

## Dissertationen

### **Toward a Notion of Community Music Therapy Synopsis and contextualization of (parts of): Stige, Brynjulf (2003): Elaborations toward a Notion of Community Music Therapy<sup>1</sup>**

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#### *Abstract*

The last few years the term community music therapy increasingly has come into circulation, and with it fresh debates about the relevance and meaning of the term and of the practices it refers to. How could community music therapy be described and defined? What characteristics of human nature and late modern culture indicate the relevance of community music therapy? What preliminary descriptors could be developed for community music therapy practice? What are the implications for the discipline and profession of music therapy? These are the research questions addressed in my dissertation *Elaborations toward a Notion of Community Music Therapy* (Stige, 2003). In the dissertation, available literature resources in four countries are examined as a foundation for the elaboration of a metatheoretical platform from which the history, relevance, and significance of community music therapy could be accounted for. The present article summarizes and contextualizes some of the results of the study. I have chosen to focus upon my reading of three German contributions to relevant literature (Schwabe, Seidel, and Frohne-Hagemann), before I outline aspects of socio-cultural contexts for the current developments of community music therapy, and then some of the results of the study, such as a description and definition of community music therapy.

#### *Zusammenfassung*

In den letzten Jahren ist der Begriff „Community Music Therapy“ sehr bekannt geworden und hat lebendige Debatten in Bezug auf Relevanz, Bedeutung und Anwendung ausgelöst. Wie kann man „Community Music Therapy“ beschreiben und definieren? Welche Charakteristika der menschlichen Natur und der Kultur der Postmoderne sprechen für eine gemeindenahere musiktherapeutische Praxis? Welche Implikationen entstehen für die Disziplin und das Berufsbild der Musiktherapie? Meine Dissertation *Elaborations toward a Notion of Community Music Therapy* (Stige, 2003) befasst sich mit diesen Forschungsfragen. In der Dissertation wird verfügbare Literatur aus vier Ländern unter Berücksichtigung von Geschichte, Relevanz und Bedeutung *gemeindenaherer Musiktherapie* zum Zwecke der metatheoretischen Ausarbeitung untersucht. Der vorliegende Beitrag fasst einige der Ergebnisse dieser Studie zusammen. Ich beschreibe zunächst drei Ansätze aus der deutschen Literatur (Schwabe, Seidel und Frohne-Hagemann), gehe dann auf Aspekte des soziokulturellen Kontexts ein, die für

die gegenwärtige Entwicklung „gemeindenaher Musiktherapie“ relevant sind und umreißt anschließend die Ergebnisse der Studie.

## Introduction

Where does a story begin? This is the opening question of my dissertation *Elaborations toward a Notion of Community Music Therapy* (Stige, 2003). I used this simple question as route to an exploration of some of the personal, professional, and socio-cultural contexts of the investigation.

The personal context includes reflections instigated by a question one of my first clients – Knut – asked back in 1983. Together with five other adults with Down's syndrome, Knut was member of a group that was about to start their first session of music therapy. For a series of reasons the music therapy room did not belong to the institution where the members of the group lived at that time (and where we usually worked) but was part of the community music school of the town. This turned out to make a difference. The room that we used was also used by the local marching band, of which there were several pictures on the walls. As the group members entered the room they did not head for the chairs that we had put out. Instead they went right over to one of the walls and started to study the pictures more closely. A great enthusiasm spread among the group members: „The band!“ „Look at that!“ „The drum!“ „The uniforms!“ When we finally sat down, Knut asked: „May we too play in the band?“ (Stige, 2003, 4)

I cannot go into the rest of the story here, but I can share how Knut's short and simple question got me thinking. It challenged so much of what I had learned as a music therapy student. I „knew“ that music therapy was about using music within the context of a therapeutic relationship, with goals related to personal development and with boundaries defined for time and space. Music therapy was not about leaving the music therapy room in search of a local marching band! Still, my colleague and I felt that Knut's question was important. One of his problems was segregation from his local community, and our appraisal was that this was a relational problem as much as an individual one. The trajectories toward change would relate to development of new attitudes and traditions in the local community as much as to Knut's personal development. His simple question thus called for a serious rethinking of our approach. In many ways Knut's question was „wild“. It had a subversive quality to it. The marching band was among the most prestigious establishments in town, and Knut belonged to a marginalized group that traditionally did not belong to such an establishment. Maybe I liked that subversive quality. But could this be more than a dream? (see Kleive & Stige, 1988; Stige, 1993 / 1996).

Experiences such as the one described above are linked to struggles about values, including the values of inclusion and equality, and I consider them to be central elements of the personal context of my elaborations toward a notion of community music therapy. A very different context is the debate on community music therapy that has been going on internationally the last few years; see the discussions in *Voices* ([www.voices.no](http://www.voices.no)). In the weeks of the final writing up of this article,

this debate has again been intensifying, with Ruud (2004) suggesting that community music therapy should be defined as „*the reflexive use of performance based music therapy within a systemic perspective*,“ Stige (2004b) arguing that this is a problematic and limiting definition, Ansdell (2005) delivering a plea for „fuzzy recognition“ rather than „final definition,“ and Garred (2005) warning against the (con)fusion of the terms „music therapy“ and „community music,“ etc. In my judgement, the relevance of this professional debate is understood better if seen in relation to processes of modernization in late capitalist societies (see the next section).

Since community music therapy is a relatively new and controversial notion and the practices supporting it to a large degree are uninvestigated, the research focus of my doctoral study is expressed in a series of exploratory questions:

- What is it? How could community music therapy be described and defined?
- Why bother with it? What characteristics of human nature and late modern culture indicate the relevance of community music therapy?
- How, where, when, and with whom? What preliminary descriptors could be developed for community music therapy practice?
- So what? What are the implications for the discipline and profession of music therapy?

The purpose of the study is qualitative description and clarification of terms, theory building and critique. In this article there is no space for a detailed discussion of the epistemological and methodological considerations that inform the study, but a few brief comments could be made: I am elaborating on a term belonging to a field in which I am an active agent myself. This situation asks for reflexive methodology (Alvesson & Sköldbberg, 2000) to a degree that goes beyond the traditional observation that qualitative researchers allow themselves to be actively and personally involved rather than being distanced observers. My contribution in relation to the research question is therefore bound to be partial; I have to acknowledge that what I can develop is *one* qualified perspective on what community music therapy could be.

Given this basic assumption, I have not considered it possible to use a neat set of pre-defined research procedures in this study. The research process has been characterized by participatory and gradual development of knowledge, through fieldwork, theory development, dialogue, and critique. No conventional conception of method, with clearly defined design, procedures for data „collection“ and analysis, or techniques for evaluation of validity and reliability, has then been attainable for the study. This is not to say that the study is based upon arbitrary procedures. *Abduction*, or inference to the best explanation, has been the basic strategy of discovery: When a striking or surprising aspect has been noticed, I have tried to establish the descriptions that could best illuminate or explain this. In this process a continuous zigzag movement between empirical material, theory, and metatheory has been endorsed.<sup>2</sup>

In the present article there will be limited space for illumination of the theoretical elaborations of the dissertation, but I will start with a brief description of socio-cultural context, before I focus upon some aspects of the literature review, a few of the theoretical elaborations suggested by the review, and then, finally, upon some of the results and conclusions of the study.

