

Chapter 1

Introduction

Music and Health in Community

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Listening to *Musical Minds*

“The arts are not drugs,” wrote the British novelist E. M. Forster; “they are not guaranteed to act when taken.”¹ We have experienced how popular opinion often associates music therapy with the systematic application of specific music for specific purposes, such as relaxing people. This may sound proper and scientific in many people’s ears, but it leaves little space for personal participation. We could say that it is an idea based upon a mechanical metaphor, reducing music to a “pill” and focusing upon the effect of musical stimuli on the human organism. Within the discipline of music therapy critique of this idea has been quite common. In music therapy there is an interest in human interaction through music and not just in the organism’s reaction to music. Music therapy practice therefore often focuses upon human expression and communication.

We acknowledge the importance of this critique. Still, this book is based upon a critique of the critique, claiming that it has not been radical enough. Human interaction through music requires *space* and *place*, and it is therefore not enough to critique ideas based upon mechanical metaphors. The implications of *contextual* or *ecological* metaphors must also be taken into consideration. Music is a socio-cultural phenomenon and musical activity involves social action, as the projects described in this book will illuminate in various ways.

In this book you will hear about:

- A singing group called *Musical Minds* who meet weekly in a deprived area of East London. They meet under the auspices of an organization that helps adults with long-term mental health problems, and music and singing are for the group unique ways of finding meaning and a sense of *belonging* in a difficult environment.
- Two diverse groups of young children who attended schools in separate parts of the town Raanana in Israel; one group in an elementary school and the other in a center for special education. Through participation in collaborative musical activities involving an intricate *intergroup process*

¹ Quoted in Oliver Sacks’s book *Musicophilia* (2007, p. 299).

these children gradually became connected. The story of this process illuminates how the children creatively performed their own solutions to social problems.

- The *Music for Life* programme in Western Cape, South Africa, where two music therapists have set up a traveling service with the aim of working with and within local communities rather than providing a music therapy place that others come to. The programme includes the Heideveld Children's Choir, which prepares for the annual Heideveld Community Concert, and this event illuminates the traveling music therapy service's contribution to the *musical and social life* of Heideveld as well as Heideveld's contribution and support for the work.
- The *Cultural Festival* for adults with intellectual disabilities in Sogn og Fjordane, Western Norway. The association organizing this festival stresses its function as an inclusive arena for musical and social *participation* and it turns out that the participants indeed are involved in many different ways, ranging from the most silent and careful partaking to adventurous and eccentric acts that challenge established procedures and role relationships.
- A unique *performance* project in rural South of England for adults with neurological disabilities, which was called *Scrap Metal*. Beginning from a conventional music therapy program, the project evolved into a complex socio-cultural collaboration where participants (both able and disabled) used scrap metal to build instruments, workshop musical idioms and perform a one-off concert in a church to a local audience.
- *Renanim*, a choir of adults with physical disability and normal cognition living in the Israeli town of Natanya. *Giving voice* to this choir was the idea behind a performance in collaboration with another choir, but this gave a contradictory outcome. *Renanim* felt that their voices were not heard, in spite of the good intentions of the music therapist. An adjusted Participatory Action Research project follows the development of the choir in their communication and exploration towards the discovery of how they could achieve their shared concern – claiming their voice.
- A music project in Eersterust, close to Pretoria in South Africa, where a music therapist works at *Youth Development Outreach*, a community-based organization that caters for young people in trouble with the law. Through group singing, drumming, and dancing young people who are used to conflict, violence, and mistrust in their daily lives develop skills in listening to one another, co-operating, and supporting one another, and also consider what these experiences mean in terms of their daily lives.
- The *Senior Choir* in Sandane, rural Western Norway, with members who eagerly participate in choir rehearsals and performances in spite of various constraints. The rehearsals mean hard work on “getting the music right” and include challenging negotiations on values that shape their culture and everyday life, but the overall atmosphere is still one of warmth, hospitality, and *mutual care*.

