

Even Ruud

Community Music Therapy

A whole new discourse labeled "community music therapy" is gradually evolving in the field of music therapy. Community music therapy is a way of doing and thinking about music therapy where the larger cultural, institutional and social context is taken into consideration. The approach involves an awareness of the system music therapists are working within, it means that music therapy is not only directed towards the individual, but often aimed at changing the system that is sometimes part of the situation of the client.

Researching the history of music therapy may reveal that this idea is not totally new. In many countries, there has been a tradition either for therapists working within community mental health systems, especially from the nineteen seventies on in the United States and many European countries. In Great Britain, there has also been a tradition among musicians to take their art back to the community and give performances as a sort of social service. This has been labeled "community music" (see Ansdell 2002).

As Stige (2003: 124) also remarks, it may happen that this idea is not new at all. Examining the tradition of music therapy with a focus on musical healing in indigenous cultures will reveal that often, the whole community may be involved in the musical rituals connected with healing (see Gouk 2000).

Some music therapists may then look for what is new in this development, and perhaps only see the links to traditional practice of music therapy. Others may notice how this community oriented approach is changing not only the goals, vocabulary or language of doing music therapy, but also the actual practice. An

approach to the use of music in therapy which is sensitive to cultures and contexts speaks more of acts of *solidarity* and *social change*. It tells stories of music as *building identities*, as a means to *empower* and install *agency*. A community music therapy talks about how to humanize communities and institutions, it is concerned with *health promotion* and *mutual caring*.

Definitions

When Ken Bruscia in his "Defining Music Therapy" from 1998 set out to outline different areas of practice in music therapy, he included a chapter on "Ecological practices". Bruscia writes that the primary focus here is on "promoting health within and between various layers of the socio-cultural community and/or physical environment" (Bruscia 1998:229). Bruscia specifies further:

"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, environment, ecological context, or individual whose health problem is ecological in nature. Thus, helping an individual to become healthier is not viewed as a separate enterprise from improving the health of the ecological context within which the individual lives; conversely, helping any ecological context to become healthier is not a separate enterprise from improving the health of its members; and helping individual and ecology to relate to one another harmoniously makes both healthier".

Bruscia underlines how so-called "system theory" is an influential philosophy in this area of practice. In the twentieth century, as a result of influences from *information- and communication theory*, it was gradually realized how phenomena in the world, or in a field of study are interrelated. What has emerged under the label of *system theory* is an approach within science which is concerned with how we are interacting with the world. System theory suggests an alternative to the traditional cause and effect model within science, i.e. a circular model of understanding how phenomena are interacting. System theory was influenced by cybernetics which is

concerned about the regulation and control (feedback) of movements within different types of systems. Influential scientists were Norbert Wiener and Ludwig von Bertalanffy. An important principle was formulated by the latter when he described how the whole is larger than the sum of its parts: When I see with both my eyes, I see more than twice as good than with one eye alone. In addition I have depth vision and I can judge distance (see also Kenny 1989).

The traditional way

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

Thus, music therapy was performed inside the institution, in the music therapy room. There were few links to the world outside; sometimes even other children, parents and siblings were not involved in the therapy. The biomedical model of illness did not allow to challenge how social and material conditions, social networks or cultural contexts could be taken into consideration when therapeutic measures were taken. Systemic thinking were still not developed within music therapy.

A "New Music Therapy"

Gradually, music therapists have come to realize that ill-health and handicaps have to be seen within a totality, as part of social systems and embedded in material processes. People become ill, sometimes not because of physical processes, but because they become disempowered by ignorance and lack of social understanding. Music therapists have come to see how their tool, music, may be a unique tool to involve other persons, to empower and make visible persons who because of their ill-health and handicap have lost access to symbols and expressive means so important in every culture. Music therapists are now on the way to use music to bridge the gap between individuals and communities, to create a space for common musicking and sharing of artistic and human values.

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

Three examples from Norway

In order to exemplify some of the recent trends within a community oriented approach to music therapy, I will give three examples from Norway. First of all, it is to be noted that music therapy in Norway, since the start in the nineteen seventies, always were concerned with larger cultural issues. This meant in the way concepts of health, illness and therapy were conceived, as well as how music was understood as a cultural concept (Ruud 1990).