### Socio-cultural Context

Community music therapy has been called a „new name for an old game,“ „professional suicide,“ a „Big British Balloon,“ and a few other less flattering things lately. In contrast, I suggest that there are reasons to take this „new“ term and turn in music therapy much more seriously. I consciously put the word „new“ in inverted commas, since there are obviously several important roots involved and since we already have related terms such as „music milieu therapy,“ „environmental music therapy,“ „ecological music therapy,“ „systemic music therapy,“ and „social music therapy“ in circulation. Choice of term is probably the less interesting aspect here. What I find more important is to take interest in understanding why more and more music therapists try to redefine the boundaries and premises of their music therapy practices. In other words: What is the current socio-cultural context of the emerging practices of and discourse on community music therapy?

In my dissertation I approach this question through an examination of literature on late modernity. Continuing processes of modernization lead to socio-cultural changes, such as for instance individualization and specialization (Giddens, 1991; Crook, Pakulski & Waters, 1992). This development is ambivalent; it represents new possibilities as well as new problems for most people. With reference to the Danish researcher Henrik K. Nielsen (1993, 23ff), I argue that:

... modernity liberates individuals from traditional social structures and taken-for-granted meanings, a liberation that also leads to a loss, so that *individual search for identity and meaning* is a basic characteristic of the modern condition. Identity is then understood not as a base or established foundation, but rather as a continuous project, an act of balancing the loss of tradition with the new possibilities created by the same loss. Modernity leads to individualism in the sense that individuals of a society experience a higher degree of choice and possibilities for self-definition. The immediate community is less of a *given* than in traditional societies; new contexts with different possibilities and limitations may be sought after. To what degree modernity leads to an asocial individualism characterized by lack of solidarity is another question, and again one that is answered through struggles in concrete contexts (Stige, 2003, 33).

If individuality is a *project* in late modernity, then the same thing could be said about community. We cannot take community for granted (anymore, if we ever could). Rather, community could be considered a complimentary project to the ever-lasting search for individuality. This socio-cultural situation contextualizes the current interest for community music therapy among clients and therapists.

We could also understand aspects of the emerging awareness about community music therapy if we take a look at what seems to be happening with the discipline and profession of music therapy. In relation to processes of modernization in late modernity, the two concepts of *hyper-differentiation* and *de-differentiation* may be illuminative: As scholarly disciplines gradually have been differentiated into sub-disciplines and specialized research fronts, *fragmentation* of knowledge and research interests could be described as the preliminary result. Eventually, however, new conglomerates may develop, when scholars from the research fronts of several disciplines and sub-disciplines discover that they share interests (Crook, Pakulski & Waters, 1992, 70). To my judgment, community music therapy could be seen in the double perspective suggested here; it represents hyper-differentiation (as a specialization of music therapy, which again is a specialization of music and of therapy) and de-differentiation (as a new multidisciplinary conglomerate) at the same time.<sup>3</sup> The thesis here, then, is that community music therapy may partly be understood as a set of responses to challenges given by international developments in society and culture, such as processes of modernization in late modern societies. The consequences I have seen for this study are that community music therapy practices necessarily are characterized by complexity, contingency, and continuous change. This, and the fact that the specific term community music therapy is not firmly established, of course made a conventional literature review problematic to perform. What, then, were the strategies I used when selecting literature for review? I searched databases, using a broad range of related keywords, such as milieu therapy, sociotherapy, and social therapy, as well as environment, context, and culture. I actively used my own pre-understanding of the field. And, finally; through dialogue and discussion with several good colleagues I got much help and many ideas (and I want to express my gratitude for this).

Because of language and space limitations I decided to concentrate the review on music therapy literature from four countries: Germany, Norway, Britain, and the US. These contexts were chosen because it was possible to find a *tradition* of relevant literature, that is, in these countries there have been several authors writing about related issues over a number of years.<sup>4</sup>

### Three German Perspectives

Of the four traditions of literature that I examined in the dissertation, I have chosen here to focus upon the German literature. This is, of course, partly due to the context of the publication of this article, but there are also other reasons for taking interest in the German literature. There are several interesting discussions of social and political dimensions in the German music therapy literature, including some

early critical discussions of music, music therapy, and society (see, for instance, Geck, 1972 / 1977).

I will concentrate on a brief presentation of three perspectives developed by German music therapists, which of course in no way will give a comprehensive overview. What I want to do is to present three different contributions that together give a broad (not complete) picture of the German literature on issues of relevance for the current international debate on community music therapy. Until the unification of East and West Germany in 1990, there were two separate German traditions of music therapy. I still choose to represent these texts under one heading, since the main text to be discussed here by the central pioneer of music therapy in former DDR, Christoph Schwabe, was published as late as in 1998, partly in response to changes in culture and society due to the unification process. In addition to Schwabe, I will discuss texts of Almut Seidel and Isabelle Frohne-Hagemann, who both have contributed with social perspectives on music therapy.

### *Christoph Schwabe: Social Music Therapy*

Former East Germany (DDR) was, to my knowledge, the only country in communist Eastern Europe with a strong tradition of music therapy. Christoph Schwabe was a central pioneer of the discipline in this country. From 1960 to 1980 he worked as music therapist at the Nervenlinik at the University of Leipzig, and from 1980 to 1992 as docent in psychology at the Academy of Music in Dresden. In 1969 he was co-founder of the music therapy section of the East German Society for Arts Psychotherapies. Schwabe's most renowned books are probably *Aktive Gruppenmusiktherapie für erwachsene Patienten* (1983) and *Regulative Musiktherapie* (1987), but the text that I have chosen to discuss here, and which is more central to the focus of this study, is *Sozialmusiktherapie* (Schwabe & Haase, 1998).

While this book – as well as the label Sozialmusiktherapie – is relatively recent, Schwabe underlines that this is an approach with a history of about forty years of development. The argument in the book is based upon a discussion of the human condition, including a specific notion of the *individual*. Schwabe underlines that individuals are never single or isolated; they interact with, relate to, and depend upon others:

Der Individuumsbegriff darf hier nicht unmittelbar gleichgesetzt werden mit dem Singlebegriff. Es geht hier zunächst nicht um die Beschreibung einer wie auch immer Idealf orm eines Seinzustandes, sondern um die Charakterisierung der Abhängigkeitsbeziehung zwischen den einzelnen Menschen und anderen (Schwabe & Haase, 1998, 13).

Consequently, a specific notion of the *social* – in which the individual and the collective reciprocally constitute each other – is used as the core theoretical notion in Sozialmusiktherapie. The argument is both local *and* general: The *local* aspect is linked to how music therapy in former DDR had to adjust to the social and cultural changes after the unification of the two German states. The more *gen-*

eral argument is that *human existence basically is social*, that is, it is proposed that the collective and the individual levels of human existence make each other up. Schwabe's notion of social existence is therefore not limited to social structure, but includes the domain of interpersonal communication. Based upon this premise Schwabe describes social life through use of the notions *proximity* (Nähe) and *distance*.

*Proximity* is related to being *open* to others, to the experience of *connection* to others, and is therefore also linked to a certain *lack of protection*. *Distance* is related to *being different*, to the establishment of *boundaries*, and therefore to *self-protection*. Taken together this illuminates how social contact is the path to liberation but at the same time represents *hazards* and *risks*. Social health is therefore the capacity for balancing proximity and distance in encounters with other persons as well as with one's own inner life (Schwabe & Haase, 1998, 15).

