

REFLECTIONS ON PRACTICE | PEER REVIEWED

Community Building through Inclusive Music Making

C. Jane Gosine^{1*}, Deborah Hawksley², Susan LeMessurier Quinn²

¹ School of Music, Memorial University, Canada

² Eastern Health, Newfoundland and Labrador, Canada

*jgosine@mun.ca

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Abstract

The objective of this project was to expand the boundaries of regular music therapy sessions at a non-profit organization to include performances and workshops with community musicians. The goals and practices used for persons with physical disabilities prepared participants to benefit from inclusive music-making with local community musicians who had no previous music therapy experience, but whose performing styles were closely aligned with the musical preferences of our participants. The four collaborative workshops, which were held over six months, involved music therapy participants, accredited music therapists, local musicians, and volunteers engaging in music making together where teaching and learning was shared amongst all involved. The workshops were also an important mechanism for raising greater awareness of the needs and abilities of the music therapy participants.

Keywords: *Community, music therapy, song writing, improvisation, community music, therapy, performance*

The Easter Seals Music Therapy Program

Music is a part of me. It just flows. It just flows man.¹

The participants in this project facilitated by accredited music therapists were members of an already existing music therapy group for teens and young adults.² Weekly music therapy sessions and workshops all took place at Husky Energy Easter Seals House in St John's, Newfoundland, Canada. Easter Seals Newfoundland and Labrador is a non-profit organization whose mission is to "engage, inspire, and empower by providing life-changing programs and services for persons with disabilities."³ The group included both verbal and non-verbal participants, primarily with a diagnosis of cerebral palsy, who ranged in age from 16 to 21. Some individuals required assistance with playing instruments, using hand-over-hand assistance, or adaptive instruments. All participants could vocalize, although not all were able to sing. While many were actively involved in attending concerts within the community, none of the participants were involved in any other musical activities outside of Easter Seals or their family environment. Two of the individuals had participated in music programs at their schools, but most had very limited opportunities for active music-making at school and none had participated in music-making in the wider community. Despite limited external opportunities for music-making, participants made an enormous musical contribution



Picture 1. Sharing in music.

Photo: David Howells

to the group. They shared their knowledge about their favourite bands, and developed musical skills that they were then keen to demonstrate in performances and share with the visiting musicians during the workshops⁴.

The teen/young adult music therapy group met each week from September to June. Each session was one hour in length and was held in the music therapy room that houses a variety of professional-grade percussion and melodic instruments. The weekly music therapy sessions aimed to facilitate meaningful communication and connections between people who had diverse physical and cognitive levels through listening, dialogue, song-writing, and improvisation. Musical interactions helped to develop a sense of connectedness and belonging through the shared musical experience, and the music therapist planned goal-oriented interventions to address the needs of the individuals within the group.

The music therapy program at Easter Seals is influenced by Christopher Small's (1998) discussion of how "musicking"⁵ is about the creation and the performance of relationships" (p. 193). While musical narratives are created within the supportive environment of the music therapy sessions, their effects extend beyond the music sessions into everyday life where their social impact is felt. Here, music can be understood in terms of "shared action" (Stige, 2002, pp. 99–100). Music serves as a catalyst and medium through which to develop other aspects of a person's life. Writers, such as Curtis & Mercado (2004) have discussed the idea of community as being built not in a particular place, but through experience (p. 1). Individuals recognize their shared experiences and preferences, as well as feel comfortable to disagree. During regular music therapy sessions at Easter Seals, there often was a friendly disagreement between two participants whose passion for music was shared, but who had very different musical taste: one had a particularly strong interest in traditional Newfoundland music; the other had an equally strong interest in pop and rock music. Yet these musical disputes led to a greater sense of shared experience – of community.

Community Building and Culture

The music therapy sessions usually began with an opportunity for everyone to share something about their experiences from the week, eliciting reactions, comments, advice, and comfort from the other participants. It was a musical and social environment in which to share personal stories, jokes, positive and negative experiences, concerns, and feelings. It was a place where they could build trust and respect so that participants within the group could anticipate the reactions of others and aid their non-verbal

friends with answers to questions in a supportive environment. This social interaction served an important part of building community amongst participants, emphasizing camaraderie and support (Ansdell, 2010, pp. 48–51). While the music therapists had clear musical, social, physical, and emotional goals, participants themselves referred to the importance of forming friendships and engaging in music-making as being most important to them during the sessions.

