy: Keeping a social justice vision in the land of scripted literacy. *Language Arts*, 83, 384–94.
- Coffman, D. D. (2002). Music and quality of life in older adults. *Psychomusicology*, 18(1–2), 76–88. doi: 10.1037/h0094050

- Coffman, D. D. & Adamek, M. S. (1999). The contributions of wind band participation to quality of life of senior adults. *Music Therapy Perspectives*, 28(1), 27–31. <https://doi-org.libproxy.wlu.ca/10.1093/mtp/17.1.27>
- Cross, I. (2014). Music and communication in music psychology. *Psychology of Music*, 42(6), 809–819. <http://doi.org/10.1177/0305735614543968>
- Darrow, A.A. interviewed by G. Tsiris (2013). Music therapy and special music education: Interdisciplinary dialogues. *Approaches: Music Therapy & Special Music Education*, 5(1), 12–17.
- Delpit, L. (1995). *Other people's children: Cultural conflict in the classroom*. New York: The New Press.
- DeNora, T. (2000). *Music in everyday life*. Cambridge, UK: Cambridge University Press.
- Friedman, M. (1965). Martin Buber's final legacy: "The knowledge of man". *Journal for the Scientific Study of Religion*, 5(1), 4–9. doi:10.2307/1384249
- Fulford, R., Ginsborg, J. & Goldbart, J. (2011). Learning not to listen: The experiences of musicians with hearing impairments. *Music Education Research*, 13(4), 447–464. doi:10.1080/14613808.2011.632086
- Gaston, E. T. (Ed.) (1968). *Music in therapy*. New York, NY: Macmillan.
- Gilligan, C. (1993). *In a different voice: Psychological theory and women's development* (Rev. ed.). Cambridge, MA: Harvard University Press.
- Goehr, L. (2009). *The imaginary museum of musical works: An essay in the philosophy of music* (Rev. ed.). Oxford, UK: Oxford University Press.

- Habron, J. (2014). 'Through music and into music', through music and into well-being: Dalcroze eurhythmics as music therapy. *The Journal for Transdisciplinary Research in Southern Africa*, 10(2), 90–110. <http://doi.org/10.4102/td.v10i2.101>
- Hammel, A. M., & Hourigan, R. M. (2011). *Teaching music to students with special needs: A label-free approach*. Oxford, UK: Oxford University Press.
- Hayden, P. (2014). *Hannah Arendt: Key concepts*. New York, NY: Routledge.
- Holler, L. (1989). Is there a Thou "within" nature? A dialogue with H. Richard Niebuhr. *The Journal of Religious Ethics*, 17(1), 81–102.
- International Society for Music Education (2016). *Our work*.
<https://www.isme.org/ourwork/commissions>
- Jordan, J. V., & Hartling, L. M. (2002). New developments in relational-cultural theory. In M. Ballou & L.S. Brown (Eds.), *Rethinking mental health and disorders: Feminist perspectives* (pp. 48–70). New York, NY: Guilford Publications.
- Kramer, K., & Gawlick, M. (2003). *Martin Buber's I and Thou: Practicing living dialogue*. New York: Paulist Press.
- Lampropoulos, G. K. (2001). Common processes of change in psychotherapy and seven other social interactions. *British Journal of Guidance & Counselling*, 29(1), 21–33.
doi: 10.1080/03069880020019356
- Lee, C.A. (2003). *The architecture of aesthetic music therapy*. Gilsum, NH: Barcelona.
- Leske, B. (2016). Exploring social inclusion and exclusion in a community choir: Hermione's experiences with the Melbourne gay and lesbian youth chorus. In M. L. Cohen (Ed.), *Innovation and change in community music: Proceedings of the XV international seminar*

- of the ISME commission on community music activity* (pp. 72-80). Edinburgh, Scotland: ISME.
- MacDonald, R., Kreutz, G., & Mitchell, L. (2012). What is music, health, and wellbeing and why is it important? In R. MacDonald, G. Kreutz, & L. Mitchell (Eds.), *Music, health & wellbeing* (pp. 1–11). Oxford, UK: Oxford University Press.
<http://doi.org/10.1093/acprof>
- McFerran, K., & Elefant, C. (2012). A fresh look at music therapy in special education. In G. E. McPherson & G. F. Welch (Eds.) *The Oxford handbook of music education* (Vol. 2). New York, NY: Oxford University Press.
<http://doi.org/10.1093/oxfordhb/9780199928019.013.0004>
- Miller, J.B. (1986). *Toward a new psychology of women* (2nd ed.). Boston, MA: Beacon Press.
- Mitchell, E. (2016). Therapeutic music education: An emerging model linking philosophies and experiences of music education with music therapy. *Canadian Journal of Music Therapy*, 22(1), 19–41.
- Montgomery, J., & Martinson, A. (2006). Partnering with music therapists: A model for addressing students' musical and extramusical goals. *Music Educators Journal*, 92(4), 34–39. <http://doi.org/10.2307/3401110>
- Murphy, K., Wolfus, B. & Lofters, A. (2011). From complex problems to complex problem-solving: Transdisciplinary practice as knowledge translation. In M. Kirst, N. Schaefer-McDaniel, S. Hwang & P. O'Campo (Eds.), *Converging disciplines: A transdisciplinary research approach to urban health problems* (pp. 111-129). New York, NY: Springer Science & Business Media.

- Noddings, N. (2003). *Caring: A feminine approach to ethics and moral education*. Los Angeles, CA: University of California Press.
- O'Grady, L., & McFerran, K. (2007). Community music therapy and its relationship to community music: where does it end? *Nordic Journal of Music Therapy*, 16(1), 14–26. <http://doi.org/10.1080/08098130709478170>
- Regelski, T. A. (2014). Resisting elephants lurking in the music education classroom. *Music Educators Journal*, 100(4), 77–86. doi:10.1177/0027432114531798
- Robb, C. (2006). *This changes everything: The relational revolution in psychology*. New York, NY: Farrar Straus and Giroux.
- Rolvjord, R. (2010). *Resource-oriented music therapy in mental health care*. Gilsum, NH: Barcelona.
- Ruud, E. (2004). Foreword: Reclaiming music. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 11–14). London, UK: Jessica Kingsley.
- Small, C. (1998). *Musicking: The meanings of performing and listening*. Hanover, NH: Wesleyan University Press of New England.
- Smeyers, P., Smith R. & Standish, P. (2007). *The therapy of education: Philosophy, happiness, and personal growth*. New York, NY: Palgrave Macmillan.
- Smith, J. C. (2018). Hidden in plain sight: A music therapist and music educator in a public school district. *International Journal of Music Education*, 36(2), 182–196. doi: 10.1177/0255761417712319
- Stember, M. (1991). Advancing the social sciences through the interdisciplinary enterprise. *Social Sciences Journal*, 28(1).

- Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). *When things take shape in relation to music: Towards an ecological perspective on music's help*. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 277–308). Surrey, UK: Ashgate.
- Tsiris, G., Derrington, P., Sparkes, P., Spiro, N. & Wilson, G. (2016). Interdisciplinary dialogues in music, health and wellbeing: Difficulties, challenges and pitfalls. In M. Belgrave (Ed.), *ISME commission on special education and music therapy* (pp. 58–70). Edinburgh, Scotland: ISME.
- Wood, S. (2016). *A matrix for community music therapy practice*. [EPUB version]. Dallas, TX: Barcelona. Retrieved from Barcelonapublishers.com
- Wood, S., & Ansdell, G. (2018). Community music and music therapy: Jointly and severally. In B. Bartleet & L. Higgins (Eds.), *The Oxford handbook of community music* (pp. 453–476). New York, NY: Oxford University Press.
- <http://doi.org/10.1093/oxfordhb/9780190219505.013.35>

Chapter Seven: Conclusion

This research examined the personal and relational significance of two distinct music performance events for two distinct groups of performers and their communities. Through exploration of a Coffee House at an adolescent mental health facility, as well as a cumulative performance at a creative arts camp for children with disabilities and their siblings and friends, the role of performance as it pertains to self-identity, relationship, and community, is illuminated. The individuals who performed at these events, their concepts of themselves, and their relationships with those in their communities are at the heart of this research. Music is also at the heart of this research, particularly, music's fundamentally social, relational, and performative nature (Cook, 2012; Cross, 2014; Small, 1998). The self too is relational and performative in nature (Gergen, 2009; Miller, 1986; Newman, 1999) and thus, as a musical performance unfolds, the music, the performers, and the inherently social elements of both are mutually constituted, interdependent, and embedded within one another. In recognizing these formative aspects of music and of our very selves, it follows that performance, though certainly not without risks, holds unique value within music therapy and community music settings. In addition, if we consider "the value of music in music therapy to be the same as its value outside music therapy" (Aigen, 2014, p. 30), then these findings hold relevance for music education, and indeed for any setting involving music and human relationships.

The following research questions have been addressed in the individual articles within this dissertation.

1. How does participating in a musical performance influence identity?
 - a. How does participation impact musical identity?
 - b. How does participation impact personal identity?

- c. How does the way we view ourselves musically interact with and inform our broader self-concept (i.e. how does musical-identity relate to self-identity)?
2. How does participating in a musical performance impact the relationships among all those present?
3. How is music-centered theory—from the field of music therapy—relevant to music educators and community musicians?
4. What elements of the Coffee House afforded its success within its context?

In this chapter I re-address these questions, summarizing the findings from this project's individual articles. Whereas previously, data from the Coffee House and the Arts Express performance were separated into distinct articles, here, the voices of participants from both contexts are presented together. I first explore questions one and two, whose answers are indelibly linked due to the relational nature of our self-identities (Gergen, 2009). I turn then to discussing the relevance of music-centered music therapy (Aigen, 2014) for music therapists, music educators, and community musicians. Question four is briefly re-visited, its answer interwoven with the previous two questions. In addition to addressing the research questions specifically, I also engage in a broader level of synthesis of this dissertation's most pertinent themes through examining the interconnections at the heart of the concepts of music-centeredness, the relational self, and transdisciplinarity. Finally, I note directions for future dialogue and research stemming from this research.

This research and its participants have dramatically shifted my understanding surrounding the concept of self-identity. In the early stages of conceptualizing and planning this research I had been conceiving of identity as largely an internal construct, impacted by outside factors but ultimately housed away within the individual. This study's findings, particularly, its participants'

affirmations of the personal and relational significance of musical performance given the performative and relational nature of our self-identities, has shifted my own understanding of self-identity and led me to reflect upon a variety of past music therapy experiences. I have come to see that the seeds to this dissertation were perhaps sown much earlier than I had previously realized. To set the stage for this final chapter then, I will first offer a story.

A Different Version of Herself: Taylor’s Story

It was the fall of 2007 and I was immersed in my new—and first—job as a music therapist, within the adolescent mental health facility described in Chapters Three and Four. I had not yet begun organizing Coffee Houses, but my interest in the clinical relevance of performance was burgeoning. Taylor¹⁰ was fifteen-years-old that autumn, and this was not her first time serving a custody sentence. Taylor had become involved in criminal activity alongside an older boyfriend and group of friends; she was desperate for acceptance and willing to do almost anything in hopes of gaining this. The social worker who referred her to music therapy hoped that music would allow Taylor to “try on a different version of herself.”

Taylor and I worked together for ten individual sessions, which focused upon developing Taylor’s confidence, expression, and assertiveness through singing. We sang familiar songs of Taylor’s choosing and analyzed their lyrics. Taylor also wrote an original song—“I Believe”—whose lyrics grappled with love for her boyfriend alongside a desire to trust in herself: *“We were so in love, but I can move on because I am strong. And now this light shines down on me, and I say: I believe I can, I believe I will, I believe in me.”* Taylor wrote lyrics for two verses, a chorus, and a bridge; we discussed them in detail, and collaboratively created a melody and harmonic structure. She performed her song at two facility-wide events in December 2007, proclaiming her

¹⁰ “Taylor” is a pseudonym. This youth provided written consent in 2008 for me to share her case information and original song in publications and educational presentations.

lyrics with pride to peers and staff members. She exclaimed, “I feel like Wonder Woman!” upon listening back to a recording of her song during her final music therapy session. That she had experienced empowerment appeared evident.

Just hours after Taylor’s second performance, which was only days before her discharge from the facility, I headed to her residential unit to drop off a burnt CD that included a recording of Taylor singing “I Believe”. I handed the CD, to be delivered to Taylor, to a staff member, and commented on Taylor’s courageous performance. My colleague rolled her eyes and launched into a description of an incident earlier in the day in which Taylor had been quite rude towards another staff member. She spoke with contempt and it was implicit in her words that Taylor’s work in music therapy was somehow fake, given that her behavior was not up to snuff.

I found the conversation unsettling and initially worried that I had been duped by a crafty teenager. Perhaps I was. I knew I was green as a music therapist, but I did not feel naïve in this situation; I certainly did not think I had cured Taylor or that she would never again struggle socially, behaviourally, or emotionally. I did believe that Taylor’s choice to create an original song and then perform before the entire facility was quite extraordinary. Without overlooking her actions outside of music therapy, I felt certain that the enthusiasm along with personal vulnerability with which she had delved into music-making had been “authentic”. At the time, I took comfort in this knowing, and chose to trust that our music-making had held some kind of impact, even if this was indiscernible in her behaviour towards authority figures outside of music therapy. I moved forward.

It is common parlance among music therapists that we “see different sides” of clients than do other treatment team members in their respective roles. Perhaps this is one reason that the theme of self-identity has captivated me from the early days of my career as a music

therapist; no doubt, there have been many “Taylors”. My conceptualization of terms like selfhood and identity however have shifted since working with Taylor and even since writing the above research questions. I maintain use of these terms—self and identity—as helpful thinking-tools, and also to affirm a position that is not deterministic and recognizes individuals’ agency within the process of crafting self-identity narratives (Epp, 2007). I recognize now however that our selves and our identities are dynamic, relational, and performed entities. Given the relational nature of music as well, it follows that musical performance is an impactful medium through which to influence identity, whether that pertaining to music or personal identity more broadly speaking. I shift now to recapping the narratives of this study’s participants in relation to my research questions. I will return to Taylor’s story later in this chapter.

Musical Performance, Identity, and Relationship

Performance affords the opportunity for performers to experience themselves as musically capable, thus expanding their musicianhood (Ansdell & DeNora, 2016). Some participants gained expanded perspectives upon their own capability and potential in areas outside of music as well. Rather than viewing the formation of musical self-identity or musicianhood as less significant than developments in broader, personal realms, I propose here that *any* kind of expansion in self-identity, a belief in capability and possibility that did not previously exist, is of significance. It is vital, also, to recall the fact that the presence of a musical identity predicts an individual’s continued involvement in music (Demorest, Kelley & Pfordresher, 2017; Hargreaves, Macdonald & Miell, 2012), and thus also the opportunity to experience the potential benefits of musical participation (Ruud, 2017). Thus, particularly for individuals who face barriers in accessing active musical involvement, it follows that coming to see oneself as musically capable is significant indeed.

Through performing, participants in this study had the opportunity to showcase, or “try on”, different or new aspects of themselves than were typically visible within a treatment milieu and/or their day-to-day lives. This trying on was made possible by the musical context—the Coffee House and the Arts Express camp—and then collaboratively constructed with those bearing witness. Below, I re-visit the perspectives of some of this study’s participants, sharing the voices of performers from the Coffee House alongside those of the Arts Express campers and their family members. The significance of the act of performing upon performers’ identities and upon their relationships with those who witness them is illuminated in these narratives.

Performers throughout this study experienced new beliefs regarding their musical accomplishments and capability. This led to increased self-efficacy and new identity-narratives regarding their potential within and outside music.

It was like feeling like I was accomplishing something really big in my life...[The event] help[s] build self-esteem about performing in front of people, and like being able to do stuff that you think you could never do. (Youth1)

I used to think that I’m not very good at drumming. Now that I’ve heard myself play with the other bandmates, I thought I did really well. (Youth3)

It makes you want to try more things. (Youth4)

It's not just one of those like, kiddie shows from school...It’s like a big thing cause you practice and you...work on it to make it good. (Mackenzie)

I felt proud. (Michael)

I didn't know who I am and it changed when I went to Arts Express. I tell myself, well, this is who I really am...I learned that I can sing...And that I can dance. (Zhade)

Crucial to performers' beliefs about their musical and personal capabilities was the fact that audience members gained new and broader perspectives on performers through witnessing their performances.