All these groups and projects are being facilitated by music therapists but are not necessarily identified formally as music therapy groups and projects. They exemplify a movement within contemporary music therapy that has been labeled *Community Music Therapy*. As practices these projects are characterized by collaborative and context-sensitive music-making and they focus upon giving voice to the relatively disadvantaged in each context. The participants' interest in and love for music is essential, but the shared music-making also relates to concerns for health, human development, and equity. Community Music Therapy therefore involves what we could call *health musicing*² (Stige, 2002), as it focuses on the relationships between individual experiences and the possible creation of *musical community* (Pavlicevic and Ansdell, 2004).

Community Music Therapy is controversial in some music therapy circles, since it may involve some substantial rethinking of music therapy theory and practice. In our view it fills a need in a range of contexts and also contributes to further development of music therapy as discipline and profession. We consider Community Music Therapy as one voice in a broader multi-disciplinary dialogue on the relationships between the musical and the social in human life. This book is therefore written to the music therapist as well as to any student of music, health, and social life. Our ambition has been to document and analyze practices that have been underreported in the literature so far, so that we can listen to and learn from groups such as *Musical Minds*, who remind us about how our musical minds are embodied and embedded in real world situations.

Music and Music Therapy as Social and Situated Activity

Music therapy was established as university discipline and professional practice in the US in the 1940s and was pioneered in Europe, South America, and Australia a decade or two later. Currently music therapy is growing in all continents and is in the process of being instituted in an increasing number of countries. In the 1960s and 1970s, formative years for attempts by modern music therapy to link music and health in theory and practice, most musicologists concentrated on Western music history or the analysis of works of the Western classical canon and thus did not have much to say about ordinary people in contemporary real world situations (whether in the West or anywhere else). Their scholarly work was thus not of much use for music therapists, who either developed a quite pragmatic approach with little consideration of theory or concentrated on cultivating relationships to theories in medicine, special education, psychology, and psychotherapy.

The recent emergence of Community Music Therapy implies that theories from fields such as systems theory, anthropology, sociology, and community psychology are taken into consideration as well. Particularly, we suggest that it implies that music studies become more important for music therapy, and possibly vice versa.

² The term *musicizing* will be explained in more detail below.

Recently, music therapists have had to ask themselves questions like: “What has the New Musicology to say to music therapy?” (Ansdell, 1997) and “Musicology: misunderstood guest at the music therapy feast?” (Ansdell, 2001). One of the reasons why there is need for more sophisticated music thinking in music therapy is that most theories in disciplines such as medicine and psychology have had little to say about music. Also, musicology has changed and become more relevant for music therapy, by focusing more upon music as social and situated activity.

The work of music therapy theorist Even Ruud illustrates quite well how relationships between music therapy and other branches of music studies have been strengthened lately. In one of his most important early works, *Music Therapy and its Relationship to Current Treatment Theories* (Ruud, 1980a), the focus is almost entirely on relationships to theories of medicine, psychology, and sociology, even though various concepts of music in different music therapy theories are discussed. In an introduction to music therapy published about the same time, Ruud (1980b) indicates that music therapy is interesting and important for musical reasons also, for instance in relation to handicapped people’s right to music. A few years later this trend is more explicit; Ruud (1987/1990) locates music therapy in the humanities and argues that relationships between music therapy and musicology would be mutually beneficial. Some of Ruud’s later work, such as his studies of music and values (Ruud, 1996) and of music and identity (Ruud, 1997b), is quite explicit in its ambition to bridge various approaches to music studies, including music therapy. In other words; there has been more and more of an integration of Ruud’s work as a music therapy theorist and a musicologist. We propose that Community Music Therapy may contribute to integration of music therapy and music studies more generally.