The development of *social competency* is considered the main goal of music therapy. The second section of the book is devoted to the description of principles of practice based upon this assumption, and in the third and final section several colleagues of Schwabe describe how the principles operate in context, when music therapists work with children with learning problems, students of a community music school, people with alcohol problems, or patients with psychiatric problems, etc. One interesting characteristic of this section is that Schwabe clearly distinguishes between what he calls *social* (non-clinical) and *clinical* settings. This is more than a practical division of working sites; it is related to a discussion of clinics and health institutions as sites of power struggles in which representatives of some disciplines and professions have the power to neglect and reject other disciplines and professions.

Schwabe discusses this both in relation to clinical contexts and in relation to social contexts such as schools. In the school system, for instance, Schwabe considers Sozialmusiktherapie helpful and relevant in many cases, but this is opposed by regulations that say that therapy should not be given as part of the services of German schools. Similar debates concerning how to define and label music therapy in schools and other social settings are probably common in many countries. What distinguishes Schwabe's contribution is the clarification of how notions of therapy are institutionally and politically constituted, with the concurrent double edge to his conclusion: First, he criticizes medicine and psychology for neglecting a category of disorders (a group of pathologies that he has labeled „social illness“). Second, he suggests that due to this situation, and the institutionalized power-struggles among disciplines and professions, music therapists cannot restrict themselves to working in clinics and conventional health institutions. In order to serve people in need, music therapists must go beyond efforts of becoming recognized as psychotherapists in conventional clinics. They must „walk out on the streets“ and offer their services in non-clinical settings.

What is proposed then, is that music therapists actively work against the limitations of institutional constraints. They should not restrict themselves to conventional therapy in conventional clinics, but should experiment with new ways of

working in non-clinical contexts. The authors note that this requires awareness and careful reflection. There are several differences between working in clinical and in social settings. In the latter, the conditions are less pre-structured and predictable (organizational frames are more open, indications for therapy less defined, etc.). The therapy process in social settings is not protected by the „safe space“ that the walls and frames of an institution may constitute. This puts new demands on the music therapist, who has the responsibility for creating necessary boundaries for client and therapist (Schwabe & Haase, 1998, 164ff).

A final note should be made on Schwabe's contribution: The value of focusing upon resources (personal strengths as well as social and cultural paths to growth and support) is illuminated, often implicitly but sometimes also explicitly. This theme has later been given a separate treatment by Schwabe (2000).

### *Almut Seidel: Music Therapy in Social Work*

The Frankfurt-course, established in 1988 with Almut Seidel as head of studies, has developed a unique profile in stressing the social dimensions of music therapy. Two of Seidel's articles will be discussed here, as they represent condensed and focused presentations of several years of practical experience, theory development, research, and teaching in relation to music therapy as social education and social work.

In a discussion of Sozialpädagogische Musiktherapie, Seidel (1992) sums up twenty years of experience and advocates the integration of music therapy in the professional task of the social worker. At the Fachhochschule Frankfurt social workers have been trained to become music therapists who integrate music as part of their repertoire of interventions in relation to a range of tasks and professional responsibilities. Seidel's article starts with five vignettes, which in an effective way demonstrate the dilemmas and real world challenges that suggest the relevance of social-educational approaches to music therapy. The first vignette, for instance, tells about Frau A., a social worker and music therapist who is responsible for a group of multiply handicapped children. She is critical to the fragmentation of these children's everyday lives due to the fact that they have several individual sessions of therapy every day (speech therapy, physical therapy, occupation therapy, etc.). Instead of adding music therapy to this list of individual therapy sessions, Frau A. tries to *integrate* music therapy elements in the everyday routines of the group, with focus upon the development of healthy *communication* and *relationships*.

After these vignettes Seidel outlines some principles for Sozialpädagogische Musiktherapie. This is an interdisciplinary and integrative approach, located at the „crossroads“ of clinical music therapy and social education. An integration of systems perspectives with client-centered perspectives is also involved. The music therapist works with *persons in context*, that is; the focus is upon helping persons to grow and develop in their everyday life situations. The clients in question are suffering due to interpersonal, social, and cultural problems, but have not yet been



hospitalized or diagnosed. Seidel underlines that Sozialpädagogische Musiktherapie is not operating on the basis of diagnosis-specific information, since this belongs to the clinical field. The focus is not treatment of symptoms but the facilitation of processes that may enhance growth and development in both person and context. The theoretical foundation for this approach to music therapy is therefore not theories about disorders and psychopathology, but theories about socialization and health. In relation to this, Seidel stresses the value of working with communication and relationships through musical improvisation, and argues that Sozialpädagogische Musiktherapie in these respects can learn from more conventional and clinical approaches to music therapy. An important difference, at the practical level, relates to the boundaries each context of work affords, that is, social-educational music therapists usually work in a less protected space than clinical music therapists, and they need to negotiate boundaries very carefully (Seidel, 1992, 301–303).

In another article, Seidel (1996) underlines that the efforts of integrating music therapy in social work in Germany has led to a broader range of sites for music therapy practice, as well as development and refinement of approaches, techniques, and relevant theories. The focus of social work, according to Seidel, is the empowerment of marginalized groups in society. She also suggests that social work represents an important corrective and supplement to conventional therapy, since preventive strategies more than reactive (curative) strategies are developed. A central notion in Seidel's discussion is *everyday life*, and she proposes that social work is everyday-oriented; it is based on an acknowledgement of the complexity of everyday situations and aimed at supporting individuals, groups, and communities in their efforts of dealing with the challenges of everyday life. Social work then is related to enabling and empowerment and is basically building on and strengthening the clients' own strategies for dealing with the tasks and situations of everyday life (the experience of deceit and deficit, of barriers and rejections, of protest and dissent, of ineffective processes of learning, and so on). The goal is to help people to develop their capacity for self-help.

Therapy comes in when the strategies chosen for dealing with everyday problems break down, and therapy is characterized by a certain distance to everyday life and by a reduction of the complexity of situation that characterizes everyday life. Seidel's (1996) argument then is that there is a continuum between everyday life and therapy. There is no clear line between the two fields. Individual needs and values, cultural patterns, and socioeconomic structures determine how separate or connected they will be and how they overlap. Seidel's argument is that music therapists with competency in social work will be able to deal with this continuum in a constructive way and to adapt their work to the needs and resources of each client.

*Isabelle Frohne-Hagemann: Music as Experience and Expression of Solidarity*

Isabelle Frohne-Hagemann has been a major contributor to the German literature on music therapy theory since the mid-1970s. Her work has for many years been inspired by Gestalt principles, as developed within the school of *Integrative Therapy*, with Hilarion Petzold at the Fritz Perls Institute in Hückeswagen as the leading figure. In the context of this study, it is interesting to note how she consciously has integrated psychotherapeutic and sociotherapeutic perspectives in her discussions (Frohne, 1986; Frohne-Hagemann, 1998).

In 2001 Frohne-Hagemann published *Fenster zur Musiktherapie*, a stimulating collection of previously published papers. In one of the chapters of this book, Frohne-Hagemann discusses how Integrative Musiktherapie defines and situates itself in the landscape of therapeutic approaches. Referring to Petzold, Frohne-Hagemann argues that psychotherapy is a narrow conception and that one instead should speak of „Humantherapie“; therapy devoted to the development of the whole person. Integrative Musiktherapie therefore goes beyond conventional *treatment*. It is concerned with the enabling of human beings and with personality development. This includes sociocultural and political elements, and Frohne-Hagemann speaks against any devaluation of social and educational elements of therapy processes. The argument is based on a conception of humans as fundamentally *creative beings*. In this perspective it is not enough to treat or heal, it is also necessary to help the client to grow and develop. Based on this premise, Frohne-Hagemann, with reference to Petzold, describes four „roads“ to growth and health: 1) Bewusstseinsarbeit/Sinnfindung. 2) Nachsozialisation – Grundvertrauen. 3) Erlebnisaktivierung – Persönlichkeitsentfaltung. 4) Solidaritätserfahrung – Metaperspektive und Engagement (Frohne-Hagemann, 1990/2001, 98ff).

