Voices
A WORLD FORUM FOR MUSIC THERAPY

OPEN ACCESS

RESEARCH | PEER REVIEWED

The Perception and Practice of Community Music Therapy in Ireland

Leah Murphy[1] *

1 University of Limerick, Ireland

*leahmurphyu@gmail.com

Received: 6 September 2017 ; Accepted: 3 June 2018 ; Published: 1 July 2018

Editor: Helen Oosthuizen   Reviewers: Claire Ghetti, Sunelle Fouché

Abstract

The community music therapy (CoMT) approach is increasingly recognised as a valid way of working with clients in the context of their culture and society. Many descriptions and vignettes of CoMT have been presented internationally which illustrate the various forms it can take, but there is no information on its prevalence or practice in Ireland. My research takes the form of an investigation into Irish examples of, and attitudes to CoMT; how it might be influenced by Irish culture and tradition; how Irish music therapists practicing CoMT place themselves vis a vis the consensus model and vis a vis community music; the extent to which CoMT in Ireland includes elements of social activism; and how practice in Ireland compares with other music therapy practices internationally. The necessary data was gathered by means of a questionnaire which was distributed via e-mail to music therapists registered with IACAT (Irish Association of Creative Arts Therapies) and through interviews with five music therapists who identify to varying degrees with CoMT. The results show different levels of awareness of CoMT among Irish music therapists. Many therapists in the survey reported feeling uneasiness that some of the work they were carrying out did not fit the consensus model of clinical music therapy, but at the same time did not feel that their understanding of CoMT was deep enough to allow them to identify whether their practice falls under that heading. However, the experiences recounted by therapists suggest that CoMT could be well suited to the Irish context.

Keywords: *community music therapy, community, Ireland, social activism*

Introduction

Music is a central part of Irish culture. Historically, social life in Ireland was often organised around the music session, and the Irish word “Ceili”, which is now synonymous with Irish (and Scottish) traditional social dancing, originally meant simply “a visit”; an evening’s entertainment involving a visit to whichever house in a community was hosting the gathering on a particular evening. Musical performance was an informal affair and allowed everyone to contribute by singing, playing an instrument or demonstrating one’s skill as a dancer. This is still the case today, with informal music sessions regularly taking place in pub settings. At such events, rather than a formal concert setting, the music is just one aspect of *the craic*; an atmosphere of good natured banter and fun which can also include sing-song, story-telling, and general mischief.

Publisher: Grieg Academy Music Therapy Research Centre, Uni Research Health
Copyright: 2018 The Author(s) **DOI:** https://doi.org/10.15845/voices.v18i2.947

Despite this background, music therapy as a profession in Ireland has developed somewhat more slowly than in the neighbouring UK. Until the establishment of the MA course at the University of Limerick in 1998, it was necessary to travel to centres in the UK to train, and therapists in Ireland have often had to take the initiative in establishing their own positions. Also, although music therapists are now employed by the HSE (Health Services Executive), social services, and the Department of Education, the state has yet to confer statutory recognition of the profession. Nevertheless, in recent years, music therapy has become more widely recognised by many charities and organisations as a valuable resource, and demand for music therapists is gradually increasing. The Irish Association of Creative Arts Therapists, founded in 1992, supports the development of the creative arts therapies in Ireland and provides a registry of qualified music, art, dance movement, and drama therapists in the Republic of Ireland. There are currently 52 music therapists listed on the IACAT website.

In recent times Ireland has experienced rapid social change, as attitudes shift away from the dedication to Catholic mores of the past and towards a more liberal society. Furthermore, whereas 20 years ago the population of Ireland was almost uniformly Irish and Catholic, we now accommodate residents of many origins, speaking numerous languages and practicing various cultural traditions, with many arriving as refugees. Economic expansion has resumed after the crash of 2008 but carries with it the risk of a widening gap between rich and poor and a growing homelessness problem. In short, Ireland is a country in social and cultural flux; there is much to be celebrated but equally there is always a danger that the more vulnerable may not be in a position to take advantage of opportunities that could benefit them as individuals, as families, and as communities.

It is against this backdrop that I present this research. Because music holds such an importance place in Irish society and culture, it seems natural that the character of music therapy as a practice in Ireland might come to reflect this, and the Irish cultural context might lend itself especially well to the idea that the practice of music could both support existing communities and provide a structure and means for new ones to develop as needed.

In my own practice, I have noticed again and again how the group dynamic escapes clinically defined boundaries of goals and objectives and reaches out to connect with and include helpers, carers, teachers, and families in the experience of music making among fellow human beings, regardless of ability or position.

Literature Review

The profession of music therapy has worked hard to establish itself, and over the past number of decades it has adopted a medical model in which it “narrowed its practice and theory in pursuit of the golden brick of medical and statutory legitimacy” (Ansdell, 2014, p. 42). This has led to the development of a consensus model of music therapy practice, in which therapy ideally takes place in a dedicated space, at a regular time, is largely based on such methods as improvisation, song-writing, and lyric analysis, and has the aim of achieving certain goals and objectives for the client(s) (Bruscia, 1998; Bunt & Hoskyns, 2002). Over the past 15 years, however, as music therapy continues to mature and gain confidence as a profession, recognition has emerged internationally of an alternative practice which has grown out of the experiences of music therapists working with communities where a more flexible approach has proven to be beneficial (Ansdell, 2014; Pavlicevic & Ansdell, 2004). For many music therapists this has presented a dilemma, insofar as the work that they are doing often does not correspond with the consensus model, leading many to ask themselves if what they are doing qualifies as music therapy. The community music therapy (CoMT) movement recognises the value of such work and a body of literature has appeared in recent years documenting such practices and offering a theoretical groundwork to support them.

Definitions

Since, in practice, CoMT adapts to local conditions and needs, it is difficult to define it in one-size-fits-all terms, and indeed it has been claimed that such an attempt would be self-contradictory (Pavlicevic & Ansdell, 2004, p. 17). However, some attempts at definition are useful as a starting point for understanding what CoMT is.

