Whose "Power of Music"? Questioning and Problematizing aspects of Language and Power in Music Therapy Practice within Mainstream Primary Schools in the UK

Joanna Parsons [1*]

[1] Nordoff Robbins/Goldsmiths, University of London, UK
* jo.parsons@nordoff-robbins.org.uk

Abstract

Music therapists have long worked in specialist and mainstream school settings and their practice, therefore, has been influenced by discourse used in both education and therapy. Parts of the discourse from both fields tends to pathologize children and focus on individual problems and treatment. In the same space, critical frameworks seek to challenge this by advocating for language and practice that is inclusive and context sensitive. By focusing on the complex nature of a mainstream setting, this article will highlight how music therapy practice might serve to strengthen or challenge deficit-based discourse around children within their school environments. I propose that, within school communities, there is much to be learned from paying closer attention to people's voices and expertise regarding their own practices and knowledge of both music and health. By illustrating day-to-day school life, I reflect on how particular approaches, choices of language and practice might impact how music is experienced and how this relates to health and wellbeing.

Keywords: mainstream education; language; power; music therapy

Introduction

A teacher hears music coming from a school's music room and peers through a window to see a child playing with a music therapist. Intrigued, the teacher eases the door ajar and asks, "Can I come in?"

What would it mean for the music therapist to say yes? To say no? What would the answer mean to the child, the curious teacher, or the school as a whole?

The aim of this article is to address the discourse on music therapy within mainstream schools. Ansdell (1999, 2003) has written extensively on discourse in music therapy; particularly how it is indistinct from, and directly influences the nature of, practice. This article, therefore, will look at the role music therapy discourse might play in affecting not only our practice within school environments, but the inevitable power dynamics between therapists, staff, and students.

Through citing events from day-to-day work, I hope to illustrate how our words and actions may influence children's and adults' experiences of music and health in their everyday school lives. Examples will also portray how school communities, if observed and listened to, can inform us on how our practice can develop indigenously to reflect each unique setting.

Discourse also posed challenges when writing this article, as both music therapy and education are influenced by established language and practice from other fields, policies, and governing bodies. This was a source of personal discomfort because in order to describe relevant contexts, this article required the use of commonly accepted words and phrases, the use of which often felt questionable.

For example, to simply describe my workplace, I write that I work in a "mainstream" school. The Cambridge dictionary defines "mainstream" as follows: "*considered normal, and having or using ideas, beliefs, etc. that are accepted by most people*" (Cambridge Dictionary, n.d.). Who gets to define "normal" and by what measures? What impact does the use of the word have for those able to attend a school and, perhaps more saliently, those who are not? Furthermore, what does it mean for music therapists who use such words to describe aspects of their work and how does this relate to people's experience of health and wellbeing?

The first part of the article provides context for my experiences in a mainstream school and outlines the resultant language and frameworks used throughout the document. Referencing critical frameworks, the middle section focuses on language in education and how this can influence both practice and power dynamics. By drawing on experiences from my day-to-day practice, the final section offers real-life examples of the above and, as a result, ponders new directions for music therapy.

Background: Positioning the Paper and Framing the Language

Positioning the Paper

I write this article from the perspective of a music therapist and teacher in the English education system. Hence, the writing on policy and practice will relate only to those of England. While most school staff are advocates for creative and inclusive education, as I will discuss, policies and long-standing practices still create tension, exclusion, and discomfort. Additionally, I do not possess qualities that societal prejudices might render as disadvantages (white, Canadian, non-disabled, cisgender, and heterosexual) and I therefore feel it vital to take a critical stance on how this position might affect the practice of music therapy in such diverse communal settings.

My dual role as both music teacher and music therapist connects me with all the school's students and staff. I am, therefore, able to observe various musical practices, how they distribute throughout the school, and how they affect those involved. For example, in my work, I may see a child individually on a weekly basis and engage in song writing. I then may see this child raise their hand in a whole-class music lesson when asked if anyone has ever written a song. Or, I may see this child engaging in song writing with a friend during their break time. As will be further described, this work has been inspired by the ecological nature of Community Music Therapy (CoMT).