The first road, work with consciousness and the exploration of meaning, is psychotherapy, as originally conceptualized; to make what is unconscious conscious, to integrate thoughts and emotions, to process and work through experiences of intrapersonal conflicts, etc. This work is focused upon the client's development of increased understanding of his or her own inner life. What makes this achievable is *not* any readymade knowledge that the therapist could teach in any conventional sense. It is rather a question of insight growing out of the interpersonal relationship between client and therapist. Frohne-Hagemann (1990/2001, 103–105) suggests that *free improvisation* (as „open experiment“ and intersubjective practice) is an especially suitable approach to this kind of work in music therapy. Through improvisation and verbal reflection new meaning may be negotiated between client and therapist.

The second road, which is linked to the first and the third, is work with resocialization and further socialization, basic trust, and nurturing. This approach too is related to the exploration of meaning, but more as *building of meaning* than as disclosure. This is psychotherapy as it has been conceptualized in theories discussing the needs of clients suffering from traumas and deficits more than from intrapersonal conflicts. Usually this way of working requires long term therapy

processes with a high responsibility on the therapist, who must offer the client the balanced measures of nurture and frustration that best can promote growth. Frohne-Hagemann (1990/2001, 106–109) argues that these clients initially often lack the capacity for reflection through language, and that work through music and other expressive modalities may be helpful for the development of the needed *identity* and awareness of oneself in relation to others.

The third road, activation of experience and work with personality development, is based upon the growth potential linked to *positive emotions and experiences*. This road to health has been explored by numerous approaches to self-help groups and self-experience groups, in which the participants work with their sensibility, expressiveness, and fantasy, as well as their flexibility and communicative capacity. These groups have the function of being a *facilitating environment* (as described by Carl Rogers). This third road to growth and health is situated on the borderline between education and therapy, according to Frohne-Hagemann (1990/2001, 109–111), and could aim at counteracting the experience of *Entfremdung* that life in society may have created in the individual. She advocates that the importance of music for this way of working is related to its potential as *communal and pleasurable activity and experience*, and that this potential should be used much more actively among music therapists, for instance in the shape of working with rock bands with adolescents or arranging musical parties for elderly people. An example of a receptive approach is also given, where clients in a group could bring with them their favorite music and share their experiences of it. This is not psychotherapy in the conventional sense of working with consciousness, meaning, re-socialization, and trust, but it is still therapeutic in that basic human needs for growth and health are met. The clients may be helped to develop new perspectives on life and new creative capacities for expression and communication.

The fourth road described by Frohne-Hagemann is the experience of solidarity, metaperspective, and engagement. Solidarity, which is related to engagement and responsibility for the interests of the other, is seen in contrast to narcissistic and self-absorbed strategies of interaction as well as to self-effacing strategies. The fourth road is therefore not independent of the three others; self-awareness, tolerance, dignity, and identity are considered pre-requisites of true solidarity.<sup>5</sup> Frohne-Hagemann (1990/2001, 112–113) underlines quite clearly the danger of becoming „ignorante[n] Weltverbesserer,“ and advocates that determined attempts of developing metaperspectives are necessary in order to counteract this. Metaperspectives in this context means theories about society and about the cultural and social factors that lead to health problems in individuals, groups, and communities. Concrete aspects of this work in therapy could be use of and reflection on the functional music of the everyday world. In engagement with music as *experience and expression of solidarity*, Frohne-Hagemann suggests that possibilities for a better acknowledgment of oneself as a *historically situated* human being exist; one is given the possibility of exploring one's position in one's own subculture, and thus also of developing intercultural solidarity.

As we can see, Frohne-Hagemann places herself in a tradition arguing for the value and relevance of social perspectives on music therapy, and she does this through the development of an argument for an *integrative* approach. Psychotherapy and sociotherapy belong together and are dependent on each other in ways comparable with the relationship between our two hands, Frohne-Hagemann (1990/2001, 112) advocates. For this music therapist, therefore, the notion of awareness includes *personal* and *social awareness* as well as *cultural critique*.

### **Music Therapy and the Socio-cultural Resources of Everyday Life**

The texts that I have reviewed here challenge some common principles of music therapy as individualized practice, by adding social and cultural elements to the discussion. The authors referred to belong to different discourses and the writings take quite different frames of reference. No attempts will be made here to evaluate these frames. Instead, I will try to clarify part of what I think we could learn from these texts.

Schwabe has argued for a new model of music therapy, which he labels Sozialmusiktherapie. Seidel has expanded the notion of music therapy in the direction of social work, and Frohne-Hagemann has challenged a narrow conception of music psychotherapy. In other words; their agendas have been quite different and a direct comparison of their contributions would not make sense. I still find it meaningful to present these texts together and in that way try to establish inter-textual relations between them. The texts are hardly about the same theme or „thing“, in any concrete or restricted way, but they could be read together in a search for family resemblances.<sup>6</sup> While I cannot take it for granted that the authors referred to would accept or appreciate community music therapy as the family name of their work, relationships between the practices and discourses referred to will hopefully be acknowledged.

The three German authors referred to in this section exemplify a growing group of music therapists that take interest in why and how music therapy could be made more open for the socio-cultural resources of everyday life. They propose that collaboration and social resources, as well as participation in culture, are important for growth and health, and that music therapists therefore should develop flexible approaches in order to be able to contribute to the mobilization of such resources, even when this could imply that conventional boundaries of music therapy are challenged. These ideas suggest several issues to examine in an elaboration toward a notion of community music therapy. For instance: To what degree should psychological and socio-cultural dimensions be treated as separate or as integrated processes? My interpretation of the literature reviewed is that it points in the direction of the second alternative, but this is a complex question which requires careful consideration, and implications for music therapy theory and practice need to be examined in more detail.

One notable thing in reviewing the German literature is that there are hardly any references to related traditions of music therapy in other countries. I found a simi-

lar situation in the literature from the three other countries, especially in the British and American literature, where there were few references to the German tradition. In other words; the four traditions discussed in the dissertation seem to have been developed relatively independently. While this certainly reveals a need for increased international communication in music therapy, my focus has not been to discuss why such communication has been missing. Instead, I have focused upon the interesting fact that these separate but related socially oriented traditions of music therapy actually *did* develop, with less focus upon why they were separate and more upon why they actually developed.

At least two assumptions could be established: First, the requests for a social and community-oriented music therapy reflect a universal and basic characteristic of the potential of music in relation to health and therapy. Second, these requests have developed as responses to sociocultural changes that have been shared between contexts, even though specific differences between these contexts exist. In other words: A communal and sociocultural approach to music therapy is „natural,“ that is, it is based upon tendencies and possibilities in music that exist cross-culturally, so that communal aspects will tend to be part of music therapy practices as they develop in different times and cultures. And/or: The simultaneous requests for a more sociocultural practice of music therapy in the four countries could be an indication of specific sociocultural developments in late modern societies. These two assumptions could complement each other and are not necessarily contradictory.