First of all, music therapy was defined as "the use of music to give people new possibilities for action (Ruud 1990). Then it was thought how "illness" not only concerned the biological situation of the individual, but had to be seen as a situation where the persons' situatedness in society was considered. Last, it became important for music therapy in Norway to build their practice upon the prevailing musical codes in society. It was felt that basic to music communication was the need to use music which resonated with the cultural group music therapists were involved with. This meant, for instance, that amateur music activity, rock bands or children's music often made the point of departure for common musicking.

The first example, taken from Stige (2002, 2003), will illustrate how music therapists may involve the larger community in their planning for music therapy. Already in the eighties, Stige initiated a music therapy project which aimed at integrating persons with mental handicaps into the society. Stige noticed how individuals with such handicaps were segregated from communal music life. They were not included in local band activity and thus not able to share the symbolic resources inherent in musical life which may give full membership to the local community. In addition to provide these handicapped persons the musical resources necessary to take part in communal musical activity, Stige also had to work on the attitudes and practices prevailing in the local music groups. By installing short term performance projects which involved all groups, he managed to break down some of the boundaries which kept the mentally handicapped person isolated or segregated from mainstream local life. In this case, working through the idiom of local brass band music became of central importance.

The other example involves the music therapist Venja Ruud Nilsen, who for a number of years has been working with female inmates in a woman's prison. Nilsen has been offering weekly band rehearsals with the inmates. This has

throughout the years led to a culture of rock bands within this group, which means that many of these ladies now has become quite proficient as musicians. Nilsen also offers participation in groups or rock bands when the woman are released from prison. As we know from the politics of criminal care, these kinds of supportive activities are crucial to the survival and staying away from drugs and out of prisons for these individuals.

The last example is taken from the work of Trygve Aasgaard (Aasgaard 2000, 2002), who in his doctoral research has shown how music may be applied within the medical hospital among children with severe diseases to install a culture of creativity in the hospital wards. Aasgaard gave music therapy in the form of song creation to children hospitalized with severe diseases, i.e. cancer. He then studied how the life of these songs composed by the child and the therapist together, affected not only the life and situation of the child, but his whole relation to the nursing staff, the child's families and friends at home. By arranging the songs for the staffs choir and band, medical staff could interact with the children in another modality. Children did not only fell back in their "sick" role, but instead saw themselves as small composers, being able to express and communicate their situation through artistic means.

In all these examples we may witness how the music therapists are not only approaching the individual in isolation, but look for how the larger societal or institutional context may be involved in their work. They all utilized musical forms well established and known within the culture of the persons they are working in. Their work also involves other persons in the system of the clients - doctors, nurses, neighbours, parents or friends. Their "clients" are not only the individual involved, but extends to larger units, such as local communities or hospital wards. Music therapy do not stop by the music room, but concrete measures are taken to build links to other persons in the systems which the clients takes part in.

Cultural issues in music therapy

Ecological practices, or community music therapy, challenge traditional boundaries and definitions of music therapy. It takes serious how culture informs our ways of perceiving therapeutic needs, it seeks to develop new perspectives, role identities and ways of doing music therapy. This is indeed vitalizing ideas for the socially engaged music therapist.

For some of us who entered music therapy during the seventies, we had the idea how music might become an important factor in social change (see Ruud 1988). We saw music therapy much as an orientation towards life, as a social movement, in addition to a treatment profession. Although we had no way to express this idea clearly, it informed our ways of doing and theorizing music therapy. Today, we are witnessing how music therapists are crossing the boundaries between "therapy" and "community music making". We can see how music therapy takes part in reclaiming some of the original functions of music in our culture.

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

Although music always served everyday needs in our culture, such needs and functions were gradually placed in the background. From the eighteenth century on, we saw the installation of an aesthetics of music which insisted upon the pure and uncontaminated contemplation of the musical art work as the paradigmatic relation to music. Music was taken away from everyday life and cultivated in concert halls and conservatories. The result has been an highly elitist art form, ideologically separated from "low culture" through an aesthetic discourse where music is constructed as autonomous and universal, complex and original.