The use of the term ‘community music therapy’ is not a new one; Pavlicevic and Ansdell (2004) identified its earliest use in 1971 by the music therapist Florence Tyson and note that the Norwegian music therapist Brynjulf Stige has been using it to describe his work since 1993. Coming from another angle, Kenneth Bruscia in 1998 delivered what is still one of the most comprehensive definitions, referring not to community music therapy, but to “ecological practice”:

> [This] area of practice includes all applications of music and music therapy where the primary focus is on promoting health within and between various layers of the sociocultural community and/or physical environment. This includes all work which focuses on the family, workplace, community, society, culture, or physical environment, either because the health of the ecological unit itself is at risk and therefore in need of intervention, or because the unit in some way causes or contributes to the health problems of its members. Also included are any efforts to form, build, or sustain communities through music therapy. Thus, this area of practice expands the notion of “client” to include a community, ecological context, or individual whose health problem is ecological in nature (p. 229).

Ansdell (2014, p. 11) added that community music therapy “reflects the essentially communal reality of musicing and is a response both to overly individualized treatment models and to the isolation people often experience within society”.

Ansdell (2014) described a continuum between individual and communal forms of music therapy along which therapists can place their work, allowing them to work with their clients across a variety of situations. Procter (2004, p. 225) described feeling “disturbed by attempts to link professional advancement with adherence to limiting ideology” and welcomed Ansdell’s continuum of practice “which promises to liberate music therapists from the notion that there is a single right way to work, a universally applicable set of norms.”

Much recent writing focuses on the qualities which identify the practice of CoMT rather than attempting to define it. Stige (2015) suggested that it is useful to think of CoMT as a family of practices rather than a single definable approach. He suggested the acronym PREPARE to identify common features (pp. 238–239):

P – Participatory (valuing the expertise and input that participants bring to the group)

R – Resource-oriented (drawing both on the strengths that participants bring to the group and on the resources and supports available in the environment)

E – Ecological (recognising and drawing on the social context)

P – Performative (referring not just to musical performance but also to action in general)

A – Activist (supporting and driving social change where needed)

R – Reflective (actively seeking to understand the direction and implications of practice)

E – Ethics-driven (recognising that practice is broadly driven by human rights rather than a medical model).

As might be expected from an approach which evolves in context, CoMT looks different and relates differently to “mainstream” music therapy in different countries. For example, in 2010, according to Stige, Ansdell, Elefant, and Pavlicevic, in the UK, CoMT was quite well established but still controversial; in Norway it was an acknowledged branch of music therapy, in Israel it was a relatively new approach, and in South Africa it was becoming the most common approach (Stige et al., 2010). In the years since then, of course, CoMT has continued to evolve within each cultural context. Stige (2014) reported that it has been suggested to him that CoMT has done its job since there is now greater discussion about the values of inclusion, collaboration,

and social justice in music therapy generally. However, he said, CoMT reflects and instigates ongoing change that involves “painful unlearning and challenging relearning” (p. 47). There is an ongoing struggle in music therapy (as in the health professions generally) with the evidence-based practice movement, and CoMT is part of this struggle. Stige (2014) added that “…We might need to replace the idea of linear progress with that of continuous struggles between professional and lay autonomy, individualized and socialized health strategies, specialised treatment and broader initiatives for public health, and so on” (p. 55).

Social Justice

Ireland is a small country that prides itself on its strong sense of community, in which even strangers from opposite sides of the country frequently discover mutual links among families and friends. This has often been a great advantage as such connections have meant that Irish people at home and abroad have frequently been able to find support from each other. In recent years, issues of social justice and inclusion have been prominent in the national discussion, with recent referenda allowing for same-sex marriage and for the liberalisation of severely restrictive abortion laws. Other active discussions include the welfare of the Travelling Community (a nomadic ethnic minority, similar to the Roma and Gypsy peoples of the UK and mainland Europe, and culturally distinct from the wider so-called “settled community” in Ireland); the treatment of political asylum seekers who are currently prevented from working in Ireland while waiting, frequently many years, for a decision on their cases; a high rate of suicide, especially among young men, and a deficit in mental health services generally; and a growing homelessness crisis which has led to many families spending long periods of time living in hotel rooms. In such a context, Irish music therapists can expect to find themselves working with people who may feel alienated from the society around them, and may feel that community music therapy is a helpful approach for their work.

Stige’s (2015) PREPARE acronym identifies activism and an ethics driven perspective as two of the characteristics of CoMT, while Procter (2004) stated that music therapy is a political act (p. 214). He noted that when the social context of the individual with mental health difficulties is ignored in favour of focusing on symptoms to be treated, “the role of community in health and well-being – and the empowerment of the individual - is forced out” (p. 215). Viewed from this perspective, it could be argued that community music therapy offers a voice to those who are disempowered by circumstance or mental illness. By escaping from the private and defined space of the music therapy room, it supports the rights of participants to be heard and to take their place in society.

According to Vaillancourt (2012), music therapists need leadership training and mentoring so that they can become social justice ambassadors and pass on knowledge and experience to other potential social justice leaders. Community music therapy can:

> …help society evolve toward a broader understanding and resolution of injustices by raising awareness on both sides of the fence: on one side, the clients claiming the right to exist as they authentically are and, on the other side, the community learning to include them as equal members of society (p.175).

Community Music

It is important to recognise that the work of supporting community through music is also carried out by community musicians, especially in Ireland where community bands, choirs, and orchestras are frequently involved in social projects.

Veblen (2013) outlines defining features of community music, which include an emphasis on interconnection between segments of society, between the young and the old, and between people from different cultures and traditions. Community music, she says, emphasizes lifelong learning and increasingly works in marginalised communi-

ties to help build identity and support wellbeing; themes that many music therapists might relate to.