An openness to interdisciplinary perspectives linked to an interest in the relationships between music, culture, and society is quite characteristic of the development of music studies in the last two decades. The story of how and why this happened has been told many times, in many different ways. Some have focused upon the emergence of a “new musicology” with integration of critical and cultural perspectives, as developed by e.g. Gary Tomlinson and Susan McClary and pioneered by Joseph Kerman (1985) and others. Some have focused upon developments in ethnomusicology, which after the “cultural turn” proposed by Alan Merriam (1964) worked out perspectives of broader relevance for the understanding of music in any culture (as has been demonstrated by researchers such as John Blacking and Steven Feld). Others again have focused upon the emergence of a culturally informed music sociology (as developed by e.g. Howard Becker and Tia DeNora). The importance of the new area of popular music studies (with scholars such as Simon Frith and Philip Tagg) has also been underscored. Richard Middleton (2003) describes these developments as “distinctive but often mutually affecting routes” toward a position against pure musical autonomy:

“Music is more than *notes*” represents the bottom line, an idea whose seeming banality today perhaps signals its triumph. (Middleton, 2003, p. 2)

For a lay person who conceivably thinks of music in terms such as emotion, energy, and engagement in everyday life activities it would probably be somewhat surprising that a range of scholars have had to work hard for years to show that music is “more than notes.” Part of the scholarly context is of course that musicology had established itself quite firmly as the study of the works of the great masters (of Western art music). We could say that the idea of music as autonomous art belonging to a “special sphere” separated from e.g. the market and other social circumstances had insulated musicology from taking interest in how most people use and experience music. The abovementioned change in music studies could thus be described in various ways; as a cultural turn; as a critique of an elitist and ethnocentric heritage, and as the merging of musicology, ethnomusicology, music sociology, and popular music studies.³

In more straightforward language we could say that students of music increasingly have realized that there is no clear dividing line between classical music and popular music or between music of the West and music of “the rest.” The cultural, contextual, and interpretive turn in music studies thus also could be described as a move in the direction of a musicology with people in it, a “populated musicology,” which suggests that dialogues between music therapy and other fields of music studies become more relevant and interesting than used to be the case. Most scholars would agree that a “populated musicology” could not take interest in the construction of geniuses only. It could thus be described as a democratization of music studies. 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 (a capacity which unfolds and develops in ways that depend on the life history and cultural context of the individual).⁴

If music is acknowledged as a situated activity not only reflecting but also performing human relationships, then it is not just legitimate but in fact highly relevant to study *how people actually use music*. *Use* is an important asset of human interaction with the world and could not be reduced to instrumental purposes in the narrow and negative sense of that term.⁵ In the flow of texts on this theme the term

³ For overviews and discussions of these interdisciplinary shifts, see e.g. (Leppert and McClary, 1987; Cook, 1998; Cook and Everist, 1999; Scott, 2000; Clayton, Herbert and Middleton, 2003; Martin, 2006).

⁴ The inclusion of biological and evolutionary perspectives in music studies was supported by the influential work of John Blacking (1973) and has been developed considerably the last few years. See e.g. (Trevarthen and Malloch, 2000; Wallin, Merker and Brown, 2000; Cross, 2003). See also (Stige, 2002) for a discussion linked to music therapy theory.

⁵ Contributions that have paved the way for a serious rethinking of *use* as human activity and condition include Heidegger's (1927/1962) discussion of use as a sort of knowledge, Wittgenstein's (1953/1967) discussion of collaborative use as a human way of meaning-making, and Gibson's (1979/1986) description of affordance.

music has been appropriated by a variety of authors. The books of David Elliott (1995) and especially Christopher Small (1998) discuss this notion in detail, and Small most carefully underscores how the idea of music as an activity is linked to a contextual and relational understanding of human life.⁶ The idea of *music*, then, goes far beyond the simple point of suggesting that music could be treated as a verb and not just as a noun; it suggests awareness about how music affords and requires human interaction and collaboration in any given context.⁷

Perhaps in the margins of these cultural and disciplinary shifts, music therapists have developed their practice with a wide range of people in a wide range of contexts. An interest in how and where people use music is one of the places where music therapy thinking and newer music thinking could meet. While traditional musicology could privilege very specific uses (such as contemplation) and disparage others (such as distraction and entertainment), contemporary music studies would examine how such value attribution is linked to social interests and cultural values in broader contexts.