Participants were invited to share their favourite music with the group, bringing along recordings or accessing the music via the Internet. While the listening preferences of the group were diverse, there was a strong interest in traditional Newfoundland music. Not only were participants familiar with the musical repertoire of a number of local bands, they also followed these bands through social media, purchased large numbers of recordings, and attended live performances. Their knowledge was thus not limited only to sonic perceptions, but related also to the lives of the artists performing their preferred music. This knowledge was freely shared and opinions were debated during the music therapy sessions. This dialogue during the regular music therapy sessions provided an important connection when working with local artists in the workshops, and served as excellent preparation for the workshops, providing a voice to non-verbal participants through shared music-making. With open and respectful discussion of ideas and a willingness to participate musically, the sessions helped build confidence and trust within the group (Bonde, 2011).

Stige (2002) noted that “a participant comes to music therapy with a cultural identity, as does the therapist” (p. 41). By acknowledging each participant’s cultural identity within our regular music therapy sessions, as well as the therapist’s identity, it was possible to create a musical environment in which the participant could grow musically, socially, and emotionally. In such instances, music becomes a conduit to growth as an individual – where individuals construct their identities through music as well as reflect who they already are (Ruud, 1998, p. 47). Our participants have a strong sense of their Newfoundland identity, reinforced by their preference for local traditional music. Members of the group also share an identity based around their involvement with Easter Seals and the friendships formed through this. Nicholas Cook (1998) has commented that “People think through music, decide who they are through it, express themselves through it” (pp. ii–iii). Regular music therapy sessions helped participants in this project find a way to express themselves both verbally and non-verbally in a familiar musical and social environment which provided them with the skills to negotiate the less familiar setting of working with professional musicians with no music therapy background but a shared cultural background.

Performance

The music therapy program at Easter Seals introduced end-of-year performances that have become meaningful experiences for both performers and audience (most of whom are family and friends). For many of the participants, these events have been their only exposure to being involved in a more public musical performance. In a similar process to that demonstrated in Curtis and Mercado’s project (2004, p. 15) with “citizens with developmental disabilities”, our participants were actively involved in choosing the music for their performances and eagerly anticipated the performance, with animated discussions not only about music but also about questions such as what to wear, who to invite, and so on. The performances were followed by social gatherings and each participant left with a flower as a token of thanks for sharing their music throughout the year. This collaborative approach, where the opinion of each music therapy participant, music therapist, and community musician is given equal weight, shares many characteristics with the practices described by Zanini and Leao (2006) where participants are regarded as being “full of possibilities to be developed, discovered or re-discovered” and where “it is assumed that the integration of each participant of the group has indisputable importance and that the very *listening to* and the valuing of each opinion” (p. 2). When one participant was asked how he felt when performing, he said

“Ohhhhhh, just great. No really I do. Every time I do a performance I feel great!” Another participant commented that he also felt “great”, adding, “I get to show what I learned in class... I would like to perform more frequently but only within the music therapy program....”(post-workshop interviews, May 2014). So while some participants were comfortable with the idea of music-making outside of the environment with which they were already familiar; others enjoyed the idea of performing only within the context of music therapy program.

The goal of giving a performance provided an additional dimension to the growth and development of the group, generating excitement at the prospect of sharing their music with friends and family in a supportive environment. Participants developed musical and social skills during the weekly sessions, which gave them the confidence to take their music-making into the wider community – firstly during these semi-public performances and then during workshops with community musicians.

Participants repeatedly talked about how they enjoyed performing (post-workshop interviews, May 2014). One participant commented that the performances were an important means “To show other people what goes on and what happens and how it helps us.” Observations from the performances over a 3-year period have shown a lot of excitement and pride from everyone involved – during preparations and the performances themselves. Participants have shown increased confidence levels as they express themselves in different ways in a more public arena, often surprising their families with what they could achieve – whether managing gently to touch a chime, perform a newly-composed song, or focus on drumming within a group.

For participants, performances have become a means of self-expression through music – not just for themselves or for their peers in the music therapy group, but in front of a supportive audience. As an extension of what goes on during the regular music therapy programming, the performances provided a more public demonstration of the goals that have been met. The parent of one of the participants commented on how she had never seen her daughter look as confident as she did in the performance of a song that her group had written during one of the workshops. Her increased confidence levels and communication were not only visible and audible during the concert, but extended into her interactions during music therapy sessions that followed, and at home, demonstrating progress in therapeutic goal areas.