There is a good deal of debate in the literature about the relationship of CoMT and community music. According to Tsiris (2014), healthcare in general is seeing an emerging interest in empowerment, prevention, and health promotion, with individuals increasingly seen as co-constructors of their health and lifestyles. One outcome of this shift is that music therapists are more often finding themselves working in areas traditionally considered the domains of community musicians. This has led to uncertainty about professional boundaries, and a worry among some music therapists that their professional status may be undermined. However, there is equally an argument that this is a process of re-professionalization rather than de-professionalization. There are, furthermore, some common denominators between the two. For example, both emphasize sociocultural and context-sensitive approaches, and both understand that "the promotion of communal well-being is integral to the promotion of individual well-being" (p. 4). It is of great importance, Tsiris concluded, that community musicians and community music therapists learn about and from each other, so that ignorance of the "practices, theoretical frameworks and indigenous evidence" of the respective fields does not lead to "unnecessary battles for professional legitimacy" (p. 4).

Pavlicevic and Fouché (2014) asked the question, "how might music therapists and musicians best engage with one another's practices and discourses in the interests of the social-musical well-being and flourishing of the communities in which they work?" (p. 60). They described their experience of a resistance to the 'therapy' model that goes alongside awareness that "the music therapists' skills may well provide the kind of therapeutic sustenance that will make the difference between 'ordinary resilience' and 'flourishing'…." (p. 64). In this instance, the authors are engaged in training local musicians to maintain the music groups that are so important to supporting the children of a severely deprived area of South Africa. This could also be relevant to Irish music therapists who, given that musicians throughout the country are often involved in community initiatives, might also find themselves meeting this kind of resistance, where lack of understanding of the aims of music therapy could hinder the development of supportive relationships with community musicians. The deep and transformative work that music therapists undertake with their clients by its nature leads to the kind of "flourishing" referred to above, which goes beyond merely 'getting by' and allows clients to begin living to their full potential. With good communication about these aims, community musicians can be allies to this process.

Elsewhere, a study of community music therapists and community musicians in Australia (O'Grady & McFerran, 2007) envisaged health as a continuum with four major stages: acute illness/crisis, rehabilitation, community, and well-being, and found that overlap between the roles of CoMT and community music occurs in the two latter stages. They suggested that music therapists might refer clients on to community music programmes once they reach an appropriate stage in their process. This approach would require music therapists and community musicians to have a much greater awareness of and collaboration with each other.

In my research I aim to examine the above issues in an Irish context and perhaps shed some light on how the practice of music therapy in a specific culture might evolve from traditional models to include and embrace a more flexible community music therapy approach.

Methodology

The data required to form a picture of the perception and practice of community music therapy (CoMT) in Ireland was collected using mixed methods: an online survey designed to gather quantitative information about the kinds of CoMT practices that are happening in Ireland and about how aware and comfortable Irish music therapists are around the idea of CoMT, and a qualitative in-depth component based on interviews with practicing community music therapists in Ireland.

These two approaches can have very different aims and outcomes in terms of how the subject matter is treated and how the data is analysed. Quantitative research can be very illustrative on a surface level, identifying basic information and statistics and helping to form a broad picture. In evidence-based practice surveys can be seen as part of the hierarchy of evidence supporting music therapy interventions. According to Wigram (2005), "surveys fulfill an important role in presenting demographic and other information that informs the profession as a whole and provides supportive evidence to underpin the current and future deployment of music therapy services" (p. 272). Surveys in music therapy fall broadly into one of three categories: surveys of journals, carried out to identify strengths and weaknesses in content; surveys of students and training practices; and clinical surveys which "consider aspects of clinical practice, attitudes from both professionals and patients regarding the relevance and benefits of music therapy, and information about where people work" (p. 273). The current research fits into this latter category, examining as it does the practices and attitudes of Irish music therapists in relation to community music therapy. It can also be described as descriptive, rather than analytic, in that no tests for relationships between variables are carried out, and there is no quantifiable hypothesis to be proved or disproved.

Qualitative research, on the other hand, "is often oriented to gaining insight and understanding. Open and unpredictable environments, people, and experiences that have a multitude of constantly shifting variables are studied" (Aigen, 2005a, p. 213). The method I have used, the interview-based survey, has the advantage of being flexible and allowing for greater control over the process, but also has disadvantages which needed to be considered, such as difficulties in finding enough participants, and the possibility of unintentionally influencing the interviewees in the way questions are asked and answers responded to (Wigram, 2005, p. 275).

Of the varying strategies which qualitative research can undertake, my research on CoMT falls under naturalistic inquiry, meaning that there is no manipulation of the situation or environment and the feelings, experiences and opinions of the music therapists who participate by being interviewed that will be captured in the research, so that it is relevant to music therapy in Ireland as it is currently practiced (Wheeler & Kenny, 2005). Aigen (2005b, p. 354–355) set out five axioms of the naturalistic paradigm, summarised here as follows:

1. There is no single objective reality but rather multiple realities corresponding to the perspectives of different people.
2. The relationship between the knower and the known is inseparable and interactive, so that the researcher does not influence it by his or her involvement in the research process.
3. It is not possible to make time and context free generalisations – this is a recognised quality of CoMT itself in so far as similarities between practices may be seen, but no 'rules' may be extrapolated.
4. There are no cause and effect relationships to be discovered, because the subjects under study are in processes of "mutual simultaneous shaping" (p.355), in which everything is influenced by everything else.
5. Human values, both those of the researcher and those of the participants, unavoidably influence the research process.