You sort of forget that they're not just this, constantly in trouble, I-need-to-save-you-all-of-the-time kid. They have other parts to them too. (Staff 2)

Sometimes seeing someone perform you develop more empathy for them. (Staff1)

You might have your pre-conceived idea, like, 'They're in [the custody unit], they're too cool for school.' And then they go up and sing this lovely song, and it's like, 'Oh right, just another person.' I think it's good to see people on that level. (Staff 4)

It felt like everything lifted from me...It was the first time...I've been able to be proud. 'Cause I've never seen him do anything. I'm always trying to fix him or somebody's trying to fix him. Or just sort of tolerating, or waiting something out, or enjoying it but in a private way. But this wasn't private. It was on stage! It was huge! (Mary – Max's Mom)

It makes [children's] lives bigger and richer to be able to participate...And I think it makes the world bigger for other people observing it. 'Cause they realize that there's potential in ways that they may not have thought of. (Charmaine – Andrea's Mom)

The kids know the music...they're enjoying themselves...they're participating, they're part of a group, they're part of something that matters. That's a really powerful message.

(Lana – Zhade's guardian)

Utterly vital to the formation of performers' new beliefs about themselves and their own potential were their audience's parallel new beliefs about their potential.

As audience members experienced a "visceral reminder of how there's always more to a person" (Staff9), performers were aware that they were being seen in a new light.

[The event allows youths] to show their talents. Some people judge like, "Oh this kid's like a loser," but they don't know what they can actually do. (Youth3)

I think the staff enjoy it—they get to see what we can do...People are different from everyday versus when they're facing their fears...The teachers don't get to see us at night. They don't see what we're really like. Which I think that they get to [at the Coffee House]. (Youth4)

It kind of like makes you happy to see people like being happy than I'm singing and good at singing. 'Cause I've never...felt that and...I feel so accomplished. (Youth1)

You see the looks on [staff members'] faces when someone's performing, like, "That's my kid! They're up there doin' that!" You can see how proud they are. (Youth5)

Seeing all these children who get like rejected by society, like, thrive in this performance...It's...a beautiful thing to watch." (Andrea)

[The audience] are thinking, “Wow, I didn't know that they could do that!” (Zhade).

That fact that performers came to view themselves as capable through their performances was intertwined with their experience of being witnessed as so.

Performers internalized their audience's new perspectives on them into their own narratives. In turn, these broader perspectives also made new and different relationships and interactions possible.

But you can go up there and you can perform a song and it can say so many things. Maybe not with your own words but you perform it and people are listening and people, especially in here, they catch onto it...And a lot of the time after that staff will come up and they'll talk to you 'cause they'll get it. (Youth5)

Relationships are key to helping them succeed...We're all in this together...They're why I come to work. Obviously it's not for money (laughs). So...if I can do something way outside my comfort zone, they can do it. And I'm okay with them laughing at me, and they're okay with me laughing at them...They're gonna believe that we're cheering them on...because of our relationship and because it's open to everybody. (Staff7)

It's *not* [the audience's] little bubble...‘This is my life, that's your life [gestures with hands to show large distance, then rolls her eyes]. (Andrea)

The arts are [Zhade's] connect point with life and interaction and being seen as competent, as participating and having a valuable opinion. (Lana – Zhade's guardian)

[The performance] is what attracted me to [Arts Express]...Because I thought, “He’s going to be on stage”...Just to have him show me something. He can’t normally...He’s usually...being interrogated. Or being told what to do...This way *he* can actually, “This is what I’m going to show *you*.” (Mary – Max’s Mom)

Performers’ new identity narratives, afforded by and performed through their musical performances, were intertwined with the relational features of the performance setting: the audience’s perceptions and performers’ understanding of their audience’s perceptions. These new perspectives on one another in turn made different relationships and interactions possible. Thus, unexpectedly to this researcher, research questions one and two are entirely interconnected.

With regards to relationship formation, unique to the Coffee House is the fact that all members of the community—clients *and* staff members—are welcome to perform, reflected in Staff7’s statement above. As is discussed in Chapter Three, the Coffee House is an example of *participatory* performance, a setting in which there is no separation between audience member and performer and whose success is “more importantly judged by the degree and intensity of participation than by some abstracted assessment of the musical sound quality” (Turino, 2008, p. 33). This allows for value to be placed upon “the social relations being realized through the performance” rather than the production of “art that can somehow be abstracted from those social relations” (p. 35). These features and values of participatory performance settings naturally create an environment in which anyone, regardless of ability level, is welcomed and encouraged to perform. This affords a levelling of the hierarchical relationship dynamics typical within healthcare settings. New relational possibilities are thus performed, as youths and staff members alike take the stage. In answer to research question four then, this relational levelling, and the supportive atmosphere it provides, is crucial to the Coffee House’s success.

The Arts Express performance is distinct from the Coffee House in this regard, as it is presentational in nature with clear distinctions between audience members and performers (Turino, 2008). However, the very nature of this performance does its own levelling work, in that it reverses the norms regarding who normally has access to this particular stage (Mitchell, 2016a). In providing children with disabilities the opportunity to be showcased—as the main event, rather than a “sideshow” (Lana – Zhade’s guardian)—audience members’ perspectives upon performers were expanded at Arts Express too. Both performances embodied different ways of relating in the moment while affording relational possibilities for the future as well.

Musical identity and self-identity.

I have recounted a variety of personal and relational benefits of participation in musical performance, from the perspectives of performers. It is pertinent to emphasize, however, that music and music-making do not automatically or universally create benefits. Rather, “music is active within social life, it has ‘effects’ then, because it offers specific materials to which actors may turn when they engage in the work of organizing social life” (DeNora, 2000, p. 44). With regards to research question 1c then, which asks how musical identities relate to self-identities, any answer will be inevitably complex and context-dependent, differing for each participant. DeNora’s concept of music’s affordances buffers against simplistic explanations of music’s effects, without, alternatively, implying “that music’s meaning is entirely indeterminate” (p. 44).

The concept of para-musical phenomena (Stige, Ansdell, Elefant & Pavlicevic, 2010) also complexifies this research question, assisting this researcher in resisting the lure of platitudes regarding musical identity’s impact upon self-identity and black-and-white distinctions between musical versus nonmusical phenomena. Paramusical phenomena are not abstract, nor can they be isolated from their associated acts of musicking; they are, rather, “always wrapped

up in the immediate ecology and need of a situation” (Ansdell & DeNora, 2016, p. 35). Given that “the extramusical has always had a paradoxical status, as it is at once musical and nonmusical” (Epp, 2007, “The Quest”, para. 4), this notion of paramusical features of music-making opens up semantic space in which we can hold the fact that music’s so-called nonmusical benefits are often deeply imbedded in the music. This concept has allowed me to understand that the distinction between musical identity and personal identity is less clear than I had once imagined.

For many research participants, the experience of expansion within their musical self-identities had implications outside of music as well. Youth4’s statement about performing at the Coffee House, “it makes you want to try more things”, bears repeating here; for her, a newfound belief in her musical potential sparked a consideration that she had greater potential outside of music as well. Youth3 felt that his new musical confidence would extend outside of music, and Andrea, Zhade, Michael and Mackenzie noted examples of how the confidence they had gained through performing had already helped them in other contexts. Youth1 and Youth2 both reflected that, through performing, they had achieved something they had not previously believed themselves to be capable of. Implicit in some participants’ narratives, and explicit in others’, was the notion that musicianhood is an expansive identity, contributing to a broader perspective upon oneself in music and at times outside of music as well.

For many of the performers in this research, the process of coming to view themselves as capable artistically rendered their broader perceptions of themselves and their lives more *whole* than they would have otherwise been. The act of performing invited audience members to see them in this way as well. Staff10, for example, reflected that many youths at the facility “have had little or no exposure to music.” She noted that through their involvement with music therapy

and the Coffee House these youths learn that music “is something that *anybody* can do,” describing this as “broadening the world” for these youths. According to Zhade’s guardian, the arts “embrace [Zhade’s] wholeness as a person” and are “integral to her concept of...life being worth living.” Zhade agreed, and said, “I didn’t know who I am and it changed when I went to Arts Express. I tell myself, ‘this is who I really am.’” Describing the purpose of the Coffee House, Youth1 stated that it “help[s] people understand who they are and what they’re meant to do.” Youth1 and Zhade’s comments here validate the significance of self-identifying as musically capable.

Where musical participation is seen as a birthright for all humans, a musical identity *is* a personal identity; by viewing themselves as musically capable, a broadening in personal identity naturally occurred. Returning to the paradox that the extramusical “is at once musical and non-musical” (Epp, 2007, “The Quest”, para. 4), expansions in participants’ musical identities were impactful whether or not they were explicitly perceived as connected to extra-musical change. This music-centered perspective recognizes that a relationship to music is “an essential human need that reflects healthy tendencies within the individual” (Aigen, 2014, p. 39). The development of a musical identity, then, is important in and of itself. As has been noted previously, such development holds particular importance for individuals who face barriers in accessing musical involvement.

For musical reasons.

Youth7’s perspective, discussed in Chapter Four, is worth recounting here as it exemplifies that access to music, and thus to a musical identity, need not be predicated upon music’s nonmusical benefits *even within a mental health facility*. When I asked Youth7 about the purpose of the Coffee House, she retorted quickly, “I’ve been to other schools that have [Coffee

Houses].” Missing her point, I asked her to consider the differences between this facility and other schools. She was adamant, “Well, you know what...If you enjoy singing it’s pretty much the same thing everywhere.” Youth7 was confused by my implication that a Coffee House would require a different rationale at this facility than it would at a regular school, a perfect representation of Aigen’s (2014) argument that it is ethically troublesome to argue that people with disabilities “must have their access to music based upon nonmusical criteria that are different from other members of society” (p. 71). Youth7 exposed a mismatch between my music-centered philosophy and the specifics of my interview questions, perhaps a symptom of my concern with proving the Coffee House’s worth and my worry that it would not be enough if these youths had simply enjoyed the event.

Staff1 had a different lens upon Youth7’s performance. She spoke about the way in which witnessing this performance benefited their relationship and Youth7’s interactions with peers.

One of the youth that performed yesterday, there was an incident in the fall where she physically assaulted me...Since then (laughs) I’ve...not had the closest relationship...But you know, it was really great to see her perform and to be able to have something to talk about with her and to say, “That was really great, I’m really proud of you.” And have a new opening to start a dialogue. (Staff1)

She doesn’t get on well with her peers...But everyone really liked her performance...You could see...she was trying very hard to...present...a version of herself that she felt really proud of...The other youth accepted it and were very complimentary. (Staff1)

Youth7's performance exemplifies the paradoxical notion that "what is musical is already personal and social" (Stige et al., 2010, p. 300). Her engagement with music out of sheer enjoyment in turn afforded significant benefits within her relationships. Staff1's description of Youth7 trying to present a particular "version of herself" through her performance holds striking parallels to Taylor's social worker, described earlier, who had referred her client to music therapy in hopes that she would "try on a different version of herself." Both staff members are hinting at the performed nature of our self-identities, and music's potential as a medium through which to explore these. Musical performance is of particular potency here, as that "different version" of the self is not only witnessed by the therapist, but by an entire audience.

I am not suggesting here that Staff1's perspective somehow legitimates Youth7's performance; both lenses are valuable. Within an institution wherein the only access to music-making is through the music therapy program, that Youth7 can engage in music *because she enjoys it* is vital. As we allow clients to engage musically in therapy in ways similar to how people engage in everyday life, we mitigate the risk of "inflicting problems and even pathology on an otherwise healthy and sound relationship to music" (Rolvsjord, 2010, p. 35). Rolvsjord suggests that music therapists have a political and ethical mandate to "bring something 'normal' and free from illness into the illness-dominated environment of a hospital" (p. 35), and notes that though experiencing positive emotions is common within people's everyday experiences of music, such experiences are "often treated with ambivalence in the music therapy literature" (p. 124). Facetiously, she asks, "Can we regard a music therapeutic process as successful even if all it does is to bring moments of joy and a sense of mastery in music" (p. 113)? For an adolescent coping with significant mental health issues, who are we to declare that an experience of musical enjoyment, musical accomplishment, or musical confidence is anything less than enough?

Staff1's perspective on Youth7's performance supports the idea that music's para-musical benefits may be more fully available when we immerse ourselves in the musical experience rather than seek to obtain a nonmusical outcome (Aigen, 2014; Ansdell, 2014; Ansdell & DeNora, 2016; Garred, 2006). Akin to the paradox noted in Solli and Rolvsjord's research (2015), staff members at the mental health facility grappled with the apparent contradiction that participation in the Coffee House was relevant and helpful within youths' treatment but also entirely separate from it. Through accessing active music-making, and its performed and relational elements, clients develop their musicianhood, and have access to music's many para-musical affordances. These experiences may have implications outside of music. They also may not, a point that Youth2 had to explain to this researcher:

Liz: And does that confidence go outside of music? Or is it just specific to music?

Youth2: I think it's probably just music. But it still helps.

Youth2 did not perceive increased confidence outside of music, yet his increased musical confidence "still helps". An expansion in one's musical identity naturally infers an expansion within oneself, whether or not the individual also perceives direct nonmusical benefits.

Participants' emphasis upon the importance of active music-making and performance, regardless of whether they experienced distinct nonmusical benefits, leads naturally into a discussion of the relevance of a music-centered perspective. Thus, in the following section, after acknowledging areas for future research stemming from this project, I move to a consideration of my third research question, exploring the value of a music-centered perspective beyond the disciplinary boundaries of music therapy.

Potential for Future Research and the Role of Music-Centered Perspectives

The current study, particularly as it pertains to the Coffee House, is limited by its relatively short-term snapshot of performance and its impact. The Arts Express campers provided a significantly longer-term lens upon the value of performing in their lives, given that four of the five children interviewed had been involved with the program for at least seven years. In the Coffee House research, however, I interviewed youths within a few days of their performance, and then followed-up with them no more than one month later.

Practically speaking then, exploration of longer-term benefits and impacts stemming from participation in a performance is warranted. Undertaking research more longitudinal in nature with the youths at the mental health facility would pose a variety of barriers; for example, given these individuals' mental health challenges and often chaotic home environments, gaining consent to contact them after discharge from the facility, and then also managing to schedule and engage them in interviews, would no doubt pose challenges and be impossible in some cases. Regardless, I recognize that, without the time-constraints of a doctoral degree, seeking to re-interview youths, months or even years following their performance, would undoubtedly assist in ascertaining a more fulsome picture of the Coffee House's impact. A more holistic picture of the Coffee House could also be achieved through interviewing those youth who chose *not* to perform; likewise, the Arts Express research would be enriched through the perspectives of families who did not return to the program year after year.

Such follow-up would, for example, afford the opportunity to inquire about new or continued engagement with active music-making and/or barriers faced in doing so. This data would be invaluable in seeking to better understand whether the shifts in youths' identity-narratives regarding their musical capabilities, sparked by participation at the Coffee House,

remained integrated within their beliefs about themselves. Such investigation would also assist in exploring whether a shift in self-identity is indeed enough to prompt continued engagement in music-making, particularly outside of a treatment setting and in the face of barriers such as mental health issues and socio-economic status.

My use of Turino's (2008) concept of participatory performance to frame the Coffee House's success can also inspire future research considerations. The affordances of the event's participatory ethos—its engagement of a wide variety of participants, its supportive and inclusive atmosphere, and its relationship levelling—would no doubt be of relevance in a wide variety of other contexts. Regelski (2014) observes a lack of participatory music in schools due to “the hegemony of university schools of music on school music and the resulting focus in school music on 'presentational' music” (p.77). He laments this state of affairs given that participatory musics “are the most frequent means by which ordinary citizens derive the musical and social benefit of performing” (p. 79). Without negating the role that presentational performance plays in social and musical life, there is profound opportunity for continued implementation of participatory musicking within educative settings (Randles, Griffis, Ruiz, 2015; Thibeault, 2015) and exploration of its short-term and long-term impact. On a theoretical level, concepts from ethnomusicology can assist music educators and music therapists in better understanding music's role in society and thus within our disciplines. In suggesting the relevance of scholarship from ethnomusicology in order to better understand music's role in therapy and beyond, I am highlighting the significance of a music-centered perspective, which will be explored in the following section.

Grounded in music: The value of music-centeredness.

Music therapists and music educators share a concern for music to remain a valued and integral part of society and its institutions, institutions that often view music's role as additive rather than essential. We also share a well-intended temptation to advocate for our disciplines by conceptualizing music as a tool for the attainment of socially desirable ends, a conceptualization that provides compelling, though potentially fleeting, rationale (Aigen, 2005; Rauscher & Hinton, 2011). Paradoxically, when we recognize music's dynamic, ecological, and relational nature, we can promote the importance of *musical* engagement, preserving "musicking for its own sake, not to achieve something else (even when it often does just this)" (Ansdell, 2014, p. 300). Ansdell's use of the term *musicking*, rather than *music*, is crucial here. Our advocacy falls short when it is based in notions of music as an object—one that can exist outside of active doing in context and in relationship. It too falls short in the face of perspectives that view music as a tool to reach nonmusical ends, and platitudes about music's universal "benefits."