In the dissertation I therefore discuss the notions of humankind, music, culture, community, health, and therapy thoroughly. In this short article it is not possible to include or refer to these discussions in any detail, but some brief synopses will be given, and most of the notions will be implicitly present when I later in the article will turn to the results presented in the two final chapters of the dissertation, where I – through use of the elaborations of the eight previous chapters – try to present an outline of a notion of community music therapy.

## Human Nature and Music Culture

Music may produce *shared focus* and *shared experience*, and it is therefore a commonplace suggestion that music may be a powerful tool for social integration, promoting the experience of community. Music, then, is experienced strongly in the here and now, as shared and evolving time. This is implicit in Trevarthen and Malloch's (2000) concept of Communicative Musicality in mother-infant interaction. Music also seems to have powerful functions of integration in larger social contexts; in communities and possibly in societies at large (Østerberg, 1997).<sup>7</sup>

How, then, could claims such as these be linked to a notion of music in community music therapy? In the dissertation I approach this question by examining some of the established notions of music in music therapy. One strong tradition goes back to the American pioneer of music therapy, E. Thayer Gaston. In an often-cited essay, „Man and Music,“ Gaston (1968) starts his argument by stating that

music is human behavior, and that music therapy therefore naturally belongs to the behavioral sciences (of which he includes and highlights psychology, anthropology, and sociology).<sup>8</sup> Gaston was a pioneer in including evolutionary perspectives in music therapy theory, while he at the same time was sensitized to the fact that music is culturally defined. In this way he developed a conception of music with biological, psychological, and socio-cultural dimensions. This breadth is valuable and important, in my judgment. The limitation of Gaston's perspective is linked to the metatheory he subscribed to, especially his basic assumptions about research and knowledge.

In all the uses of music, no laws of nature are abrogated. Music and its influences can be studied scientifically, using the methods of the behavioral sciences (Gaston, 1968, 27).

Gaston subscribed to the idea that there is one general scientific approach in investigation and analysis, and that this does not include the qualitative and interpretive methods of the humanities. In this respect there is an interesting tension in Gaston's (1968) essay. His own argument is developed relatively freely, and not solely based upon evidence in any strict sense of that term. To support his line of reasoning he refers to scientific literature from a nomothetic tradition, but also to interpretive texts from anthropology, and even to his own personal everyday observations. If subscribing to a concept of truth that underlines interpretive coherence, this style of argument would be perfectly legitimate, but as Gaston's text reads, there is a discrepancy between his own style of argumentation and the scientific „credo“ he promoted. More seriously, the argument that music should be studied scientifically, when seen in the perspective that I argue is implied in the context of Gaston's essay, is problematic for further investigation of many of the themes Gaston in his text argues are important, such as the social, emotional, and communicative character of music.

My appraisal is therefore that community music therapy needs a different conception of music than the one developed by the American tradition that Gaston pioneered. One way of describing the tradition after Gaston is that music is used as a *means*. In contrast, several authors have argued that music in music therapy more helpfully could be conceptualized as a *medium* (e. g. Aigen, 1995; Garred, 2002). Aigen bases his argument on John Dewey's (1934) *Art as Experience*, where it is distinguished between a means and a medium. A means that is its own end is by Dewey named a *medium*, and Aigen exemplifies in the following way:

Dewey observes that there are two kinds of means: those that are external to what is accomplished and those that are incorporated in the outcome. When we travel just to get to a desired location our trip is a mere means that we could just as well do without; alternatively, when we travel for the pleasure inherent in the experience, our trip becomes a *medium* for aesthetic enjoyment. In this latter example, it does not make sense to say that we would just as well do without the trip in accomplishing our goal because our goal *is* the trip. When we characterize something as a medium it is because we observe a certain identity or unity of means with ends ... (Aigen, 1995, 238–239).

This distinction Aigen finds applicable for music therapy, and he argues that music in music therapy never should be reduced to a means; it should be a *medium* for interpersonal, emotional, and aesthetic experiences. This argument and the suggestion that aesthetics is connected to everyday experience as well as to art could be relevant for community music therapy in several ways. I am still reluctant to using the term „music as medium“ as a foundation for the understanding of music in community music therapy. I am not convinced that it covers the broad range of uses and functions that music may have when music therapy is practiced in social and inclusive contexts and communities, and I am not pleased with the tendency of polarising music as means and music as medium (which easily leads to polarization of human nature and culture). In search for a concept relevant for community music therapy, I think a more integrative theoretical position could be fruitful. In trying to develop this, I have followed the path suggested in cultural psychology (see Vygotsky, 1978; Cole, 1996), where evolutionary perspectives (phylogeny), cultural history, and the development of the individual (ontogeny) are seen in relationship.

Evolutionary perspectives on music have been vitalized recently due to developments in biomusicology (Wallin, Merker & Brown, 2000), and I find Ellen Dissanayake's (2000, 2001) concept of *protomusicality* central. Dissanayake suggests that the evolution of the species has furnished human beings with a (biologically based) capacity for communication through sounds and movements. This human capacity is *cultivated* in ontogeny, and there is no legitimate foundation for a music therapy theory neglecting the social and cultural aspects of musicing. Music therapists and music therapy theory, therefore, needs to take interest in *musics* (music in plural), that is; the wealth of different cultural traditions of music and music making available for groups and individuals at any time. This is an insight that for some years has been promoted by for instance Even Ruud (1987/1990).

From this, it is not possible to conclude that there is *one* specific notion of music of relevance for music therapy. In phylogeny, human sensitivity and interest for sound has evolved, a fact that to some degree may support the idea of using music as direct *means* in therapy. Dissanayake's (2000, 2001) concept of protomusicality clarifies, however, that humans' interest for sound and movement is linked to their capacity for communication, which is an argument for the relevance of a quite different notion, namely music as communicative *medium*. A simplified description of this change in perspective is that what should be studied is not only how people *react* to music but also how they *interact* through music. As outlined above, my appraisal is that not only a notion of music as means, but also a notion of music as medium, may be insufficient. Notions of music linked to dyadic communication mediated through music must be supplemented by broader notions of relationships constituted and maintained through music. Only then will we be able to explore and understand community music therapy as social and resource-oriented musicing in relation to everyday contexts.

I have chosen to use the term *musicing* (Small, 1998) for elaboration of such a broader perspective. Implications go beyond seeing music as a verb instead of

as a noun; they include the study of music as *situated activity*. Some alternative metaphors could be helpful in illuminating aspects of this broader notion. Music-ing as situated activity represents an *ecology*; a situation where relationships are performed and perceived. Music, then, is more than a „thing“ human reacts to or a „tool“ they act and interact through; it is a multidimensional and continuously changing *milieu* allowing not only for monologues and dialogues but also for „polylogues“ where an aggregate of biological, psychological, and sociocultural processes interact. This has a transactional character; agents, activities, and artifacts change and develop over time through processes of mutual influence.

The complexity of the above description suggests that no single metaphor is adequate for the illumination of music in community music therapy, but I have chosen to concentrate on *music as ecology*, as this metaphor already has some foothold in the discipline and since it conveys the complexity and multiplicity of relations involved.<sup>9</sup> I do not propose that this metaphor makes the already established metaphors of music as means or medium superfluous. No ecology of performed relationships could develop if music did not operate as means and medium, that is, if there were no direct stimulation or mediated communication. And I am not suggesting that „music as ecology“ is relevant for community music therapy practices only. I expect many music psychotherapists, for instance, to take interest in the metaphor. Differences of application will relate to the scope of the metaphor, that is, whether one is focusing upon the ecology of the microsystem of a music psychotherapy process or whether one also includes the meso-, exo-, and macro-system levels (cf. Bronfenbrenner, 1979) that gain importance in community music therapy practices.