Prior to the 1980s, quantitative and qualitative approaches to research were considered incompatible in combination; as recently as 2006, Giddings argued that mixed methods "covers for the continued hegemony of positivism" and represents a 'quick fix' that could undermine the quality of research into complex social and health issues (p. 195). Mixed methods, according to Bradt, Burns, and Creswell (2013), brings together the expertise of the traditions of quantitative and qualitative research to provide multiple perspectives leading to greater understanding of the subject being studied. They outlined three philosophical stances which could each underpin a mixed method approach – critical realism, transformative-emancipatory thinking, and prag-

matism: "Critical realism suggests that reality is composed of both objective and subjective elements…Transformative-emancipatory thinking emphasizes the need to correct the injustices of society" and finally, "Pragmatism highlights the importance of research problems and, in the end, employing a "what works" perspective" (p. 127). In addition, they suggested, the paradigms of postpositivism, which rejects the notion of absolute truth and argues that research allows a closer understanding of reality as it exists, and constructivism, which holds that "meanings are constructed by humans as they engage with the world they are interpreting" (p. 126), while seemingly incompatible, can apply with validity to different stages in a mixed method research process. For example, the postpositivist approach can inform the quantitative (survey) stage while constructivism informs the qualitative (interview) stage. This is particularly relevant to the current study; the reality of community music therapy changes according to the context in which it occurs and its meaning in any given example is constructed by its participants and influenced by the unique elements, both objective and subjective, at play in that context.

Terrell (2011, p. 260) outlined the factors which decide which kind of mixed method approach will be used: the theoretical perspective (implicit or explicit); priority of strategy (equal, qualitative, or quantitative); sequence of data collection implementation (quantitative or qualitative first, or no sequence); and the point at which the data are integrated (at collection, analysis, interpretation, or with some combination).

Applying these factors to my study of community music therapy leads to a concurrent nested strategy, in which the sequence of data collection is not important and one data set is nested within the other. In this case, the survey data provides a broad picture of CoMT awareness and practice in Ireland, while the interview data gives a more in-depth view of how individual music therapists have considered and applied principles of CoMT to their own practices. In this strategy, while the data collected from the two sources may be integrated, it can also "reside side by side as two different pictures that provide an overall composite assessment of the problem" (Creswell, 2009, p. 214). This gaining of perspectives at different levels is the main advantage of the concurrent nested strategy, but as a disadvantage, may result in unequal evidence within a study, and the integration of data may be problematic. In my research, my data is certainly more heavily weighted towards the information collected from the interviews, and I have allowed the data from each source to stand side-by-side rather than attempting to integrate them as I feel that they contribute complementary information to the overall picture of community music therapy in Ireland.

Data Collection

Having received approval from the university ethics committee, I set up an online survey via Survey Monkey. This short questionnaire was comprised of four questions (see Appendix A) designed to provide an overview of familiarity with the concept of community music therapy among Irish music therapists, specific activities and programmes currently in operation or undertaken in the past that fall under the description of CoMT, and how comfortable Irish music therapists are with describing such activities and programmes as music therapy. I contacted the Irish Association of Creative Arts Therapists (IACAT) who kindly sent out the survey link as part of their monthly newsletter. The response to this was poor, so the survey link was again sent out, this time via the Music Therapy Ireland Yahoo group, this time garnering a much better response, with a total of 21 therapists responding out of approximately 80 music therapists currently practicing in Ireland. This represents approximately 25% of practicing therapists in Ireland. Use of Survey Monkey ensured that participation was completely anonymous and submitting a completed survey implied consent.

I also approached five music therapists to be interviewed. These were music therapists who, from previous meetings, I knew to either overtly identify with CoMT or who I had observed to be involved in practices that are congruent with CoMT. The information sent out via IACAT also contained a request for interested music therapists to

come forward for interview, and one person did. One of the therapists I approached directly was subsequently unable to participate. To the remaining five participants I emailed my eight open-ended questions prior to the interview (see Appendix B), to allow them time to consider their responses. The interviews were then carried out, two via phone call, one via Skype call, one face-to-face, and one participant submitted written answers. The interviews were conducted solely within the frame of the eight questions to allow for consistency between the responses. These participants also took part in the online survey.

For my data analysis, I used Survey Monkey's own analysis tool for the three questions that had yes/no or Likert scale response options. The one open-ended survey question asks for examples of CoMT practices, which were analysed for frequency of practice among therapists. The responses to my interview questions were transcribed and a content analysis was carried out by systematically comparing the answers to each question and identifying the different ideas and points of view provided by each participant. The themes which emerged from the raw data were then numbered and grouped into broader topic areas and presented under the five headings: 1) understanding of CoMT, 2) arriving at identification with CoMT, 3) the influence of Irish culture, 4) comparisons with community music, and 5) issues of social advocacy. Each of these themes has a number of subthemes, represented within each theme by letters, e.g. 1A, 3B, etc. The resulting picture, a perspective of CoMT in Ireland, is presented in the results section below.

Results

The Online Survey

Twenty-one music therapists took part in the online survey, though not every respondent answered every question. The survey opened with the Bruscia (1998) definition quoted in the literature review section above, which was followed by the first question; "Are you already familiar with the concept of community music therapy as described in the introduction to this survey?" All respondents answered this question and the breakdown is as follows: *yes* 95.24% (n = 20) and *no* 4.76% (n = 1).

To the second question, "While the consensus model of clinical music therapy is one of therapist and individual or group working in a defined music therapy space to achieve defined goals, many therapists find that their day to day work does not fit this description. To what extent is this true for you?", again all respondents answered, as follows: *not at all true* 9.52% (n = 2), *somewhat true* 47.62% (n = 10), and *very true* 42.86% (n = 9).

The third question asked, "Can you give examples of work that you do that you feel is outside the frame of clinical music therapy (e.g. community choirs, client performances)?" Fifteen respondents gave examples of their work, which included choirs (mentioned by five therapists), concerts and other performances (mentioned by four therapists), various kinds of groups (mentioned by four therapists), arts festivals, and participatory research.

The fourth question, "If you carry out this kind of work, are you comfortable describing it as music therapy?" had 18 responses as follows: *no, I don't consider it to be music therapy* 11.11% (n = 2); *I am somewhat comfortable describing it as music therapy* 33.33% (n = 6); *I am very comfortable describing it as music therapy* 50% (n = 9); *I do not carry out this kind of work* 5.56% (n = 1).