To recognize the many *affordances* of musical engagement (DeNora, 2000), and affirm that such engagement is relational, that "the art of musicking establishes in the place where it is happening a set of relationships" (Small, 1998, p. 13), is not akin to saying that music is universally beneficial. Such recognitions do validate the *potential* within musical engagement for transformative experiences within individuals, relationships, and communities. Importantly, such recognitions also validate that the "set of relationships" established by musicking could lead to damaging experiences and impact. It is thus imperative that as music therapists, music educators, and community musicians, we think critically and act carefully with regards to the relationships we wish embody through the musical engagement we share with others.

Returning here to an acknowledgement that the affordances of music-making are often beneficial for people and communities, it is vital to emphasize that these affordances, and certainly music's relational nature, are not characteristics unique to music therapy settings. Rather, these are simply statements about the potential that lies within music-making. Music therapists, whether or not we practice within a jurisdiction in which there is protection of our professional titles¹¹, of course do not own music's therapeutic-ness. I say "of course" as though this is obvious, however certainly when I am teaching and supervising music therapy students, I feel that I am perceived as contentious when I proclaim this (and I often do). Given our training programs' lack of acknowledgement of intersections with other disciplines, the confusion makes perfect sense.

It is not my intention to resort to a utopian vision of the potential within transdisciplinary conversation and collaboration. Like Wood and Ansdell (2018) I acknowledge "ongoing confusions and tensions that are fueled by rivalry and distrust within an increasingly crowded professional marketplace" and "legitimate concerns...in relation to the converging territory between the practices" (p. 466). And yet, while recognizing situations in which a specific sort of musical/relational training may be of best service to those seeking access (O'Grady & McFerran, 2007), it also cannot possibly be of service to our disciplines, nor the people we work with, to continue to exist in the silos that we have existed within for so long.

The authors cited in the preceding paragraph are discussing music therapy's relationship with community music. Distinctions between music therapy and music education are deceptively clearer at first glance, particularly when traditional conceptions of these disciplines remain

¹¹The title "music therapist" is, for example, protected by law in the United Kingdom, and only those with specific training and registration with the "Health and Care Professions Council" can use this title (BAMT, 2017). Such protection does not exist in Canada or the United States.

uninterrogated, and when it is assumed that educators work in school settings and therapists in healthcare. However, the contexts in which practitioners of all three of these disciplines practice—and the goals they work towards therein—are increasingly murky, as is the purpose of the work itself. The Prison Arts Coalition, for example, includes the work of music therapists, community musicians, and music educators working within the American prison system (Prison Arts Coalition, 2019). Music educators may work in hospitals (Issaka & Hopkins, 2017) or retirement and long-term care settings (Beynon, 2017; Harris & Caporella, 2014). In addition, as has been noted throughout this dissertation, community music therapy “tends to question boundaries between traditional concepts such as therapy and education” (Wood, 2016, p. 33), with its purview involving ensembles, performances, and skill development, activities once considered the clear domain of the music educator or community musician. Certainly, “music therapists are expanding their practices to become more politically and socio-culturally sensitive whilst community musicians are more consciously working alongside participants towards health-related outcomes” (Higgins & Willingham, 2017, p. 113). These authors’ latter point is no doubt true of music educators as well.

Within our society’s prevalent individualistic discourse, “actions are only rational if they are instrumental to achieving self-gratification of some kind” (Gergen, 2015, p. 95). Such ideology is prevalent within typically siloed academic discourse, and certainly, collaboration and conversation among music educators and music therapists is largely instrumental in its nature. Such interactions provide useful discussion and exchange regarding topics such as the challenges of interdisciplinary training and research (Tsiris et al., 2016) and the strategies, techniques, and attitudes that professionals can learn from one another (Darrow, 2013; Hammel & Hourigan, 2011). These discussions are also often limited by their strong retention of disciplinary turf. In

Chapter Six, Cathy Benedict and I explore places of theoretical meeting between our two fields. In the spirit of transdisciplinarity, the “unity of intellectual frameworks beyond the disciplinary perspectives” (Stember, 1991, “Definitions of Interdisciplinarity”, para. 4), we seek to better understand the values and paradigm of the other, not because we need an instrument adapted or a curricular outcome met, but because we desire to create something new and integrative together. Music-centered perspectives from music therapy are an ideal foundation upon which to begin such dialogue.

As boundaries between our fields become increasingly fuzzy in practice, we can choose a defensive stance, creating evermore solid theoretical walls behind which to hide. Alternatively, we can craft new theory and practice together, maintaining those boundaries we deem essential while discarding those that do not serve those with whom we work. When we “consider the value of music in music therapy to be the same as its value outside music therapy” (Aigen, 2014, p. 30), we open the door to genuine dialogue about the role of music in society, whether the music-making occurs within the walls of a therapy room or classroom. Furthermore, when we engage with the concept of music’s para-musical benefits (Stige et al., 2010), we move beyond the false dichotomy between music versus music’s nonmusical benefits, a dichotomy that has served to clarify our important distinctions, but that keeps us unduly demarcated from one another. When music education is viewed narrowly as “aesthetic education” and music therapy is seen as beneficial to “growth and development academically and/or personally” but *not* musically (Darrow, 2013), we miss the possibility to engage, in either setting, with the full range of affordances that music-making has to offer.

When rooted in shared theory regarding the value of musical engagement, music therapists and music educators have opportunity to advocate for music within our institutions and

society more broadly. We must start by recognizing that access to artistic engagement is a human right and celebrate the role that music-making has always played in human societies. This role does not preclude gaining technical skill on a particular instrument, but is also far richer and broader. From our recognition of music's vast affordances, made possible by engaging in "musicking for its own sake" (Ansdell, 2014, p. 300), we can engage in political advocacy and public awareness efforts together. This foundation will allow our conversations to transcend technique-swapping and advice giving, as well as the prevalent assumption that our areas of common ground are relevant only within special education. From a transdisciplinary perspective that starts with the importance of *access to music*, and the affordances offered by such engagement, we can then also decide whose profession is best suited to particular jobs.

Practically speaking, music therapists can offer an invaluable lens upon musicking within educative settings and working with music's para-musical affordances even when skill development is the overt focus. Likewise, as music therapists become increasingly open to the clinical use of educational techniques, performance, and other mediums of musical engagement through which human beings already use music as a "technology of the self" and a "technology of communality" (Procter, 2013, p. 40), music educators can provide invaluable perspectives and practical assistance in developing such work. Therapeutic and educational potential can be maximized as false dichotomies between process/product or musical/nonmusical are dismantled.

Challenging boundaries and inviting a less territorial perspective upon our disciplines, whether in research or practice, need not infer that we neglect ethical standards or our respective scopes-of-practice. Given that music's relational nature is a property of music, rather than of music therapy, it is arguably unethical to *not* acknowledge this within music education settings. Warnings aside, what is crucial to acknowledge here is that the affordances of musical

engagement are available to participants regardless of professional context. While remaining acutely aware of what we are trained to do and what those within our care are expecting and trusting us to do, there remains tremendous space in which we can explore the aspects of our work that unite us.

In music-centered theory, music therapists have a rich theoretical lens that recognizes and celebrates music's therapeutic potential regardless of the context in which the music-making is undertaken and the training of the person it is undertaken alongside. This is one potential starting place as we seek to undertake theoretical investigations, research, and practice that embody principles of collaboration and truly transdisciplinary dialogue.

In the following section, I continue to draw upon music-centered theory from music therapy. Now shifting away from responding directly to my research questions, I seek to synthesize themes stemming from all aspects of this research, highlighting the ways in which a music-centered perspective and a relational view of our selves interweave with the importance of transdisciplinary dialogue. All aspects of this project are interconnected.

Synthesis: The Music-Centered and the Relational

Gergen (2009, 2011, 2015) proposes that we are not individual selves who form relationships, but rather, that "there is no *me* and *you* until there is *us*" (Gergen, 2015, p. 104). A more prevalent ideology in Western society however is that of individualism. While noting the importance of retaining belief in the individual's agency, Gergen describes individualist beliefs as "deeply flawed" (p. 97) and even "catastrophic" (p. 117). Not only does this ideology fuel feelings of "isolation, alienation, and distrust" (p. 95), but it also promotes a problematically instrumentalist view of relationships.

If the self is at the center of one's existence, and one can never fully know or trust another, then our primary mission must be to "look out for number one!"...In the individualist tradition, this is only natural; to expend effort on behalf of others is unnatural. Regarding others, one must continuously ask the question 'how does he or she help me?' 'What does it cost me?' More broadly, this orientation is labeled *instrumentalist*...On this view, others have no intrinsic worth. Rather, our actions are only rational if they are instrumental to achieving self-gratification of some kind. (p. 95, italics original)

Such individualism is an embedded assumption within much of Western psychology (Robb, 2006) and also within neoliberal political systems (Harvey, 2005; Giroux, 2011).

This ideology is problematic for a host of reasons, many of which are outside of the scope of the current discussion. One issue lies within the tendency of educators or therapists to "select the individual mind as the source of problematic behavior" (Gergen, 2015, p. 97) rather than broader systemic or contextual factors. At best, such attribution provides temporary solutions to far greater problems. At worst, narrowly-focused solutions prove ineffective and our students and clients internalize blame for issues not theirs to own. Community music therapy, along with anti-oppressive and feminist models of therapy (Baines, 2013; Curtis, 2006) counter individualistic perspectives in healthcare in their acknowledgement of the impact of social and contextual factors upon health and wellbeing. Likewise, scholars who have applied critical theory to educational contexts (Delpit, 1995; Freire, 1970; Giroux, 2014; hooks, 2010) seek to bring acknowledgement of oppressive social factors into the classroom.

Such critiques of individualism are certainly relevant. I mention Gergen's (2015) indictment of individualism here, however, due to its striking parallels with music-centered

music therapy's critique of music-making for the purpose of reaching nonmusical outcomes (Aigen, 2014; Ansdell, 2015; Garred, 2006). When we engage in relationships in order to seek individual gain, we are in fact not in *relationship* at all; genuine relation is "mutual" (Buber, 1923/1958, p. 8) and thus "as soon as the relation has been worked out or has been permeated with a means, the *Thou* becomes an object" (p. 17). Similarly, when we engage in music with purely transactional aims, we remain separated from the act of musicking and the relationships central to this engagement. Drawing upon Buber's concept of the primary words, *I-Thou* and *I-It*, Garred (2006) explains that when music in music therapy serves "as a means toward some other end," the music "fundamentally becomes an It, belonging to the technical and practical mode of daily use (pp. 124–125). As Varkøy (2015) notes, we can only understand music's "intrinsic value" upon viewing it as an action, or as a "meeting": "It is not the music object that is in the center of attention, but the meeting between the musical object and the human subject" (p. 46). When we view music as a mere tool, used for the attainment of a medical, behavioural, or psychotherapeutic end, we neglect to fully meet and engage in the act of music-making. Ironically, we also thereby risk missing music-making's potential benefits (Garred, 2006).

Given music's fundamentally social nature (Cross, 2014), our *I-It* engagement with music also results in a separation from the human relatedness inherent to musical engagement. Our relationships are not meant to be transactional and nor is our music-making. Research participants embodied this dialogical, rather than instrumental, perspective on musical engagement. In turn, their musicking embodied the relationships at the heart of this participation.

If you enjoy singing it's pretty much the same thing everywhere. If you enjoy singing you enjoy it. That's how it is. (Youth7)

It makes me not be as afraid of singing in front of people...I was able to get up there and sing...It's just really helpful, and it feels good. (Youth4)

I love performing. (Zhade)

Music in isolation...can be hugely therapeutic. But...it doesn't have that same resonance in my mind. Music is a medium of communication...of relationship...Providing youth with the opportunity to share their music...is a valuable piece in terms of being human. (Staff3)

I love when youth and staff are performing together. [It's] this whole other way of connecting...joining together in a way that's very non-hierarchical...It's like, "Let's join in this expressive, creative, joyful, or meaningful thing and work together." (Staff9)

I think it makes their lives bigger and richer to be able to participate in that. And I think it makes the world bigger for other people observing it. (Charmaine – Andrea's Mom)

[Arts Express] was a great way to find...something that they can fulfilment and enjoyment in, kind of find their thing. (Lois – Michael & Mackenzie's Mom)

Inclusion in the arts is very, very important for Zhade. Because that's where she self-identifies, that's where she shines. (Lana – Zhade's Guardian)

Regardless of whether we are music therapists, community musicians, or music educators, when we embark upon our work fully prepared to be immersed in music and in relationship, rather than predicating success upon nonmusical gains, we fully embrace musicking's relational nature.

Participatory musicking, as defined by Turino (2008), is significant here due to its unique relational affordances described in Chapter Three, in particular, its ability to “level” hierarchical relationships. In their relational approach to therapy, Miller and Stiver (1997) stress that experiences of relational *connection* are characterized by “mutual empathy” and “mutual empowerment” (p. 26). Importantly, “mutuality does not mean sameness...rather it means a way of relating, a shared activity in which each (or all) of the people involved are participating as fully as possible” (p. 43). These therapists’ feminist, relational perspective upon the significance of mutuality bears strong parallels with the participatory values embodied at the Coffee House. Within participatory performance, wherein musical success is defined by the act of participation and the “quality of sociality” embodied (Turino, 2008, p. 35), the mutuality that characterizes growth-fostering relationships and connections (Miller & Stiver, 1997) can thrive.

Such mutuality is not only available within participatory settings. As expressed by Arts Express camp participants, performance settings that are more presentational in nature can also afford growth and mutuality in relationships between audience members and performers. From a feminist perspective, relational models of therapy require therapists to engage in “mutual empathy” with their clients (Miller & Stiver, 1996, p. 46), “allow[ing] themselves to be moved and to convey this” (p. 125); in turn, clients see that they have had an impact on the therapist. Buber (1923/1958) would perhaps call these *I-Thou* encounters, meetings in which both parties “become bound up in relation” (p. 7) to one another. “Relation is mutual” (p. 8), and so, at a musical performance of any sort where audience members are open to being moved and changed by the performers—as was the case at both the Coffee House and Arts Express—growth-fostering connections and relationships flourish. For music therapists, but also music educators and community musicians, the relational potential within performance settings is profound.

Performers have the opportunity to experience mutuality not only with their therapist or teacher, but with an entire audience. As performers experience their ability to impact their audience, they begin to internalize their audience's perspectives into their own self-identities.

To remain within our bounded camps—to deny relationality—implicitly requires that the “other” remains subordinate: “There is the close relationship, then, between our presumption that we are self-contained and the quality of our relations with others” (Gergen, 2009, p. 13).

Alternatively, our disciplines—music education, music therapy, community music, and all disciplines that involve the act of musicking, together—*imply* relationship, given the nature of our shared musical medium. Transdisciplinarity too implies relationality. It implies co-creation and mutual constitution, rather than instrumentality. Whether our work is educational or therapeutic in its focus, there is an ethical imperative that we acknowledge the relationships formed through our musicking. In addition, there is an ethical imperative to validate the way in which those relationships in turn constitute our very selves, the relational aspects of our very humanness. In doing so, we seek to learn from and be changed by the other.

Research participants validated that musical and personal identities are co-created in relationship and thus shifts in these identities infer changes in relationships as well. The participants interviewed for this research allowed themselves to be transformed through performative interaction with one another through music. This relational, non-instrumental, way of being with one another is a model for the potential that also lies within truly transdisciplinary, dialogical, scholarship between music therapists and music educators. As is evident here, music-centered music therapy, a non-transactional perspective upon music's value in human society, can play a vital role in such dialogue.

My Evolving Stance

Through the process of conducting this research, and my continuing day-to-day work as a music therapist, my own stance on my work continues to evolve. Since this particular project began, I recognize that I have loosened hold on beliefs about my work that once felt imperative while becoming increasingly unwavering in my commitment to other areas.

My commitment to “making music possible” (Stige, 2010, p. 16) has progressively become my central *raison d’être*, whether as a music psychotherapist, community music therapist, community musician, or music educator. My practice spans all four roles in my current workplace, an adult mental health facility, though no doubt focuses upon the first. Even as I engage in processes of music psychotherapy with clients, my goal is usually, firstly, to make music. In a mental health context, a psychotherapeutic lens opens up a possibility to overtly focus the work upon emotional and cognitive change when my clients wish to utilize music in this way. However, when clients are relieved, upon arriving in music therapy, that *it’s nothing like* their other therapy groups, I am confident that I need not inform them otherwise. It is true that musical engagement is unlike like any other programming at the facility, as it provides “experiences of music, self, others, and community...that are essential to well-being and that are uniquely musical” (Aigen, 2014, p. 65). Of course, I ensure that my clients are suitably informed of the rationale for participating in music therapy and its potential risks and benefits. From there, however, when someone informs me that they “just want to make music”, I do not feel compelled to re-explain that music therapy involvement has to be connected to a nonmusical goal. We can make music together.