The claim that has been illuminated in this section is that music in music therapy could be conceptualized as an ecology constituted as *acts of music-ing*, that is, as performed relationships in a given sociocultural context. Music-ing is inevitably related to *protomusicality* (the human biological capacity for communication through sound and movement), to *musics* (the wealth of musical traditions developed in cultural history), and to life histories (which reflect cultivated capacities and the personal experience of what musics could afford).

## Culture and Community, Health and Music Therapy

As further contextualization of the current interest for community music therapy, the elaborations of the dissertation proceed with a discussion of notions such as culture, community, health, and music therapy. The perspective I take suggests that culture, as ways of life and as differentiated and de-differentiated lifestyles, is shaping people and shaped by people, in conscious and non-conscious ways, some of the latter being related to human nature as evolved in phylogeny (Stige, 2002a). If culture is more than a context that shape people, but also a process that people actively shape together, culture's relationship to communication and community becomes crucial. The notion of community that I propose is therefore:



A community is a group of people who share space and practice, enduringly or temporarily, and who are shaping and being shaped by a culture of commitment (Stige, 2003, 198).

That a community is a group of people may seem self-evident, but it warrants some comments, since groups may be small or large and may exist for different reasons or purposes. I will not attempt to give any specific classification concerning size, but the vernacular distinction between intimates, friends, and acquaintances could represent a guideline here. A community is generally larger than the small circles of intimates and friends, and therefore more typically has the size of a (little or large) circle of acquaintances.

If community is a group of people living or coming together, the dimension of shared *space* is involved, and we must remember that individuals may experience community as space in quite different ways. The experience of barriers and of accessible trajectories depends upon social status and personal resources. This is not to say that communities may not carry the potentials of solidarity and shared efforts for equal opportunities, but it reminds us about the ambivalent character that communities may have.

Shared *practice* is related to *production* of artifacts (ranging from technical tools to works of art) and of meanings (shared experiences where sounds, words, and actions interpret each other). Practice may then involve both goal-directed action, communicative action, and emancipation.<sup>10</sup> Production is related to present needs and ecological conditions of a community, as well as the cultural values shaped by history, and the group's vision of the future.

A community, as a group of people sharing space and practice, may exist *enduringly* or more *temporarily*. An enduring community is of course not an everlasting structure, but the members see it as a relatively stable arrangement. A village or city neighborhood could be a typical example; there is no obvious or predictable end or time limitation. On the other side, there are communities that more clearly have a temporary quality, such as the community of a hospitalized group of people.

As a social and cultural phenomenon, a community is *shaping* its members and in return *shaped* by them. The members are not a product of the community or vice versa. Instead, a complex process of *transaction* is involved, and descriptions of unidirectional processes of influence will therefore not suffice when communities are to be studied.<sup>11</sup> This suggests that a community is neither an immutable structure nor a free space. For instance, a community is usually characterized by a *culture of commitment*, that is, there will be customs and technologies developed by the community in order to ensure some form of experience of solidarity, responsibility and obligation. Sometimes the group members feel that the reciprocal responsibility is „natural“ and desirable, for instance when it is fueled by strong and positive experiences of togetherness, accomplishment, or identity. Other times the obligations may be experienced as burdens and restrictions.

Why do communities exist? I assume we often may forget to ask this question, since we may experience a community as a given. It is the neighborhood where we happen to live or the institution where we work or are hospitalized, etc. Other

times we more consciously choose to be part of communities, as means to an end or as an end in itself. Community, as experience, social structure, and culture of commitment, may on one side represent a common pool of resources to the benefit of its members, but it may also be endangered by self-centered individuals or it may represent repressive structures endangering the autonomy of self-realizing individuals. Communities do therefore not represent a neutralization of the ambivalence of the late modern condition (Fornäs, 1995). Instead, we could see community as an available and ambivalent resource for the individual, and vice versa. How, then, could this notion of community be linked to the notion of health? I consider this a crucial question, since I accept Bruscia's claim that the music therapist's main role responsibility is to help the client to promote health (Bruscia, 1998, 21).<sup>12</sup> The concept of health has been subject to much philosophical and scholarly discussion, and health is of course also a concern for most lay people. Health is related to life and death, as well as to quality of life. Our ability to deal with these issues is not obvious, while our interest in them is. In modern societies people live longer than before and they have access to therapies and health services that nobody in the generations before could even dream of. This new situation has *not* reduced the need for talking about health issues, rather the opposite. Some suggest that this interest for health is becoming unhealthy; „health has become almost a religion,“ and/or: „our preoccupation with health reveals the luxury problems of egocentric individuals.“ This criticism is understandable, and worth considering, but I suggest that the following perspective is more fruitful: The discourse on health expresses longings and dreams about the self and the social world (Pausewang, 1999). For many people in late modern societies, health has become a productive metaphor when talking about themes of self and society.

The contemporary discourse on health, then, usually is concerned with much more than the question of not being sick. If one wants to explore possibilities for focusing upon health promotion in wider contexts, it is then necessary to clarify what this could mean. How can we, for instance, integrate an understanding of the psychological, social, and cultural-historical dimensions to human existence in our conception of health? This question suggests that we need to go beyond the dichotomy of objectivist notions of health as biological balance and relativist and humanistic notions of health as subjective experience.

One attempt of getting beyond objectivist and relativist notions of health is developed by the Danish philosopher Ole Dreier (1994). Taking the cultural psychology of Vygotsky (1978) and the activity theory of Leontjew (1979) as a point of departure, Dreier attempts to outline a dialectical conception of health. He acknowledges the individual aspects of health, as personal conditions and qualifications for *participation in social life*, but also stresses that health is related to people's *mutual care* to ensure the development of the conditions and qualifications of each person. Health is neither just my interest for myself or others' interest for me, but the mutual and general interest and care for each person's possibility for participation, Dreier (1994, 199) claims. In this way Dreier locates health neither in body nor in person or society, but as a quality of human *interactions and activities*. To state

this is both more and less than giving an alternative definition of health. It does not, for instance, mean that conventional conceptions of health stressing biological and individual factors are irrelevant, only that they are partial. Dreier's intention is hardly to „define“ health in any exact manner; he is rather suggesting an alternative path to follow.

Exactly how and how much music and health are linked is an empirical question. My errand here is theoretical. What has been outlined above is a *relational* notion of health, and my proposal is that this notion is compatible with the relational notion of *musicing* that was discussed in the previous section. Mutual interest and care for each person's possibility and participation in a community may be expressed through musicing between clients and therapists, as well as in relationships to other people and contexts. In conclusion, I propose the following notion of health:

Health is a quality of mutual care in human co-existence and a set of developing personal qualifications for participation. As such, health is the process of building resources for the individual, the community, and the relationship between individual and community (Stige, 2003, 207).

This inclusive notion brings health closer to being a metaphor in a discourse about desired personal and social relationships in late modernity than to being a specific biomedical construct. While references and arguments may vary, it seems that practices that are labeled community music therapy (and related practices such as those outlined in the literature review) more often than not have been legitimized through use of an inclusive notion of health. If this is correct, community music therapy will differ from conventional modern music therapy in several ways.