In summary, a large majority of respondents were both aware of CoMT and felt that at least some of their work could be described as such. Most were also comfortable, to varying degrees, in describing such work as music therapy.

Table 1
Themes and Subthemes Resulting from Content Analysis

Theme #	Main theme	Subthemes		
Theme 1	Understanding CoMT	1A: How the interviewees understand CoMT	1B: How CoMT differs from the consensus model of music therapy	1C: Examples
Theme 2	Arriving at Identification with CoMT	2A: Irish Music Therapists degree of comfort with CoMT	2B: The journey towards acceptance	
Theme 3	The Irish Context	3A: How the Irish context helps	3B: How the Irish context hinders	
Theme 4	CoMT and Community Music	4A: Similarities between CoMT and Community Music	4B: Differences between CoMT and Community Music	4C: Therapists' concerns about Community Music
Theme 5	CoMT and Social Advocacy	5A: How CoMT can help	5B: Therapists concerns about Social Advocacy	

The Interviews

The themes which emerged from the interviews are presented below (see Appendix B for the interview questions.). Interviewees are identified by letter, e.g. Interviewee A, etc.

Analysis

The main themes and subthemes which emerged from the interviews are illustrated in Table 1 and discussed below:

Theme 1: Understanding CoMT

Subtheme 1A: How the Interviewees Understand CoMT

The interview participants' descriptions of what CoMT is broadly agrees with the literature. The interviewees identified it as a continuum ranging from one-to-one therapy sessions to projects engaging entire communities and identified that CoMT is about working in context and giving opportunities to people who might not ordinarily have access to music therapy. In some cases, the work connects the individual or group to a broader community, while in others it creates community:

> "The aim [of the singing group] was to lift the atmosphere but also to build positive relationships between the staff and everybody else, to give something to everyone". (Interviewee C)

Allowing people to not only access music but to then contribute back to the community through performance was also identified as important:

> "The choir…allows them to contribute to the wider community of residents, families and staff." (Interviewee B)

Subtheme 1B: How CoMT differs from the Consensus Model

The difference to the consensus model of music therapy was seen as significant, with CoMT identified as

> "a contrast to a very strict prescriptive model of intervention that contains a lot of assumptions". (Interviewee D)

In practical terms, flexibility of approach was seen as an important element, both in terms of the setting and in terms of theoretical approach:

> "I would say that it's by definition a kind of eclectic model because it requires a music therapist to adapt to a situation, to a context, whether that's a facility or a client group, and to respond to certain situations at different levels…". (Interviewee C)

Subtheme 1C: Examples

Examples of CoMT identified by the interviewees included:

- Creating community and supporting participants through a music therapy choir with the aim of performing as a group
- Helping an individual develop performance skills which she then used outside of the therapy setting to help her connect with the wider community
- Bringing community groups into contact with each other through music
- Facilitating access to music

Theme 2: Arriving at identification with CoMT

Subtheme 2A: Irish Music Therapists Degree of Comfort with CoMT

The interviewees' description of how comfortable they were describing this kind of work as music therapy reflected the responses submitted in the questionnaire, with most therapists describing themselves as generally comfortable, though with a recognition that this may not be across the board:

> "I'm aware that within the field that people might disagree quite strongly." (Interviewee C)

Some therapists were more hesitant to describe some of their work as music therapy:

> "Although I would not describe myself as a community music therapist or my work per se, the theoretical foundations of community music therapy fit well with my own beliefs about music therapy." (Interviewee B)

Subtheme 2B: A Journey Towards Acceptance

Most of the interviewees described at length how they came to understand, accept, and identify with CoMT as a valid way of working with their clients, with several noting that the approach was either at odds with or not emphasized in their training, causing them to question how they were working:

> "As far as being comfortable with CoMT or being comfortable with my own identity as a CoMT, there was a certain teething period after I graduated where … I had to think about my work in a way that wasn't a text book definition of music therapy, simply because I wasn't working in a clearly defined music therapy manner." Interviewee D)

Some of the therapists also identified that they were already using a CoMT approach before they fully recognised it as such:

> "In the absence of [a dedicated music therapy space] I had to develop my own programme that had the validity I felt [it] should offer …and as I reviewed the CoMT [material] that had been part of my training all along, it started to make more sense." Interviewee D)

There was also a suggestion that the CoMT model could open up the field of music therapy to people who would not otherwise have considered it in its more restrictive clinical form:

> "a lot of people in Ireland are still very uneasy with the word therapy [but] there could be a whole wellness model behind being involved in something…there's a lot of people here who don't ever get to come to music therapy and it's a pity really in some ways" (Interviewee A)

Theme 3: The Irish Context

Subtheme 3A: How the Irish Context Helps

As expected, the therapists identified the Irish tradition of communal music-making as a strength in allowing participants in music therapy groups to feel comfortable and familiar. It was felt that people in Irish society might be more open to the idea of attending a music therapy community group than elsewhere, since it is already a part of the culture.

> "That tradition of sitting together informally making music makes it much easier to engage in music therapy here because people aren't quite as intimidated, because it's quite normal." (Interviewee C)

Subtheme 3B: How the Irish Context Hinders

Some responses highlighted how the cultural background in Ireland could make music therapy in general more difficult for people to fully engage with. Several therapists identified that Irish people may have difficulty understanding how music might be used therapeutically:

> "I think it can work against the music therapist in that music is seen only as a bit of *craic* and as a result, people often can't conceive how you might make it more than [that]." (Interviewee E)

It was also observed that the cultural profile of the country is changing, and so in some cases the Irish musical tradition is not relevant, and in fact, Irish music therapists may need to be aware of assumptions they might be making about the communal music making experiences, or lack thereof, of non-Irish clients.