In recognizing that music’s benefits are no different within versus outside of therapy, I do see as sacred my role in “midwif[ing] music’s help in situations where people can’t necessarily

access it for themselves” (Ansdell, 2014, p. 296). My job as music therapist involves advocacy for inclusivity and access, seeking ever greater awareness of the systematic barriers that stand in people’s way and committing to addressing these in my work. I no longer ever see my work, or the music-making it involves, as disconnected from the wider contexts of my clients’ lives.

In community music therapy especially, my work is often akin to the routine work of a commercial aircraft pilot, “attending to all the data and double checking that the plane stays on course” (Ansdell & DeNora, 2016, p. 94). My trust in the group’s musicking is in no way a shirking of my own responsibility as facilitator or leader; certainly, if trouble were to arise, it is my job to “leap into action so as to safely ‘land the plane’” (p. 94). But in those moments in community music therapy facilitation where the music-making and interpersonal dynamics are all-systems-go, where the work feels a bit too “easy”, I find myself asking the question, “Is *this* music therapy?” far less often. Rather, in these moments, I find myself instead reflecting upon the ways in which music-making in a clinical setting does not always need to have an overtly clinical feel.

As my unwavering commitment to music-centered practice has solidified, so too has my commitment to the fundamentally relational nature of music, therapy, and certainly music therapy. Whereas Aigen (2014) notes that music-centered therapists do not “[place] the therapeutic relationship in a central position” (p. 108), I disagree fundamentally and confidently; we can place primacy on the therapeutic relationship *and* be music-centered, because musicking’s central meanings lie in the relationships it creates (Small, 1998). I have also come to new perspective wherein I am certain that a music-centered and a relational lens are entirely complementary, given the social role that music has played in human society since the dawn of our species. This relational perspective upon therapy, and education, has also shifted my practice

from one that is purely client- or student-centered (Rogers, 1951) in nature. If therapy, education, our selves, and music, are relational entities, then as therapists and educators we are not blank slates, but rather, active co-contributors to the work.

As I have already noted, this research has transformed my perspective on the self; I not only view music as a relational art form, but my research participants have led me to view the self as a fundamentally relational construct. In the spirit of social constructionism, Gergen (2015), notes that this relational view of the self is of course its own “construction”, one *possible* viewpoint rather than a single objective truth. Like Gergen, I am curious about “the implications of theory for cultural life” and so am drawn to this particular theory for its “generative” nature, that is, that it “challenges the taken-for-granted conventions of understanding, and simultaneously invites us into new worlds of meaning and action” (p. 92). These new worlds of meaning and action have impacted my life and work, broadening the lens through which I view the role of performance within music therapy and education, while also expanding my perspective upon the ways in which therapy and education are *performative* regardless of the presence of public performance (Stige & Aarø, 2012). With this acknowledgement, it is fitting to return briefly to the story of Taylor, introduced at this chapter’s outset.

Reframing Taylor’s story.

A colleague was on the receiving end of a rude outburst from Taylor, on the very same day that I witnessed, within music, Taylor’s courage, honesty, and ability to envision a different future for herself. If we each have one, consistent, internally located “self”, then Taylor was indeed being inconsistent, dishonest, even manipulative. From this lens, my colleague’s dismissal of the significance of Taylor’s musical performance, her performance of herself through music, was understandable.

However, if we are constantly performing our selves, defining and re-defining our self-identities in context and in relationship, then Taylor's difficulties outside of music did not imply that her song lyrics or performances were dishonest. Our therapeutic relationship, the music-making at the heart of the time we spent together, and then her performances, afforded, as Taylor's social worker had hoped, the "trying on" of a different identity. Within music Taylor was able to access a possible version of herself perhaps not yet available to her outside of music. This notion that our identities are performed and that music is an ideal medium through which to try on different identities, validates music therapists' lived-experiences of regularly seeing "different sides" of clients when compared with other treatment team members. Music, then, is particularly poignant as a therapeutic tool, perhaps not because people are getting in touch with their "inner" selves so much as with potential new and evolving selves. Through singing her song in individual music therapy sessions and for peers and staff members, Taylor experienced that "possible version of herself" being witnessed, affirmed and reflected back to her.

Looking back, I can see that Taylor's therapeutic process, deeply formative for me as a new professional, began a process of chipping away at my view of the self as a fixed and internal concept. Newman (1999) states:

This performatory ability to continuously create with language doesn't limit us to that underlying deeper person...to giving expression to who we really are, but is a continuous process of creating who we are. As I've come to understand it, this is what human development is about...Our very human interaction...is fundamentally a creative process.
(para. 49)

Though Newman is referencing the performed and constitutive nature of language here, given music's relational and embodied nature, music is perhaps an even more striking example of

Newman's thinking. In singing her original song before an audience, Taylor was not expressing her "inner" self, but rather, was engaging in a creative process of being in the world and receiving and integrating feedback from those around her. It is possible that increased or continued access to musical involvement would have helped her to continue to spend more time with these other ways of being.

My colleague's dismissal of Taylor's performance demonstrates that music is not a universal salve. Rather than welcoming the opportunity to see Taylor in a "different light", this staff member dismissed this different light as dishonest or irrelevant. We cannot know why this staff member reacted the way that she did. Perhaps I caught her on a difficult day; certainly, I recognize the intensity and challenges of working on a youth custody unit. I wonder too if the fact that Taylor's performance took place at a conventional "school assembly" event—a presentational performance rather than a participatory one (Turino, 2008)—that inevitably maintained conventional boundaries between audience and performance may have been a factor. We cannot know. I wonder what would have happened had this staff member chosen to be curious about the "version of herself" that Taylor performed that day, rather than dismissing it. I do know, as I look back upon this story, that my current self would spend far less time worrying about who had the "correct" perspective on Taylor, and rather, simply advocate for Taylor to spend even more time accessing music. Taylor's experience of performing, alongside the experiences of each research participant, are powerful reminders of the beliefs and feelings regarding one's own capability that are made possible through the relational act of musicking.

In Conclusion

Most human beings will never participate in a music therapy session, though many—most, presumably—will at some point experience music's ability to "help" (Ansdell, 2014). In

answer then to Aigen's (2014) question as to whether music therapy "is primarily a modern health-care practice" or rather "the contemporary manifestation of the perennial use of music for healing purposes that reaches back to the dawn of humanity" (p. 4), music therapy is both: a modern health-care practice that draws upon, but does not own, this "perennial use of music for healing purposes." Humans, across cultures and millennia, have created music and recognized the many potential benefits of doing so. To *not* acknowledge our field's connection to these traditions is perhaps the height of arrogance and certainly ethnocentrism.

Acknowledging our field's indebtedness to music's use in connection to health, healing, and community for millennia is not enough however. Not only did we not create music's past uses in these ways, but we also do not own music's therapeutic-ness presently. Music's ability to help is inevitably going to show up both within and outside of contexts facilitated by "modern health-care professionals," just as it always has done. Accordingly, there is an imperative that music professionals working in areas outside of music therapy develop awareness of, and ability to work with, music's personal and social affordances. This does not mean facilitating therapy. Engaging in music and thereby experiencing its personal, social, spiritual affordances are not the purview of the therapist, but rather, the purview of music. Thus, it is imperative that professionals whose work involves music-making within human relationships hold awareness of these affordances and proceed in their work with tremendous care.

In tandem, it is imperative that music therapists recognize that many people struggle to access music; thus, it is our calling to not only facilitate boundaried therapeutic processes for the few, but also to increase access to music for as many as possible, access that is not contingent upon achieving nonmusical benefits. Music therapists must acknowledge the personal and communal development that is possible within any setting of musical engagement, and be willing

to learn from those music professionals, as well as clients, who have resourcefully learned to access music's affordances without our help. As professionals invested in increasing access to active music-making and to the potential personal and social benefits therein, there is limitless potential for our practice, theory, and research to grow as we choose to learn from one another.

One way in which music therapists can continue to expand our practices is to recognize and celebrate the affordances of performance and remain committed to providing access to performance, particularly for our clients who would not otherwise access it in other settings. Given the relational and performed nature of our identities, musical performance is a powerful medium through which to encounter, create, and share new aspects of ourselves. Furthermore, from a music-centered point of view, performance is significant simply because it is a way in which human beings engage in music. If "performance is the primary process of musicking" (Small, 1998, p. 113), then we are limiting access to music's key affordances, available through the act of performance, if we are not opening up opportunities for our clients to perform.

As we engage in our work, holding a music-centered understanding of music as both *inherently human*, and *potentially beneficial*, our primary message to our clients, participants, and students, is freed up to become "*I am here to help you make music, rather than I am here to change you, fix you, control you, or heal you*" (Aigen, 2014, p. 116, italics original). As we focus on the sort of relationships we wish to embody, and the selves that those we work with wish to narrate and inhabit, we can in turn make music, together, accordingly. Musical change may lead to change outside of music; regardless, however, we can with confidence hold onto the knowledge that, even musical change, to quote Youth2, "still helps."

References

- Aigen, K. S. (2004). Conversations on creating community: Performance as music therapy in New York City. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 186–213). London, UK: Jessica Kingsley.
- Aigen, K. S. (2005). *Music-centered music therapy*. Gilsum, NH: Barcelona.
- Aigen, K. S. (2012). Community music therapy. In G. E. McPherson & G. F. Welch (Eds.), *The Oxford handbook of music education* (Vol. 2). New York: Oxford University Press.
<http://doi.org/10.1093/oxfordhb/9780199928019.013.0010>
- Aigen, K. S. (2014). *The study of music therapy: Current issues and concepts*. New York, NY: Routledge.
- Aldridge, D. (2000). Overture: It's not what you do but the way that you do it. In D. Aldridge (Ed.), *Music therapy in dementia care* (pp. 9–23). London: Jessica Kingsley.
- Alvesson, M. & Sköldberg, K. (2009). *Reflexive methodology: New vistas for qualitative research* (2nd ed.). Thousand Oaks, CA: Sage.
- American Music Therapy Association (2006). Music therapy and music education: Meeting the needs of children with disabilities. Retrieved from www.musictherapy.org
- American Music Therapy Association (2011). A snapshot of the music therapy profession. Silver Spring, MD: AMTA. Retrieved from www.musictherapy.org
- American Music Therapy Association (2018). What is music therapy? Retrieved from www.musictherapy.org
- Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum for Music Therapy*, 2(2), 1–46. <http://doi.org/http://dx.doi.org/10.15845/voices.v2i2.83>

- Ansdell, G. (2004). Rethinking music and community: Theoretical perspectives in support of community music therapy. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 65–90). London, UK: Jessica Kingsley.
- Ansdell, G. (2005). Being who you aren't; doing what you can't: Community music therapy & the paradoxes of performance. *Voices: A World Forum for Music Therapy*, 5(3).
<http://doi.org/http://dx.doi.org/10.15845/voices.v5i3.229>
- Ansdell, G. (2010). Belonging through musicing: Explorations of musical community. In B. Stige, G. Ansdell, C. Elefant & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 41-62). Surrey, UK: Ashgate.
- Ansdell, G. (2014). *How music helps in music therapy and everyday life*. Surrey, UK: Ashgate.
- Ansdell, G. & DeNora, T. (2016). *Musical pathways in recovery: Community music therapy and mental wellbeing*. New York, NY: Routledge.
- Arendt, H. (1958). *The human condition*. Chicago, IL: The University of Chicago Press.
- Avnon, D. (1998). *Martin Buber: The hidden dialogue*. Lanham, MD: Rowman & Littlefield.
- Bailey, B. A., & Davidson, J. W. (2003). Amateur group singing as a therapeutic instrument. *Nordic Journal of Music Therapy*, 12(1), 18–32.
<http://doi.org/10.1080/08098130309478070>
- Baines, S. (2013). Music therapy as an anti-oppressive practice. *Arts in Psychotherapy*, 40(1), 1–5. <http://doi.org/10.1016/j.aip.2012.09.003>
- Barone, T. E. (1992). Beyond theory and method: A case of critical storytelling. *Theory Into Practice*, 31(2), 142-146. doi:10.1080/00405849209543535
- Barrett, M.S. (2010). Musical narratives: A study of a young child's identity work in and through music making. *Psychology of Music*, 39(4), 403–423. doi: 10.1177/0305735610373054

- Barrett, M.S. & Stauffer, S.L. (2012). Resonant work: Toward an ethic of narrative research. In M.S. Barrett & S.L. Stauffer (eds.), *Narrative soundings: An anthology of narrative inquiry in music education* (pp. 1–17). doi: 10.1007/978-94-007-0699-6_1
- Barrington, A. (2008). Challenging the profession. *British Journal of Music Therapy*, 22(2), 65–72. <https://doi.org/10.1177/135945750802200204>
- Benedict, C. (2012). Critical and transformative literacies: Music and general education. *Theory Into Practice*, 51(3), 152–158. doi: 10.1080/00405841.2012.690293
- Beynon, C. (2017). Never too old: Establishing an intergenerational choir for transformational learning through singing. *The Choral Journal*, 57(7), 18–29.
- Biesta, G. J., & Stengel, S. S. (2016). Thinking philosophically about teaching. In D. H. Gitomer & C. A. Bell (Eds.), *Handbook of research on teaching* (5th ed.) (pp. 7-67). Washington, DC: AERA.
- Blacking, J. (1992). The biology of music-making. In H. Myers (Ed.), *Ethnomusicology: An introduction* (pp. 301–314). New York, NY: W.W. Norton & Company.
- Blenkinsop, S., & Scott, C. (2017). Becoming teacher/tree and bringing the natural world to students: An educational examination of the influence of the other-than-human world and the great actor on Martin Buber's concept of the I/Thou. *Educational Theory*, 67(4), 453–469. doi:10.1111/edth.12258
- Bochner, S. (1994). Cross-cultural differences in the self concept: A test of Hofstede's individualism/collectivism distinction. *Journal of Cross-Cultural Psychology*, 25(2), 273–283. doi: 10.1177/0022022194252007
- Booth, T. & Booth, W. (1996). Sounds of silence: Narrative research with inarticulate subjects. *Disability & Society*, 11(1), 55–69. doi: 10.1080/09687599650023326

- Bowers, C. A. (2005). Introduction. In C. A. Bowers & F. Apffel-Marglin (Eds.), *Rethinking Freire: Globalization and the environmental crisis* (pp. 1–12). Mahway, NJ: Lawrence Erlbaum Associates.
- Bowman, W. (2004). Cognition and the body: Perspectives from music education. In L. Bresler (Ed.), *Knowing bodies, moving minds: Embodied knowledge in arts education and schooling* (pp. 29–50). Dordrecht, The Netherlands: Kluwer.
- Bowman, W. (2006). Why narrative? Why now? *Research Studies in Education*, 27(1), 5–20.
doi: 10.1177/1321103X060270010101
- Bradley, D. (2007). The sounds of silence: Talking race in music education. *Action, Criticism & Theory for Music Education*, 6(4), 132–162.
- Brantlinger, E., Jimenez, R., Klingner, J., Pugach, M. & Richardson, V. (2005). Qualitative studies in special education. *Exceptional Children*, 71(2), 195–207.
doi: 10.1177/001440290507100205
- Bresler, L. (2006). Embodied narrative inquiry: A methodology of connection. *Research studies in education*, 27(1), 21–43. doi: 10.1177/1321103X060270010201
- British Association for Music Therapy (2017). What is a music therapist? Retrieved from <https://www.bamt.org/music-therapy/what-is-a-music-therapist.html>
- Bruce, C. (2016, May). *Performing “normal”*: Restless reflections on music’s dis/abling potential. Keynote address at the conference of the Canadian Association of Music Therapists. Kitchener, ON.
- Bruner, J. (1986). *Actual minds, possible worlds*. Cambridge, MA: Harvard University Press.
- Bruner, J. (2002). *Making stories*. New York, NY: Farrar, Straus and Giroux.
- Bruner, J. (2004). Life as narrative. *Social Research*, 71(3), 691–710.