At the time Ansdell (2001) asked if musicology was a “misunderstood guest at the music therapy feast” it would probably also have been relevant to ask if music therapy was a misunderstood guest in various music studies contexts. Integration of music therapy perspectives has not been too common in music studies. There are signs, however, suggesting that things are in the process of changing: Increasingly, music therapy is part of broader multidisciplinary discourses on music, in relation to themes such as the origins of music (Grinde, 2000; Merker, 2000; Kennair, 2001; Dissanayake, 2001), communicative musicality (Trevarthen and Malloch, 2000; Malloch and Trevarthen, 2009; Wigram and Elefant, 2009; Pavlicevic and Ansdell, 2009), music and communication (Ansdell, 2005b; Thaut, 2005), music and emotion (Bunt and Pavlicevic, 2001), and music in everyday life (Berkaak and Ruud, 1992, 1994; DeNora, 2000). The above examples are in no way meant to be comprehensive but illuminate a higher degree of interdisciplinary exchange than used to be the case just a few years ago.

One of the reasons why music therapy contributes to the broader field of music studies is that music therapists often engage with users that conventionally have been excluded, not only from music studies but even from any kind of musical engagement and experience. There are inequities in access to the resources required for musical participation, inequities that in various ways may be linked

⁶ Even though the work of Small has been especially important for our understanding, we prefer Elliott’s (1995) straightforward spelling of “*music*” instead of Small’s (1998) more archaic-looking “*music*.”

⁷ *Music* is of course no new “*thing*” or activity, only a relatively new term. The idea of music as social and situated activity has been developed in music sociology and ethnomusicology for decades and it has been quite well established in music therapy theory also, for instance in the work of Even Ruud (1987/1990, 1998). What Small (1998) has achieved, is to produce an articulation of this perspective that has been read and found useful by a comparatively large and multidisciplinary group of music scholars and students.

to gender, class, ethnicity, and handicap. In music therapy there is a strong tradition for countering inequities due to handicap, for instance through musically flexible forms of improvisation where the music therapists use their interpersonal and musical skills in ways that enable participation for individuals who in other situations would have been deemed to be too handicapped or have too limited skills to be included in any type of musical activity. The limitation of this tradition is that it mainly has been developed within the confines of the four walls of the music therapy room, or more precisely within the confines of professional and institutionalized care. The movement of Community Music Therapy addresses mechanisms of exclusion and inclusion in broader contexts and requires a more socially engaged practice.

In these and other ways, it is probable that Community Music Therapy may illuminate and problematize the interplay of what is usually described as musical issues and extra-musical issues. Community Music Therapy exemplifies that music as a social phenomenon is a very common thing and potentially also a very special thing. Community Music Therapy projects are often related to ordinary everyday contexts and practices where people engage in music regularly. But Community Music Therapy sometimes also involves extraordinary processes creating unique events and experiences. Examples in this book include adolescents recreating their identity from criminal band members to musical band members, adults with mental health problems collaborating through music in ways they could not manage together without music, or elderly people participating competently in choir singing in spite of problems that make participation in almost any other activity impossible.

Two caveats are important in relation to the suggestion that Community Music Therapy could be seen in relation to a broader interdisciplinary discourse on music as social and cultural phenomenon. First, the interest for music as a sociocultural phenomenon does *not* suggest that individuality is irrelevant and only communal processes of interest. Music may be perceived as constitutive for and expressive of both individuality and community. Whether these dimensions complement each other or compete is an issue that needs to be examined in context. Second, for Community Music Therapy it is not adequate to take interest in music as social and cultural participation if this is not seen in relation to health, human development, and social change in some way or another. We claim this even though we also claim that “more music” and “music for all” could be important and legitimate objectives in the development of Community Music Therapy practices. How these two claims could be made compatible will be clarified in the various case studies of this book and discussed specifically in Part X.