Though my question was explicitly on the way Irish culture might influence the development of CoMT in Ireland, one therapist made an interesting point that the way the development of music therapy itself has taken place in Ireland might have an influence:

> "Working in Ireland, music therapy wasn't highly established at the time that I qualified and the aspects of the music therapy work that a lot of the textbooks seemed to take for granted [such as] the availability of a dedicated music therapy space, the availability of certain resources and equipment and the existence of a referral structure and access to multidisciplinary teams, and integration into the infrastructure of a place … In the absence of that I had to develop my own programme that had the validity I felt [those elements] should offer, and I suppose the developing of that…and in seeing the spaces where the textbook stuff just wouldn't work…I knew I had to be more flexible and more adaptive…" (Interviewee D)

Assuming that other Irish music therapists have had a similar experience as they establish themselves in the field, and given that the discipline is still relatively new in Ireland, it is possible that a more community oriented model of music therapy could become the norm, or at least develop equally alongside the consensus model of therapy which is, of course, also much in evidence in Ireland.

Theme 4: CoMT and Community Music

Subtheme 4A: Similarities between CoMT and Community Music

Some of the interviewees expressed curiosity about the work that community musicians do and recognised that there are certainly similarities, particularly at surface level, between the work of a music therapist and that of a community musician:

> "I think the lynchpin between the two practices is the concept of musicking and the idea that music is a relational practice…" (Interviewee D)

There was also a recognition of the value of the work carried out by community musicians:

> "you can have community musicians … who do work every bit as good and possibly better than a music therapist because they [can] have a humility and a sensitivity [to the needs of the client]" (Interviewee E)

Subtheme 4B: Differences between CoMT and Community Music

There was broad agreement that the primary difference between the two disciplines hinged on the greater emphasis on beneficial clinical outcomes in music therapy, which are retained even in CoMT:

> "In my opinion the work of a community musician is more focused on the musical outcomes. Music therapists who are influenced by the CoMT model may also share this goal, but ultimately the central goals are related to the client's needs." (Interviewee B)

It was also noted that community musicians may not fully recognise the intention of the work that music therapists do:

> "I've seen myself described by community musicians as a community musician who is also a music therapist simply because their interpretation of my work is that it's similar enough to theirs that it can be described that way." (Interviewee D)

This potential problem is reflected in the literature as discussed in the review above, where Pavlicevic and Fouché (2014) referred to resistance to the therapy model and a potential for misunderstanding between community music therapists and community musicians.

Subtheme 4C: Therapists' concerns about Community Music

Some interviewees also voiced concerns about instances where the work of music therapists and community musicians overlap, and the potential for harm to vulnerable clients:

> "You'll see a lot of community music projects talking about the health and wellbeing benefits of their projects in a way that I don't understand their qualification to speak about." (Interviewee D)

> "A lot of their work does have therapeutic outcomes, so if somebody is being moved by the music emotionally, what do you do with that? … You're in a hugely vulnerable environment, the people are very vulnerable. You know, to go to a neonatal unit and play music and lullabies for babies and their mothers and not acknowledge there's a therapy in that, or a need to be a specialist in that, I don't know, I think it's quite irresponsible. I'd say it's confusing territory." (Interviewee C)

Theme 5: CoMT and Social Advocacy

Theme 5A: How CoMT can help

There was broad, though not unanimous, agreement among the interviewees that social advocacy is an important element of CoMT. Specifically, it was noted by several of the therapists that the more public nature of CoMT allowed marginalised populations to have more positive contact with the broader community, allowing for better understanding of the former by the latter. Several therapists mentioned the possibilities for musical performance in CoMT as having great potential for allowing clients to highlight the needs of a community and to reach out to the broader society, which then has an opportunity to respond.

> "I think there is always a place for some kind of social advocacy and even within a facility, there are going to be people who have more or less progressive views of how a certain population functions and how they should be treated, so the music therapist working in that situation will always have someone whose mind needs to be changed, and that per-

> son could possibly be changed by exposure to the…musical identity of that community." (Interviewee D)

Theme 5B: Therapists concerns about Social Advocacy

The therapists also voiced some reservations about social advocacy as an element of CoMT, and the need to remain sensitive to the needs of the community above all else:

> "I think it's important to be careful about the level of social advocacy and the intensity to which that is pursued because it shouldn't appear as a kind of advertising for music therapy either – it shouldn't be simply about creating visibility for music therapy, it should always be rooted in the needs and benefits for the people who take part." (Interviewee D)

Discussion

The information gathered from the online survey and the interviews would suggest that community music therapy is a topic of considerable interest to Irish music therapists. The profession of music therapy is a relatively recent arrival in Ireland compared to, for example, the UK or the USA, which, as the interview responses of the therapists show, affects the extent to which the CoMT approach is adopted here, both in terms of some therapists' confidence in the validity of the approach and in the way the Irish environment lends itself to it. While some therapists practicing here trained in the UK and elsewhere, graduating from courses which take a specialised approach (for example, Nordoff-Robbins or psychodynamically orientated), the MA in Music Therapy offered by the University of Limerick takes an eclectic approach, which may result in a more flexible approach to practice. Furthermore, as one interviewee pointed out, therapists here don't always have the resources that textbooks take for granted in terms of dedicated music therapy rooms and integration of music therapy as a discipline into the infrastructure of a facility, which may also contribute to a certain flexibility around practice. It may also be of relevance that music therapy in Ireland has not yet been granted formal recognition as a health profession. Under these conditions and taking into account the broader needs of a given population, music therapists may consciously or otherwise find themselves working in ways that are congruent with the principles of CoMT.

Aligning Stige's (2015) acronym PREPARE to the examples and comments provided by the Irish therapists, one finds many of the common features of CoMT in evidence. The interviewees mentioned such elements as participation, identifying strengths in clients, the importance of context, and supporting social change, and they showed evidence of their own practice of reflection as a means to discover how best to support the communities they work with.