- Bruscia, K. E. (1987). *Improvisational models of music therapy*. Springfield, IL: Thomas Books.
- Bruscia, K.E. (2014). *Defining music therapy* (3rd ed.). [EPUB version]. University Park, IL: Barcelona. Retrieved from Barcelonapublishers.com
- Buber, M. (1958). *I and thou* (2nd ed.). (R.G. Smith, Trans.). New York, NY: Charles Scribner's Sons. (Original work published 1923)
- Buber, M. (2002). *Between man and man* (2nd ed.). (R.G. Smith, Trans.). New York, NY: Routledge. (Original work published 1947)
- Buchanan, J. (2009). Fran Herman, music therapist in Canada for over 50 years. *Voices: A World Forum for Music Therapy*, 9(1). <https://doi.org/10.15845/voices.v9i1.367>
- Bunt, L. (2003). Music therapy with children: A complementary service to music education? *British Journal of Music Education*, 20(2), 179–195.
<http://doi.org/10.1017/S0265051703005370>
- Burr, V. (2003). *Social constructionism* (2nd ed.). New York, NY: Routledge.
- Butler, J. (1988). Performative acts and gender constitution: An essay in phenomenology and feminist theory. *Theatre Journal*, 40(4), 519–531. <http://doi.org/10.2307/3207893>
- Butler, J. (1997). *Excitable speech: A politics of the performative*. NY, NY: Routledge.
- Butzlaff, R. (2000). Can music be used to teach reading? *The Journal of Aesthetic Education*, 34(3/4), 167–178. doi: 10.2307/3333642
- Cameron, C. (2014). Does disability studies have anything to say to music therapy? And would music therapy listen if it did? *Voices: A World Forum for Music Therapy*, 14(3).
<http://doi.org/http://dx.doi.org/10.15845/voices.v14i3.794>
- Canadian Association of Music Therapists (2016). What is music therapy? Retrieved from www.musictherapy.ca

- Chase, S. E. (2011). Narrative inquiry: Still a field in the making. In N.K. Denzin & Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 421–434). Los Angeles, CA: Sage.
- Christensen, L. (2006). Our visions of possibility for literacy: Keeping a social justice vision in the land of scripted literacy. *Language Arts*, 83, 384–94.
- Clandinin, D. J. (2006). Narrative inquiry: A methodology for studying lived experience. *Research Studies in Music Education*, 27(1), 44–54.
<http://doi.org/10.1177/1321103X060270010301>
- Clandinin, D. J. & Connelly, F. M. (2000). *Narrative inquiry: Experience and story in qualitative research*. San Francisco, CA: Jossey-Bass.
- Clandinin, D. J., & Rosiek, J. (2007). Mapping a landscape of narrative inquiry : Borderland spaces and tensions. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 35–75). Thousand Oaks, CA: Sage.
- Clift, S., & Morrison, I. (2011). Group singing fosters mental health and wellbeing: findings from the East Kent “singing for health” network project. *Mental Health and Social Inclusion*, 15(2), 88–97. <http://doi.org/10.1108/20428301111140930>
- Coalition for Music Education (2019). *Why learn music?* Retrieved from <http://coalitioncanada.ca/en/getinvolved/whylearnmusic/>
- Coffman, D. D. (2002). Music and quality of life in older adults. *Psychomusicology*, 18(1–2), 76–88. doi: 10.1037/h0094050
- Coffman, D. D. & Adamek, M. S. (1999). The contributions of wind band participation to quality of life of senior adults. *Music Therapy Perspectives*, 28(1), 27–31. <https://doi-org.libproxy.wlu.ca/10.1093/mtp/17.1.27>

- Cohen, L., Manion, L., & Morrison, K. (2011). *Research methods in education* (7th ed.). London: Routledge.
- Cohen, M. L. (2012). Harmony within the walls: Perceptions of worthiness and competence in a community prison choir. *International Journal of Music Education, 31*(1), 46–56.
<http://doi.org/10.1177/0255761411431394>
- Combs, G., & Freedman, J. (2016). Narrative therapy's relational understanding of identity. *Family Process, 55*(2), 211–224. <http://doi.org/10.1111/famp.12216>
- Cook, N. (2012). Music as performance. In M. Clayton, T. Herbert, & R. Middleton (Eds.), *The cultural study of music: A critical introduction* (2nd ed.) (pp. 184–194). New York, NY: Routledge.
- Courey, S. J., Balogh, E., Siker, J. R., & Paik, J. (2012). Academic music: Music instruction to engage third-grade students in learning basic fraction concepts. *Educational Studies in Mathematics, 81*(2), 251–278. <http://doi.org/10.1007/s10649-012-9395-9>
- Creswell, J.W. (2013). *Qualitative inquiry & research design: Choosing among five approaches* (3rd ed.). Thousand Oaks, CA: Sage.
- Cross, I. (2014). Music and communication in music psychology. *Psychology of Music, 42*(6), 809–819. <http://doi.org/10.1177/0305735614543968>
- Curtis, S. L. (2006). Feminist music therapy: Transforming theory, transforming lives. In S. Hadley (Ed.), *Feminist perspectives in music therapy* (pp. 227–244). Gilsum, NH: Barcelona.
- Darrow, A.A. (1996). Research on mainstreaming: Implications for music therapists. In B. L. Wilson (Ed.), *Models of music therapy interventions in school settings: From institution to inclusion* (pp. 27–47). Silver Spring, MD: American Music Therapy Association.

- Darrow, A.A. interviewed by G. Tsisiris (2013). Music therapy and special music education: Interdisciplinary dialogues. *Approaches: Music Therapy & Special Music Education*, 5(1), 12-17.
- Davidson, J. W. (2017). Performance identity. In R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 364–382). New York, NY: Oxford University Press. <http://doi.org/10.1093/acprof:oso/9780199679485.001.0001> Performance
- Delpit, L. (1995). *Other people's children: Cultural conflict in the classroom*. New York: The New Press.
- Demorest, S. M., Kelley, J., & Pfordresher, P. Q. (2017). Singing ability, musical self-concept, and future music participation. *Journal of Research in Music Education*, 64(4), 405–420. <http://doi.org/10.1177/0022429416680096>
- DeNora, T. (2000). *Music in everyday life*. Cambridge, UK: Cambridge University Press.
- Denzin, N. K. & Lincoln, Y.S. (2011). Introduction: The discipline and practice of qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *The Sage handbook of qualitative research* (pp. 1–19). Los Angeles, CA: Sage.
- Dingle, G. A., Brander, C., Ballantyne, J., & Baker, F. A. (2012). “To be heard”: The social and mental health benefits of choir singing for disadvantaged adults. *Psychology of Music*, 41(4), 405–421. <http://doi.org/10.1177/0305735611430081>
- Dingle, G. A., Williams, E., Jetten, J., & Welch, J. (2017). Choir singing and creative writing enhance emotion regulation in adults with chronic mental health conditions. *British Journal of Clinical Psychology*, 56(4), 443–457. <http://doi.org/10.1111/bjc.12149>
- Duke, N.K. & Beck, S.W. (1999). Education should consider alternative formats for the dissertation. *Educational Researcher*, 28(3), 31–36. doi: 10.2307/1177255

- Ecclestone, K. & Hayes, D. (2008). *The dangerous rise of therapeutic education*. London, UK: Routledge.
- Elliott, D. J., & Silverman, M. (2017). Identities and musics: Reclaiming personhood. In R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 27–45). New York, NY: Oxford University Press.
<http://doi.org/10.1093/acprof:oso/9780199679485.001.0001>
- Elpus, K. (2015). Music teacher licensure candidates in the United States: A demographic profile and analysis of licensure examination scores. *Journal of Research in Music Education*, 63(3), 314–335. <http://doi.org/10.1177/0022429415602470>
- Epp, E. (2007). Locating the autonomous voice: Self-expression in music-centered music therapy. *Voices: A World Forum for Music Therapy*, 7(1).
<https://doi.org/10.15845/voices.v7i1.463>
- Erkkilä, J. (2003). Book review of C. Kenny & B. Stige (Eds.). *Contemporary voices in music therapy: communication, culture and community*. Retrieved from http://www.njmt.no/bookreview_2003029.html
- Ethos. (2014). In *Oxford English Dictionary*. Retrieved from www.oed.com
- Eyre, L. (2011). Therapeutic chorale for persons with chronic mental illness: A descriptive survey of participant experiences. *Journal of Music Therapy*, 48(2), 149–168.
 doi: 10.1093/jmt/48.2.149
- Freire, P. (1970). *Pedagogy of the oppressed*. New York, NY: Continuum International.
- Fridlund, B. (2010). The dissertation book; should it be a monograph or a compilation thesis. *European Journal of Cardiovascular Nursing*, 9, 144-145.
 doi: 10.1016/j.ejcnurse.2010.04.003

- Friedman, M. (1965). Martin Buber's final legacy: "The knowledge of man". *Journal for the Scientific Study of Religion*, 5(1), 4–9. doi:10.2307/1384249
- Frith, S. (1996). Music and identity. In S. Hall & P. du Gay (Eds.), *Questions of cultural identity* (pp. 108–127). London, UK: Sage.
- Fulford, R., Ginsborg, J. & Goldbart, J. (2011). Learning not to listen: The experiences of musicians with hearing impairments. *Music Education Research*, 13(4), 447–464. doi: 10.1080/14613808.2011.632086
- Furedi, F. (2004). *Therapy culture: Cultivating vulnerability in an uncertain age*. London, UK: Routledge.
- Garred, R. (2006). *Music as therapy: A dialogical perspective*. [EPUB version.] Gilsum, NH: Barcelona. Retrieved from Barcelonapublishers.com
- Gascho-White, W. (1996). Music therapy and music education: Our common ground; our separate paths. *Canadian Music Educator*, 38(1), 33–35.
- Gaston, E. T. (Ed.) (1968). *Music in therapy*. New York, NY: Macmillan.
- Gergen, K.J. (2009). *Relational being*. New York, NY: Oxford University Press.
- Gergen, K. J. (2011). The self as social construction. *Psychological Studies*, 56(1), 108–116. <http://doi.org/10.1007/s12646-011-0066-1>
- Gergen, K.J. (2015). *An invitation to social construction* (3rd ed.). Thousand Oaks, CA: Sage.
- Gergen, K. J., & Kaye, J. (1992). Beyond narrative in the negotiation of therapeutic meaning. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 166–185). London, UK: Sage.

- Ghesquière, P., Maes, B. & Vandenberghe, R. (2004). The usefulness of qualitative case studies in research on special needs education. *International Journal of Disability, Development and Education*, 51(2), 17–184. doi: 10.1080/10349120410001687382
- Giddens, A. (1991). *Modernity and self-identity: Self and society in the late modern age*. Stanford, CA: Stanford University Press.
- Gilligan, C. (1993). *In a different voice: Psychological theory and women's development* (rev. ed.). Cambridge, MA: Harvard University Press.
- Giroux, H.A. (2011). The disappearing intellectual in the age of economic Darwinism. *Policy Futures in Education*, 9(2), 163-171. <https://doi.org/10.2304/pfie.2011.9.2.163>
- Giroux, H. A. (2014). The swindle of democracy in the neoliberal university and the responsibility of intellectuals. *Democratic Theory*, 1(1), 9–37.
<http://doi.org/10.3167/dt.2014.010102>
- Godlovitch, S. (1998). *Musical performance: A philosophical study*. NY, NY: Routledge
- Goehr, L. (2009). *The imaginary museum of musical works: An essay in the philosophy of music* (Rev. ed.). Oxford, UK: Oxford University Press.
- Gonzalez, P. J. (2010). *The impact of music therapists' music culture on the development of their professional framework*. Temple University.
- Goodley, D. (2014). *Dis/ability studies: Theorising disablism and ableism*. New York, NY: Routledge.
- Goodman, K.D. (2007). *Music therapy groupwork with special needs children: The evolving process*. Springfield, Il: Thomas Books.

- Green, L. (2012). Music education, cultural capital, and social group identity. In M. Clayton, T. Herbert & R. Middleton (Eds.), *The cultural study of music: A critical introduction* (2nd ed.) (pp. 206–216). New York, NY: Routledge.
- Habron, J. (2014). 'Through music and into music', through music and into well-being: Dalcroze eurhythmics as music therapy. *The Journal for Transdisciplinary Research in Southern Africa*, 10(2), 90–110. <http://doi.org/10.4102/td.v10i2.101>
- Hagen, N. (2011). The compilation thesis as a genre and a method. Retrieved from <https://tycho5s.wordpress.com/2011/05/07/>
- Hall, S. (1992). The question of cultural identity. In S. Hall, D. Held & T. McGrew (Eds.), *Modernity and its futures* (pp. 274-316). Cambridge, UK: The Open University
- Hall, S. (1996). Introduction: Who needs 'identity'? In S. Hall & P. duGay (Eds.), *Questions of cultural identity* (pp. 1–17). London, UK: Sage Publications.
- Hall, J. (2012). The school challenge: Combining the roles of music therapist and music teacher. In Tomlinson, J., Derrington, P. & Oldfield, A. (Eds.). *Music therapy in schools: Working with children of all ages in mainstream and special education* (pp. 75-87). London, UK: Jessica Kingsley.
- Hallam, S. (2010). The power of music: Its impact on the intellectual, social and personal development of children and young people. *International Journal of Music Education*, 28(3), 269–289. <http://doi.org/10.1177/0255761410370658>
- Hammel, A. M., & Hourigan, R. M. (2011). *Teaching music to students with special needs: A label-free approach*. Oxford, UK: Oxford University Press.

- Hargreaves, D.J., MacDonald, R. & Miell, D. (2012). Musical identities mediate musical development. In G.E. McPherson & G.F. Welch (Eds.) *The Oxford handbook of music education* (Vol. 1). doi: 10.1093/oxfordhb/9780199730810.013.0008
- Harris, P. & Caporella, C. (2014). An intergenerational choir formed to lessen Alzheimer's disease stigma in college students and decrease the social isolation of people with Alzheimer's disease and their family members: A pilot study. *American Journal of Alzheimer's Disease & Other Dementias*, 29(3), 270-281. doi: 10.1177/1533317513517044
- Harvey, D. (2005). *A brief history of neoliberalism*. New York, NY: Oxford University Press.
- Hayden, P. (2014). *Hannah Arendt: Key concepts*. New York, NY: Routledge.
- Hess, J. (2017). Equity and music education: euphemisms, terminal naivety, and whiteness. *Action, Criticism, and Theory for Music Education*, 16(3), 15–47.
<http://doi.org/10.22176/act16.3.15>
- Hess, J. (2018). Troubling whiteness: Music education and the “messiness” of equity work. *International Journal of Music Education*, 36(2), 128–144.
<http://doi.org/10.1177/0255761417703781>
- Higgins, L. (2012). *Community music: In theory and in practice*. New York, NY: Oxford University Press.
- Higgins, L. & Willingham, L. (2017). *Engaging in community music: An introduction*. New York, NY: Routledge
- Hill, J. (2012). Imagining creativity: An ethnomusicological perspective on how belief systems encourage or inhibit creative activities in music. In D. J. Hargreaves, D. Miell, & R. A. R.

- Macdonald (Eds.), *Musical Imaginations: Multidisciplinary perspectives on creativity, performance, and perception* (pp. 87–104). Oxford, UK: Oxford University Press
- Holler, L. (1989). Is there a Thou "within" nature? A dialogue with H. Richard Niebuhr. *The Journal of Religious Ethics*, 17(1), 81–102.
- Holzman, L. (1999). Life as performance. In L. Holzman (Ed.), *Performing psychology: a postmodern culture of the mind* (pp. 49–71). New York, NY: Routledge.
- hooks, b. (2010). *Teaching critical thinking: Practical wisdom*. New York, NY: Routledge.
- International Society for Music Education (2016). Our work.
<https://www.isme.org/ourwork/commissions>
- Johnson, F. L. (1996). Models of service delivery. In B. L. Wilson (Ed.), *Models of music therapy interventions in school settings: From institution to inclusion* (pp. 48–77). Silver Spring, MD: American Music Therapy Association.
- Jordan, J. V. (2010). *Relational-cultural therapy*. Washington, DC: American Psychological Association.
- Jordan, J. V, & Hartling, L. M. (2002). New developments in relational-cultural theory. In M. Ballou & L.S. Brown (Eds.), *Rethinking mental health and disorders: Feminist perspectives* (pp. 48–70). New York, NY: Guilford Publications.
- Jutras, P. (2011). The benefits of new horizons band participation as self-reported by selected new horizons band members. *Bulletin of the Council for Research in Music Education*, (187), 65-84.
- Kenny, C. (2005). Narrative inquiry. In B. Wheeler (Ed.), *Music therapy research* (2nd ed.) (pp. 416-428). Gilsum, NH: Barcelona

- Knoblauch, H. (2005). Focused ethnography. *Forum Qualitative Sozialforschung*, 6(3).
<http://doi.org/10.1017/CBO9781107415324.004>
- Koza, J. E. (2008). Listening for whiteness: Hearing racial politics in undergraduate school music. *Philosophy of Music Education Review*, 16(2), 145–155.
 doi: 10.2979/PME.2008.16.2.145
- Kramer, K., & Gawlick, M. (2003). *Martin Buber's I and Thou: Practicing living dialogue*. New York: Paulist Press.
- LaCom, C. & Reed, R. (2014). Destabilizing bodies, destabilizing disciplines: Practicing liminality in music therapy. *Voices: A World Forum for Music Therapy*, 14(3).
- Lambert, M. J., & Ogles, B. M. (2014). Common factors: Post hoc explanation or empirically based therapy approach? *Psychotherapy*, 51(4), 500–504.
<http://doi.org/10.1037/a0036580>
- Lamont, A. (2002). Musical identities and the school environment. In R. A. R. Macdonald, D. J. Hargreaves, & D. Miell (Eds.), *Musical identities* (pp. 41–59). Oxford, UK: Oxford University Press.
- Lamont, A. (2017). Musical identity, interest, and involvement. In R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 176–196). New York, NY: Oxford University Press.
<http://doi.org/10.1093/acprof:oso/9780199679485.001.0001>
- Lampropoulos, G. K. (2001). Common processes of change in psychotherapy and seven other social interactions. *British Journal of Guidance & Counselling*, 29(1), 21–33.
 doi: 10.1080/03069880020019356
- Lee, C.A. (2003). *The architecture of aesthetic music therapy*. Gilsum, NH: Barcelona.