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

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

At the same time, music sociologists and music psychologists are discovering how people are using music to regulate and control their emotional behavior (DeNora 2000) and take care of their health needs through music (Ruud 2002). Music is used for identity building (Ruud 1997), relaxation, to cope with stress, to release pain or

to regulate sleep patterns. People bring their own soundtracks and personal stereo into the urban landscapes to regulate their moods and attentions (Bull 2000).

Music as a Cultural Immunogen

It may sound trivial to claim that music is a kind of technology, a means of achieving something beyond itself – in this case, improved health. DeNora applies the concept of “affordance” to argue how music may allow certain kinds of uses or interpretations. The term "affordance" is used in accordance with the psychologist Gibson's ecological approach to perception. In relation to music therapy, we could say that music has a phenomenological profile (Sloboda & Juslin 2001) which affords affect to emerge (see Clarke 2003, DeNora 2000). This again may be due to the release of associations or external references made by music, or our experiencing structural expectations within music itself. This emotional impact of music may be utilized in various contexts related to the promotion and maintenance of health.

When sociologists of music started to talk to people in addition to theorizing about the relation between music and society, it became obvious that music serves a whole spectrum of everyday needs. As British music sociologist Tia DeNora, along with researchers from music psychology and cultural studies, observes, music is present in a variety of social and personal contexts where mood is regulated, attention is focused and energy is channelled (DeNora, 2000). Music creates an emotional and cognitive context that is conducive to a feeling of wellbeing, a state of alertness or relaxation in accordance with the needs of the situation. Sociologically speaking, musicking is a way to regulate the relationship between the person and the situation, between our psychological state and the demands that stem from our surroundings.

Arguing along these lines, we could say that music plays a role in our lives much like other behaviour or habits prescribed by health authorities and media in order to regulate our lives towards improved health. Of course, when it comes to health-promoting behaviour, most attention is directed towards physical exercise, food, drug, alcohol habits or sexual behaviour (Taylor, 1995; Ogden, 2000). Within the emerging field of health psychology, the study of health behaviour sometimes focuses upon behaviours that may protect health, called “behavioural immunogens” (Matarazzo, 1984, in Ogden, 2000:13). I cannot see any reason why we could not conceive of music as a form of behavioural or *cultural immunogen* along with other behavioural immunogens like brushing our teeth, the use of safety belts, good sleeping habits and so on.

If we link this cultural practice to the practice of community music therapy, we could argue that music therapy, as a discipline of study, has the responsibility to point out how music can be an important part of health planning and promotion, both for the individual and the society at large.

I think these ideas should be incorporated into the information music therapists give to the society along with the information about harmful effects of sound, such as environmental noise pollution and the damaging effects of excessively high volume.

Health and quality of life

There seem to be two main conceptions of “health” within the common discourse. In a biomedical context, to be in a state of health is taken to mean to live without disease. Many people, however, when asked about their personal understanding of the concept, renounce this vacuum concept of health (Ogden, 2000: 43). Instead, people tend to think of “health” as a state of being which implies a certain surplus of energy, a state of positive wellbeing, not a state of absence of disease.

This more positive sense of health tends to equate “health” with “quality of life”, which is also a rather unclearly defined concept with the field of medicine and health psychology. (For a discussion, see Ogden, 2000, Chapter 14). As I have argued elsewhere (Ruud, 1998, Chapter 4; Ruud, 2001) our perception of quality of life has many subjective dimensions and it is open to values projected from various professions. The ethical orientation of each profession is based on different sets of fundamental values, and it is these values that are stressed when confronted with issues concerning life qualities. Medical doctors value and protect the body and life, social workers are concerned about democratic distribution of welfare goods, while psychologists are fundamentally concerned about human rights and dignity.

In a similar way I would suggest that music has value in relation to our quality of life. This has to do with music as a

- a) provider of vitality, i.e. emotional stimulation and expression,
- b) tool for developing agency and empowerment,
- c) resource in building social networks,
- d) way of providing meaning and coherence in life (see Ruud, 1998).