The results of the interviews and survey suggest that identifying oneself as a community music therapist is not a position easily arrived at. None of the therapists I spoke to work exclusively in this way, and some do not consider themselves to be community music therapists at all, only identifying elements of their work as CoMT after they had evolved into such rather than having set out to work in this way. Most described some kind of internal conflict along the way, as they struggled to decide if what they were doing is in fact music therapy. Of the 18 therapists who answered the online survey question "If you carry out this kind of work, are you comfortable describing it as music therapy?" 44% stated they were *not comfortable* or *only somewhat comfortable*. One might speculate that despite such uncertainty, these therapists continue to carry out this kind of work because they see it as beneficial to their clients. In any case, this situation reflects the dilemma that music therapists internationally have faced and which the CoMT movement seeks to resolve.

Given the Irish love of communal musicking and the traditions of storytelling and group identity formation through song, it would seem logical that CoMT and music therapy in general would easily find a home in Ireland, so it is interesting to note the mixed views and experiences of the therapists interviewed. There are both advantages and disadvantages to having such strong musical traditions. On the one hand, Irish

people are generally very comfortable with music and musical expression, particularly in a group setting. On the other hand, music is so ubiquitous that music therapy can be seen as just "a bit of *craic,*" not to be taken seriously and not a tool for personal development. However, as the profession of music therapy gradually establishes itself in Ireland, and people become more convinced of the benefits of music therapy, it is my belief that the tradition of music in Ireland will help rather than hinder its acceptance, notwithstanding the changing cultural profile of the country's inhabitants.

Regarding community musicians, the results showed a mixture of sympathy and suspicion among the music therapists interviewed. Several participants stated during the interviews that they did not feel confident that they really understand what community music is, but there was broad recognition of the overlap between music therapy and community music. There was also an acknowledgement of the quality of work carried out by some community musicians, along with a concern for the potential for unintended harm to vulnerable populations by others. In order for the kind of collaboration suggested by O'Grady and McFerran (2007; see above) to take place, there would first need to be a far greater mutual awareness between the two professions, as called for by Tsiris (2014). Since in Ireland both groups study at the University of Limerick, this could be a future consideration.

On the subject of social advocacy, the participants fell into two camps; those who explicitly identified with CoMT were very aware of the potential for social advocacy in the approach and were able to describe how it was reflected in their work. Participants whose work contained elements of CoMT but who had not particularly identified it as such were less aware of the emphasis in CoMT on social advocacy but were nonetheless advocates for their client groups when they saw the necessity. This may also be true of the respondents to the online survey, 42% of whom answered, *very true* and a further 48% *somewhat true* to the statement that their work does not fit the consensus model of clinical music therapy. It would be interesting to discover if these positions correlate with a greater or lesser awareness of the role of social advocacy in CoMT. It could be assumed that all therapists will advocate for their clients if they see an injustice; the question may be one of degree and whether one is willing to advocate on behalf of an individual, a group, or an entire population. Certainly, in the examples given by Irish music therapists, we see Vaillancourt's (2012) description of CoMT as "raising awareness on both sides of the fence", where marginalised groups in Irish society and members of the wider community are afforded opportunities through music to get to know and understand each other better.

Limitations

This is a very small-scale study and does not have the scope to get a comprehensive picture of community music therapy in Ireland. The questions I asked the interviewees reflected some of my own interests in subjects like social justice and community music, but there is certainly still much scope for research in to the experiences and views of community music therapists in other areas of relevance.

It is quite possible that the respondents to the online survey were motivated to participate by their interest in CoMT and that therefore the results show a greater interest in the subject than actually exists. However, even if these are the only therapists who are interested in CoMT, the results would indicate that close to 25% of Irish music therapists identify to some degree with the principles of CoMT.

Summary

The results show varying degrees of awareness of CoMT among Irish music therapists; many therapists in the survey reported feeling uneasiness that some of the work they were carrying out did not fit the consensus model of clinical music therapy but at the same time did not feel that their understanding of CoMT was deep enough to allow them to identify whether their practice falls under that heading. However, the experiences recounted by therapists suggest that CoMT could be well suited to the Irish con-

text. Perhaps with greater awareness of the presence of the common features of CoMT, as identified by Stige's acronym PREPARE, Irish music therapists might become more confident about the validity and value of the work that they are carrying out.

I believe there is scope for further research into CoMT in Ireland, possibly using the material presented in this study as a foundation for a deeper examination of some of the issues. It might, for example, be interesting to discover how music therapists see CoMT evolving in their own work, and how they feel music therapy in Ireland would benefit from a fuller understanding and adoption of the approach. Further research might be also useful to further explore Stige's (2015) PREPARE framework in relation to the nature of CoMT in Ireland.

Conclusion

I carried out this research as a student to inform myself about an approach that I felt I may adopt myself in future practice as a music therapist. I was impressed by the passion and care that I heard in the stories and opinions offered by the therapists I interviewed, and I feel that I came away not only with a myriad of ideas about the kinds of community building and empowerment that can enrich the lives of clients but also a philosophical framework to guide my thinking. Finally, as I continue to develop my own practice, I am heartened to know that I am part of a community of music therapists who are willing to venture into uncertain territory for the ultimate benefit of their clients. I look forward to future developments in this area of music therapy and to seeing how community music therapy evolves as a practice.

References

Aigen, K. (2005a). Writing the qualitative research report. In B. Wheeler & K. M. Murphy (Eds.), *Music therapy research* (pp. 210-225). Gilsum, NH: Barcelona Publishers. Retrieved from https://www-dawsonera-com.proxy.lib.ul.ie/readonline/9781891278716.

Aigen, K. (2005b). Naturalistic inquiry. In B. Wheeler & K. M. Murphy (Eds.), *Music therapy research* (pp. 352-364). Gilsum, NH: Barcelona Publishers. Retrieved from https://www-dawsonera-com.proxy.lib.ul.ie/readonline/9781891278716.

Ansdell, G. (2014). Revisiting 'Community music therapy and the winds of change' (2002): An original article and a retrospective evaluation. *International Journal of Community Music*, *7*(1), 11-45, https://doi.org/10.1386/ijcm.7.1.11_1.