Countless such examples have formed the basis of my current PhD research, which focuses on the "how," "why," and "impact" of such observations. Predominantly, I have discovered an interconnected relationship between music from people's everyday lives, music therapy, and music education practices. In response to this, I began reflecting on the scope of music therapists' practice within such a rich musical setting. In the presence of people's personal expertise, both in music and self-help, how wary should we be with power dynamics as professional "experts" on music and health? How may the established language of music therapy contrast with how people speak and think about music and health in their own lives?

Framing the Language

As previously mentioned, discussing music therapy within an educational context involves the use of established language and labels. I therefore feel it imperative to establish meanings around the terminology that will be used in this article and how that terminology might be applied in the context of my day-to-day work.

1. Mainstream school: There are many different types of mainstream school, including: schools maintained by a local authority, academies funded directly by the government, faith schools, and private schools. Each type is tied to government policies and the national curriculum, though to varying degrees. That variance will affect the extent to which discourse from the government or local authorities will be adopted in any given school.

"Mainstream" does not have a specific definition in education and is perhaps better defined by what it is not, namely a "special school." Special schools are defined as providing specialised support in one of the following areas: communication and interaction; cognition and learning; social, emotional and mental health; or, sensory and physical needs.

Mainstream schools invariably offer some level of specialist support. However, the funding available and time invested into sourcing inclusive practices and spaces can vary greatly. This will be influenced by a school's approach to inclusive practice, which will naturally influence/inform the associated language in use day-to-day. For example, a child's behavior labelled, "negative" or "challenging" in one school may be considered "communication" or "dysregulation" in another.

It is therefore important to not assume that music therapy work across mainstream schools will be similar endeavours. Each school will have its own policies and perspectives, which will ultimately establish the culture of language in which we will be expected to work.

2. Special education needs and disability (SEND): "Special educational needs is a legal definition and refers to children with learning problems or disabilities that make it harder for them to learn than most children the same age" (Children with special educational needs, 2021). The UK government website states, "They (SEND) can affect their: behaviour or ability to socialise, for example they struggle to make friends; reading and writing, for example because they have dyslexia; ability to understand things; concentration levels, for example because they have ADHD; physical ability" (Service, 2014).

A child with designated SEND status (agreed upon by school and parent/carer) would receive one or all of the following forms of support: provision within a mainstream school (e.g., working in small groups; differentiated tasks in the classroom); work with outside specialists within the school (e.g., visiting a speech pathologist); an Educational Health Care Plan (EHCP), which outlines educational/health needs and relevant support that is legally required to be met through designated funding; a place within a specialist school if mainstream is deemed unable to meet outlined needs.

Within this description, children are described in terms of their individual needs and how those needs might affect their ability to adapt within an educational environment. Minimal emphasis is put on representing the child's resources, nor how their broader social and educational contexts may be inhibiting their potential to present themselves in ways that contrast their determined labels. For example, a child seen as having poor concentration levels is able to show incredible focus when engaging in forest school activities outdoors. While schools are required to provide adaptive settings in which a variety of children can access education, the language used still tends to pathologize the individual.

In such settings, music therapists will likely be working with children labelled as SEND. It is, therefore, critical to reflect on how we address the established language around practice.

3. Health and wellbeing: Tia DeNora (2007) stated, "Within constructivist perspectives, health and illness are conceptualized as social facts, that is, their reality takes shape in ways that stand outside of individuals and is made known through the varied ways in which health is conceptualized, assessed, performed and perceived in social life" (p. 272).

This perspective is much broader than one of individual symptoms and treatment. Our experience of health is 'not merely the absence of disease or infirmity' (World Health Organisation [WHO], 2022), but a socially situated experience. In this way, a focus is put on, as DeNora states, "the practices by which 'health' is attained and maintained through various socio-technical and cultural actions" (p. 273).

As a result, the article will call into question the language of practices that primarily seek to address individual symptoms through clinical treatments and/or interventions. This tends to include assessment and evaluative procedures that rely on measurable accounts of how the treatment or intervention may have improved the symptoms or the problem. For example, in healthcare this may be a recording of stress levels before and after a set time of music therapy sessions; or, in education it could be a measurement of academic scores before and after a child receives a specific intervention.

The language used in this article, therefore, will focus more on practices than interventions and will explore other ways of speaking about and evidencing "improvement" or "changes" in health.

4. Musical practices: In relation to DeNora's writing on health and well-being, the "practices" and "various socio-technical and cultural action" that may allow health to be "attained or maintained," may involve people's actions with music. In this sense, music is seen as a verb, rather than an object. Thus, music work, within and outside of music therapy, is not about what music does, but what people do with music. This "doing" with music is what Christopher Small (1998) named "musicking."

In the context of this article, references to musical activity are not limited to planned and scheduled music therapy sessions. Instead, a variety of actions involving people, music, and health will be considered and will serve to pose questions to music therapists as professionals working in schools.

The practices of musicking referenced in this article will therefore include:

- Engaging in music with children one-to-one or in small groups with a music therapist
- Whole-class music lessons (on a weekly basis)
- Choir, band, and various music clubs
- Performances
- Working in these varied ways with staff and families before, during and after school

Language and Power: An Educational Context

The aforementioned terminology forms part of the discourse around education and health. In understanding the relationship between music therapy, language, and power, it is crucial to recognise the capacity for discourse to not only communicate, but exert influence. On language and power in post-colonial schooling, McKinney (2017) wrote, "Discourses are 'practices that systematically form the objects of which they speak' (Foucault, 1972, 49). Discourses both open up and close down possibilities for meaning-making and understanding..." (p. 8).

How we talk about children and their families, their education, and their experiences thereof (including music therapy), creates a culture of knowledge and meaning. However, these resulting bodies of knowledge and meaning can prioritise some forms over others, perhaps disciplinary and institutional discourse over how people speak about their own experiences in their everyday lives.

For example, a child with an autism diagnosis will have a body of language built up around them by a variety of professionals that will be applied to their everyday school life. This hypothetical child may have been described as having social and behavioural difficulties. They may have been observed by professionals and gone through various forms of assessments, interventions, and evaluations. Their parents/carers would have been involved in the process and would have received related discourse. They may have read what their child "can and cannot do" or have signed referral forms for an intervention deemed necessary by a professional. The words and phrases used may have been taken on by the parents/carers and used around the child – either telling them directly or using the language indirectly in their presence.

This type of discourse is commonly inherently ableist; in this specific example, where autism is presented as a set of symptoms or behaviours that require treatment or intervention.

What would it mean for a music therapist to position this autistic child as a client – one who is in need of music therapy to address the issues and problems that arise as a result of their autism? Whether we choose this language or not, we are in a position to participate in this established discourse and strengthen its perceived validity, potentially affecting how this child experiences themselves and views the world.

McKinney (2017) stated that such discourse can "close down possibilities for meaning making and understanding." I will, therefore, further question how certain forms of discourse might restrict our learning and slow the evolution of new practice and its associated discourse. How may certain music therapy practices limit how much we get to know a child within a school setting? For example, if choosing to only work within a private space, what might we miss about how they present themselves in the classroom, the playground, or the gym? What might we miss about how they engage with music in their everyday lives in school? And how might this "missing out" affect our ability to take on their own ways of knowing and being into our discourses about them?

Inevitably, being seen as professional and expert when working with children places one in a position of power. We must, therefore, remain mindful that our opinions on a child might take precedence over the considered and valid opinions of other key adults (family/carers, etc.) and become part of the child's reality.

At the beginning of the article, I presented a scenario in which a teacher asked to join a music therapist and child. The teacher asked permission from the professional adult, not the child, instantly bestowing ownership of that shared experience exclusively to the music therapist. Either of the two possible answers could be preferred, depending on what and whose perspective is being considered.

Problematizing: Critical and Ecological Perspectives

A social turn in music therapy perspectives advocates and accounts for practice that is ecological, resource-based, and socially, culturally, and politically sensitive (Ansdell, 2014 Procter, 2011; Rolvsjord, 2015; Stige and Aarø, 2012). Authors have critically reflected on the profession's language and power dynamics, drawing inspiration from a number of perspectives, including critical theories of race and sexuality, feminist studies, and disability studies (Baines, 2013; Edwards, 2019; Hadley, 2013; Metell, 2019).

Hadley and Thomas (2018) stated that, "Critical theories, at their core, seek to bring awareness to forms of power and oppression and to create an impetus and environment for social action" (p. 168). In regard to theories of feminism and race, queer theory, and disability studies, especially, Hadley and Thomas show how each are concerned with the experiences of marginalized voices. Metell (2019), in relation to queer theory and disability studies, relates their commonality to critical theory and their concern with, "challenging hegemonic constructs of normalcy" (p. 3).

These perspectives pose challenging questions in regard to the discourse and related practices previously described: What does it mean to be normal? What are the consequences of fixed categories and labels? What is the impact of putting the onus on people to shift towards normalcy? In what ways do societal structures identify people as different and what effect might this have? What does society deem as having value and whose voices matter?

In terms of music therapy in educational settings, we will be confronted by these issues every day. These same questions, specific to our work, would be: Who decides if someone needs music therapy? What are the intentions of such work regarding any given child? Is it because their behaviour or ability is deemed in need of changing? Have children had a say in their musical experiences? What do they think about the labels and language we use in describing our work? Does it make them feel more or less included in their school life? Does our work address individual problems or does it place itself within the social context of a given school?

The above perspectives call into question professional language in music therapy that, as Pickard (2020) described, "adopt particularly medicalised language, focusing on deficiency and situating dis-ability within the individual" (p. 86).

Moreover, in their writing on educational settings, Rickson and McFerran (2014) stated, "The move to inclusive practices throughout the world has severely impacted the practice and delivery of specialist services. Therapists have moved away from withdrawal-for-therapy models and developed ecological approaches where therapy is integrated into naturally-occurring school tasks and routines" (p. 27).

In questioning alignment to the medical model in regard to health and considering "withdrawal-for-therapy models," what does this mean for music therapists working in mainstream schools?

Community Music Therapy (CoMT), a perspective that has influenced my own work within a mainstream school, provides a framework in which these questions can be discussed. Ansdell (2002) described CoMT as, "an approach to working musically with people *in context:* acknowledging the social and cultural factors of their health, illness, relationships and musics" (para. 46). Its features are defined by Stige and Aarø (2012) as: participatory, resource-orientated, ecological, performative, activist, reflective, and ethics-driven (pp. 20–24).

In response to this shift from individual to communal, Rickson and McFerran (2014), as stated, call for music therapy practice that embeds itself within, "naturally-occuring school tasks and routines." This speaks to Pavlicevic and Ansdell's (2004) writing on CoMT, in which they state "Music is not designed for privacy or containment – it naturally reverberates, permeates, goes through boundaries and walls. And in doing so it calls to

others, attracts, gathers, connects people together" (p. 16).

If music and our practice as music therapists resonates throughout our schools and amongst "naturally-occurring school tasks and routines," we are potentially positioned to view how established discourse may or may not be influencing people's experience of music and health beyond our professional interactions.

The aforementioned frameworks have inspired numerous questions in regard to my own practice, some of which I describe below. In reflecting on my early work as a school employee, there were many encounters involving staff members, children and/or their families that made me wonder, "What am I, as a music therapist, doing with music here?"

Turning to Practice: School Communities and Musical Practices

Music 1: Where, When and Why?

Image 1: A child leaves their classroom for a scheduled session[1].
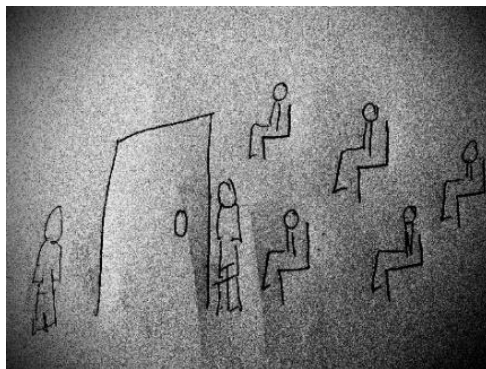
The first image represents an occasion when a child is being called from their classroom during a lesson. This seemingly innocuous act belies the fact that the timing of such removal, perhaps through the reactions of the children remaining in class, can have powerful knock-on effects. To start, there will be a collective understanding of what a child is leaving for. Children will undoubtedly ask, "where are you going?", while some children will think they know and announce it to others, perhaps with little accuracy, understanding or empathy.

It is also worth questioning what could be inferred from the timing alone. Is a child leaving because the class is deemed missable? Is it during a time when a child is consistently seen to struggle in some way? Who is deciding "when" is best?

Additionally, "where" do we go with music therapy? Do we leave the public sphere of the classroom to go somewhere private? Again, who decides where we go and why?

During the pilot project of my research, children that I normally engaged with during the school day often sought out the music room at lunchtimes. Despite the room being open and/or busy at that time, there was still a desire to go and spend time in a social-musical space.

In this instance, a public space is desired during an unplanned time. How one responds in such a circumstance brings us back to the relationship between language and power. How we talk about our practice influences our practice and professional power dynamics. If we say that music therapy is at a set time and place, then we potentially limit people's access to music and what they may be seeking from it (perhaps to change their mood or to engage with others).

Additionally, people involved in my initial PhD project often referred to their time as non-specific "music time." One parent, and her two children, told me that they were comfortable coming to what they called "music" because of the familiarity of the space

---

[1]   In the school referred to in this article, there are various ways in which adults and children communicate. This includes PECS (picture exchange communication system), emoticons, colour emotions, and drawings. I have been inspired by how people express themselves through artwork and, as a result, I have also illustrated scenarios of practice through my own drawings.

and the people in it, including myself. Otherwise, she said, they may have never engaged with such a project. The way people, in a sense, informalized our time, led me to ponder the impact of forcing certain terminology, particularly during the school day when other people would be picking up on how certain experiences were labelled or presented.

The when and where of our work will of course be labelled. Are we going to the music therapy room for music therapy? Are we going to the music room for music? Or are we going to the gym for a performance? Although this isn't the focus of this article, it begs further questions, such as: if choosing to steer away from a "music therapy session" and instead engaging in "music sessions," who gets to come, who doesn't and why?

Music 2: Who and What?

Image 2: People peer in the window of a school's music room, curious about the sounds they are hearing from inside.
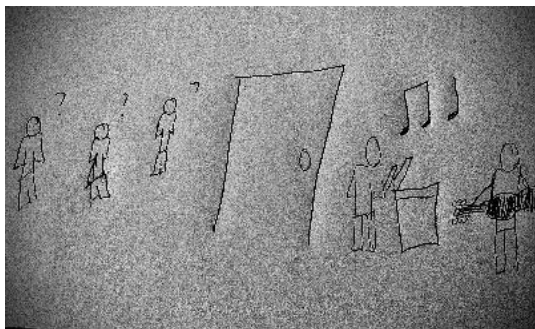
The second image represents how natural it is for music to spread from the physical space in which it is made to capture others' interests. One child from my pilot project became quite skilled at the piano – an instrument she often gravitated towards during sessions. Eventually, she started to go to the music room at lunch break, seeking to use the space with her peers. During this time, her peers would engage in music making accompanied by her newly developed piano skills.

Experiences like this encouraged me to reflect on the discourse around referral and assessment. While some music therapists might be required to work with very clear systems and processes, some might be employed in more fluid environments. Regardless, decisions on "who gets what" in schools are often based on children having "needs" (social, emotional, cognitive, etc.) or those who engage in behaviour that makes the day-to-day functioning of the school more difficult.

How might these children perceive the fact that they have music therapy while their peers don't and how might their peers perceive this in return? In working with people, we, as music therapists, need to take steps to avoid creating stigma or perpetuating stereotypes. Who decides who needs music therapy and who doesn't? And how does this differ to, just, music?

When adults make such decisions, we also potentially inhibit the opportunity for children to choose what they feel might help them. If children are curious about a music space, trying to gain access or inviting others, then we are seeing an organic and legitimate referral system, albeit a very different one from what may be considered fit-for-use from an educational or therapeutic standpoint. Despite the possibility of some very practical and necessary reasons to say no, we should first consider the ways it might affect children who are seeking music's affordances, whether they have been deemed by a professional as "needing" it or not.

What if children ask to join in or want to invite their friends along? What are the consequences of saying yes or no to any individual? What might this do to their perceptions of themselves and their relationship to music and health?

Music: Which and How?

Image 3: Children and adults engage in music together

Across the music therapy profession, the array of assessments and evaluations, along with how they are applied and used, is vast (from behaviour-based assessment measures to more person-centred and qualitative means of evidencing). This can be influenced by the professional's personal approach, the approaches of music therapy they were trained in and the approaches of the environments in which they work.

With such a varying spectrum of practices, I question which are applicable within mainstream school settings. The third image represents times in which sessions have involved other children and adults and thus take on a performative nature. Such musical encounters can be spontaneous and become quite social affairs. Common responses include applause, cheers, questions, feedback, and discussions. At times, these events are constructed by the children themselves.

One child and his mother, involved in the pilot project, were engaging in improvisational play. Hearing the music, both the head teacher and the music lead came over to see what was going on. They were both invited in and asked to play along. Our play continued with the head teacher on the triangle and the music lead on the glockenspiel (mum playing the drum, the child playing the electric guitar, and me playing the piano). At the end, we all broke into applause for ourselves and engaged in excited dialogue.

In response to such experiences, it becomes difficult to navigate the evidencing of impact. How would children feel if they thought some of their musical experiences also involved aims, assessment, and evaluation? How would they feel discovering those aims were based on the fact that they were deemed, by some measure, in need?

There are, of course, approaches that include people's voices in this work and I am not advocating for the removal of all forms of assessment and evaluation. I do wonder, however, how applicable the formalisation and therapization of musical engagement is in such a dynamic, interconnected, and non-clinical setting. With such a wide range of musical experiences with various people, how do we justly evidence this, creatively and inclusively?

Reflections

Within a school setting, we can see how musical practices relate to health and wellbeing. The child who sings a song from a music therapy session with her friend at lunch is demonstrating an independent use of her own musical practices to engage in a positive manner with a peer. The teacher who overhears a child playing communicates with them more and contributes to a positive sense of self by complimenting their actions. As music therapists, I feel our practice can learn far more about music's ability to help from observing and listening to such events.

Mitchell (2019) attends to the topic on her writing on music therapy within schools, "Music therapists must acknowledge the personal and communal development that is possible within any setting of musical engagement, and be willing to learn from those music professionals, as well as clients, who have resourcefully learned to access music's affordances without our help" (pp. 252–253).

It is of course necessary to develop our work by rethinking its theoretical and profes-sional frameworks, however, this ultimately omits what is happening in practice on the

ground. In doing so, we decide "what's best" without listening to what people are doing and saying with music, meaning the learning dynamic between us and them remains unidirectional. As Mitchell highlighted, and as examples have demonstrated, people have long accessed music's affordances using their own expertise.

From the perspective of CoMT, music therapists' work would be contextually developed for each unique school and would involve a wide range of people, places, and practices. In this case, we would see music therapists in schools using a wider range of language to describe their practice.

By way of example, the following qualities not usually associated with clinical settings might be seen more within mainstream school setting:

- Available. Perhaps a child is having a difficult moment emotionally and a music therapist is around to help them calm them down by employing an instrument.
- Subtle. A music therapist prepares a music room to allow a child and teacher to play and strengthen their relationship.
- Integrated. A music therapist attends staff meetings to understand the nature of a child in its wider school setting.
- Ethnographic. A music therapist might go out at break times to see if there is any sort of situation where music could be a positive influence.

Similarly, we could see a more flexible approach towards language used around our work, to encompass the wide range of musical practices within schools' musical ecologies. This could take inspiration from concepts such as "collaborative musicing," outlined by Pavlicevic (2006) as, "the synergy of communicative musicality (a core facility), energised by the (social) activity of musicking and the appropriation of the musicing (or cultural artefacts) of our cultural world" (p. 93).

Lastly, we could see an equally flexible approach to how such work is written about in terms of evidencing impact. Wood (2013) highlighted how evidencing CoMT practices is as complex as the network in which it is situated. He stated, in relation to community music therapists, "their work generates more than one kind of knowledge and information for use in evaluation and the surrounding discourses of their practice require them to suit more than one kind of purpose" (p. 304).

If working within the rich music community of a school, where music's affordances are embedded in day-to-day life, we will need to further reflect on (as Wood stated) how, why, when, and who we evidence. This might include methods used by the school, methods inspired by the music therapists' approach and methods developed with other people within the setting (staff, children, and their families). It may also involve us expanding what we consider as worthy of evidencing, e.g., perhaps after engaging in music with a music therapist, we illustrate how they then might integrate those practices into their everyday lives.

With this approach, our work can be supplemented by how music and its affordances already exist throughout a school. As a result, one person's expertise is not valued over someone else's. It also provides alternative ways of communicating and presents people in ways where their strengths are highlighted. For example, the child who has an outburst can now be seen as someone who can regulate themselves through music. Music's therapeutic effects do not need to be limited to a clinical space or by clinical terms.

We must remain mindful that a mainstream school is not a private healthcare space; it is a living and thriving community where our work as music therapists will be open to interpretation by an ecology of people who have their own expertise on and relationship to music and health.

In my own work, I have been called the music therapist, the music teacher, the music lady, and the music person. The music room has been called a therapeutic space, a teaching

space, a fun space, and a safe space. Musical action has been labelled therapeutic, educational, enjoyable, and calming. These language choices are made day-to-day by children, their families, and our staff.

Musicking comes from several practices including and not including me. Of importance is the connection of these practices. The child who writes a song in her music lesson doesn't compartmentalize that experience to an education box. She shares it in her everyday life and relocates its origins in other times and spaces and, thus, ecologies are built.

Consequently, I feel school settings provide a wonderful opportunity to continue exploring what music therapy practice can be and how it can be enacted such that the language we use creates a balance in power with those with whom we work.

About the Author

Jo completed her Masters of Music Therapy at Wilfrid University before moving to England and starting her current work as a staff member in a mainstream primary school. She is a PhD candidate at Nordoff Robbins/Goldsmiths, University of London and her thesis focuses on school's music ecologies and the practices therein. Jo's specific interests involve locally-inspired research methods and working with people's own expertise in music and health. She is also co-editor of the journal, *Music and Arts in Action*.

References

Ansdell, G. (1999). *Music therapy as discourse and discipline: A study of 'music therapist's dilemma'*. [Unpublished Doctoral Thesis]. City University London.

Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum For Music Therapy, 2*(2). https://doi.org/10.15845/voices.v2i2.83

Ansdell, G. (2003). The stories we tell: Some meta-theoretical reflections on music therapy. *Nordic Journal of Music Therapy*, *12*(2), 152-159. https://doi.org/10.1080/08098130309478085

Ansdell, G. (2014). *How music helps in music therapy and everyday life*. London: Routledge.

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

Cambridge Dictionary (2022). Mainstream. Retrieved 15, 10, 2022, from https://dictionary.cambridge.org/

Children with special educational needs. nidirect. (2021, July 2). Retrieved October 28, 2022, from https://www.nidirect.gov.uk/articles/children-special-educational-needs

DeNora, T. (2007). Health and music in everyday life - A theory of practice. *Psyke and Logos. 28*(1), 271-287.

Edwards, J. (2019). Queering our pedagogy: Advancing the training of Creative Arts Therapists. *The Arts in Psychotherapy, 63*(1), 101574. https://doi.org/10.1016/j.aip.2019.05.007

Hadley, S. (2013). Dominant narratives: Complicity and the need for vigilance in the Creative Arts Therapies. *The Arts in Psychotherapy*, *40*(4), 373–381. https://doi.org/10.1016/j.aip.2013.05.007

Hadley, S. & Thomas, N. (2018). Critical humanism in music therapy: Imaging the possibilities. *Music Therapy Perspectives, 36(2)*, 168–17. https://doi.org/10.1093/mtp/miy015

McKinney, C. (2017). *Language and power in post-colonial schooling: Ideologies in practice*.

Routledge.

Metell, M. (2019). How we talk when we talk about disabled children and their families: An invitation to queer the discourse. *Voices: A World Forum for Music Therapy*, *19*(3). https://doi.org/10.15845/voices.v19i3.2680

Mitchell, E. (2019). *Performing identities, performing possibilities: A music-centered and relational perspective on performance in community music therapy and music education.* Electronic Thesis and Dissertation Repository. 6125. https://ir.lib.uwo.ca/etd/6125

Pavlicevic, M., & Ansdell, G. (2004). *Community music therapy*. Jessica Kingsley Publishers.

Pavlicevic, M. (2006). Worksongs, playsongs: Communication, collaboration, culture, and community. *The Australian Journal of Music Therapy, 17,* 85.

Pickard, B. (2020). A critical reflection on the Health and Care Professions Council Standards of Proficiency for music therapists: A critical disability studies perspective. *British Journal of Music Therapy*, *34*(2), 82–94. https://doi.org/10.1177/1359457520971812

Procter, S. (2011) Reparative musicing: Thinking on the usefulness of social capital theory within music therapy. *Nordic Journal of Music Therapy*, *20*(3), 242-262. https://doi.org/10.1080/08098131.2010.489998

Rickson, D., & McFerran, K. (2014). *Creating music cultures in the schools*. Barcelona Publishers.

Rolvsjord, R. (2015). *Resource-oriented perspectives in music therapy*. Oxford Handbooks Online. https://doi.org/10.1093/oxfordhb/9780199639755.013.5

Service, G. D. (2014, November 25). Children with special educational needs and disabilities (SEND). GOV.UK. Retrieved December 21, 2021, from https://www.gov.uk/children-with-special-educational-needs

Small, C. (1998). *Musicking: The meanings of performing and listening*. University Press of New England.

Stige, B., & Aarø, L. E. (2012). *Invitation to community music therapy*. Routledge.

Wood, S. (2013). Evaluation of community music therapy: Why is it a problem? In L. O. Bonde, E. Ruud, M. S. Skånland, & G. Trondalen (Eds.), *Musical life stories: Narratives on health musicking* (pp. 289–306). Centre for Music and Health Publication Series, Vol. 6. Norwegian Academy of Music.

World Health Organization. (2022). *Constitution*. Retrieved from https://www.who.int/about/governance/constitution