Studying Community Music Therapy

The pioneering decades of modern music therapy were characterized by a post-war optimism on the value of health and education for all. This may represent

one of the contexts explaining the inclusive character of the work of many music therapy pioneers. Take the central pioneers in the British context as examples: Juliette Alvin, Nordoff and Robbins, and Mary Priestley all developed forms of practice that later have been cultivated largely as one-on-one traditions of therapy in clinical settings, but these pioneers also experimented with much more public practices in the service of health promotion, such as ensembles, music clubs, and musical performances. As music therapy gradually became more professionalized in the 1980s and 90s, these latter activities often were put in the background, with clinical work within more conventional therapeutic boundaries in the foreground. Music therapy more and more came to mean special music for special people in special places. The discipline and profession of music therapy became affiliated with medicine, special education, and psychotherapy and the main bulk of literature documenting the processes and outcomes of music therapy practice focused upon the effect of music in relation to individual pathology and symptomatology.

There have been many sub-currents leading in other directions, so the above brief is admittedly oversimplified, but it should give a reasonable foundation for reflecting upon why there is need for a movement such as Community Music Therapy. Before explaining this, we want to clarify that we think of Community Music Therapy as something more than and different from music therapy in community settings. Historically, deinstitutionalization of care for populations such as psychiatric patients certainly has stimulated reflections on relationships between music therapy and community. The pioneering work of the American music therapist Florence Tyson who established what she called a Community Music Therapy Center in New York in the 1960s is a good example of this. But while Tyson's (1968) work was adjusted to a new context of practice it was still to a high degree informed by a medical and psychotherapeutic frame of thinking, so that the primacy of individual therapeutic work in discrete settings would not be challenged substantially.

The current (post 2000) international Community Music Therapy movement is different. It goes beyond conceptions of music therapy in community settings to also embrace music therapy *as* community and music therapy *for* community development. For decades there have been community-oriented music therapy practices in several countries (see Stige, 2003), but an international scholarly discourse on Community Music Therapy is a quite recent phenomenon. Community Music Therapy was a burning topic of debate in the 10th World Congress of Music Therapy in Oxford in 2002, preceded and accompanied by some of the first international texts specifically discussing a contemporary concept of Community Music Therapy (Ansdell, 2002; Kenny and Stige, 2002; Stige, 2002). Two years later the first chapter book providing case examples from several national contexts was published (Pavlicevic and Ansdell, 2004).

As Norwegian music therapy theorist Even Ruud (2004a) has argued, it may be time for music therapy to go beyond its relatively marginal position (in the clinic and in society) in order to engage more directly with problems and possibilities of music and health in society. In this Introduction we have positioned the

emergent movement of Community Music Therapy in relation to developments within the modern discipline and profession of music therapy and suggested that this movement may operate as a “cultural critique” informed by sociocultural processes of change both in society at large and in the academic discourse on music. Our goal with this book is to offer a range of case studies that may explore localized processes of health musicing and suggest concepts and perspectives that may clarify possibilities and limitations of musical community in the service of health.

Community Music Therapy projects are concerned with the challenge of making music possible in contexts where the helpful appropriation of music is challenged, be that in the clinic, in a community center, or in other everyday settings. The studies to be presented in this book are related to a discipline and a profession which for historical reasons is labeled *music therapy*. This does not mean that the projects and activities themselves always could or should be labeled therapy. Alternative labels for some of these projects could be prevention, health promotion, non-medical care, community development, or just music.⁸ Many of the music groups and projects that are described in this book have given themselves proper names, such as *Musical Minds*, *Music for Life*, *Scrap Metal*, and *Renamim*, reflecting how the participants identify themselves as music-makers. They are still concerned, however, with how music may afford therapeutic experiences and processes of change, the main idea shared being that through collaborative musicing it is possible to mobilize resources for the benefit of individuals and communities.

Writing *Where Music Helps*

In suggesting a social and ecological understanding of human problems and resources, Community Music Therapy may challenge some established assumptions on the relationships between music and human wellbeing. In preparation for one of the seminars we arranged in the process of developing the collaborative research project that this book documents, Gary Ansdell made the following reflective note:

To use a metaphor from Wittgenstein we could say that music therapy has been “held captive by a picture” for a generation or more (in what I call the “consensus model”) – a picture of ...

