Concepts of Music in Community Music Therapy:

Reflections from a Professional Experience

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Abstract

This article explores how concepts of music shape music therapy practices, focusing on a three-year-long Community Music Therapy workshop with adolescents at a community center in Argentina. Drawing on theoretical perspectives from Nordoff-Robbins music therapy, music sociology, and aesthetic philosophy, the paper examines how adolescents' experiences of music-making reflected processes of empowerment, communication, and emotional expression. Through selected vignettes, the essay highlights moments in which group-led musical improvisation opened space for personal insight and collective participation. Rather than presenting quantitative data, the methodology of this paper is based on qualitative reflection and practitioner inquiry. A key distinction is made between the flexible, improvisational structure of the workshop and the retrospective, narrative method used in this analysis. Challenges of working in community settings—such as silence, resistance, and grief—are discussed alongside the possibilities that emerge when adolescents become co-creators in music therapy. Ultimately, this essay contributes to ongoing discussions in music therapy about the role of music as a social and relational practice, and invites further reflection on how we understand and use music in community-based contexts.

Keywords: community music therapy; adolescents; empowerment; amplification

Editorial Comment

Amplification is not only an aesthetic choice but also a clinical and ethical gesture. It is no surprise, then, that when discussing decolonial perspectives, community music therapy emerges as a central approach in these articles. This piece offers a compelling example of how a therapist's reflexivity can open a healing space—one that resists

hierarchy and instead honors the lived experiences of participants. Notice how the text articulates existing theoretical positions while also embracing the stance of "not knowing," allowing space to be surprised and to have one's assumptions challenged.

Introduction

We are witnessing music therapists crossing the boundaries between "therapy" and "community music-making." (Pavlicevic & Ansdell, 2004, p.12)

This essay arises from my personal reflections after completing the second part of the Nordoff-Robbins combined training program, where I realized that I needed to take a step back—to decenter myself as a pianist and let go of control of the musical scene. I began to understand that getting involved, musically or subjectively, implies being willing to lose oneself. These ideas resonated deeply during my clinical experience in a music workshop with adolescents at the Ameghino Community Centre in Luján, province of Buenos Aires, Argentina, from September 2021 to the present. The workshop is part of a state-run program called *Envión*, which supports socially vulnerable youth through community-based interventions.

In the workshop, I observed how patients could try to play the piano—even if they didn't "know" how to play—and how they could keep time with one another. I often heard comments like, "We didn't know how to play." When I asked, "What does it mean to play the piano well?" it opened up a space for reflection—one I was part of as well. Keil's (1994) idea that "the power of music lies in its participatory discrepancies" (p. 40) allowed me to trust the group's ability to participate musically, regardless of formal musical knowledge. This raised an essential question for me: *What does it mean to know music?* Is it about recognizing notes, remembering chords, keeping time? Or is it also about engaging with music subjectively, emotionally, and collectively?

These reflections informed my clinical stance and shaped the methodological approach described in this article. What follows is an exploration of the workshop's sociopolitical context, the theoretical foundations that support the intervention, and a discussion of how conceptions of music in music therapy can function as tools for analyzing and transforming community-based practice.

Context

For three years, different workshops have been offered at the Ameghino Community Center providing a space for teenagers from that neighborhood to engage in meaningful activities—to "do something." This state program called *Envión (Shared Adolescence Program)* aims to keep teenagers away from the streets, conflict, and substance use. The primary goals of the workshop are to facilitate music composition and production in ways that foster emotional awareness, conflict resolution, and identity formation. The program is coordinated by two psychoanalysts and a social worker. In 2021, I joined as a music therapist; it was the first time a music therapist was placed in this role, which had traditionally been reserved for music teachers. The adolescents enrolled in the workshop are between 12 and 20 years old, and all are at some level of psychosocial risk: drug abuse, domestic violence, truancy, or arrest for petty theft. What is interesting is that the productions related to individual experiences were, to some extent, shared. For example, the experience of domestic violence somewhat reflects the emotional numbness of someone who abuses substances. Therefore, when we work in a community setting, we must work on individual problems that also reflect systemic interventions: "how music can create networks, provide symbolic means to disadvantaged individuals or be used to

empower subordinate groups" (Pavlicevic & Ansdell, 2004, p. 13). Importantly, this paper not only reflects on the experiences of the community participants, but also considers my own role as a professional embedded within a multidisciplinary team—sharing perspectives, exchanging reflections, and contributing to collective efforts for the well-being of the community.