Baines, S. (2013). Music Therapy as an anti-oppressive practice. *The Arts in Psychotherapy*, *40*, 1-5, https://doi.org/10.1016/j.aip.2012.09.003.

Bradt, J., Burns, D., & Creswell, J. (2013). Mixed methods research in music therapy research. *Journal of Music Therapy*, *50*, 123-148, https://doi.org/10.1093/jmt/50.2.123.

Bruscia, K. E. (1998). *Defining music therapy*. Gilsum, NH: Barcelona Publishers.

Bunt, L., & Hoskyns, S. (Eds.). (2002). *The handbook of music therapy*. Sussex, England: Routledge.

Creswell, J. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Thousand Oaks, CA: Sage.

Curtis, S. L. (2004). Community music therapy for citizens with developmental disabilities. *Voices: A World Forum for Music Therapy*, *4*(3), https://doi.org/10.15845/voices.v4i3.185.

Curtis, S. L. (2012). Music therapy and social justice: A personal journey. *The Arts in Psychotherapy*, *39*, 209-213, https://doi.org/10.1016/j.aip.2011.12.004.

Curtis, S. L. (2015). Profile of community music therapists in North America: A survey. *Voices: A World Forum for Music Therapy*, *15*(1), https://doi.org/10.15845/voices.v1i1.811.

Giddings, L. (2006). Mixed-methods research: Positivism dressed in drag? *Journal of Research in Nursing*, *11*(3), 195-203, https://doi.org/10.1177/1744987106064635.

Noone, J. (2008). Developing a music therapy programme within a person centred planning framework. *Voices: A World Forum for Music Therapy*, *8*(3), https://doi.org/10.15845/voices.v8i3.420.

O'Grady, L., & McFerran, K. (2007). Community music therapy and its relationship to community music: Where does it end? *Nordic Journal of Music Therapy*, *16*(1), 14-26, https://doi.org/10.1080/08098130709478170.

Pavlicevic, M., & Ansdell, G. (2004). Introduction: 'The ripple effect'. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 15-34). London, England: Jessica Kingsley.

Pavlicevic, M. (2010). Reflection: Crime, community and everyday practice: Music therapy as social activism. In B. Stige, G. Ansdell, C. Elefant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 223-241). Surrey, England: Ashgate. Retrieved from https://www-dawsonera-com.proxy.lib.ul.ie/abstract/9781472416957.

Pavlicevic, M., & Fouche, S. (2014). Reflections from the market place – community music therapy in context. *International Journal of Community Music*, *7*(1), 57-74, https://doi.org/10.1386/ijcm.7.1.57_1.

Procter, S. (2004). Playing politics: Community music therapy and the therapeutic redistribution of music capital for mental health. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 214-230). London, England: Jessica Kingsley.

Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (Eds.). (2010). *Where music helps: Community music therapy in action and reflection*. Surrey, England: Ashgate Publishing.

Stige, B. (2004). Community music therapy: Culture, care and welfare. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 91-113). London, England: Jessica Kingsley.

Stige, B. (2014). Community music therapy and the process of learning about and struggling for openness. *International Journal of Community Music*, *7*(1), 47-55, https://doi.org/10.1386/ijcm.7.1.47_1.

Stige, B. (2015). Community music therapy. In B. Wheeler (Ed.), *Music Therapy Handbook* (pp. 233-245). New York, NY: The Guilford Press. Retrieved from https://books.google.no/books?isbn=1462518036.

Terrell, S. (2011). Mixed-methods research methodologies. *The Qualitative Report*, *17*(1), 254-280, Retrieved from http://www.nova.edu/ssss/QR/QR17-1/terrell.pdf.

Tsiris, G. (2014). Community music therapy: Controversies, synergies and ways forward. *International Journal of Community Music*, *7*(1), 3-9, https://doi.org/10.1386/ijcm.7.1.3_2.

Vaillancourt, G. (2012). Music therapy: A community approach to social justice. *The Arts in Psychotherapy*, *39*, 173-178, https://doi.org/10.1016/j.aip.2011.12.011.

Veblen, K. K. (2013). The tapestry: Introducing community music. In K. K. Veblen, S. J. Messenger, M. Silverman, & D. J. Elliott (Eds.), *Community Music Today* (pp. 1-9). Retrieved from https://www-dawsonera-com.proxy.lib.ul.ie/abstract/9781607093213.

Wheeler, B., & Kenny, C. (2005). Principles of qualitative research. In B. Wheeler & K. M. Murphy (Eds.), *Music therapy research* (pp. 59-71). Gilsum, NH: Barcelona Publishers.

Wigram, T. (2005). Survey research. In B. Wheeler & K. M. Murphy (Eds.), *Music therapy research* (pp. 272-281). Gilsum, NH: Barcelona Publishers. Retrieved from https://www-dawsonera-com.proxy.lib.ul.ie/readonline/9781891278716.

Appendix

Appendix A

1. Are you already familiar with the concept of community music therapy as described in the introduction to this survey?
2. While the consensus model of clinical music therapy is one of therapist and individual or group working in a defined music therapy space to achieve defined goals, many therapists find that their day to day work does not fit this description. To what extent is this true for you?
3. Can you give examples of work that you do that you feel is outside the frame of clinical music therapy (e.g. community choirs, client performances)?

4. If you carry out this kind of work, are you comfortable describing it as music therapy?

Appendix B

1. What is your understanding of community music therapy?
2. Describe how aspects of your work (or programme) could be described as community music therapy.
3. Are you comfortable describing this work as music therapy, and if so, was that always the case?
4. Irish culture and social tradition in general, and musical activities in particular, have always had a strong community aspect. How do you feel that this foundation could contribute to the way that community music therapy might occur and develop in Ireland?
5. How do you think that your work might compare with that of a community musician?
6. How do you perceive the overlap (if any) between the work of community music therapists and that of community musicians?
7. To what extent do you feel that there is, or could be in future, an element of social advocacy in your work in this context?
8. Do you think community music therapy could or should be a vehicle for social activism?