- Leske, B. (2016). Exploring social inclusion and exclusion in a community choir: Hermione's experiences with the Melbourne gay and lesbian youth chorus. In M.L. Cohen (Ed.), *Innovation and change in community music: Proceedings of the XV international seminar of the ISME Commission on Community Music Activity* (pp. 72-80). Edinburgh, Scotland: ISME.
- Liebowitz, C. (2015). I am disabled: On identity-first versus people-first language. Retrieved from <https://thebodyisnotanapology.com/>
- Lincoln, Y.S. & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Livesey, L., Morrison, I., Clift, S., & Camic, P. (2012). Benefits of choral singing for social and mental wellbeing: qualitative findings from a cross-national survey of choir members. *Journal of Public Mental Health, 11*(1), 10–26.
<http://doi.org/10.1108/17465721211207275>
- Lyons, N. & LaBoskey, V. K. (2002). Why narrative inquiry or exemplars for a scholarship of teaching? In N. Lyons & V.K. LaBoskey (Eds.) *Narrative inquiry in practice: Advancing the knowledge of teaching* (pp. 11-26). NY, NY: Teachers College Press.
- Lyotard, J.F. (1984). *The postmodern condition: A report on knowledge*. (G. Bennington & B. Massumi, Trans). Minneapolis, MN: University of Minnesota Press. (Original work published 1979)
- Macdonald, R. A. R., & Miell, D. (2002). Music for individuals with special needs: A catalyst for developments in identity, communication, and musical ability. In R. A. R. Macdonald, D. J. Hargreaves, & D. Miell (Eds.), *Musical identities* (pp. 163–176). Oxford, UK: Oxford University Press.

- MacDonald, R., Kreutz, G., & Mitchell, L. (2012). What is music, health, and wellbeing and why is it important? In R. MacDonald, G. Kreutz, & L. Mitchell (Eds.), *Music, health & wellbeing* (pp. 1–11). Oxford, UK: Oxford University Press. <http://doi.org/10.1093/acprof>
- Malloch, S. & Trevarthen, C. (2009). *Communicative musicality: Exploring the basis of human companionship*. New York, NY: Oxford University Press.
- Maratos, A. (2004). Whatever next? Community music therapy for the institution! In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 131–146). London, UK: Jessica Kingsley.
- Matarasso, F. (2019). *A restless art: How participation won, and why it matters*. London, UK: Calouste Gulbenkian Foundation.
- McAdams, D. P. (1996): Personality, modernity, and the storied self: A contemporary framework for studying persons. *Psychological Inquiry*, 7(4), 295–321.
doi: 10.1207/s15327965pli0704_1
- McAdams, D.P. (1997). The case for unity in the (post)modern self: A modest proposal. In R.D. Ashmore & L. Jussim (Eds.), *Self and identity: Fundamental issues* (pp. 46–78). New York, NY: Oxford University Press.
- McAdams, D.P., Josselson, R. & Lieblich, A. (2006). Introduction. In D.P. McAdams, R. Josselson & A. Lieblich (Eds.), *Identity and story: Creating self in narrative* (pp. 3–11). Washington, DC: American Psychological Association.
- McFerran, K. (2010). *Adolescents, music and music therapy: Methods and techniques for clinicians, educators and students*. London, UK: Jessica Kingsley.
- McFerran, K., & Elefant, C. (2012). A fresh look at music therapy in special education. In G. E. McPherson & G. F. Welch (Eds.) *The Oxford handbook of music education* (Vol. 2). New

- York, NY: Oxford University Press.
<http://doi.org/10.1093/oxfordhb/9780199928019.013.0004>
- McNaughton, A., Weatherall, M., Williams, M., McNaughton, H., Aldington, S., Williams, G., & Beasley, R. (2017). Sing your lungs out - A community singing group for chronic obstructive pulmonary disease: A 1-year pilot study. *BMJ Open*, 7(1), 1–8.
<http://doi.org/10.1136/bmjopen-2016-014151>
- Miller, J.B. (1986). *Toward a new psychology of women* (2nd ed.). Boston, MA: Beacon Press.
- Miller, J.B. & Stiver, I.P. (1997). *The healing connection: How women form relationships in therapy and in life*. Boston, MA: Beacon Press.
- Mintz, A. (2009). Has therapy intruded into education? *Journal of Philosophy of Education*, 43(4), 633–647. <http://doi.org/10.1111/j.1467-9752.2009.00720.x>
- Mitchell, E. (2007). *Therapeutic music education: An emerging model linking philosophies and experiences of music education with music therapy*. (Unpublished Master's Major Research Paper). Wilfrid Laurier University, Waterloo, ON, Canada.
- Mitchell, E. (2016a). Arts Express: Performance, community, and creativity for children with exceptionalities. *TOPICS for Music Education Praxis*, 2.
- Mitchell, E. (2016b). Therapeutic music education: An emerging model linking philosophies and experiences of music education with music therapy. *Canadian Journal of Music Therapy*, 22(1), 19–41.
- Mitchell, E. (2019). Community music therapy and participatory performance: Case study of a coffee house. *Voices: A World Forum for Music Therapy*, 19(1).
<https://doi.org/10.15845/voices.v19i1.2701>

- Montgomery, J. & Martinson, A. (2006). Partnering with music therapists: A model for addressing students' musical and extramusical goals. *Music Educators Journal*, 92(4), 34–39. <http://doi.org/10.2307/3401110>
- Morrison, I. & Clift, S.M. (2013). A UK feasibility study on the value of singing for people with chronic obstructive pulmonary disease (COPD). *European Journal of Public Health*, 23(1). <https://doi-org.libproxy.wlu.ca/10.1093/eurpub/ckt123.059>
- Moss, H., Lynch, J., & O'Donoghue, J. (2017). Exploring the perceived health benefits of singing in a choir: an international cross-sectional mixed-methods study. *Perspectives in Public Health*, 138(3), 160–169. <http://doi.org/10.1177/1757913917739652>
- Murphy, K., Wolfus, B. & Lofters, A. (2011). From complex problems to complex problem-solving: Transdisciplinary practice as knowledge translation. In M. Kirst, N. Schaefer-McDaniel, S. Hwang & P. O'Campo (Eds.), *Converging disciplines: A transdisciplinary research approach to urban health problems* (pp. 111-129). New York, NY: Springer Science & Business Media.
- Murray, M. (2003). Narrative psychology and narrative analysis. In P.M. Camic, J.E. Rhodes & L. Yardley (Eds.), *Qualitative research in psychology* (pp. 95–112). Washington, DC: American Psychological Association.
- Newman, F. (1999). A therapeutic deconstruction of the illusion of self. Retrieved from <http://frednewmanphd.com/therapeutic-deconstruction>
- Newman, F., & Holzman, L. (1999). Beyond narrative to performed conversation (“In the beginning” comes much later). In L. Holzman (Ed.), *Performing psychology: a postmodern culture of the mind* (pp. 87–110). New York, NY: Routledge.

- Nind, M. (2008). *Conducting qualitative research with people with learning, communication, and other disabilities: Methodological challenges*. Southampton, UK: National Centre for Research Methods.
- Noddings, N. (2003). *Caring: A feminine approach to ethics and moral education*. Los Angeles, CA: University of California Press.
- Nordoff, P. & Robbins, C. (1983). (2nd ed.) *Music therapy in special education*. Gilsum, NH: Barcelona.
- Numminen, A., Lonka, K., Pauliina, A., & Ruismäki, H. (2015). “Singing is no longer forbidden to me – it’s like part of my human dignity has been restored.’ Adult non-singers learning to sing: An explorative intervention study. *The European Journal of Social and Behavioural Sciences, XII*, 1660–1674.
- O’Grady, L. (2008). The role of performance in music-making: An interview with Jon Hawkes. *Voices: A World Forum for Music Therapy, 8*(2). doi:10.15845/voices.v8i2.432
- O’Grady, L. & McFerran, K. (2007). Community music therapy and its relationship to community music: where does it end? *Nordic Journal of Music Therapy, 16*(1), 14–26. <http://doi.org/10.1080/08098130709478170>
- O’Neill, S. A. (2012). Introduction: Perspectives and narratives on personhood and music learning. In S. A. O’Neill (Ed.), *Personhood and music learning: Connecting perspectives and narratives* (pp. 1-14). Waterloo, ON: CMEA
- Ockelford, A. (2000). Music in the education of children with severe or profound learning difficulties: Issues in current U.K. provision, a new conceptual framework, and proposals for research. *Psychology of Music, 28*(2), 197 – 217. doi: 10.1177/0305735600282009

- Ontario Association of Child and Youth Care (2017). Current description of the field – Scope of practice. Retrieved from <https://www.oacyc.org/our-profession>
- Ontario Ministry of Education (2017). *Special education in Ontario: Kindergarten to grade 12*. Retrieved from http://edu.gov.on.ca/eng/document/policy/os/onschools_2017e.pdf
- Patterson, A. (2003). Music teachers and music therapists: Helping children together. *Music Educators Journal*, 89(4), 35–38. doi: 10.2307/3399902
- Pavlicevic, M., & Ansdell, G. (2004). Introduction: “The ripple effect.” In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 15–31). London, UK: Jessica Kingsley.
- Pearlman, L. A. (2012). Vicarious trauma. In C. R. Figley (Ed.), *Encyclopedia of trauma: An interdisciplinary guide* (pp. 783–786). Thousand Oaks, CA: Sage.
doi:10.4135/9781452218595
- Pinnegar, S. & Daynes, J. G. (2007). Locating narrative inquiry historically: Thematics in the turn to narrative. In D. J. Clandinin (Ed.), *Handbook of narrative inquiry: Mapping a methodology* (pp. 3-34). Thousand Oaks, CA: Sage.
- Plumb, L., & Stickley, T. (2017). Singing to promote mental health and well-being. *Mental Health Practice*, 20(8), 31–36. <http://doi.org/10.7748/mhp.2017.e1182>
- Polkinghorne, D. E. (1995). Narrative configuration in qualitative analysis. In J.A. Hatch & R. Wisniewski (Eds.), *Life history and narrative* (pp. 5–21). London: Falmer.
- Priestley, M. (1975). *Music therapy in action*. New York: St. Martin’s Press.
- Prison Arts Coalition (2019). Music. Retrieved from <https://theprisonartscoalition.com/music/>
- Procter, S. (2013). *Music therapy: what is it for whom?* (Unpublished doctoral dissertation). University of Exeter, Exeter, UK.

- Randles, C., Griffis, S.A. & Ruiz, J. V. (2015). “Are you in a band?!”: Participatory music-making in music teacher education. *International Journal of Community Music*, 8(1), 59–72. doi:10.1386/ijcm.8.1.59_1
- Rauscher, F. H. & Hinton, S. C. (2011). Music instruction and its diverse extra-musical benefits. *Music Perception: An Interdisciplinary Journal*, 29(2), 215–226.
doi: 10.1525/mp.2011.29.2.215
- Regelski, T. A. (2014). Resisting elephants lurking in the music education classroom. *Music Educators Journal*, 100(4), 77–86. doi:10.1177/0027432114531798
- Richards, H., & Durrant, C. (2003). To sing or not to sing: A study on the development of ‘non-singers’ in choral activity. *Research Studies in Music Education*, 20(1), 78–89.
<http://doi.org/10.1177/1321103X030200010501>
- Rickson, D. (2012). Music therapy school consultation: A unique practice. *Nordic Journal of Music Therapy*, 21(3), 268–285. <http://doi.org/10.1080/08098131.2012.654474>
- Rickson, D. (2014). The relevance of disability perspectives in music therapy practice with children and young people who have intellectual disability. *Voices: A World Forum for Music Therapy*, 14(3). doi: <http://dx.doi.org/10.15845/voices.v14i3.784>
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Robb, C. (2006). *This changes everything: The relational revolution in psychology*. New York, NY: Farrar Straus and Giroux.
- Robertson, J. (2000). An educational model for music therapy: the case for a continuum. *British Journal of Music Therapy*, 14(1), 41–46. doi: 10.1177/135945750001400105
- Rogers, C.R. (1951). *Client-centered therapy: Its current practice, implications, and theory*. Boston: Houghton Mifflin.

- Rolvjord, R. (2004). Therapy as empowerment: Clinical and political implications of empowerment philosophy in mental health practices of music therapy. *Nordic Journal of Music Therapy*, 13(2), 99–111. <http://doi.org/10.1080/08098130409478107>
- Rolvjord, R. (2010). *Resource-oriented music therapy in mental health care*. Gilsum, NH: Barcelona.
- Rolvjord, R. (2014). The competent client and the complexity of dis-ability. *Voices: A World Forum for Music Therapy*, 14(3). doi:10.15845/voices.v14i3.787
- Rolvjord, R., & Stige, B. (2015). Concepts of context in music therapy. *Nordic Journal of Music Therapy*, 24(1), 44–66. doi:10.1080/08098131.2013.861502
- Ruud, E. (1997). Music and identity. *Nordisk Tidsskrift for Musikkterapi*, 6(1), 3-13. doi:10.1080/08098139709477889
- Ruud, E. (2004). Foreword: Reclaiming music. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 11–14). London: Jessica Kingsley.
- Ruud, E. (2017). Music, identity, and health. In R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 589–601). New York, NY: Oxford University Press. <http://doi.org/10.1093/acprof:oso/9780199679485.001.0001>
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage.
- Salvador, K., & Pasiali, V. (2017). Intersections between music education and music therapy: Education reform, arts education, exceptionality, and policy at the local level. *Arts Education Policy Review*, 118(2), 93–103. <http://doi.org/10.1080/10632913.2015.1060553>
- Schulkin, J., & Raglan, G. B. (2014). The evolution of music and human social capability. *Frontiers in Neuroscience*, 8(SEP), 1–13. <http://doi.org/10.3389/fnins.2014.00292>

Scott, C. (2008). Teaching as therapy. *Educational Philosophy and Theory*, 40(4), 545–556.

<http://doi.org/10.1111/j.1469-5812.2007.00364.x>

Seligman, M. & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American*

Psychologist, 55(1), 5-14. doi: 10.1037//0003-066X.55.1.5

Shakespeare, T. (2014). *Disability rights and wrongs revisited* (2nd ed.). New York, NY:

Routledge.

Sinclair, J. (1999). Why I dislike “person first” language. *Autism Mythbusters*. Retrieved from

<http://autismmythbusters.com/>

Sloboda, J. (2005). *Exploring the musical mind: Cognition, emotion, ability, function*. New York,

NY: Oxford University Press.

Sloboda, J. A., Wise, K. J., & Peretz, I. (2005). Quantifying tone deafness in the general

population. *Annals of the New York Academy of Sciences*, 1060, 255–261.

<http://doi.org/10.1196/annals.1360.018>

Small, C. (1988). *Musicking*. Middletown, CT: Wesleyan University Press.

Smeyers, P., Smith R. & Standish, P. (2007). *The therapy of education: Philosophy,*

happiness, and personal growth. New York, NY: Palgrave Macmillan.

Smith, J. C. (2018). Hidden in plain sight: A music therapist and music educator in a public

school district. *International Journal of Music Education*, 36(2), 182–196.

<http://doi.org/10.1177/0255761417712319>

Snyder, C. (2012). A case study of a case study: Analysis of a robust qualitative research

methodology. *The Qualitative Report*, 17(26), 1–21.