Theoretical Framework and Postures

Concept of Community

Montero defines community as "a group in constant transformation and evolution (…) that in interrelation generates a sense of belonging and social identity, taking its members' consciousness as a group, strengthening itself as unity and social potentiality" (Montero, 2004, p. 100). Another key aspect of community is organization—the collective structuring of a group around a shared interest and the development of projects aimed at transforming their common context.

In the Ameghino community, adolescents not only express that there is a shared context of discrimination—that people suffer discrimination for living in that neighbourhood—but that they are also harming each other. It is common for adolescents to say that depending on what part of the community they live in, they are more or less dangerous. For example, adolescents who dropped out of school "probably live in the back," which we could call internal geographic prejudices, implying expulsive attitudes from certain specific common spaces for being from a certain part of the community.

About these everyday experiences, Argentine community psychotherapist Enrique Saforcada offers a helpful way of understanding communities, stating that the concept of community necessarily implies a geographical territory where the members of that community reside:

1. to this concept is inherent the existence of a social fabric (the concept of social fabric implies a dynamic and sustained interaction over time);
2. that the grouping is not made out of individuals (although it can be tangible in terms of individuals) but of families and social networkings (Saforcada, 2001).

In this sense, the focus of music therapy aims to enhance this social fabric that seems to be damaged by socio-political and economic circumstances. Building and creating with others provides an opportunity to rebuild trust, establish common goals, and reframe shared experiences within the community. This brings about a sense of awareness and protection for all members.

Concept of Health

Saforcada (2001) critiques the World Health Organization's (WHO, 2023) definition of health as a "state of complete physical, mental and social well-being," arguing that it is overly absolute and detached from historical and social contexts. Instead, he proposes a more situated view of health as a relative state of well-being, shaped by the dynamic interaction between individuals—understood as bio-psycho-social-cultural beings—and their sociocultural and political environments.

This perspective invites a different way of building community, one that sees health as inherently relational (Sosa, 2009) and tied to the ability to participate actively in one's context. It emphasizes the importance of individuals having the opportunity to make decisions about their own health, reinforcing their agency.

Music in a Community Music Therapy Setting

When considering music therapy in community settings, Ruud (1998) emphasizes the need to account for the social dimensions of health, advocating for a practice that moves beyond the individual and engages with broader contextual factors. Similarly, Stige (2002) argues that music therapy must be understood as a situated process, shaped by the sociocultural context in which it unfolds. This perspective aligns with a culture-centered approach, in which music therapy supports empowerment by enabling participants to express themselves and shape their reality through culturally meaningful musical engagement (Stige, 2002).

The persistence of social exclusion among certain populations highlights the limitations of traditional frameworks through which health professionals interpret and intervene in these realities. This scenario calls for new practices oriented toward social transformation. Drawing on Paulo Freire's (1970) concept of *praxis*, transformation is seen as a process that emerges through reflection and action in dialogue with others. It is through interpersonal interactions that individuals become agents of change in their communities.

In line with this perspective, Demkura et al. (2007) propose community music therapy as a reflective musical act that seeks to transform the lived realities of communities. They emphasize the importance of participation, understanding both the person and the community as active agents—"as a way of achieving transformations produced with the community, from the community, for the community, and by the community" (p. 32).

Workshop Methodology

> Perhaps music therapy—indeed psychotherapy in general—could be seen less in terms of re-composing the past and more as a means of composing a future, creating something new with what is available to the person within his or her context. (Pavlicevic & Ansdell, 2004, p. 22)

Participants and Group Dynamics

The workshop was attended by approximately 60 adolescents in total, although each session included around 15 teenagers between the ages of 13 and 21. Many of them participated in the *Envión* state program, which offers financial scholarships to families of adolescents involved in community-based activities. Attendance was generally consistent, but the group composition varied from week to week. This fluctuation often affected the adolescents' willingness to share and participate, as their confidence to express themselves shifted depending on who else was present.