The performances allowed for exploring variations along a continuum of musical experiences – where individuals within the group were actively involved in music choices, as well as giving input on the choice of performance space and intended audience (Ansdell, 2002, p. 8). They retained the essence of a music therapy session, but where the musical experience was shared beyond the immediate group members to include all those present within the performance space – to where music-making extended beyond the music therapy room to include the audience whose experience of the performance was also transformative. The performances represented an invitation to all those present to explore a sense of personal identity, where participants from the music therapy groups found and shared their voice, celebrating the outcome of their work and achievements. Stige and Aarø (2012, pp. 224–225) highlighted the importance of performances as “interactive events” where the role of the audience extends to evaluating and “celebrating the processes and outcome” evidenced in the reactions of those present at the performances.

Ethical considerations – music-making as a human right

Community Music Therapy has at its heart an ethics-driven approach where human rights, rather than just human needs, are central to the practice. Stige and Aarø (2012) argued for a “rights-based practice” for music therapy (p. 24; pp. 175–201). Our project has been based on the belief that access to cultural activities, including participation in music making, is a human right. In addition to Article 27 of the *Universal Declaration of Human Rights* (1948) which states that “everyone has the right to freely participate in the cultural life of the community”, the right to equal access to cultural

and community involvement is embedded within numerous United Nations (UN) declarations related to the rights of the child and the rights of persons with disabilities – where the focus is both on a right to share culture and to be an active member of the community.⁶ Part of our vision in organizing the workshops was to provide opportunities for the music therapy participants to actively engage with well-known local musicians, thus giving fuller access to participation in their musical culture. The workshops bridged the gap between music therapy and community participation while retaining the level of support and comfort desired by participants since workshops were held within the familiar environment of Husky Energy Easter Seals House.

Accessible music-making – extending the community

For a person with physical disabilities, addressing issues related to an individual's human right to engage in cultural activities often extends beyond the boundaries of music therapy itself through collaborations with community members to enable and support the accessibility of music to all individuals. In this project, a successful collaboration between Easter Seals and Memorial University of Newfoundland and Labrador's Faculty of Engineering took place in order to build a guitar stand for one of the participants. A team of engineering students took on the challenge of designing and building a stand to meet the specific needs of an individual in the music therapy group with mobility challenges, in order to increase her independence and musical success. The students visited the group and watched the individual playing with the support of a volunteer holding the guitar. As part of an engineering design course, the students created and built the stand that has had a huge impact on the ability of the individual to participate in the sessions independently. One of the engineering students commented that, "Knowing that our design could be used to help someone in real life stood as our team's motivation throughout the entire design process" ([Tetra offers real life lessons to engineering students, 2013](#)). Another student commented that "...the whole point of this project [was] trying to change somebody's life" ([Bartlett, 2012](#)). Not only did the collaboration lead to greater independence and increased confidence for the participant, it also served to raise awareness amongst engineering students of the needs of many members of society for adaptable devices and raised the profile of the music therapy program through the media coverage associated with the project.

Community engagement – building musical and social bridges

Perhaps one of the earliest representations of music therapy and the community is Juliette Alvin's perspective on a "flexible program of music therapy", allowing the participant to continue music activities outside of the music therapy session, considering social and cultural factors that allow for a successful transition ([as cited in Stige & Aarø, 2012, p. 35](#)). In our project, the transition between regular music therapy sessions and workshops for our participants was facilitated by having the workshops take place in a familiar environment with the regular music therapists and volunteers present, by using familiar instruments, but in novel ways, and by engaging musicians whose music was either already familiar to the music therapy participants or who used a playing or singing style already familiar from within the music therapy sessions. Through their regular involvement in music therapy, participants were prepared both musically and socially to feel comfortable and confident to be engaged in the musical activities outside the usual scope of the regular music therapy session.

Stige and Aarø (2012) has noted that "health is the process of building resources for the individual, the community and the relationship between individual and community" (p. 68) – a sentiment echoed in government and health reports where a strong sense of belonging is associated with the health of both the individual and the community ([Employment and Social Development Canada, 2015](#)). This sense of belonging was cultivated both during the weekly music therapy sessions, where building strong friendships was seen as the most important of aspect of the sessions by many of the participants, and during the workshops that were organized with community musi-

cians. Observations strongly indicated that the social aspect of coming together for music therapy was fundamentally important to members of the group – lots of hugs, holding hands, and generally showing friendship through concern, support (physical and emotional), and sharing. Together, individuals explored musical relationships and through this gained access to social relationships, increasing self-esteem, confidence, and the ability to communicate.