My practical experiences support this assumption. When I have presented my work with community music therapy in conferences and seminars, a typical response from the audience has been: „This is interesting, but is it music therapy?“ I find it impossible to answer such questions without making a distinction between three conceptual levels in the definitions of music therapy: music therapy as discipline, as profession, and as practice. I have chosen to use the following definitions of discipline and profession as basis:

Music therapy as discipline is the study and learning of the relationship between music and health (Stige, 2002a, 198).

Music therapy as profession is a community of scholar-practitioners who have a recognized training and competence qualifying for a social role [in relation to promotion of health], with specific obligations and rights in relation to clients, colleagues, other professions, and the public (Stige, 2003, 224)

This is the context for my claim that music therapists at the level of *practice* quite often do (and should do) „things“ that are *not* considered therapy in the conventional modern meaning of that term (curative work in clinical settings). A variety of musi-

cal activities in social and cultural contexts may promote health and may therefore be of interest for the discipline and profession of music therapy. „Music therapy“ is the family name, so to say, but this does not imply that we all play the same game. In short, the argument given in this section is that *culture* is linked to human co-existence, that *community* is related to a culture of commitment, and that *health* is related to mutual care and thus to culture as well as to community. Music therapy, then, as a discipline and profession focusing upon relationships between music and health, needs to expand the focus to include work with social and cultural processes. One of the terms that have been used internationally lately in attempts of describing such an expansion of focus is *community music therapy*, and I will continue by presenting the definition and description proposed in my dissertation.

### Community Music Therapy – How could it be Defined?

The above discussions suggest that the pre-understanding I had before the study started, namely that community music therapy could best be described as an area of practice,<sup>13</sup> was limited and limiting. In summing up the arguments of the dissertation, I therefore produced the following definition:

Community Music Therapy may be defined at three levels, as a notion referring to an area of practice and to probable future developments of a sub-discipline and a professional specialty:

Community Music Therapy as an area of professional practice is situated health music-ing in a community, as a planned process of collaboration between client and therapist with a specific focus upon promotion of sociocultural and communal change through a participatory approach where music as ecology of performed relationships is used in non-clinical and inclusive settings.

Community Music Therapy as emerging sub-discipline is the study and learning of relationships between music and health as these develop through interactions between people and the communities they belong to.

Community Music Therapy as emerging professional specialty is a community of scholar-practitioners with a training and competence qualifying them for taking an active musical and social role in a community, with specific focus upon the promotion of justice, equitable distribution of resources, and inclusive conditions for health-promoting sociocultural participation (Stige, 2003, 454).

This definition is developed in response to the first research question of the study. The three other research questions (which relate to what makes community music therapy relevant to be concerned with, how it could be practiced, and what the implications for the discipline and profession are) could *not* be answered through definition. My pre-understanding in respect to these issues was summarized in the glossary of *Culture-Centered Music Therapy* (Stige, 2002a, 328). The elaborations

of the dissertation challenged several aspects of this pre-understanding, and the following précis – with one paragraph in response to each of the four research questions – was developed as an alternative:

Community Music Therapy is an area of professional practice *and* represents plausible future developments in the direction of sub-discipline and professional specialty. As practice, Community Music Therapy is value-based, concerned with giving voice to the relatively disadvantaged and characterized by participatory approaches to health musicing through flexible use of inclusive arenas and with agendas that include individual as well as communal and sociocultural change, pleasure and performance as well as solidarity and struggle.

Community Music Therapy capitalizes upon the capacity for communicative and communal musicing inherent in human protomusicality and cultivated as situated musics. Broad currents in contemporary culture contextualize the current developments: In the perspective of sociocultural changes in late modern societies, Community Music Therapy may simultaneously be considered an example of hyper-differentiation and de-differentiation. It is a specialization of the specialized practice of professional music therapy, but it is also a new synthesis of clinical and everyday practices that have been separated by processes of modernization. Community Music Therapy practices are compatible with several shifts the last few decades concerning health policies in most late modern countries, such as a stronger emphasis upon health as quality of life, the tendency to work in communities instead of in institutions, and more emphasis upon health promotion, enablement, and democratic relationships.

Community Music Therapy is usually practiced in inclusive settings; that is, in non-clinical settings of clinical arenas or in open community settings. It may be practiced in interplay with more conventional therapeutic practices in clinical settings, and direct as well as indirect roles in relation to clients are appropriated. Activities and artifacts applied are selected among available *resources* at the individual and communal level, and the process is usually *participatory* in that roles are flexible and collaborative, rituals inclusive, and rationales negotiated and consequently commonly polyphonic. Rather than being based on diagnoses and referrals from experts, indications for Community Music Therapy grow out of negotiated needs related to *specific situations* of individuals, groups, and communities. Individuals and groups of priority include persons who are vulnerable to environmental factors and have limited or inadequate context-transforming power. Communities of priority include milieus threatened by cultural or material poverty, injustice, violence, and conflict.

The development of Community Music Therapy as a vitalized area of practice in professional music therapy has several implications for discipline and profession. For the discipline, a central implication is that the request for inter-disciplinary and integrative theory increases, as does the request for research on communal musicing and on health as participation, performance, and mutual care. For the profession, major implications include that ethical responsibilities, professional identities, and strategies for institutionalization of Community Music Therapy, need to be examined (Stige, 2003, 456).

The definition and précis given above, suggests that *community music therapy could be described as an area of practice and a field of study concerned with health promoting linking of individuals and communities through musicing.*

Linking of individuals and communities is multifaceted, as are the relationships between private and public aspects of human life, and I therefore suggest that community music therapy is complementary and not contrary to more conventional practices of modern music therapy. This proposal does not exclude the possibility of „dangerous knowledge“ being produced through the development of community music therapy, that is, knowledge that may challenge taken-for-granted assumptions in more established practices.

### A Simplified Description

I have described community music therapy practice as *relational*; it is focused upon the relationships between individuals, groups, and communities. Participatory processes and collaborative aspects must then be taken very seriously, and practice must be culturally and socially linked to context. Community music therapy practices focus upon the *promotion of health*, but not necessarily as health care delivery. Activities in other sectors of society, such as education and cultural life, are included in the scope of contexts worked with and through.

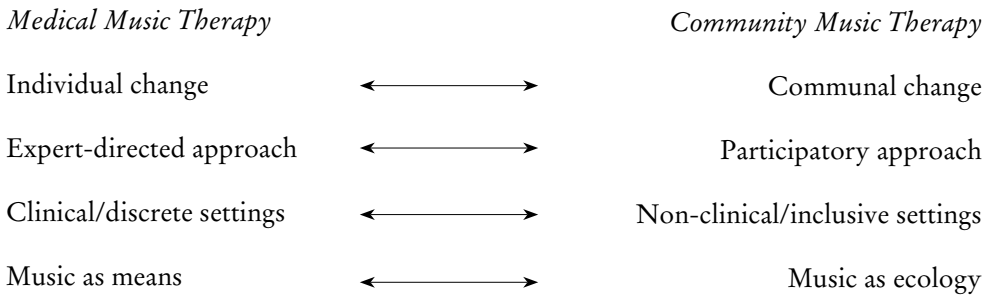
Community music therapy involves the development and application of *inclusive* rituals with open and flexible rules for participation. Boundaries such as time frames may also be flexible, allowing for adjustments as client-community relationships evolve. The participatory procedures and the flexibility of approach suggested here do not, however, indicate that there are no limits for community music therapy practice. The principles that I outline in the dissertation are based upon the metaphor of music therapy as *giving voice*, and therefore imply a *value-based practice* giving priority to *the relatively disadvantaged* in a context.