- Solli, H. P., & Rolvsjord, R. (2015). "The opposite of treatment": A qualitative study of how patients diagnosed with psychosis experience music therapy. *Nordic Journal of Music Therapy*, 24(1), 67–92. <http://doi.org/10.1080/08098131.2014.890639>
- Spector-Mersel, G. (2010). Narrative research: Time for a paradigm. *Narrative Inquiry*, 20(1), 204–224. <http://doi.org/10.1075/ni.20.1.10spe>
- Spychiger, M. B. (2017). From musical experience to musical identity. In R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 267–287). New York, NY: Oxford University Press.
<http://doi.org/10.1093/acprof:oso/9780199679485.001.0001>
- Stake, R. E. (1995). *The art of case study research*. CA: Sage.
- Stake, R. E. (2006). *Multiple case study analysis*. NY, NY: The Guilford Press
- Starke, S., & Strohschneider, S. (2010). Case study research in psychology. In A. J. Mills, G. Durepos, & E. Wiebe (Eds.), *Encyclopedia of case study research* (pp. 115–118). Thousand Oaks, CA: Sage.
- Stember, M. (1991). Advancing the social sciences through the interdisciplinary enterprise. *Social Sciences Journal*, 28(1).
- Stige, B. (2010). *Music and health in community*. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 3–16). Surrey, UK: Ashgate.
- Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). *When things take shape in relation to music: Towards an ecological perspective on music's help*. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 277–308). Surrey, UK: Ashgate.

- Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. New York, NY: Routledge.
- Streeter, E. (1999). Finding a balance between psychological thinking and musical awareness in music therapy theory - a psychoanalytic perspective. *British Journal of Music Therapy*, *13*(1), 5–20. doi: 10.1177/135945759901300103
- Sun, J., & Buys, N. (2013). Effectiveness of a participative community singing program to improve health behaviors and increase physical activity in Australian Aboriginal and Torres Strait Islander people. *International Journal on Disability and Human Development*, *12*(3), 297–304. <http://doi.org/10.1515/ijdhhd-2012-0131>
- Sween, E. (1998). The one-minute question: What is narrative therapy? Some working answers. *Gecko*(2), 3-6.
- Thibeault, M. D. (2015). Music education for all through participatory ensembles. *Music Educators Journal*, *102*(2), 54–61. doi:10.1177/0027432115610170
- Timmons, V. & Cairns, E. (2010). Case study research in education. In A. J. Mills, G. Durepos & E. Wiebe (Eds.), *Encyclopedia of case study research* (pp. 99–103). doi: 10.4135/9781412957397.n36.
- Trevarthen, C., & Malloch, S. (2017). The musical self: Affections for life in a community of sound. In R. MacDonald, D. J. Hargreaves, & D. Miell (Eds.), *Handbook of musical identities* (pp. 155–175). New York, NY: Oxford University Press. <http://doi.org/10.1093/acprof:oso/9780199679485.001.0001>
- Tsirir, G., Derrington, P., Sparkes, P., Spiro, N., & Wilson, G. (2016). Interdisciplinary dialogues in music, health and wellbeing: Difficulties, challenges and pitfalls. In M.

- Belgrave (Ed.), *ISME Commission on Special Ed and Music Therapy* (pp. 58–70).
Edinburgh, Scotland.
- Turino, T. (2008). *Music as social life: The politics of participation*. Chicago, IL: University of Chicago Press.
- Turino, T. (2009). Four fields of music making and sustainable living. *The World of Music*, 51(1), 95–117.
- Tyson, F. (1982). Individual singing instruction: An evolutionary framework for psychiatric music therapists. *Music Therapy Perspectives*, 1(1), 5-15.
- United Nations: Office of the High Commissioner of Human Rights (1989). Convention on the rights of the child. Retrieved from <http://www.ohchr.org>
- Varkøy, Ø. (2015). The intrinsic value of musical experience. A rethinking: Why and how? In F. Pio & Ø. Varkøy (Eds.), *Philosophy of music education challenged: Heideggerian inspirations* (pp. 45–60). Dordrecht, The Netherlands: Springer.
<http://doi.org/10.1007/978-94-017-9319-3>
- Veblen, K. K. (2008). The many ways of community music. *International Journal of Community Music*, 1(1), 5–21. <http://doi.org/10.1386/ijcm.1.1.5/1>
- Veblen, K. K. (2012). The tapestry: Introducing community music. In K. K. Veblen, D. J. Elliott, S. J. Messenger, & M. Silverman (Eds.), *Community music today* (pp. 1–9). Lanham, MD: Rowman & Littlefield.
- Verschuren, P. J. M. (2003). Case study as a research strategy: some ambiguities and opportunities. *International Journal of Social Research Methodology*, 6(2), 121–139. doi: 10.1080/13645570110106154

- Vitale, J. L. (2009). The effect of secondary music education in post-secondary, non-musical settings. *Canadian Music Educator*, 51(2), 29–34.
- Voigt, M. (2013). Orff music therapy: History, principles and further development. *Approaches: Music Therapy & Special Music Education*, 5(2), 97-105.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge, MA: Harvard University Press.
- Waldron, J. (2012). YouTube, fanvids, forums, vlogs and blogs: Informal music learning in a convergent on-and offline music community. *International Journal of Music Education*, 31(1), 91–105. doi:10.1177/0255761411434861
- Wampold, B. E., & Imel, Z. E. (2015). *The great psychotherapy debate: The evidence for what makes psychotherapy work*. New York, NY.
- Welch, G. F. (2001). *The misunderstanding of music*. London, UK: University of London.
- Welch, G. F. (2017). The identities of singers and their educational environments. In R. Macdonald, D. Miell & D. Hargreaves (Eds.), *Handbook of musical identities* (pp. 543-565). New York, NY: Oxford University Press.
- Welch, G. F., Himonides, E., Saunders, J., Papageorgi, I., & Sarazin, M. (2014). Singing and social inclusion. *Frontiers in Psychology*, 5, 803.
<http://doi.org/10.3389/fpsyg.2014.00803>
- Western University, School of Graduate & Postdoctoral Studies (2015). *Regulations: Thesis*. Retrieved from http://grad.uwo.ca/current_students/regulations/8.html
- Wheeler, B. L. & Kenny, C. (2005). Principles of qualitative research. In B. Wheeler (Ed.), *Music therapy research* (2nd ed.) (pp. 59–71). Gilsum, NH: Barcelona.

- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W.W. Norton & Company.
- Wiens, H., Janzen, H. L., & Murray, J. B. (2002). Heal the voice-heal the person: A pilot study on the effects of voice training. In A. Rose & K. Adams (Eds.), *The Phenomenon of Singing III* (pp. 228–234). St. John's, NL: Memorial University Press.
- Willingham, L. & Bartel, L. (2001). “Music makes you smarter” – Is there any evidence? *Canadian Music Educator*, 43(2), p. 11–12.
- Wolff, K. L. (2004). The nonmusical outcomes of music education: A review of the literature. *Bulletin of the Council for Research in Music Education*, 159, 74–91.
- Wood, S. (2006). “The matrix”: A model of community music therapy processes. *Voices: A World Forum for Music Therapy*, 6(3). <http://doi.org/doi:10.15845/voices.v6i3.279>
- Wood, S. (2016). *A matrix for community music therapy practice*. [EPUB version]. Dallas, TX: Barcelona. Retrieved from Barcelonapublishers.com
- Wood, S., & Ansdell, G. (2018). Community music and music therapy: Jointly and severally. In B. Bartleet & L. Higgins (Eds.), *The Oxford handbook of community music* (pp. 453–476). New York, NY: Oxford University Press.
<http://doi.org/10.1093/oxfordhb/9780190219505.013.35>
- Woodward, S. (2000). A response to James Robertson's ‘An educational model for music therapy: the case for a continuum’. *British Journal of Music Therapy*, 14(2), 94-98.
doi: 10.1177/135945750001400207
- Wright, R. (2008). Kicking the habitus: power, culture and pedagogy in the secondary school music curriculum. *Music Education Research*, 10(3), 389–402.

Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: Sage.

Zimmerman, B.J. & Cleary, T. J. (2006). Adolescents' development of personal agency: The role of self-efficacy beliefs and self-regulatory skill. In F. Pajares & T. Urdan (Eds.), *Self-efficacy beliefs of adolescents* (pp. 45–69). Greenwich, CT: Information Age Publishing.

Zubrzycki, J. (2015). Nearly 9 in 10 music teacher candidates are white, research shows.

Retrieved from <http://blogs.edweek.org/edweek/curriculum/2015/12/music-teachers-are-mostly-white-study.html>

Appendix A

Research Ethics Board Approvals



Western
Research

Research Ethics

Western University Health Science Research Ethics Board
NMREB Full Board Initial Approval Notice

Principal Investigator: Dr. Kari Vehlan
Department & Institution: Don Wright Faculty of Music/Faculty of Music, Western University

NMREB File Number: 106929
Study Title: "Arts Express": Musicianhood and performance in children with exceptionalities.
Sponsor:

NMREB Initial Approval Date: August 19, 2015
NMREB Expiry Date: August 19, 2016

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Revised Western University Protocol		2015/07/24
Revised Letter of Information & Consent		2015/07/24
Other		2015/07/24
Other		2015/07/24
Recruitment Items		2015/07/24
Assent		2015/07/31

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00007911.


Ethics Officer, on behalf of Riley Hanson, NMREB Chair

Ethics Officer to Contact for Further Information


This is an official document. Please retain the original in your files.



October 20, 2015

Dear Elizabeth,

REB # 4590

Project, ""Arts Express": Musicianhood and performance in children with exceptionalities"

REB Clearance Issued: October 20, 2015

REB Expiry / End Date: August 19, 2016

Your project was previously approved by the Research Ethics Board at Western University on August 20, 2015. I have reviewed your proposal on behalf of the University Research Ethics Board at Wilfrid Laurier University and determined that it is ethically sound.

If the research plan and methods should change in a way that may bring into question the project's adherence to acceptable norms, please submit a "Request for Ethics Clearance of a Revision or Modification" form for approval before the changes are put into place.

If any participants in your research project have a negative experience (either physical, psychological or emotional) you are required to submit an "Adverse Events Form" to the Research Office within 24 hours of the event.

You must complete the online "Annual/Final Progress Report on Human Research Projects" form annually and upon completion of the project. ROMEO will automatically keep track of these annual reports for you. When you have a report due within 30 days (and/or an overdue report) it will be listed under the 'My Reminders' quick link on your ROMEO home screen; the number in brackets next to 'My Reminders' will tell you how many reports need to be submitted.

All the best for the successful completion of your project.

(Useful links: [ROMEO Login Screen](#) ; [ROMEO Quick Reference Guide](#) ; [REB webpage](#))

Yours sincerely,



Robert Basso, PhD
Chair, University Research Ethics Board
Wilfrid Laurier University

/pb



Research Ethics

Western University Health Science Research Ethics Board
NMREB Full Board Initial Approval Notice

Principal Investigator: Dr. Kari Veblen

Department & Institution: Don Wright Faculty of Music/Faculty of Music, Western University

NMREB File Number: 106928

Study Title: Community music therapy at an adolescent mental health facility

Sponsor:

NMREB Initial Approval Date: July 30, 2015

NMREB Expiry Date: July 30, 2016

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Other	Interview questions for both youth and staff.	2015/06/28
Recruitment Items	Script for the recruitment email to be sent to [REDACTED] staff.	2015/06/28
Revised Western University Protocol		2015/07/24
Revised Letter of Information & Consent	Guardians,	2015/07/23
Revised Letter of Information & Consent	Youth	2015/07/23
Revised Letter of Information & Consent	Staff	2015/07/23
Recruitment Items	Recruitment Poster	2015/07/23

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement (Ethical Conduct for Research Involving Humans (TCPS2)), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000945.

Ethics Officer, on behalf of Siley Hinson, NMREB Chair

Ethics Officer to Contact for Further Information

This is an official document. Please retain the original in your files.

Appendix B

Letter of Information and Consent Form: “Arts Express” Study

Note: Letters of Information and Consent Forms from the research at the adolescent mental health facility are not included as they identify the name and address of the facility.



Project Title: “Arts Express”: Musicianhood and Performance in Children with Exceptionalities

Principal Investigator: Kari Veblen, PhD, Don Wright Faculty of Music, Western University

Co-Investigator: Elizabeth Mitchell, PhD Candidate, Don Wright Faculty of Music, Western University;
Contract Academic Staff, Department of Music Therapy, Wilfrid Laurier University

Letter of Information

1. Invitation to Participate

You and your child(ren) are being invited to participate in a research study to examine developing musicianship and self-identity. This invitation is being extended to you and your child because you have participated in Wilfrid Laurier University’s “Arts Express” camp.*

2. Purpose of the Letter

The purpose of this letter is to provide you with information so that you may make informed decisions regarding participation in this research.

3. Purpose of this Study

This study explores how children are affected by their participation in Arts Express Camp (particularly the creative arts activities and final performance). We are interested in your child’s development through artistic involvement and how that influences identity (self-esteem, self-confidence, self-image, etc.).

4. Inclusion Criteria

Children and adolescents with special needs who have attended the Arts Express camp and the final performance are invited to participate as well as their parents/guardians. If your child enjoyed the experience of the arts activities and/or the final performance, we are especially interested in their perceptions. Siblings who have attended camp are also welcome to attend the interview.

5. Exclusion Criteria

Participants must agree to have their interviews either audio or video recorded.

6. Study Procedures

If you agree to participate, you will be asked to participate in an interview along with your child. It is anticipated that the interview will take approximately one hour, which will include viewing the video from your child’s most recent Arts Express performance. Your child is also welcome to bring artwork created at camp, or any other objects or creations that reflect his/her experience in this program. The interview will be conducted at Wilfrid Laurier University, and will be conducted by the study’s co-investigator and the Arts Express program coordinator, Elizabeth Mitchell. After your interview, you will be invited to review the interview’s transcript and to make any changes that you wish. If you choose to do this, this will take approximately one additional hour.

7. Possible Risks and Harms

There are no known or anticipated risks or discomforts associated with participating in this study. If the interview process were to become upsetting for you and/or your child, the interviewer, a registered psychotherapist, would provide supportive listening and stop the interview if necessary. She would also



provide information regarding resources in the community that could provide further support to you and your family, should you wish.

8. Possible Benefits

The experience of "re-living" positive camp experiences through story-telling, watching video, and reflecting upon the benefits of participation in this program may be expected to be enjoyable for many participants.

Research that examines the benefits of artistic programming for children with exceptionalities has an important place in the scholarly literature. Data will be disseminated to fields such as music education, special education, and music therapy, and will inform practitioners in these fields. Such research can contribute to advocacy for arts-based programming. This study also recognizes the societal benefits of including the perspectives of individuals with disabilities in scholarly research.

9. Compensation

You will not be compensated for your participation in this research.

10. Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time up until its publication with no effect on your future participation in the Arts Express program.

11. Confidentiality

All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name or any identifying information will be not used, unless you wish for your identity to be published with the results of the study. If you choose to withdraw from this study prior to its publication, your data will be removed and destroyed from our database. The data you provide will be used within this study only, and will not be retained for or used within any other research endeavours.

12. Contacts for Further Information

If you require any further information regarding this research project or your participation in the study you may contact Kari Veblen [REDACTED] Elizabeth Mitchell, [REDACTED] any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics at Western, ([REDACTED] [REDACTED] and/or Dr. R. Basso, REB Chair at Laurier, [REDACTED]

13. Publication

If the results of the study are published, your name will not be used unless you indicate on the consent form that you wish for it to be used. If you would like to receive a copy of any potential study results, please contact Elizabeth Mitchell, [REDACTED].

This letter is yours to keep for future reference.

* This study is under the auspices of both Western and Wilfrid Laurier Universities. Elizabeth Mitchell is conducting the study (with Professor Kari Veblen, UWO) as part of her doctoral dissertation.



Consent Form

Project Title: Arts Express": Musicianhood and Performance in Children with Exceptionalities

Principal Investigator: Kari Veblen, PhD, Don Wright Faculty of Music, Western University

Co-Investigator: Elizabeth Mitchell, PhD Candidate, Western University; Contract Academic Staff, Wilfrid Laurier University

I have read the Letter of Information and have had the nature of the study explained to me. I agree to participate in this study and I give permission for my child/children to participate with me. All questions have been answered to my satisfaction.

I give consent for the interview to be audio recorded.

I give consent for the interview to be video recorded.

Child or Children's Name(s): _____

Parent/Guardian's Name (please print): _____

Participant's Signature: _____

Date: _____

Should the results of this study be published, I wish for my full name and my child's full name to be included, and for direct quotations to be attributed to us. I understand that I can withdraw this consent at any time up until publication. I also understand that the researcher will make all reasonable attempts to contact me, prior to any publication, so that I can approve the use of direct quotations.

Parent/Guardian's Name (please print): _____

Participant's Signature: _____

Date: _____

Should the results of this study be published, I give consent for photos of my child taken during the Arts Express camp to be included. I understand that photos might be included within academic publications (in-print and/or online), and/or displayed at academic conferences. I understand that I will be contacted if the researcher wishes to use the photos for any other purpose.