Community Workshops

For this project, local musicians were sent an invitation to facilitate workshops with an existing music therapy group. Musicians were invited to participate in the project based on how their musical preferences and expertise aligned with the interests of participants within the music therapy group. Upon acceptance, personal contact was made through a face-to-face meeting, a telephone conversation, or email. Discussions involved an overview of the non-profit organization of which the music therapy group was a part; information about the goals and the process of the music therapy programming; and a description of the participants in the group, including reference to participants' musical abilities, preferences, favourite instrumentation, types of responses to music often observed within regular sessions, and verbal and non-verbal communication. The music therapists provided support in relation to questions and/or concerns the community musicians had in regards to their future plan for their individual workshop. The facilitator was given the opportunity to incorporate his or her own ideas and areas of expertise into the workshop.

The four workshops were held over a 6-month period during the regularly scheduled music therapy sessions, and prior to each workshop musicians were given an opportunity to meet with the music therapists to discuss the musical preferences of the group, as well as individuals' physical and verbal abilities. During the workshops, members of the music therapy group and the invited musicians shared their skills, interests, and life stories – each learning from the other. Kenneth Bruscia (1998) suggested that one of the purposes of music therapy is both to provide the participant with the means to participate in the life of the community, but also to help the community to accept and interact with the participants (p. 237).⁷ The workshops were instrumental in establishing a two-way process of mutual learning between participants and workshop leaders, as well as providing an opportunity for learning within the self. The regular music therapy sessions served as a starting point for building a sense of community by establishing a relationship between therapist and participant and amongst the participants. This relationship then expanded its boundaries into the wider community to form meaningful relationships between participants and community musicians, bearing many similarities with Wood, Verney, and Atkinson's (2004) concept of the "ripple effect", connecting participants from the music therapy program to the wider community (p. 61) to form long-lasting relationships.

Workshop 1

An internationally renowned choir director led the first workshop. The focus was on inclusive singing and dancing for verbal and non-verbal participants, drumming improvisations, experiencing music through mind and body by integrating music and movement for participants with a wide range of mobility, and learning about and experimenting with performing music of other cultures. The group learnt a song in Zulu, which they then combined with dance moves.

During the workshop, participants built on skills with which they were already familiar from music therapy sessions such as listening, clapping, singing, vocalizing, drumming, and improvisation. These skills, however, were used in novel ways. For example, the director invited participants each to create and sustain their own individualized beat or rhythm on the drum, thus demonstrating their creativity. While doing this, they also built on their listening and leadership skills as each player was responsible for leading the group drumming. Finally, they combined their rhythms in mul-

ti-layered rhythmic patterns. They also learned new forms of communicating through body movement, African vocalizations, and some inclusive dancing.

Workshop 2

The second workshop, led by a Juno-nominated singer/songwriter, focused on songwriting. After describing the song-writing process, the workshop leader asked participants for song ideas connected with their favourite things. Each member of the group contributed ideas to a song written on a board for everyone to see. This generated a discussion of ideas and sharing of jokes about each other through the songwriting process. After deciding on a set of lyrics, the workshop leader demonstrated three different musical styles and chord progressions to form the basis of the song; and after some discussion, the group reached a consensus on a musical style for the song. Each participant contributed text for at least half a verse. The group then developed a chorus, which encompassed the theme of their favourite things, chose an instrumental accompaniment, and finally recorded the song.

The following week, the song was played back to the group in order to create a title. There was an immediate, positive, and spontaneous reaction to hearing the recording of *their* song, with particular excitement as they each heard their own voices singing their lines, with one of the participants anticipating each line and pointing to the person who wrote the lines. During the playing of the song, they were all completely engaged with the music – listening, smiling, clapping their hands, and pointing at each other as they heard each of their lines. A copy of the CD was created for each participant.

While some participants had done songwriting in the past during music therapy sessions with one of the accredited music therapists, for most participants, the songwriting process was a new experience. For everyone, it was a new experience to work with a professional singer/songwriter. It was noted how quickly the group learned the lyrics to the whole song and how freely and confidently they sang and later performed it in a concert.

Everyone in the group took ownership of the song, singing it in a very different way from anything else they had sung. It seemed that they felt a connection to this song that represented their personal and collective identities – and was powerful in that it combined both the idea of the individual, with his or her own life story, and the collective, with the shared expression of the group. Since the songwriting was undertaken in a collaborative environment, it enabled participants both to share aspects of their own lives and to learn more of others. The workshop led to a remarkable increase in the confidence levels of the group both musically and socially, so that each time they sang this song, there was a feeling of confidence that then transferred into other activities that they were doing. This confidence was demonstrated through increased vocal projection and support in one individual, and the consistent vocalisations of another non-verbal participant.

Even Ruud's (2008) comment that songwriting allows us "to transform the raw material of our life into an artistic object, a symbol which allows us to look upon ourselves from some distance" seems particularly apt here (p. 57). It is this distancing from self that allows the Easter Seals participants to move outside of their normal comfort zones to embrace new ideas, skills, and situations and to be proud of their achievements. The workshop led to an increase in inter-personal engagement and interaction between the participants themselves within the group as well as between the participants and the wider community, and led to further collaborations with the singer-songwriter. The workshop leader commented that:

it was evident that all kids were engaged in the songwriting workshop, and in turn, that made me completely happy with how the workshop went. It was an experience I'll never forget and certainly something I'll draw back on in the future. It was a great experience for me, the kids, and there should be more workshops like this. It's good for them to meet new



Picture 2. Song-writing session.

Photo: J. Gosine.

people, see fresh faces, and have different experiences, as it is for all of us (post-workshop email communication, 15 March, 2014).

Workshop 3

An energetic local percussionist and educator whose diverse performing styles range from classical music to hip hop led the third workshop. While participants were already familiar with drumming during regular music therapy sessions, the workshop leader taught them new percussion techniques. They learned to communicate through body signs – wiggling fingers to indicate a drum roll or rumble; hands up to stop; waving hands in the air for a loud rumble and so on – and playing “Follow my feet”, using feet to communicate when and how the group should play.

Each group member had the opportunity to direct and conduct the group in an inclusive and supportive environment, with lots of positive feedback, such as a drum roll to encourage participation, which built confidence in the group. In reflection, the workshop leader commented:

When planning for this session, I really wanted to focus on activities that involved working together as a team to make music. I also like to plan games that allow the students to take on leadership roles. Not only are they learning new games that they can then play together when I leave, but they feel a sense of independence and empowerment regardless of their ability or skill sets while doing so..... One game that we played was “Follow my Feet” in which students would play one sound on their drum when I took a step with my foot. I had a couple of super enthusiastic volunteers come up to the front and take the lead – even a student in a wheelchair who had limited mobility came up to the front and had a time! Everyone was totally engaged and cheering her on. It was a beautiful moment! The students had a chance to explore leadership roles by stepping inside the circle (semi-circle) and facilitating the music making by simply being themselves - not to mention the fun they had making music together.

The students had a chance to explore leadership roles by stepping inside the semi-circle and facilitating the music making by simply being themselves – not to mention the fun they had making music together. I think that by watching me facilitate the session, the music therapists learned some new inclusive music games that they will put into practice in their own work, and of course for myself, I realized that there are more opportunities out there to work with people with disabilities outside of the school system. I can tell that the music therapists truly impact the lives of the students in such a positive and meaningful way that I am now very interested in music therapy and wonder how I can get

involved with these organizations myself as a member of the community (post-workshop email communication, 26 May, 2014).

The workshop leader also indicated that she had learned more about inclusive music-making, as well as gaining some techniques on bodhrán playing from one of the participants, emphasizing the reciprocal nature of the workshop.

Workshop 4

Our final workshop was given by a founding member of an internationally renowned band and was a musical and social highlight for the members of the music therapy group – all of whom were huge fans of the band and the singer’s solo work. The workshop gave them the opportunity to interact socially and musically with their musical idol – the envy of their peers. It was a huge boost to the participants’ self-esteem.

It was during this workshop that the theme of reciprocal learning and respect, as well as social change, was most evident. For example, the workshop leader demonstrated a remarkable willingness to share very personal accounts of his life touring with the band, his reasons for leaving the band, and other challenging aspects of his life in response to probing questions from one of the participants. After the session, the workshop leader commented that he found this sharing of experiences to be therapeutic. There was a strong sense of equality in musical sharing during the workshop, with the leader saying that it felt like a “jam session with friends”.

In the middle of the workshop, the leader took time to work individually with a participant on bodhrán playing techniques. A month later, without any prompting, this participant quoted directly what he had been taught, yet he had previously demonstrated difficulty with memory skills for everyday information, such as recalling his sister’s name. However, there have been countless occasions when he remembered details of songs, musical elements such as instrumentation, or specific rhythms from months earlier. For him, music is a vessel through which he can remember, communicate, and engage. He responds to a strong beat and has natural ability to engage in rhythmic playing. While he is often challenged in regular conversation, he can engage easily, fluently, and confidently in musical dialogue.

Following the workshop, the workshop leader spent time discussing ideas of how to become more actively involved with Easter Seals and with projects related to music therapy. He subsequently led a campfire sing-along, sung at Easter Seals concerts, and has been actively involved in fundraising events. What began as a one-time workshop developed into a much larger relationship with Easter Seals with long-term benefits for the individual and community. Using social media, he has raised the profile of both Easter Seals and music therapy more generally. In a post-workshop reflection he wrote:

My reaction to my first Music Therapy session was immediate and extremely positive. I had absolutely no experience in the field and was very curious as to how Music Therapy “worked”. Music has always played a huge part in my own wellbeing and while I believe in its healing power, I had yet to see its effects tested directly and with intent. I was not disappointed. I witnessed first hand how music could be focused to facilitate healing. I believe the session had a huge effect on my own personal wellbeing and that is probably why I continue to participate and interact whenever I can...I do not have any experience in this field and really had no idea what I was walking into, but after the session was over I walked out feeling a whole lot lighter. This was one of the best audiences I have ever had the privilege of performing for. They were willing participants and excellent listeners. They asked direct and insightful questions that forced me to really think about my answers. They offered their feelings freely and sincerely and I found this to be positively refreshing. I learned a lot from all my new friends at Easter Seals....because they were “For Reals” (post-workshop email communication, 15 May, 2014).

In a newspaper interview (Bradbury, 2015) about his involvement with the music therapy program at Easter Seals, the singer stated:

To be honest, my former self would not have done that. My former manager wouldn’t have looked at the request, so I wouldn’t have even seen it,” he says. “I was blown away. They

melted my heart, and it needed to be melted at that moment. They have really had an effect on the decisions I have made ever since. They moved me in a really deep way.

Discussion

The participants' positive reactions to the workshops can be interpreted with reference to the concept of 'flow' (Csikszentmihalyi, 2008). To experience flow, a task should not be too difficult nor too easy in relation to an individual's skills, and there should be clear goals for individuals. Those who experience flow talk about being completely absorbed in the activity, focused, and satisfied with completing a task or achieving a goal (Solli, 2015, pp. 9–10). The weekly goal-oriented music therapy sessions gave participants the musical and social skills to engage fully in the workshops, providing them with a skill set that they were able to adapt to a new situation, facilitated by each workshop leader. They were comfortable in the environment (the physical space, along with their usual instruments, and the social environment with people they knew), but were challenged, absorbed, and engaged in learning new ways to use their musical skills and increase social skills through meeting new people. While excited, they were not overwhelmed to be performing and interacting with the different workshop leaders. They were natural, confident, and comfortable in their interactions – where the familiar and unfamiliar were balanced. After the workshops, participants frequently requested more of these types of experiences, often asking when there would be musicians joining them again. The impact of the workshops was to enhance and to complement the interests and skills of the participants throughout the music therapy process, creating empowering experiences where participants could be proud of their achievements.

Most participants in the group identified strongly with Newfoundland music. This was seen not only in their choice of music but also during improvisations, with a preference shown for instruments that are traditionally associated with Newfoundland music – the bodhrán drum, fiddle, harmonica, spoons, keyboard, and guitar. The use of the omnichord, while not used in traditional Newfoundland music, enabled one participant to accompany herself and others in instrumental arrangements of many Newfoundland songs, thus building a connection with her cultural heritage and giving her a leadership role within the group. This individual self-identified strongly as a Newfoundlander, had a passion for traditional Newfoundland music, regularly attended concerts, and followed the bands through social media. During the workshops, she interacted easily both musically and socially with local musicians, making a natural transition from music therapy session to community music-making session. In a post-workshop interview (May, 2014), this individual also referred to the physical benefits she felt during music therapy sessions, commenting that “you play a lot of the songs I like so it keeps you interested and relaxes your muscles. And it challenges them and you don't realize they're being challenged.”

During regular music therapy sessions, group members were encouraged to respect and value each other's ideas both from a musical and social perspective. This helped build a sense of community within the group through their shared experiences. The music therapy participants interacted with the workshop leaders both as individuals and as the collective group where their confidence to participate in new cultural activities outside of the music therapy program was strengthened by the support of their friends from within the group.

Part of the goal of these workshops was to develop mutual respect through musical collaboration, bridging the gap between music therapy and music-making within the community – breaking barriers for greater inclusion and participation. One of our workshop leaders commented in a radio interview that “Just dealing and interacting with those beautiful human beings changed my life and I've been part of their extended family ever since” (CBC Radio interview, 16 December 2015). In different ways, the workshops have changed lives – from within and outside the music therapy program – encouraging bonding and bridging⁸, drawing on the strengths of all involved (Stige &

Aarø, 2012, p. 214), facilitating “respect-in-action” (Sennett, quoted in Ansdell, 2005, p. 10). Not only did the workshops bring outside musicians into the music therapy setting, but they subsequently served as a catalyst to taking participants out into the community to perform alongside one of the workshop leaders in fundraising concerts in the community⁹.

Conclusions and Recommendations

From a music therapy perspective, this experience provided much insight into how a music therapist can establish a positive working relationship with the musical community in order to provide greater opportunities for the participants we work with. In an established relationship, we feel that part of a music therapist’s self-awareness is to know when a participant (client) could benefit from working with other musicians who share similar interests and passions. This in turn can only add to quality of life and greater community involvement when done in a supportive environment. It is also an opportunity for music therapists to learn new skills in a specific area (such as drumming techniques, song recording, body movement) that can be incorporated into future sessions. This experience of involving the wider musical community has spurred continued experiences in our current clinical work where reciprocal learning can take place. For example, when working with an older adult resident that had an appreciation and interest in classical music and stringed instruments – in particular the viola da gamba – a connection was made with a group in the community to perform privately for this individual and offer a meaningful opportunity that was otherwise not possible. As our clinical work takes place in healthcare facility settings, with persons ranging in age from 0 to 104, it is important we carry our previous experiences and knowledge with us to offer best practices for the individuals we continue to engage with through music and active music making.

For other music therapists interested in inviting community musicians to participate in their program, we would recommend finding an individual who is compatible musically and socially to the ideals of one’s music therapy program. It would be beneficial to seek out an individual who also has an interest in community engagement. We would recommend having a transparent discussion about music therapy, which might include brief education about the goals of one’s music therapy program as a whole. We found that these discussions allowed each facilitator to properly prepare for their individualized workshop while also fostering an appreciation for music therapy.

Acknowledgement and Consent

This project was supported by a Social Sciences and Humanities Research Council (SSHRC)/ Vice-President’s Research Grant from Memorial University, Canada. Appropriate steps were taken to ensure that all ethical considerations were considered throughout this project that was approved by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) at Memorial University, Canada. All participants from Easter Seals Newfoundland and Labrador and their families, as well as the community musicians and staff at Easter Seals completed informed consent forms, approved by ICEHR. Meetings were held with potential participants to explain the nature of the project. All of those enrolled in the music therapy program agreed to participate, with very strong support from their families – as did all invited community musicians.

Notes

1. These were the words of one of our participants in the young adult music therapy group in response to a question about how important music was in his life during our interviews.
2. The numbers of participants changed over the course of the 3 years due to changes in personal circumstances.
3. <http://www.eastersealsnl.ca>

4. After ethics approval, information relating to the participants' experiences in music therapy and community music was collected through interviews and recorded observations and then transcribed.
5. Christopher Small (1998) coined the phrase "musicking" to refer to his ecological idea of music as an activity rather than as a thing or end-product with the emphasis on performance and listening, rather than the musical work itself, and to the relationships that arise as a result of this. See also, Ansdell, 2014, Chapter 1.
6. See also Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993), Rule 10; UN Convention on the Rights of Persons with Disabilities (n.d.), Article 3; UN Convention on the Rights of Persons with Disabilities, Article 24; and UN Convention on the Rights of Persons with Disabilities, Article 30.
7. In many ways, this type of approach acknowledges, if tacitly, Michael Bakan's (2014) desire to respect neuro-diversity and more broadly accept difference – perhaps emphasizing the idea that in many instances it is society that needs to learn acceptance.
8. The terms, 'bridging' and 'bonding' are borrowed by Stige from sociology where they are often used in conjunction with the concept of social capital (Stige & Aarø, 2012, p. 214).
9. Christmas fundraising concerts have now become an annual event, hosted by the workshop leader in which participants from Easter Seals perform alongside this musician at a public event.

References

- Ansdell, G. (2002). Community music therapy and the winds of change. *Voices: A World Forum for Music Therapy*, 2(2), <https://dx.doi.org/10.15845/voices.v2i2.83>.
- Ansdell, G. (2005). Being who you aren't; Doing what you can't. *Voices: A World Forum for Music Therapy*, 5(3), <https://dx.doi.org/10.15845/voices.v5i3.229>.
- Ansdell, G. (2010). Where performing helps: Processes and affordances of performance in community music therapy. In B. Stige, G. Ansdell, C. Elephant, & M. Pavlicevic (Eds.), *Where music helps: Community music therapy in action and reflection* (pp. 161-186). Farnham: Ashgate.
- Ansdell, G. (2014). *How music helps*. Farnham: Ashgate.
- Bakan, M. (2014). Ethnomusicological perspectives on autism, neurodiversity and music therapy. *Voices: A World Forum for Music Therapy*, 14(3), <https://dx.doi.org/10.15845/voices.v14i3.799>.
- Bartlett, S. (2012, November 29). Striking the right chord: Engineering students' design enables girl with cerebral palsy to play guitar. *The Telegram*. Retrieved from http://www.mun.ca/engineering/Telegram_Striking_the_right_chord.pdf
- Bonde, L. O. (2011). Health musicing – Music therapy or music and health? A model, empirical examples and personal reflections. *Music and Arts in Action*, 3(2), 120-140.
- Bradbury T. (2015, December 10). McCann moves to mainland. *The Telegram*. Retrieved from <http://www.thetelegram.com/living/2015/12/10/mccann-moves-to-mainland-4371970.html>
- Bruscia, K. (1998). *Defining music therapy*. Gilsum, NH: Barcelona Publishers.
- CBC Radio Interview, (2015, December 16). Easter Seals performers steal the show, says Sean McCann. Retrieved from <http://www.cbc.ca/news/canada/newfoundland-labrador/sean-mccann-easter-seals-1.3367589>
- Convention on the rights of persons with disabilities and optional protocol*. Retrieved from <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- Cook, N. (1998). *Music: A very short introduction*. Oxford: Oxford University Press.
- Csikszentmihalyi, M. (2008). *Flow: The psychology of optimal experience*. New York, NY: Harper Collins.

- Curtis, S., & Mercado, C. (2004). Community music therapy for citizens with developmental disabilities. *Voices: A World Forum for Music Therapy*, 4(3), <https://dx.doi.org/10.15845/voices.v4i3.185>.
- Employment and Social Development Canada: Indicators of Well-being in Canada – Social Participation – Social Belonging*. (2015)
- Ruud, E. (1998). *Music therapy: Improvisation, communication and culture*. Gilsum, NH: Barcelona Publishers.
- Ruud, E. (2008). Music in therapy: Increasing possibilities for action. *Music and Arts in Action*, 1(1), 47-60.
- Small, C. (1998). *Musicking*. Middletown, CT: Wesleyan University Press.
- Solli, H. P. (2015). Battling illness with wellness: A qualitative case study of a young rapper's experiences with music therapy. *Nordic Journal of Music Therapy*, 24(3), 204-231, <https://dx.doi.org/10.1080/08098131.2014.907334>.
- Stige, B. (2002). *Culture-centred music therapy*. Gilsum, NH: Barcelona Publishers.
- Stige, B., & Aarø, L. (2012). *Invitation to community music therapy*. New York, NY: Routledge.
- Tetra offers real life lessons to engineering students. (2013). *Gizmo: The Tetra Society of North America: Custom Assistive Devices*. Retrived from <http://www.tetrasociety.org/documents/Gizmo-spring-13.pdf>
- United Nations (1948) *Universal Declaration of Human Rights*. Retrieved from <http://www.un.org/en/documents/udhr/>
- United Nations (1993). *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*. Retrieved from <http://www.un.org/esa/socdev/enable/dissre00.htm>
- Wood, S., Verney, R., & Atkinson, J. (2004). From therapy to community: Making music in neurological rehabilitation. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 48-62). London: Jessica Kingsley Publishers.
- Zanini, C. R. de. O., & Leao, E. (2006). Therapeutic Choir – A music therapist looks at the new millenium elderly. *Voices: A World Forum for Music Therapy*, 6(2), <https://dx.doi.org/doi:10.15845/voices.v6i2.249>.