A Future Music Therapy

Maybe this is the time that music therapy to leave its marginal site to take on a more central role in society. Music therapy may come to play the same social politics as other groups, like new social movements, youth subcultures and identifications associated with New Age who have come to articulate alternative futures for society (Hetherington 1998).

Could it be that music therapy, in aligning with other practices of music making, could vitalize the healing, empowering, self-regulatory functions of music. Thus

music therapy could reclaim music back to the everyday life, as a central force in humanizing the culture.

Literature

- Aasgaard, Trygve 2000. "A 'Suspiciously Cheerful Lady'. A Study of a Songs Life in the Paediatric Incilogy Ward, and beyond... *British journal of music Therapy* 14 (2), p. 70-82.
- Aasgaard, Trygve 2002. *Song Creations by Children with Canser - Process and Meaning*. Aalborg, Denmark. Unpublished Doctoral Dissertation, Aalborg University, Department of music and Music Therapy.
- Ansdell, Gary 2002. "Community Music Therapy and the winds of Change - A Discussion Paper. In Kenny, Carolyn and Brynjulf Stige (eds.) 2002. *Contemporary Voices in Music Therapy. Communication, Culture, and Community*. Oslo: Unipub.
- Bull, Michael 2000. *Sounding Out the City. Personal Stereo and the Management of Everyday Life*. Oxford: Berg.
- Bruscia, Kenneth E. *Defining Music Therapy*. Gilsum, NH: Barvelona Publishers. Second Edition.
- DeNora, Tia 2000. *Music in Everyday Life*. Cambridge: Cambridge University Press.
- Gouk, P. (Ed.) (2000) *Musical Healing in Cultural Contexts*. Aldershot: Ashgate.
- Hetherington, Kevin 1998. *Expresions of Identity. Space, Performance, Politics*. Laondon: Sage Publications.
- Juslin, Patrik N. and John A. Sloboda (eds.) 2002. *Music and emotion. Theory and Research*. Oxford: Oxford University Press.
- Kenny, Carolyn 1989. *The Field of Play: A guide for the Theory and Practice of Music Therapy*. Atascadero CA: Ridgeway Publishing.
- Kenny, Carolyn and Brynjulf Stige (eds.) 2002. *Contemporary Voices in Music Therapy. Communication, Culture, and Community*. Oslo: Unipub.
- Matarazzo, J.D. (1984) Behavioral Health: A 1990 Challenge for the Health Sciences Professions. In: J.D. Matarazzo et.al. (Eds.) *Behavioral Health: A Handbook of Health Enhancement and Disease Prevention*, pp. 3-40. New York: John Wiley. Here quoted after Ogden, J. 2000.
- Ogden, J. (2000) *Health Psychology. A Textbook*. Buckingham: Open University Press.
- Ruud, Even 1988. Music Therapy: Health Profession or Cultural Movement? *Music Therapy: Journal of the American Association for Music Therapy* 7 (1), 34 - 37.
- Ruud, Even 1990. *Musikk som kommunikasjon og samhandling*. Oslo: Solum.
- Ruud, Even 1997. *Musikk og identitet*. Oslo: Universitetsforlaget.
- Ruud, E. (1998) *Music Therapy: Improvisation, Communication and Culture*. Gilsum: Barcelona

Publishers.

Ruud, E. (2001) *Varme øyeblikk*. Oslo: Unipub.

Ruud, Even 2002. "Music as a Cultural Immunogen - Three Narratives on the Use of Music as a Technology of Health", in Hanken, I.M. et. al: *Research in and for Higher music Education. Festschrift for Harald Jørgensen*. Norwegian Academy of Music 2002:2.

Stige, Brynjluf 2002. *Culture-Centered Music Therapy*. Gilsum, NH: Barcelona Publishers.

Stige, Brynjluf 2003. *Elaborations toward a Notion of Community Music Therapy*. Dissertation for the Degree of Dr. art. Faculty of Arts, Department of Music and Theatre, University of Oslo.

Small, C. (1998) *Musicking. The Meanings of Performing and Listening*. London: Wesleyan University Press.

Taylor, S. E. (1995) *Health Psychology*. New York: McGraw-Hill, Inc.