Initially, the idea of dividing the group based on interest levels emerged as a strategy to better support those unsure about participating. Eventually, we also introduced limits on how many friends each participant could bring, which improved the group dynamic. These changes made it easier to provide individual attention and allowed more space for the adolescents to express themselves and contribute their own ideas for discussion and music-making.

Session Structure and Methodology

Each session began with an introductory "hello" song, where we sang the names of those present. This ritual was important in establishing presence and continuity, especially given the frequent changes in group composition. After this greeting, I would open the floor with a simple question: *"What can we talk about today?"* This invited the adolescents to bring forward their concerns, interests, or recent experiences. Often, conversations naturally emerged about things happening at school, at home, or in their neighborhoods.

While the adolescents spoke, I listened attentively and took notes. We then transitioned

into selecting a musical "mood," discussing its tempo and rhythm. I would show them familiar chords or patterns, and together we chose the style of song we wanted to create. The aim was not *technical skill* or performance quality, but connection—musical and relational.

Clinical Reflections and Theoretical Considerations

Many of the adolescents in the group had experienced emotional extremes—love and hate, violence and tenderness—which shaped their ability to express themselves verbally. At the beginning of a session, there was rarely open discussion about these interpersonal dynamics. Instead, music often became the medium through which difficult emotions could be explored. One adolescent once said, *"Why should I sing if, in the end, I'll still feel like I have nothing?"*—a powerful reflection on despair, and on the challenge of expression in adolescence.

Singing was often difficult—not only due to shyness, but also because of a sense of hopelessness or vulnerability. Yet over time, music became a space for re-signification and agency. In this context, I find Pavlicevic's (2004) framing of community music therapy particularly resonant:

> An approach to the use of music in therapy that is sensitive to cultures and contexts speaks more of acts of solidarity and social change. It tells stories of music as building identities, as a means to empower and install agency. A community music therapist talks about how to humanize communities and institutions, and is concerned with health promotion and mutual caring. (p. 12)

This quote reflects the intentions behind the workshop: to create a space where adolescents could connect, express, and build meaning through music. In the following section, I will describe specific vignettes from the workshop, focusing on the music therapist's role, the therapeutic relationship, and how different conceptions of music in therapy informed the interventions.

The Nordoff-Robbins approach to music therapy offers an essential perspective for understanding and enhancing the active role of music in therapeutic and community processes. Based on the belief that *"everyone has an innate response to music"* and that music can facilitate communication, expression, and transformation, Nordoff-Robbins emphasizes creative participation as a pathway to well-being and human connection (Nordoff & Robbins, 2007).

In alignment with Freire's ideas (1970) of reflective and transformative praxis, and with Pavlicevic, and Ansdell (2004) and Stige's (2002) view of music therapy as a situated and culturally sensitive act, Nordoff-Robbins provides a methodological framework that allows the therapist to decentralize themselves and promote co-creation with participants. This musical co-creation not only seeks technical or aesthetic skills but opens spaces for individuals and communities to re-signify themselves, express emotions, and build relationships based on agency and active participation.

Thus, community music therapy from this perspective is not an isolated treatment but a dynamic process in which music functions as a common language for social interaction, cultural resistance, and the construction of collective identities. This approach invites us to understand the therapist as a facilitator who accompanies and engages in musical experiences, encouraging creativity and participant protagonism, and contributing to strengthening the social fabric in vulnerable contexts.

Case Vignettes

Selection Criteria for the Vignettes

The vignettes presented in this paper were selected based on their capacity to illuminate key processes at the heart of community music therapy practice. Each moment was chosen because it captured a point of transformation—either in the therapeutic relationship, the group dynamics, or the adolescents' capacity to express and create meaning through music. These vignettes are not necessarily representative of every session, but they serve as critical incidents where something essential about the work emerged: the shift from silence to speech, from isolation to shared creation, from confusion to emotional clarity. My selection was also informed by a reflective process after returning from a week-long intensive at the Nordoff-Robbins Blended Learning Training Program, during which I began to reframe these moments through a more music-centered lens. