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Community Music Therapy with Adult Female Caregivers:

"Manzanas del Cuidado" Locality of San Cristóbal, Community Development Center San Blas, Bogotá, Colombia

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Abstract

Although this is not a formal research study, this exploration of community music therapy with adult female caregivers was guided by a defined framework discussed in the second part of this article, highlighting concepts such as musicking and communitas, in tandem with an investigative process that was constantly measured against predetermined analytical units and categories. The music therapy process consisted of two stages: *community rapport-building* and *implementation-closure*. In total, six types of musical experiences—listening, playing, creating, executing, interpreting, and reflecting—were facilitated, all guided by the ethical code proposed by the World Federation of Music Therapy. This work was primarily conducted with adult women from the locality of San Cristóbal in Bogotá, Colombia, who are beneficiaries of the government program "Manzanas del Cuidado" that provides spaces dedicated to their well-being. Significant conclusions emerged from this process: 1) rapport-building with and among communities is essential to the coherent and effective design of projects of this type; and 2) the activities planned based on the community music therapy experiences were ideal for strengthening the social cohesion of the community and promoting participants' use of self-care strategies. As a reflection for the future, it is crucial to continue to consolidate spaces that allow the practice of community music therapy permanently throughout the country.

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Introduction

The present article serves as a reflection on the practice of community music therapy in Bogotá, Colombia, through a description and analysis of a therapeutic process carried out between February and November of 2023. This process was a component of a group of student music therapists' internships through the National University of Colombia. In conducting this process, the students were led by their professor, a certified music therapist. The community was comprised of individuals attending a governmental wellness and care program in the southeastern region of the city, and which was primarily composed of adult female caregivers. The inclusion of music therapy in these governmental programs represents a pioneering project of community music therapy in Colombia. This article shares the findings of this process as a contribution to the current body of literature relating to this matter.

The origins of community music therapy date back to the 1960s when North American music therapists began to bring their practice to community mental health centers (Stige, 2002b). However, the concept of community music therapy itself began to gain attention in the early 21st century at the 2001 European Congress of Music Therapy in Italy, where, for the first time, music therapists convened to dialogue about the ways in which they were applying music therapy in addition to the practices they did not perceive as unconventional (Ansdell, 2002).

Until that point in time, the field of music therapy was almost exclusively geared toward symptom management and treating the health problems of individuals in therapeutic institutions. This was the most common conceptualization of music therapy, and it was understood as a practice that had an individualized clinical focus (Stige, 2002b). However, alternative conceptualisations of music therapy were also emerging during this time period and those were the ones that many music therapists perceived as being unconventional such as the practice of music therapy in diverse contexts with an emphasis on sociocultural factors and their impacts on health. This kind of conceptualization underscored an ideological shift away from individual experiences and toward collective experiences (Ansdell, 2002) in settings besides health institutions and with a focus on non-clinical matters (Stige, 2002b).

Community music therapy was a product of the discourse surrounding unconventional practice. To define community music therapy as a unique, stand-alone concept is counterintuitive, as it is a nuanced and complex social phenomenon (Stige, 2011). Stige (2002a) provided an explanation as to what community music therapy entails that presently continues to guide its practice and related research. Community music therapy was described by Stige as the practice of music therapy centered around a community's sociocultural context and an understanding that the roles of *both* individuals and the group as a whole are part of shared systems that affect and are affected by each of its components. Murphy et al. (2023) stated that, in referring to different definitions of community music therapy, commonalities emerged among authors, such as the conceptualization of community music therapy as an ecological, salutogenic, and participatory practice that takes place in inclusive contexts, not only relating to clinical matters and settings.

On the other hand, MacDonald (2023) noted that inquiries leading to the ever-changing conceptualizations of community music therapy highlighted the importance of recognizing parallels, contrasts, and overlap between traditional, conventional clinical music therapy, music in the community, and music education. Likewise, they encouraged music therapists to use music as a means of creating therapeutic alliances between people, rather than

establishing inherently hierarchical therapist-patient relationships, and to reflect on what it means to be healthy and how music contributes to wellness in communities. Ansdell (2002) also spoke to the emerging "unconventional" practice of music therapy stating that, "community music therapy involves extending the role, aims, and possible sites of work for music therapists—not just transporting conventional music therapy approaches into communal settings" (p. 12).

Using the idea of conventionality or unconventionality as a tool to establish the difference between clinical and community music therapy, this article continues to refer to the traditional model of music therapy as "conventional music therapy" for the sake of consistency. This study understands community music therapy to be a non-clinical practice, brought directly to the community environment. This kind of practice places an emphasis on shared communal objectives rather than those of an individual nature, where one of the therapeutic objectives is to create a therapeutic alliance between music therapists and the community of interest, rather than establishing a hierarchical relationship between them. Finally, this conceptualization is heavily rooted in the idea that a community's sociocultural context is an invaluable knowledge base that should be used to understand a group's needs, and, in turn, to direct the therapeutic process.

In examining the context of music therapy within Latin America, it is important to highlight the history and trajectory of the field of music therapy in Brazil and Argentina, both of which have, for a long time, incorporated the principles of community music therapy into their practice and research. In such countries, music therapists have expanded the conceptualization of music therapy to include processes focused on strengthening social relationships and promoting human rights and social justice (Arndt & Maheirie, 2020). Pellizzari (2011) suggested that community music therapy emerged in Argentina in response to the public health crisis. Previously, Pellizzari (2010) also pointed out that community music therapy created an opportunity for the participation of many, subsequently enhancing social wellness, and promoting inclusion and social exchange.

Colombian Context

Music therapy in Colombia emerged in the 1960s according to Barcellos (2001), who used diverse instruments, rhythms, and dances that characterized Colombia's rich musical heritage that is shaped by multi-ethnic influences and indigenous traditions. These elements have been widely used in music therapy since the 1960s, primarily in clinical settings. In 1972, the Colombian Music Therapy Association was established to unite those interested in creative therapies, particularly music therapy. Therapists affiliated with the association organized and spearheaded various scholarly events around the country in an effort to raise awareness about the discipline. Their efforts ultimately led to the creation and establishment of a postgraduate Master of Music Therapy program at the National University of Colombia on April 4, 2006 (Luna & Vasco, 2023). Since its inception, the program has offered opportunities for students to specialize in community music therapy, acknowledging that music has historically been integral to social movements, cultural preservation, and community building throughout Colombia (Luna & Vasco, 2023). Thanks to alliances with government institutions, the specialization in community music therapy within the master's program at the National University was consolidated in 2016, effectively fostering its practice with various communities, including victims of the Colombian armed conflict, ex-combatants of different armed groups, and children and adolescents affected by violence and/or forced displacement (Eslava-Mejía, 2021; García, 2014; Luna & Vasco, 2023). Today, music therapists and master's students continue to show interest in community music therapy work, addressing objectives including but not limited to strengthening or rebuilding social cohesion in addition to fostering communitas and empowerment (Vasco & Güiza, 2018).

As of 2022, master's students specializing in community music therapy have become involved with a government initiative called "Manzanas del Cuidado." The program offers spaces dedicated to providing a variety of free services to female caregivers across Colombia's capital city, Bogotá, effectively allowing them to pursue the dreams they put on hold because of the burden of their caregiving responsibilities. Through this initiative, these women are afforded opportunities to study, start their own businesses, find employment, rest, exercise, receive legal and psychological counseling, and do laundry. The individuals these women care for (i.e., children, older adults, and/or people with disabilities) are also eligible for and receive services geared toward skill building and the development of autonomy (Alcaldía Mayor de Bogotá, 2023).

Currently, there are seventeen branches of the "Manzanas del Cuidado" network in Bogotá. The entire therapeutic process conducted by the authors of this article took place in the southeast part of the city in the locality of San Cristóbal which is comprised by both urban and rural sectors. Before understanding the socioeconomic conditions of the locality of San Cristóbal, a brief discussion about the socioeconomic structure of Colombia as a whole. In 1991, the Colombian government created a law that established a classification of residences to which public services are provided (e.g., electricity, water, gas, etc.), classified into six socioeconomic strata: (1) very low, (2) low, (3) medium-low, (4) medium, (5) medium-high, and (6) high (Asamblea Nacional Constituyent, 1991). The lower the socioeconomic stratus, the more affordable the public services are. Strata 1, 2, and 3 are those which are most predominant throughout the city and in which most residents live in poverty.

Guiding Framework

This guiding framework is based on the knowledge that community music therapy, as explained in the introduction, is quite extensive and has created new possibilities for conventional music therapy. Hence, the objective is to situate the reader within the theoretical underpinnings of the practice developed in and for the "Manzanas del Cuidado" network of Bogotá, Colombia.

Key Concepts

Presently, the concept of community music therapy continues to be globally constructed in a manner that is rooted in experiences within non-clinical contexts that fall outside the traditional approach as well as music therapists' inquiries about the relationship between their work and the demands of a world that is always evolving. In response to these aforementioned inquiries, Ruud (2020) highlighted the need for community music therapy to embrace health as a fundamental part of its approach, framing health as ever-changing and constantly evolving rather than as simply obtained. Ruud also emphasized the importance of music therapists' recognition that music plays an important role in caring for communities by helping people live healthily and overcome illnesses (MacDonald, 2023).

Taking the above into account, it should be noted that the music therapy process, as presented through this reflection on music therapy practice, was developed through various experiences based on the six key concepts proposed by Stige (2002a). *Listening* describes paying attention to each activity. *Playing* describes engaging in the proposed exercises. *Creating* is a process of systematic composition or more spontaneous improvisation, while *performing* is the playing or singing of an existing piece of music. *Interpreting* describes relating and connecting to music through other means of artistic expression such as dance, painting, or poetry. Finally, *reflecting* describes the expression of opinions, often verbally, pertaining to the activities that were carried out.

Analytical Units and Categories

The follow-up investigative process used predetermined analytical units and analytical categories**.** The former were based on the theoretical foundations of community music therapy whereas the latter emerged upon the completion of the first stage of the process: *community rapport-building*. Table 1 provides specific definitions.

Table 1. Units and Categories of Analysis and Their Descriptions.

Units of Analysis	
Ritual	The term *ritual* has evolved from the field of anthropology, originating from observations and reflections on ceremonial and repetitive practices of various cultures and societies. In the context of music therapy, Stige (2002a) proposes the "interaction ritual" related to patterns of behavior adopted by participants that facilitate the understanding of the group's values and narratives. Rituals serve various functions in the preservation or transformation of the norms and values of communities and individuals. Within community processes, understanding whether a given community adopts the music therapy space as its own, ultimately resembling a ritual, is crucial.
Musicking	Small (1998) introduced the concept of "musicking," employing it as a verb that describes musical activity in its entirety, from interpretation, to listening, rehearsal, production, and related activities, such as dancing. The author advocates for the understanding of music as an active and social process that engages individuals in the creation of its meaning.
Community	Within the context of music therapy, Stige (2011) attributed a polysemic nature to the term *community* which can refer either to the shared geographical space inhabited by a group or a group of people who share particular interests and experiences. This can include various types of social organizations, some of which have systemic connotations (involving inhabitants of the area) or experiential connotations (incorporating the concepts of companionship and interpersonal support).
Communitas	Turner (1969) defined *communitas* as the relationship between concrete, historical, and idiosyncratic individuals who are not differentiated by hierarchies or segmented by roles, generating a homogeneous and unstructured model of society. Within the scope of this definition, Ruud (1998) sought to understand interpersonal relationships within music therapy processes, drawing attention to the notion that, through improvisation, music therapy creates experiences of equality and unity by temporarily eliminating the structure of different social roles between participants.
Categories of Analysis	
Verbal	This category refers to participants' verbal expressions during sessions. Verbal communication between individuals is essential for an array of reasons, such as accessing and exchanging information, openly discussing ideas, and navigating disagreements and conflicts. Verbal communication is crucial to

	this practice, as it impacts customs, rituals, social and cultural traditions, and history (Fajardo Uribe, 2009).	
Bodily Expression	The focus of this category is the observation of posture, body language, and overall disposition exhibited by participants during sessions. The body is used for expression in music therapy through activities such as stretching, movements to the rhythm of music, and free dance. The exploration of the sensory dimension of human life demands an understanding of the relationship between the body and emotion, where emotions are manifested by bodily dispositions and intertwine with socioculturally constructed discourse (Rizo García, 2022). According to Bolaños (2016), the body is the vehicle for culture and the space dedicated to emotions, feelings, and senses.	
Self-care	Self-care can involve individuals taking measures to improve their own quality of life (individual self-care) or those which are provided within a group, family, or community (collective self-care). Self-care is determined by personal and environmental aspects; and these determinants are related to protective factors and risk factors, which, depending on circumstance, can generate favorable health practices or health risks (Tobón Correa, 2003).	
Social Cohesion	The configuration of social cohesion refers both to the network of relationships that constitute social reality and to how the historical process of shaping social bonds and institutions that favor the cohesion and reproduction of social life (Mendoza, 2016) determine the ways in which social and institutional bonds are set up to promote cohesion and the reproduction of social life. Within the scope of social cohesion, there is a marked focus on bonds, identity, and agreement. *Bonds* are understood to be the relationships of trust and care necessary to cohabitate whereas *identity* refers to the construction of referents rooted in feelings of meaningfulness and belonging. The construction of *agreements* facilitates coexistence through language and, more specifically, the discursive skills people use to participate in decision-making that permeates the personal and social life of a community (Ávila Hernandez et al., 2022). Two subcategories of social cohesion emerged during the present study: personal aspects and collective aspects.	
	Personal	Individual self-care is comprised by any and all strategies participants integrate into caring for themselves—a fluid and dynamic facet of social cohesion that requires ongoing monitoring on the part of the therapist. Breathwork, the use of music and the voice at home are just some of the ways in which clients can practice personal self-care through a music therapy lens.
	Collective	Collective aspects of social cohesion also require ongoing monitoring on the part of the therapist, with a special focus on empathy and group interactions.

Note: This chart is a compilation of key concepts monitored throughout the investigative process to identify and measure their evolution.

Process Monitoring

All sessions were recorded in audio and video format with the participants' consent. After each session, the recordings were meticulously reviewed to complete field diaries and the coding of units and categories (see Table 1). Upon concluding the analysis of each session, a detailed plan for the subsequent session was developed, outlining the topics and activities to be addressed. A qualitative approach, as proposed by Bruscia (2001), was employed to analyze the improvisations. Upon completing the first and second stages—community engagement and implementation-closure, respectively—all material was subjected to descriptive analysis. Results and reflections were derived from this analysis and are presented in the third section of this article.

Ethical Considerations

This study considered the code of ethics presented by the World Federation of Music Therapy (WFMT), which was developed to promote ethical practice and guide music therapists, music therapy educators, supervisors, researchers, and students in their professional interactions and in the way they present music therapy to society. The core values and principles of this code include confidentiality, privacy, accountability, integrity, respect, professional commitment, justice, harm minimization, equity, diversity, and inclusion (WFMT, 2022). In accordance with these ethical considerations, each participant was provided with an informed consent document at the beginning of the process, which outlined its components and explained that audiovisual recordings of each session would be used for academic purposes under strict confidentiality protections and the ethical principles of music therapy and research.

Situated Practice: Community Music Therapy for Adult Woman Caregivers

While the previous sections sought to establish this practice's guiding framework, the following sections serve as a final reflection on the practice and its future implementation.

Community Description

The music therapy process took place in Bogotá, Colombia, in the locality of San Cristóbal, at the San Blas Community Development Center (CDC) as part of the government initiative called "Manzanas del Cuidado." Most participants were adult women who performed various caregiving duties, such as the homemaking or caring for elderly people or people with disabilities. On occasion, there were also some men in attendance, but to a lesser extent. The city of Bogotá is divided into 20 localities. The CDC participants all lived either in the San Cristóbal and Kennedy localities, which are located in the southeastern and southwestern parts of the city, respectively. Community members residing in these localities are primarily of lower-middle and lower socioeconomic status. Participants traveled by bus or on foot to attend the music therapy sessions. The community arranges other activities on a weekly basis that are offered by the "Manzanas del Cuidado."

This practice was composed of two stages: *community rapport-building* and *implementation-closure*. However, it is important to mention that despite the use of the term "closure," the process is still ongoing. A general explanation centered on the guiding framework of each stage is offered above.

Stage 1: Community rapport-building

At the beginning of the process, an open group interview was conducted as a means of understanding the participants' expectations about the process. Certain agreements were

established, and some guidelines were put into place to create a safe space and an environment of trust, integration, and mutual recognition.

The objectives of the first stage were to get to know the participants, for them to get to know one another, and to understand the group dynamic. The main focus was creating a safe environment where they could participate, promoting connection through music, encouraging bodily expression, and facilitating spaces in which the community could be built and strengthened through various musical and social activities.

This stage consisted of seven sessions during which the activities proposed by Stige (2002a) were used as a basis for the design and facilitation of various activities. Within the *musicking*, there was a non-referential group improvisation, rhythmic body exercises, lyric composition, song parody, and the re-creation of songs that formed part of the participants' musical histories and/or original compositions created throughout the process. Receptive exercises with live music were also carried out.

Each experience was designed while keeping the process's development and the unique community context in mind. Session-by-session monitoring was used for consistent analysis and as a basis for participant discussion about aspects of each session that they considered to be relevant.

As mentioned within the guiding framework, analytical units and categories were established and monitored throughout the process. The related findings are presented below:

- **Ritual**: It was observed that the participants created an interaction ritual within the CDC. For example, some participants formed the habit of arriving early before the assigned time for the music therapy space, demonstrating a commitment to their well-being through consistent attendance. Prior to each music therapy session, the participants entered the space following the protocol established by the institution. All sessions began and ended with the chairs arranged in a circle, creating a space for socialization and reflective closure.
- **Community**: During the process, a total of 64 people – primarily adult women caregivers – participated with an average of 17 participants per session. Occasionally, three men attended as well, either as spouses of caregivers or as individuals under their care; most participants lived in the locality of San Cristóbal. The participants come to the institution seeking time and space for themselves, where they can learn new things, relax, and dedicate time to their personal development. These individuals engaged in various activities within the institution, such as yoga, playing chess, exercise, swimming, and creative writing. In addition, they participate in different forms of civic engagement, including developing community gardens and participating in activities organized by the local mayor's office.
- **Communitas**: This space lent itself to the establishment of relationships that allowed the proposed activities not only to develop more fluidly and organically, but also to be executed in a manner that was rooted in respect and egalitarianism. During this first stage, the music therapy team had a directive role in designing and implementing the activities, and participants exhibited an overarching sense of flexibility, willingness, and a generally cooperative spirit.
- **Musicking**: Great emphasis was placed on the importance of using songs that are familiar to the participants, as these allow for participants to connect with the interventions and the music itself in a more significant way. Different means of expression, such as body percussion and instrumental/vocal improvisation accompanied by dancing were also used. These experiences encouraged reflections among group members and nourished the bonds between participants and the music therapy space as a whole.

- **Bodily Expression**: Activities included stretching, exercises for improving breath and posture, moving to the rhythm of music, and freestyle dance. The incorporation of movements and, in some cases, certain theatrical components were integral to the presentation of group activities, where participants were oftentimes surprised by their own potential to creatively express themselves with their bodies. Comparatively more passive dispositions were also demonstrated to help participants release tension and find comfortable positions during the musical experience. Participants consistently maintained an excellent body disposition throughout all the sessions.
- **Verbal**: At the end of every session, the participants had the opportunity to express feelings and sensations related to their newly lived experience. In this way, participants communicated their needs and experiences according to their reality, expressing difficulties and potentialities related to the music therapy experience, and verbalizing their personal musical preferences.

Stage 2: Implementation – closure

After concluding the community rapport-building stage and conducting the corresponding analysis, it became evident that the main goal of this second stage of the process was to promote the construction of social cohesion by strengthening the bonds among community participants. For this, it was necessary to work on two specific objectives: a personal (individual) objective related to self-care and voice; and a collective (group) objective related to strengthening the community, enhancing empathy among group members and integrating participants.

This stage consisted of 14 sessions, and the music therapy team focused on developing activities to reach these objectives, such as the collective composition of songs with the aim of capturing keywords (e.g., *community, love, respect, solidarity, equality*) that were of special importance to the community. The team also conducted receptive experiences for the participants. For instance, participants passively listened to a guided meditation about body awareness and the importance of self-care, while someone from the music therapy team improvised music to facilitate a state of relaxation. Non-referential improvisation was also a recurring activity, as it allowed the participants to explore their musicality while connecting with the other people with whom they were creating music.

Findings regarding the analytical units and categories established and defined in the framework are detailed below:

- **Ritual**: The ritualistic aspects remained constant between each session (i.e., the intentional organization of the space and the music therapists and the participants' punctual arrival), all of which demonstrated a shared awareness and understanding of the agreements and compliance with those agreements. We perceived the willingess, openness, and respect of the participants. The sessions concluded in a timely manner, and participants actively volunteered to assist in the reorganization of the space after the sessions came to a close. It is important to highlight that participation in the music therapy space came to be an important community ritual for which individuals specifically set time aside; many participants mentioned how they managed their time and personal tasks that needed completing in order to be able to attend at the scheduled time and not miss any sessions.
- **Community**: Most of the participants were adult woman caregivers who cared for individuals with disabilities, elderly individuals, and homemaking. Like the first stage of the process, some men attended but at a much lower rate. Most participants lived in the locality of San Cristóbal, with a smaller percentage

residing in the locality of Kennedy. A total of 93 people participated in this phase of the process, with an average of 21 participants per session.

- **Communitas**: The interactions amongst participants and those between the music therapists and participants were respectful and cordial throughout the process. Casual chatter between participants before and after the sessions increased throughout the process. As the sessions gradually became increasingly more fluid and organic, instances of verbal self-expression at the closing of the sessions also increased. Although there was always inevitably a certain hierarchy in which music therapists served as leaders, participants and *communitas* alike evolved in every sense of the word, especially during the music-making and closing remarks. During these moments, an increase in participants' confidence in making music and talking about their music-making was observed. Participants seemed more aware of their and others' performances and could express their emotions without shame or hesitation. Further explanation is provided in the discussion of the following units.
- **Musicking**: Transformations with respect to musicking, particularly in relation to participants' use of their singing voices, were observed throughout the music therapy process. Participants' involvement in musical improvisations on whole- or small-group scales became increasingly noticeable in terms of willingness to offer suggestions, speaking/singing volume, facial expressions, and body language. Their singing voice went from scarce to abundant and purposeful. Active listening remained constant throughout; participants were respectful and considerate when attending to the music whose creation they were and were not active participants. Some participants commented on these experiences during their verbal expressions at the end of sessions. For example, a female participant of around 40 years of age expressed, "*I thought all of us playing at once would be chaos, but when we did it, I saw that we could listen to each other and play from there*" (translated by authors RPP and JTM).
- **Verbal**: Except for one session, all sessions included a verbalized closure. During these moments, several participants elected to voice their thoughts and opinions with the group. The number of participants who chose to share out during the verbalized closure was never fewer than five and sometimes exceeded 10. The focus of verbalized closure evolved during the process. Initially, it was completely open, but toward the end, it was more structured with specific guiding questions directed by the music therapist. The evolution of participants' verbal expressions can also be examined through the content of their expressions. At the beginning of the process, the shared ideas and feelings were a bit more repetitive between participants, whereas by the end of the process, the participants who attended several sessions started to express distinct ideas during each session. This, of course, is not to say that there were not common themes (e.g., gratitude for the music therapists, religious icons, "Manzanas del Cuidado," fellow participants, and the recognition of the sessions as a supportive and relaxing space); however, by the end, clients had new, different ways of expressing themselves that accompanied these shared ideas and themes. Two particularly salient quotes from one of the participants are included below:
  - One 59-year-old female participant referred to in this article by the pseudonym PM expressed the following during a verbalized closure earlier on in the therapeutic process: "*I felt a lot of liberation. Sometimes one has many problems and can't talk about them, but then when you meditate and sing, it's like you're releasing them*" (translated by authors RPP and JTM).
  - During the verbalized closure of a different session, participant PM also expressed the following: "*During this process, I have felt very good. I've cried,*

laughed, and learned to laugh at myself and my mistakes. It brings me joy to know that you can really let go, and if you make a mistake, well, we all laugh. I've had a great time. I've also been able to experience emotional release, like what happened to me 15 days ago when I told you that my dad died. I couldn't cry. In the therapy they did for us here (referring to a previous sound bath activity), *I cried and I've felt quite good since then. So, thank you all very much for sharing with me*" (translated by authors RPP and JTM).

- **Bodily Expression**: This was addressed in several sessions through different activities, but chiefly through dance. The participants were always willing to engage in physical activities. There is not sufficient evidence to suggest that this was a transformational aspect of the process beyond the sense of trust that naturally develops in any regularly attended space, irrespective of the activities or topics discussed. From the outset, participants showed a high level of participation in activities that required bodily movement.
- **Social Cohesion**
  - **Personal**: The entire therapeutic process contributed to self-care development. During the final session's verbalized closure, several participants noted that the music therapy sessions represented a space for relaxation, emotional release, fun, and distraction from routine tasks or complex personal issues, signifying that the process resulted in the provision of self-care tools. During the last session, a 60-year-old female participant referred to in this article by the pseudonym MED highlighted the importance of implementing music therapy activities not only within the curated space but also outside it. This participant initially joined the music therapy group with a timid and reserved attitude and disposition. However, as the sessions progressed, she gradually integrated into the group in an active manner, began to intervene verbally, and expressed her emotions in a free and open manner. This was considered a great achievement because it exemplifies the successful dissemination of the idea that the tools used in the sessions can be generalized to other settings and continue to benefit participants there. The use of voice, was a more gradual process. At the beginning of this second stage of the music therapy process, less emphasis was placed on the use of the voice except for the re-creation of songs, which is not particularly conducive to the exploration of one's voice since it is limited to the imitation of a pre-established musical template. About halfway through this stage, greater emphasis was placed on activities targeting the use of voice; this posed certain challenges for the group regarding the much more vulnerable nature of exploring one's singing voice. At the end of the process, this work was much more focused, resulting in important transformations for many individuals. Earlier, group members were more timid with respect to their participation in the group and, as a result, relied heavily on the instructions from the music therapy team. By the end of the process group members participated with more confidence in their voices, moving away from following instructions and starting to improvise musical suggestions. During the final session, the participants proposed the re-creation songs that they considered significant to the group during a free improvisation activity, which indicated an enhanced sense of empowerment regarding their voices and musical expression. Two quotes from clients are included below:
    - A 67-year-old female participant referred to in this article by the pseudonym BS stated, "*Well, first of all, I thank God and the Virgin because you are here, because you are wonderful people who dedicate*

your time to us, which not everyone does, and you make our lives happier. Likewise, here one can let go, sing, dance, observe, and just enjoy. The most important thing is that the therapists helped us to let go of our shyness." (translated by authors RPP and JTM).

- Participant PM expressed, "*I have felt really good in this space, where one even has the opportunity to make silly faces, and that's cool. You can really let off steam by singing; it brings back memories of childhood. It is very nice. I am very grateful to the music therapists and all the participants because we have had a great time and have all gotten along well*" (translated by authors RPP and JTM).

- **Collective**: From the start of the therapeutic process, the music therapy team promoted group integration. This was evident through activities like instrumental/vocal improvisation, group composition, song parodies, joint body movements (e.g., dancing in pairs, dancing in groups, line dancing, playing a mirror game, greeting in different ways that involve the body, etc.), the re-creation of songs, dialoging to reach agreements, and the verbalization of experiences. The sessions occurred in a respectful and cordial environment that indicated of empathy among all participants. Empathy was developed through activities such as paying attention to one or more participants and talking to reach agreements or compromises within song compositions, all of which promoted community-building. In the verbalization that occurred during the last session's verbalized closure, some participants highlighted the importance of sharing and working in groups, the learning they gained from the group and each other, and the overall sense of support in the group. Quotes from three participants who attended the final session are included below:
  - One participant, a 63-year-old woman referred to in this article by the pseudonym LGR, stated, "*I'd like to thank the music therapists and my colleagues. This space has helped me a lot in expressing what I feel and in holding space for myself. To be able to come here and to know that I can do it on my own feels very good and I thank you, Manzana del Cuidado, for these beautiful spaces*" (translated by authors RPP and JTM).
  - Participant PM expressed the following: "*First of all, I want to thank God for allowing me to have met all of you. We all had a great time learning together. We learned to compose, we became composers, we became artists, we played, we participated in many activities here. I would like to remember songs from before, the lyrics of the songs from before; I want to write them down and sing them, to remember the past times"* (translated by authors RPP and JTM).
  - Participant BS stated, "*Well, first of all, I thank God and the Virgin because you are here and you brighten up our lives. Here, this is a freeing space. The music therapists helped us let go of our timidness and taught us that even if you feel foolish, at least you tried and had a good time. In this space, you have a great time and we have had a super, wonderful time. I thank you very much, may you always have your job and remember us, and well, I love you all very much*" (translated by authors RPP and JTM).

Conclusion

After explaining the stages of the process through the lens of the guiding framework, two significant conclusions can be drawn from this practice:

- The first stage, community rapport-building, is essential for getting to know the group and allowing them to get to know each other, ultimately creating a safe and participatory environment.
- Experiences designed on the basis of the activities proposed by Stige (2002a) proved suitable for this process. It is recommended that the activities be carried out in a manner that corresponds to the development of each process; ongoing session-by-session monitoring and a deep understanding of the community's context are imperative for this.

To ensure the reliability of the results, the team followed a specific session-by-session monitoring protocol using the video recordings of each session consented to by the participants. Using a qualitative approach, the team completed this protocol once a week after every session that included detailed documentation through the use tools like field logs, objective matrices, and units and category matrices. This provided the team with an organized protocol that facilitated session planning and adherence to the specific objective(s) of the subsequent session. This monitoring was constant throughout both stages of the therapeutic process, and the music therapist and master's students provided feedback on music therapy practice after each session. At the end of the process, the team carried out a comprehensive descriptive analysis of the data from which this article was derived.

It is also essential to highlight that the process promoted social cohesion within and among groups. Two quotes from participants on social cohesion follow:

- A female participant in her 50s, referred to in this article by the pseudonym NM expressed, "*I feel that we are not different; we are a family. I really see it that way. Composing, sharing opinions like 'this sounds like this, that sounds like that,' we all contribute and come to the same conclusions to create the lyrics of a song even though we don't know how to play instruments"* (translated by authors RPP and JTM).
- In reference to a group activity, another female participant in her 40s, referred to in this article by the pseudonym SP, stated the following: "*Here, we get to know each member, because every time we do something, we are not always with the same person. So, when we were doing this, we were with different people, and new members join. Each person contributed to the mix of music, and it's something beautiful because you start to get to know each person"* (translated by authors RPP and JTM).

On the one hand, participants explicitly expressed themselves through several verbalizations recorded at the closing of the sessions, highlighting the value and importance of working as a team and the support that was offered and received within the group. On the other hand, during the process, the predominant attitudes of the participants were camaraderie and empathy. The community increasingly demonstrated group integration, which was fortified throughout each session. This process aligns with ecological, salutogenic, and participatory perspectives in inclusive settings, as presented by Murphy et al. (2023).

It can be argued that a comparison of the information about the units and categories of analysis across both stages revealed the following:

- **Ritual**: Each session maintained a very similar dynamic across both stages. The participants had the same schedule and were familiar with the institution's entrance protocol. The ritualistic acquisition of music therapy space by the

community was evident, as participants routinely set aside time to attend and participate. This relates to Stige's (2002a) assertion about how music therapy can be studied through the social and the benefits that this brings to the processes.

- **Communitas**: Generally, respectful and friendly interactions between participants were observed. Although each session was led by a member of the music therapy team, the interpersonal relationships between the participants and the team evolved, becoming increasingly tight-knit. This was reflected in the kind and informal language used in the communication and the musical work. Similarly, the participants' positive attitudes and active participation indicated feelings of connectedness. This relates to what Turner (1969) mentioned when discussing the relationship between concrete, historical, and idiosyncratic individuals who are not differentiated by hierarchies or roles. This relationship was later reinforced by Ruud (1998), who pointed out that, through improvisation, music therapy seeks to create experiences of equality and unity by temporarily eliminating the structure of different social roles between participants.
- **Musicking**: It is important to highlight what was observed with respect to the use of the voice, particularly during the last sessions, which could be characterized by participants experiencing greater ease in using their voices, as evidenced by the making of different vocal sounds or the verbalizing of their emotions. After analyzing several instrumental improvisations that occurred at different points in time, the musicality of the group became noticeably stronger, more natural, less inhibited, and increasingly attuned to the overall musical result. This can be best understood through the proposal made by Small (1988), who advocates the understanding of music as an active and social process that involves people in the creation of meaning.
- **Verbal**: We noted that verbalized expressions evolved as the therapeutic process progressed. Over time, the participants expressed their shared awareness of the benefits of the sessions, which became increasingly more specific and less repetitive. Here, it is important to emphasize Fajardo Uribe's (2009) assertion that verbal communication impacts individuals' customs, rituals, and social and cultural traditions.
- **Bodily Expression**: The participants' attitudes toward the proposed activities were characterized by open-mindedness from the beginning of the process. Participants showed particular interest in activities that involved dancing. As explained previously, although there is not sufficient evidence to claim that this aspect of the process was transformational in nature, attention should be paid to the parallels between this practice and the findings of Bolaños (2016), who emphasized the importance of the body as a vehicle for culture and as a space for emotions, feelings, and the senses.
- **Social Cohesion**
  - **Personal**: The participants expressed the importance of implementing what they learned during the sessions outside of the music therapy space and as a means of continuing to cultivate their self-care skills. Regarding the use of the singing voice emphasized earlier, this work is worth highlighting because it was a relatively lengthy therapeutic process, with many sessions dedicated almost exclusively to the exploration of participants' singing voices. By the end of the process, participants expressed themselves with much more confidence than at the beginning of the therapeutic process, especially when it came to singing. Participants went from singing only when instructed to independently initiating it.
  - **Collective**: The strengthening of the community is the result of the

identified findings, but primarily through the verbalizations that occurred at the end of the final session. With respect to social cohesion, several participants highlighted the importance of sharing, working as a group, learning they gained from each other, and the sense of support they felt. According to Ávila Hernandez et al. (2022), social cohesion is based on the importance of interpersonal bonds which are fundamentally rooted in trust and ultimately lead to enhanced social esteem and the creation of social networks.

As a final reflection, it is critical to think about the future of community music therapy in Colombia, considering that the Master of Music Therapy program at the National University of Colombia has, for many years, focused on creating a clear guiding framework based on and around an understanding of the field's ever-changing nature in a variety of cross-cultural contexts. Adapting its practices to the needs of each circumstance, many of which have been directed at victims of the Colombian armed conflict, ex-combatants of different armed groups, and children and adolescents affected by violence and/or forced displacement. This is linked to the economic, political, and social realities of each context.

It must also be noted that the results of this therapeutic process, in addition to the results of other processes (Luna et al., 2020; Vasco & Barreto, 2022; Vasco & Castro, 2020), demonstrate a clear achievement of the set objectives and are indicative of community music therapy's significant impact on the groups served. In reference to this process, and as mentioned earlier, in the city of Bogotá, the government program, "Manzanas del Cuidado," has been implemented at various locations in the city, dedicating spaces to recreation and the self-care of adult caregivers and, more specifically, adult female caregivers. The defined objectives for this community music therapy process align with the vision of the government program and could feasibly be permanently integrated into all branches of "Manzanas del Cuidado." The main objective of this government initiative relates to recognizing, valuing and resignify the care work. The initiative's most important focus is on creating empowering processes centered around well-being and self-care with the intent to provide leisure spaces as an alternative to daily work, effectively demonstrating its potential to become part of the spaces across the city and in all neighborhoods (Secretaría Distrital de la Mujer, 2021).

Continued reflection on this type of practice and research contributes to understanding the application of community music therapy in different spaces and contexts.

Limitations

1. This work is not presented as a formal study nor as a theoretical contribution to the field. Rather, it reflects a situated practice.
2. The team responsible for facilitating the music therapy process was the same one that collected and analyzed the information for this publication.
3. Monitoring participants is sometimes challenging because of the open nature of the music therapy space, which allows for the participation of some individuals on an intermittent basis.
4. The "Manzanas del Cuidado" program operates in seven localities in Bogotá, but music therapy services are only offered in one of these localities.

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References

Alcaldía Mayor de Bogotá. (2023). *Manzanas del cuidado* [Apples of care]. Retrieved from https://manzanasdelcuidado.gov.co/

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

Arndt, A., & Maheirie, K. (2020). Musicoterapia social e comunitária: Ações coletivas em pauta [Social and Community Music Therapy: Collective Actions on the Agenda]. *Pesquisas e Práticas Psicossociais*, *15*(2), 1–15. Retrieved from http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-89082020000200013&lng=pt&tlng=pt.

Asamblea Nacional Constituyent. (1991). *Constitución política de Colombia 1991* [Political Constitution of Colombia 1991].

Ávila Hernández, F. M., Martin-Fiorino, V., & Córdova Jaimes, E. (2022). Reconstrucción del tejido social en los marcos de emergencia humanitaria: el rol contemporáneo de la familia [Reconstruction of the social fabric within the frameworks of humanitarian

emergency: the contemporary role of the family]. *Novum Jus, 16(*2), 367–390. https://doi.org/10.14718/NovumJus.2022.16.2.14

Barcellos, L. R. M. (2001). Music therapy in South America. *Voices: A World Forum for Music Therapy*, *1*(1). https://doi.org/10.15845/voices.v1i1.40

Bolaños. L. P. (2016). El estudio socio-histórico de las emociones y los sentimientos en las Ciencias Sociales del siglo XX [The socio-historical study of emotions and feelings in the Social Sciences of the 20th century]. *Revista De Estudios Sociales*, *1*(55), 178–191. https://doi.org/10.7440/res55.2016.12

Bruscia, K. E. (2001). A qualitative approach to analyzing client improvisations. *Music Therapy Perspectives, 19*(1), 7–21.

Eslava-Mejía, J. (2021). Unheard voices and the music of resistance: Social turmoil in Colombia. *Voices: A World Forum for Music Therapy, 21*(2). https://doi.org/10.15845/voices.v21i2.3349

Fajardo Uribe, L. A. (2009) A propósito de la comunicación verbal [Regarding Verbal Communication]. *Forma y Función, 22(*2), 121–142.

García, M. E. P. (2014). Music and reconciliation in Colombia: Opportunities and limitations of songs composed by victims. *Music and Arts in Action, 4*(2), 24–51.

Luna, C. B., Güiza, D. A., Urrea, N. E., & Vasco, A. F. (2020). Community music therapy for constructing social cohesion in the post-conflict process. In B. Hesser & B. L. Bartleet (Eds.), *Music as a global resource: Solutions for cultural, social, health, educational, environmental, and economic issues compendium* (5th ed.; pp. 205–206). Music as a Global Resource.

Luna, C. B., & Vasco, A. F. (2023). Desarrollo de la musicoterapia en Colombia. Nacimiento y evolución [Development of Music Therapy in Colombia: Origin and Evolution]. In V. A. Cannarozzo & V. Diaz Abrahan (Eds.), *Desarrollos disciplinares de la musicoterapia. Construyendo redes desde y hacia el Sur* [Disciplinary Developments in Music Therapy: Building Networks from and Toward the South] (pp. 19–29). National University of La Plata.

MacDonald, R. (2023). Book reviews: Even Ruud, *Toward a sociology of music therapy: Musicking as a cultural immunogen:* 'Don't give me the small talk, give me the big talk'. *British Journal of Music Therapy, 37*(2), 105–106. https://doi.org/10.1177/13594575231173782

Mendoza Zárate, G. (2016). La configuración del tejido social. Ciudad de México [The Configuration of the Social Fabric. Mexico City]: CIAS.

Murphy, K. M., Krüger, V., Pomerselig, N., Stige, B., & Washington-Guillemet, R. (2023). Community music therapy in the United States: A thematic analysis. *Voices: A World Forum for Music Therapy, 23*(1). https://doi.org/10.15845/voices.v23i1.3615

Pellizzari, P. (2010). Musicoterapia comunitaria, contextos e investigación [Community music therapy: Contexts and research]. *Brazilian Journal of Music Therapy, 10.* Retrieved from: https://musicoterapia.revistademusicoterapia.mus.br/index.php/rbMusicoterapia/article/view/285

Pellizzari, P., & Icmus, C. E. (2011). *Crear salud. Aportes de la musicoterapia preventiva-comunitaria* [Create health. Contributions of preventive-community music therapy].

Rizo García, M. (2022). Comunicación, cuerpo y emociones. La incorporación de la dimensión emocional en la investigación de la comunicación [Communication, Body, and Emotions: The Incorporation of the Emotional Dimension in Communication Research]. *Comunicación Y Sociedad*, *19*, 1–22.

https://doi.org/10.32870/cys.v2022.8258

Ruud, E. (1998). *Music therapy: Improvisation, communication and culture*. Barcelona Publishers.

Secretaría Distrital de la Mujer (2021). *Oferta de cuidado a cuidadoras: Cuidamos a las que cuidan* [Care Offer for Caregivers: We Care for Those Who Care]. Bogotá. https://www.manzanasdelcuidado.gov.co/docs_/cuidado-a-cuidadoras_/estrategia-cuidado-a-cuidadoras.pdf

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

Stige, B. (2002a). *Culture-centered music therapy.* Barcelona Publishers.

Stige, B. (2002b). The relentless roots of community music therapy. *Voices: A World Forum for Music Therapy*, *2*(3). https://doi.org/10.15845/voices.v2i3.98

Stige, B. (2011). *Elaborations toward a notion of community music therapy*. Barcelona Publishers.

Tobón Correa, O. (2003). El autocuidado una habilidad para vivir [Self-Care: A Skill for Living]. *Hacia promoc, 8,* 37–49.

Turner, V. (1969). *El proceso ritual* [the ritual process]. Taurus.

Vasco, A. F. S. & Barreto, A. M. R. (2022). Experiencia de musicoterapia comunitaria en mujeres con un embarazo en conflicto en tiempos de Covid [Community Music Therapy Experience in Women with a Conflict Pregnancy During Covid]. *ECOS-Revista Científica de Musicoterapia y Disciplinas Afines,* 7.

Vasco, A. F. S., & Castro, R. C. (2020). Music therapy in the care of children whose rights have been violated (Casa de la Madre y el Niño Foundation). In B. Hesser & B. L. Bartleet (Eds.), *Music as a global resource: Solutions for cultural, social, health, educational, environmental, and economic issues compendium* (5th ed.; pp. 207–208). Music as a Global Resource.

Vasco, A. F. S., & Güiza, D. A. (2018). Musicoterapia comunitaria en Colombia [Community Music Therapy in Colombia]. *InCantare*, 1–95.

World Federation of Music Therapy. (2022). *Code of ethics*. https://cdn.prod.website-files.com/634d7a53dfc2f92c79fe22f5/63f5360640b6c113a3b6ce11_WFMT-Code-of-Ethics-Final-Sept-7-2022-for-website.pdf