⁸ An implication of this is that various terms are used for description of the non-professional participants. In some examples Community Music Therapy projects grow out of medical contexts where there is tradition for use of the term *patient*. In other contexts, such as mental health care, the term *client* is much more common. In many Community Music Therapy projects focusing upon empowerment and participation in non-clinical contexts, terms such as *participant* or *musician* are more useful.

- Self-contained individuals relatively unrelated to social, cultural or political contexts, with an emphasis on authenticity, essential self, self-responsibility (the “capsule self”).
- Music as reflective of intra-psychic life (or at most of intersubjective relatedness), and representative of clients’ pathological aspects.
- Therapy as engagement with pathology, problems and adjustment and as a process of traveling *in-and-down* with the patient by ensuring privacy and containment.

This overall “picture” accorded badly with my practical experience as a music therapist, of “following where people and music led.” The “picture” I was “shown” instead was of music leading towards a closer integration (and travel between) intra- and inter-personal, cultural and communal realms of experience. The picture was not just the opposite of the “consensus model” of music therapy but a finer-drawn inter-relationship between: illness/health; autonomy/community; culture/context, privacy/public witness, containment/performance ... (Ansdell, note written in 2005)

This note reveals that in music therapy there are clearly several different discourses on music, human health, and therapy. There is no one paradigm or perspective that dominates the field and there are few reasons to expect or hope that such domination will be achieved. This could be seen as a resource if we want to acknowledge and explore multifaceted phenomena such as music and human health (see e.g. Ruud, 1980a). So maybe Community Music Therapy is just one more specialty, one more flower in the colorful bouquet that we call music therapy? The fact that some music therapists have responded to Community Music Therapy as if it was an unwanted weed and used terms such as “professional suicide” suggests that this image might grasp only one aspect of what is going on. We think that Community Music Therapy could also be thought of as a “cultural critique” addressing pertinent questions on what the mission of music therapy in current societies could or should be. In relation to this we want to clarify two points: First, the relationship between “mainstream” music therapy and Community Music Therapy varies from country to country. Second, in no context will Community Music Therapy represent a complete break from more established professional traditions; there is always a dialectics of tradition and innovation involved.

The first point is exemplified by the four national contexts selected for this study. In the UK, community-oriented practices were integral to the work of many of the pioneers of the 1960s and 1970s but then gradually were overshadowed by more clinically oriented work. In consequence, the post 2000 re-emergence of Community Music Therapy has been quite controversial in this country. The situation is very different in Norway, where community-oriented work has been acknowledged as an integral part of mainstream music therapy from the 1970s and to this day. In Israel and South Africa the situation is quite different again. In Israel, Community Music Therapy is a relatively new idea and still quite marginal. It is also new in South Africa, but so is the whole idea of modern music therapy

in that country, and Community Music Therapy is currently establishing itself as the central approach to professional music therapy, more culturally and socially appropriate than individualized approaches to music therapy would have been.

The second point could be illuminated by some thoughts on the idea of Community Music Therapy as cultural critique. As indicated above, it is probably correct to suggest that there have always been elements of cultural critique in modern music therapy. Music therapists have been able to develop sensitive ways of communicating musically with people in need, even with people with the most serious and multiple handicaps. Music therapy therefore has challenged restricted notions about what music is and about who could and should participate in music. In this way, music therapists have contributed to a better understanding of how music may link to human values such as dignity, respect, and quality of life. Also, music therapists to some degree have challenged common notions of therapy, by developing practices that are strengths-based and appealing even to clients that typically are not motivated for therapy engagement. Community Music Therapy could be seen as an expansion of this tradition of critique, by providing even more radical challenges to established notions of music and therapy – within and without the discipline and profession of music therapy. Community Music Therapy, then, represents a different way of thinking about music therapy, but this difference should be understood both as a continuation of and a contrast to pre-existing music therapy discourse and practice.

This book communicates the main findings produced in a collaborative research project funded by The Research Council of Norway. This project has enabled us to track eight Community Music Therapy projects in four different countries; England, Israel, South Africa, and Norway. Our accounts will necessarily be partial; they will be both incomplete and predisposed in certain ways. Eight case studies and four countries do not cover the range of intriguing contexts and projects in contemporary Community Music Therapy. Furthermore, the complexity of each of the eight projects that we have studied goes far beyond what is possible to communicate in this book. We also acknowledge that our accounts are colored by our relationships to this field of study as well as to the specific projects studied. We cannot deny that we have interest in the development of Community Music Therapy and also we all had various relationships to the music projects we have studied, before we started tracking them for this book. In some cases some of us have been engaged in establishing or developing the projects themselves, in other cases we have previously trained the music therapists that are engaged in the projects, or the music therapists that we have studied have been colleagues who we know well.

We do suggest, however, that partiality may be tolerable, maybe even a quality, if it is acknowledged and managed in ways that warrant the description “self-conscious serious partiality” (Clifford, 1986). We cannot offer objective facts produced by neutral observers. What we can offer are careful descriptions and interpretations based upon prolonged experience and engagement with the projects tracked, combined with clarifications of our own positions and perspectives.

In order to approach this, we have chosen to employ more than one text genre when writing this book. Our personal experience of each project is presented in *narratives* under the heading “Action,” preceding each research-based *essay* under the heading “Reflection.” An initial presentation of each author and the four national contexts is given in Chapter 2 after this introduction. The narratives and essays of the book are also framed by two dialogues; an initial dialogue that clarifies some of the hopes and ambitions that the four authors had before writing the book and then some inconclusive thoughts at the end. This should at least provide the reader with some tools for appraisal of our partiality.

The development of the texts for this book is informed by a few broad questions such as: “How can Community Music Therapy processes be described in relation to their specific social and cultural contexts?” “How do clients/participants participate in and experience Community Music Therapy projects?” “In what ways can Community Music Therapy promote health and change? Does it offer other cultural benefits?” In the work with each case study, more specific questions were developed, as they emerged from the analysis of empirical material, engagement with the literature, and discussions in the research group. The case studies presented all focus upon a theme that was suggested by the analysis of the material. The themes include *belonging*, *intergroup processes*, *collaborative musicing*, *participation*, *performance*, *participatory change processes*, *social activism*, and *mutual care*. Each theme could be considered a “handle” that could be used when opening the complexities of each case, or a “prism” for the reading of it. We do not claim that the handle or prism that we offer is all there is to each case or that a theme that is discussed in one essay is of relevance only to this particular case, but we have chosen this way of dealing with the complexities of the projects that we have studied.⁹

Our goal has been to write in ways that enable us to acknowledge the important pioneering work in many current Community Music Therapy projects around the world. We try to communicate this intention in the subtitle of the book: *Community Music Therapy in Action and Reflection*. The case studies focus upon Community

⁹ Our research methodology could be described as ethnographically informed qualitative case studies. Our approach has been interpretive, we have tried to draw on an epistemological position that avoids polarization of empiricist and constructionist positions. Both views build on assumptions on the nature of language that we find problematic. The correspondence theory on truth, typical of empiricist positions, assumes that language mirrors reality without or with minimal distortion, while a radical constructionist position leads to “disconnection” of language and the phenomenon under scrutiny. The Danish ethnographer Kirsten Hastrup (1999) has, with reference to Charles Taylor (1985), suggested an alternative or middle ground that we find helpful. Theories and concepts need not to be limited to either a designative function or to be left for “free” construction; they may be *expressive of relationships*. Instead of picturing the world “as it is” the descriptions and concepts that we will develop in this book attempt to articulate *specific and contextualized aspects* of the projects that we have studied, aspects that would not otherwise have found an expression.

Music Therapy as human *action* and *interaction* in context. What the book offers to the reader is a reflection of these practices as well as our *reflections* upon them. These reflections are grounded in the case studies but also informed by our values and our theoretical understanding. We therefore acknowledge that our reflections are also *actions* in relation to ongoing debates on what music, therapy, and community could be. The interrelations between action and reflection are made quite explicit in Part VII where Cochavit Elefant reflects on a project that was developed as Participatory Action Research, but they are central to all the projects that we describe.

When selecting the eight case studies, we have sought out projects that represent at least part of the diversity of contemporary Community Music Therapy. Contexts include Western Europe, the Middle East, South Africa, and Scandinavia. In the portfolio of cases presented in this book there are Community Music Therapy projects that are quite new and emerging, such as the two South African projects and one of the Israeli projects, there are projects that have a few years history, such as the English projects, and there are projects that have a history of 15–20 years, such as the two Norwegian projects. Seven of the eight projects reported in the book were ongoing at the time they were tracked, which mostly happened in the period between autumn 2004 and spring 2007. We have also included one retrospective case study of a project that was developed about a decade earlier (see Part III).¹⁰ The eight projects have been chosen in order to represent other forms of diversity as well. There is a range of age-groups, from school children and adolescents to adults and elderly people, and the problems that they live and work with cover a spectrum from the physical to the cognitive, emotional, and social spheres. Finally, in reading the case stories and studies you will discover that the music therapists sometimes are working in places where you traditionally would expect to find music therapists, such as special schools or neurological rehabilitation units, but other times they work in “unexpected” places such as churches and festivals.

The process of writing this book has been intensively collaborative, yet there are some clear differences between the various parts concerning writing style as well as use of concepts and theory. For instance, while Gary Ansdell in Part II explores concepts of *communication community* and *community of practice* as alternatives to the more established concept of *local community*, Cochavit Elefant in Part III focuses upon relationships between groups in the context of a local community. This exemplifies that the four authors have different academic and cultural backgrounds, but more interestingly (we think) it exemplifies that Community Music Therapy is *not* a unified theory and practice, but a broad perspective exploring relationships

¹⁰ This could exemplify how the relatively recent emergence of a discourse on Community Music Therapy has also been used as a tool for retrospective reflection by many music therapists. We consider this important, since community-based and community-oriented projects in our appraisal have been underreported in the music therapy literature so far.

between the individual, community, and society in relation to music and health. The final part of the book offers a contextualization of some of the descriptions and concepts developed in the previous chapters, in an appraisal of how these case studies could contribute to theory development on how music helps.

By use of a little anecdote we will try to clarify the intentions we have in writing this book. In a seminar on music and identity organized in Bergen in 2007, the first author of this book presented a Community Music Therapy project with focus upon the contextualized effects of music (Stige, 2007) and our colleague Randi Rolvsjord presented a contextual perspective on music therapy in mental health care (Rolvsjord, 2007). A discussion evolved, and one of the seminar participants, the British social theorist Paul Gilroy¹¹ expressed: “But all music is music therapy! All music has that potential dimension to it.” We think he got it as right as you can get it in two sentences. All music may be used for health-related purposes and music therapists cannot restrict themselves to special music for special people in special places. This does not suggest that music therapists should be everywhere or are not required anywhere. It illuminates that music therapists could participate in a range of social contexts where various lay and professional agents interact, supplement, and sometimes challenge each other in relation to people’s appropriations of music.

In this perspective, the role of the music therapist may often be that of making music possible; when people have been excluded from music, when they do not allow themselves to music, or when they in other ways struggle for access to the resources required for musical participation. This is a limited description, it could be argued. Music therapy is more than music-making. The professional music therapist has a research-based training and has developed a range of personal and therapeutic skills. We think that this is an important point, but only when music is possible are health-related appropriations of music possible. Therefore, what we explore in this book are projects and contexts where professional skills in tandem with lay initiatives make health-promoting musical collaboration possible.

¹¹ Gilroy is a sociologically informed scholar of cultural studies, author of books such as *There Ain't no Black in the Union Jack* (1987/2002), *The Black Atlantic* (1993), and *After Empire* (2004).