Community music therapy practice could therefore be described as *mobilization of resources through participatory procedures* in processes where the agents may be involved in multiple and flexible roles. Through use of concepts that I previously have developed for description of music therapy processes (Stige, 2002a, 207–230), the clarifications given above may be summarized in the following way:

- Agendas expanded: From a focus mainly upon individual change to a more active interest also for communal change (which involves developments of relationships between individuals and communities)
- Arenas unlocked: From clinical and discrete settings to use of more open and inclusive settings (which may be public or semi-public)
- Agents involved in new ways: From expert-directed work to participatory processes (where the roles and responsibilities of the agents are negotiated flexibly)
- Activities and artifacts applied with a broader range of functions: From music as means or medium to an inclusive application of music as performance of relationships (music as ecology, including music as means and medium).

For illumination of some main tendencies I will in Figure 1 present a simple model of parameters distinguishing community music therapy from other areas of music therapy practice.

**Figure 1: Parameters of community music therapy practice, with medical music therapy as clarifying counter-example. Other areas of music therapy practice, such as didactic music therapy or music psychotherapy, could usually be placed somewhere in between the two extremes (specific location depending upon specific model).**



The figure suggests that community music therapy occupies one area of the larger field of music therapy. Practices informed by scientific perspectives on medicine (see e. g. Thaut, 2000) are constructed as a contrasting area, since basic assumptions about goals, roles, settings, and mechanisms clearly differ between the two sub-areas. The figure also suggests that there is a large middle territory, which may be occupied by areas of practice such as didactic music therapy and music psychotherapy. Depending upon practical context and the theoretical assumptions guiding the work, such practices may have goals related to individuals or individuals in context, they may be more or less client-centered, they may be linked to discrete or semi-inclusive settings, and they may utilize music as means and/or communicative medium, or as ecology within the given setting. In other words, areas of practice do not exist as separate entities; they overlap, merge, and interact in several ways. Community music therapy in its most radical form may be described as an extreme on a continuum of possibilities for music therapy practice. As an area of professional practice, community music therapy could not be equaled to everyday musicing, however. It is more precisely described as an *interface* between clinical practices and everyday practices.

## Final Comments

In a chapter in Pavlicevic and Ansdell's (2004) book *Community Music Therapy*, I wrote:

I can only tell you what community music therapy is for me, and perhaps for some other people, in the hope that this will help you work it out for yourself (Stige, 2004a, 92).

For some people, the modesty of this statement contrasts the energy I have put into producing definitions and clarifications of terms in my dissertation. This relates to the current debates, mentioned in the beginning of the article. There is currently no consensus internationally as to how community music therapy should be defined, or in fact, whether it should be defined at all. In this situation I have felt that what I can offer is *one* perspective that has been helpful for my own understanding, in the hope that some people will find it helpful (or at least worth discussing). Mercedes Pavlicevic, in a recent contribution to the debate, has written:

Like many, I have been following the Community Music Therapy moderated debate in VOICES, but unlike some, perhaps, I have felt somewhat perplexed: all this talk about what's been written, defined, described, explained – has left this empiricist and practitioner somewhat uncomfortable and dissatisfied, particularly since, as I understand it, Community Music Therapy – apart from being something we talk about (or, to put it more elegantly, a discursive field) is also something that we do (Pavlicevic, 2005).

This request for more interest for the *doing* of community music therapy is probably timely. For me it is also a reminder about the need to clarify what I think the definitions proposed in this article could be used for. I do not think they could be used directly in attempts of dealing with the practical demands, ethical dilemmas, and communication challenges of the everyday doing of the music therapist's work. These things need to be negotiated in context, and the negotiations will be informed by scholarly knowledge as well as by personal and local knowledge. In contrast, elaborations and definitions such as those produced in my dissertation are probably more helpful for the self-reflexive work of music therapy students, practitioners, researchers, and theorists. The elaborations may, if they are found helpful, question our conceptions of the discipline and profession, and in this way indirectly influence the practical work.

I hope, therefore, that in the future the *doing* and the *discussing* will not be polarized too much. We need both. As an emerging international discourse, community music therapy may have the potential of integrating knowledge and ideas that so far have been fragmented and partly undeveloped in music therapy. We need, for instance, much more knowledge about how (and why and where and with whom) the doing is done, and about how this is experienced by the participants. In other words; there is a need for ethnographically informed studies on community music therapy processes. The present author is currently engaged in an international re-



search project where ethnographically informed description of community music therapy practices in four different countries (England, Israel, Norway, and South Africa) will be developed. In the future, there will hopefully be descriptions of the doing, as a ground for the discussing, from many other countries.

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### Endnotes:

<sup>1</sup> Dissertation for the Degree of Dr. Art, University of Oslo, Department of Music and Theatre. The dissertation is published and may be ordered from [post@unipub.no](mailto:post@unipub.no)

<sup>2</sup> The elaborations could be characterized in the following way: They are 1) situated in late modernity, 2) using abduction as strategy of discovery, 3) developed with a culture-centered perspective, 4) informed by hermeneutics and Critical Theory, 5) sensitized to problems of representation, and therefore developed through „writing as dialogic aspect seeing“ (Stige, 2003, 27–61).

<sup>3</sup> If this thesis makes sense, we should expect to find similar developments in related disciplines, and I do think it is possible to find this. A larger and more established discipline such as psychology, for instance, has had a subfield called community psychology for more than 40 years now (Nelson & Prilleltensky, 2005).

<sup>4</sup> A preliminary version of parts of the literature review was published as an essay in *Voices* (Stige, 2002b). It should be noted that the choice of countries in the review – which undeniably is „ethnocentric“ in that no countries from Asia, Africa, Oceania, or South America have been included – is based upon practical and technical criteria and does not suggest that I do not find the developments on these continents important.

<sup>5</sup> With reference to Rinast et al. (from 1979), Frohne-Hagemann (1990/2001, 109–111) describes these pre-requisites through use of four Ws: Wachheit, Wertschätzung, Würde, und Wurzeln.

<sup>6</sup> I am referring to Wittgenstein's (1953/1967) notion, originally developed in relation to language games. Games are similar in the same way as family members are similar, Wittgenstein argued: There may be common features among some members, others among others, but there is hardly any one feature shared by all members.

<sup>7</sup> Østerberg, as a sociologist, also stresses that music at times may attain powers of differentiation.

<sup>8</sup> The English word „science“ is often used quite differently than the German „Wissenschaft.“ While the latter term, as far as I am informed, usually is used as an umbrella term covering the traditions of natural sciences as well as the humanities and the social sciences, the English term „science“ may be used to denote the research traditions of the natural sciences (and traditions that subscribe to the same metatheoretical assumptions).

<sup>9</sup> For discussions of music as ecology, see for instance Ansdell (1997) and Bruscia (1998, 230).

<sup>10</sup> See (Habermas, 1981/1996).

<sup>11</sup> This proposal is in line with the transactional perspectives on human development suggested by cultural psychologists and many other scholars, see for instance (Cole, 1996).

<sup>12</sup> My notions of „client“ and of „health“ may be somewhat different from Bruscia's notions, however.

<sup>13</sup> Cf. Bruscia's (1998) use of the notion „area of practice.“