Parent/Guardian's Name (please print): _____



Participant's Signature: _____

Date: _____

Co-investigator (please print): _____

Signature: _____

Date: _____

Appendix C

Categories and Codes Related to the “Coffee House”

Main Category	Codes	Sub-codes 1	Sub-codes 2	Sub-codes 3	
Atmosphere	Atmosphere is unique				
		Compared to other events at facility			
		Compared to other live performances			
		Busy			
		Buzz, (nervous) excitement			
		Fun, positive			
		Inclusive			
		Intimate			
		Poignant			
		Relaxed			
		Safe and supportive			
	Contextual Factors	Treatment milieu contributes to success			
			Client-centered		
		Connection to music therapy program			
		Debrief with performers afterwards			
		Preparation, encouragement			
		Prior therapeutic relationships			
		Relevant to treatment			
			But exists for itself		
			Staff are role-models		
			Staff challenge youth (and know when not to)		
			Staff's presence at event		
		Overall positive workplace culture			
			Event's reputation is strong		
		Staff are encouraged to attend			
Music					
		Anyone is capable			
		Anyone can benefit			
		Benefits of music-making are unique			
		Benefits of performing are unique			

	Creativity – value of			
	Opportunity – a new musical experience			
		These performers wouldn't perform otherwise		
	Perform to perform – enjoyment, share abilities			
	Performing in the future			
		Coffee House a stepping stone		
Personal Growth				
	Accomplishment			
		Success defined by participation		
		Youth overcome a lot to perform		
	Coping with emotions			
	Expression – emotions, self			
		Performing is personal		
	Identity, self-concept – changes in			
		Musical self-identity		
	Self-confidence			
		Musical self-confidence		
	Self-esteem			
	Staff			
		It's a highlight of my job		
			Staff have difficult jobs	
		Negotiating boundaries		
		Staff personal growth parallels youths'		
Relationships & Connections	Affirmation, validation, witnessing	Audience is actively supportive		
			Youth support one another	
		Experience of receiving positive feedback		
		Staff pride in youth		
	Brings people together			
	Evens the playing-field	Staff as role-models		
			Can't ask them to do something I wouldn't	
	My performance impacts others			
		Giving back		
	New connections			
		Staff-staff		
			Staff inspired by other staff	

			Staff musical collaborations	
		Staff-youth		
			Youth perceptions of staff performances	
			Staff-youth musical interactions	
				Staff provide musical support
				Staff put aside pride to support kids
			Youth support staff	
		Youth-youth		
	New perspectives on one another			
		New perspectives on staff		
		New perspectives on youth		
Risks (and Overcoming Them)	Growth comes from risk-taking			
	Performance anxiety			
		Fear of being judged		
		Helps to be in a group		
		Event helps to overcome/decrease anxiety		
		Anxiety can help performance		
		Too overwhelming		
	Risk of being criticized or compared			
	Risk of emotional low after performing			
	Risk of internalizing failure			
	Risks mitigated by treatment context			

Appendix D

Categories and Codes Relating to the “Arts Express” Performance

Main Category	Codes	Sub-codes 1
Inclusion at Arts Express		
	Barriers in other settings	
	Benefit of program tailored to children with disabilities	
	No “norm” or “standard” here	
	An opportunity these children do not normally get	
		Opportunity to participate in arts
		Opportunity to perform
	Social connections fostered by inclusive environment	
		Don’t need to hide disability
Audience’s Perspective		
	Challenges	
		Insensitive comments from audience members
		Tension, unpredictability
		Difficult to witness struggles of others
	Connection to other audience members	
		Mutual support is greater than other audiences
		Empathy, shared experiences
	Enjoyment, happiness	
	Hopeful, moving	
	New perceptions of children with disabilities	
		Makes the world bigger
		Witness growth year-to-year
	Pride	
		Being proud publicly
	Watching your child be happy	
	Watching your child participate and be included	
Witnessing – really seeing each child		
I’m Capable	Accomplishment, success, pride in self	
	Confidence – increased	
	Leadership, having a special role	
	Risk-taking – doing something new	
I’m Contributing	Campers aware of audience’s perceptions	
		Audience is enjoying
		Audience is learning what campers are capable of
		Audience is proud
	Everyone works together to create something	
	My part matters	
Wholeness		

	Arts are inherently enriching	
	Can be yourself, feel alive	
		An individual in the group
		Expression
		Witnessed and accepted as yourself.
	Creativity	
		No right or wrong
	Self-identity expanded, learn about yourself	
		Makes life bigger, richer
		Source of identity outside of disability
	A new opportunity	
	Transcendence	
		Be yourself and be outside of yourself

Appendix E

“Coffee House” Interview Questions

Youths:

1. What role does music play in your life?
2. Were you involved in active music-making prior to coming to [the facility]? If so, how?
3. Had you ever performed prior to coming to [the facility]? If so, in what capacity?
4. How do you feel when you are performing? How does performing make you feel about yourself?
5. What might people in the audience be feeling/thinking when they watch you perform?
6. Has the experience of performing changed how you see yourself from a musical or artistic perspective? If so, how?
7. Has it changed the role that music plays in your life? If so, how?
8. Has the experience of performing changed how you see yourself in any other ways? If so, how?
9. Do you think performance experiences like the Coffee House are important for youth at [the facility]? If so, what types of benefits might there be to participation?
10. Have you participated in music therapy during your time at [the facility]?
11. If so, what types of musical experiences have you had in music therapy?
12. Do you feel that music therapy has helped you? If so, how?
13. Is there anything else you want to tell me about your experiences at the Coffee House and/or in music therapy?

Staff Members:

1. What is your role at [the facility]? How long have you been employed here?
2. How many Coffee House events have you attended? Have you ever performed at one?
3. Can you describe a typical Coffee House?
4. What is the atmosphere and mood of the event like?
5. Is this event different from other programming at [the facility], and if so, how?
6. How do you feel, as an audience member, as you watch a Coffee House?
7. How might attendance at the Coffee House influence staff members at [the facility]?
8. If you have performed at a Coffee House, can you describe what that experience was like for you, musically and personally?
9. Can you think of any youths for whom the experiencing of performing at a Coffee House was transformational in some way? If so, can you describe this?
10. Can you think of an instance in which witnessing a youth perform at a Coffee House changed your perceptions of him/her? If so, please describe this.
11. In what ways, if any, have you witnessed involvement in music therapy as beneficial to the youth at [the facility]?
12. Is there anything else you wish to share about your experiences with the Coffee House or music therapy at [the facility]?

Appendix F

“Arts Express” Interview Questions

Children:

1. How old are you?
2. What are your favourite parts of Arts Express?
3. Are there other places where you get to do the things you do at Arts Express, like music, art, dance, and drama?
4. How do you feel when you are performing on stage? How does performing make you feel about yourself?
5. What might people in the audience feel when they watch you perform? What might they be thinking?
6. How do you feel about yourself when you're at camp?
7. Do you think attending Arts Express has helped you in any way? If so, how?
8. How does singing and playing instruments make you feel about yourself?
9. Can you tell me about your camp leaders? How did they help you when you were at camp?
10. Were there any parts of Arts Express that you didn't like?
11. *After watching the performance video:* How do you feel today, when you remember this performance? What parts do you like the best? Were there any parts that you didn't like?
12. Is there anything else you want to tell me about Arts Express?

Parents/Guardians:

1. How long has your child/children been involved in Arts Express?
2. Is there anything unique about the Arts Express program in comparison to other activities your child is involved in?
3. Is your child involved in the arts or performance in any other context?
4. Has your child encountered any barriers towards accessing involvement in the arts? If so, how do you feel that your child's disability has impacted his/her ability to be involved in artistic programming, whether at school or in the community?
5. How do you feel when you watch your child perform at Arts Express?
6. What influence might attending the performance have on individuals who do not have children with exceptionalities?
7. Do you think the performance is an important component of the camp? Why/why not?
8. How have the staff and leaders at Arts Express impacted your child's experience?
9. Does your child view him/herself as capable, artistically or musically? If so, does this have any impact on his/her self-identity or self-image?
10. Have you or your family had any negative experiences with the Arts Express program? If so, could you elaborate?
11. *After watching the performance video:* What stands out to you about your child's participation? How do you feel today, when you remember this performance?
12. Is there anything else you wish to share about your experiences with the Arts Express program?

Curriculum Vitae – Elizabeth Mitchell

EDUCATIONAL BACKGROUND:

PhD Candidate, Music Education, The University of Western Ontario

- Anticipated completion: June 2019
- Doctoral advisory committee: Dr. Kari Veblen, Dr. Cathy Benedict, Dr. Stuart Wood

Master of Music Therapy, Wilfrid Laurier University: October 2007

- Advisor: Dr. Colin Lee
- Major Research Paper: “Therapeutic Music Education: An Emerging Model Linking Philosophies and Experiences of Music Education with Music Therapy”

Associate of the Royal Conservatory of Music (A.R.C.T): March 2007

- Diploma in piano performance

Bachelor of Music, Honours Music Education with Distinction, University of Western Ontario: June 2005

- University of Western Ontario Gold Medal – Highest academic standing in program

PROFESSIONAL DESIGNATIONS:

Registered Psychotherapist (RP), College of Registered Psychotherapists of Ontario (#2662): April 2015

Music Therapist Accredited (MTA), Canadian Association for Music Therapy (#452): July 2009

CERTIFICATE:

Certificate in University Teaching and Learning, Western University: November 2015

GRANTS, AWARDS & ACHIEVEMENTS:

- | | |
|------|--|
| 2017 | “Community Champion”, Merrymount Family Support & Crisis Centre, London, ON |
| 2016 | Nominee, Graduate Teaching Assistant Award - UWO
Recipient, Canadian Music Therapy Trust Fund Project Grant |
| 2012 | SSHRC Doctoral Fellowship, valued at \$80 000 (over 4 years)
Don Wright Graduate Entry Award - UWO |
| 2006 | SSHRC - Canada Graduate Scholarship, valued at \$17 500
OGS - Ontario Graduate Scholarship, valued at \$15 000 (declined) |
| 2005 | University Gold Medal - UWO (highest academic standing in program)
Wesanne McKellar Award for Music - UWO |
| 2003 | W. H. Munn Memorial Award for Music - UWO |
| 2001 | President’s Entrance Scholarship - UWO, valued at \$30 000
Scotiabank Scholarship, valued at \$8000
Miller Thomson Foundation Scholarship, valued at \$1000
Chancellor’s Scholarship - The University of Ottawa (declined)
President’s Scholarship - Wilfrid Laurier University (declined) |
| 2000 | Silver Medal - Royal Conservatory of Music (highest mark in ON - grade 10 piano exam) |

MUSIC THERAPY EMPLOYMENT / INTERNSHIP / PRACTICA:

Music Therapist-in-Residence, Wilfrid Laurier University, Waterloo, ON: Feb. 2017 – present

- Conducted needs-assessment and implemented new music therapy programming at Homewood Health Centre, a 300-bed inpatient facility for adults with mental health and addiction issues
- Facilitate weekly individual, group, and community music therapy sessions at Homewood
- Provide clinical supervision for undergraduate and graduate music therapy students
- Teach one course per academic year at WLU
- Serve on a variety of committees at both WLU and Homewood Health Centre
- Facilitate weekly staff choir rehearsals.

Music Therapist, Merrymount Family Support and Crisis Centre, London, ON: March 2016 – Jan. 2017

- Facilitated 1:1 and group music therapy sessions for children

Music Therapist, Lutherwood Mental Health Services, Waterloo, ON: September 2007 – August 2012

- Facilitated 1:1 and group music therapy sessions with adolescents with mental health issues
- Utilized a music-centered psychotherapy approach within a multidisciplinary team setting
- Provided onsite supervision for music therapy and art therapy students

Music Therapist, Lutherwood Seniors' Services, Waterloo, ON: May 2009 – August 2012

- Facilitated 1:1 and group music therapy for seniors with dementia and various health concerns

Music Therapy Placement, Family and Children's Services, Kitchener, ON: September 2006 – April 2007

- Individual music therapy with four children through F&CS' "Foster Home Support Program"
- Client-centered sessions for children with ADHD, FASD, PTSD, and developmental delay

Music Therapy Internship, St. Joseph's Lifecare Center & Stedman Community Hospice: May–Aug 2006

- Facilitated 1:1 music therapy with patients with dementia and palliative residents
- Provided group music therapy for patients with cancer and dementia
- Facilitated intergenerational group music therapy sessions for preschool children and older adults

TEACHING & CLINICAL SUPERVISION EXPERIENCE:

Course Instructor, WLU: Fall 2007 - present

- Instructor for MU368, "Music, Culture, and Community" (Winter 2018, 2019)
- Course coordinator/instructor for MU353, "Inclusive Arts for Children" (Spring 2008-2017)
- Instructor for MU453: "Music Therapy Theory and Research" (Fall 2012)
- Instructor and course-design for MU304, "Music in Special Education (Fall 2007 & 2009)

Music Therapy Clinical Supervisor, WLU: March 2007 – present

- Clinical supervisor for undergraduate/graduate music therapy students

Course Instructor, UWO: Spring 2015 & 2017

- Course instruction and design for MUS3861b, "Introduction to Music Therapy"

Instructor, Teaching Assistant Training Program, Teaching Support Centre, UWO: July 2015 – Jan. 2017

- Instruct graduate teaching assistants in topics such as lesson design, grading, active learning

Teaching Assistant, “Foundations in Singing”, UWO: 2012-2014, 2016

- Provide vocal coaching and piano accompaniment for beginner voice students
- Facilitate class lectures on topics such as vocal expression and diction

Teaching Assistant, “Elementary Music Education”, UWO: Fall 2015

- Taught course content regarding special music education
- Graded student assignments and essays; Met with students to provide assistance with assignments

Choral Conductor, El Sistema Aeolian, Aeolian Hall, London, ON: September 2012 – June 2015

- Choral conductor for children aged 6-14 who face barriers to participation in music education

PEER-REVIEWED PUBLICATIONS

Mitchell, E. (in press). Musical identities, personal identities: Performance for children with disabilities. In L. Willingham (Ed.), *Walking the boundaries, bridging the gaps: How community music engages those in the margins of society*. Waterloo, ON: Wilfrid Laurier University Press.

Mitchell, E. (2019). Community music therapy and participatory performance: Case study of a coffee house. *Voices: A World Forum for Music Therapy*, 19(1).
<https://doi.org/10.15845/voices.v19i1.2701>

Mitchell, E. (2016). Therapeutic music education: An emerging model linking philosophies and experiences of music education with music therapy. *Canadian Journal of Music Therapy*, 22(1), 19–41.

Mitchell, E. (2016). Arts Express: Performance, community, and creativity for children with exceptionalities. *TOPICS for Music Education Praxis*, 2.

Mitchell, E. (2014). Preparing Music Educators to Work with Students with Diverse Abilities: An Introduction to Music Therapy. *Teaching Innovation Projects Journal*, 4(1).

RECENT PEER-REVIEWED CONFERENCE PAPER PRESENTATIONS

Canadian Association of Music Therapists, Gatineau, PQ: May 2019 (paper accepted)

- The Staff Choir: Growing Wellness and Community at a Mental Health Facility

Canadian Association of Music Therapists, St. John's, NL: May 2018

- The Impact of Group Music Therapy for Individuals with Eating Disorders (co-authored with Priya Shah, Heidi Ahonen, Sherry Van Blyderveen)

Nordoff Robbins Plus Research, “Exploring the spiritual in music”, London, UK: December 2017

- Lives in Dialogue: On Music Education, Music Therapy, and Music (co-authored with Cathy Benedict)

Walking the Boundaries, Bridging the Gaps: Community Music Conference, Waterloo, ON: May 2017

- Musical Identities, Personal Identities: Performance for Children with Exceptionalities

American Music Therapy Association, Sandusky, OH: November 2016

- The Coffee House: Building self-identities through musical performance in adolescent mental health

International Society for Music Education, Glasgow, UK: July 2016

- Performance and Identity: Community Music Therapy in Adolescent Mental Health

Canadian Association for Music Therapy, Kitchener, ON: May 2016

- Performance, Identity, and Social Justice: Community Music Therapy in Adolescent Mental Health

A Palpable Thrill: Medical Humanities, Hamilton, ON: May 2016

- Performance and Identity: Community Music Therapy at an Adolescent Mental Health Facility

Integrated and Engaged Learning, WLU, Waterloo, ON: May 2015

- Arts Express: Creativity in Community

Research in Music Education, Exeter, UK: April 2015

- Narratives of Society and of the Self: Music, Identity, and Social Justice

International Society for Music Education, Porto Alegre, Brazil: July 2014

- Therapeutic Music Education: A Model Linking Music Education with Music Therapy
- Arts Express: Subverting the Norm and Creating Community through the Arts

Canadian Association for Music Therapy, Saskatoon, SK: May 2013

- Arts Express: Linking University Arts Education with the Community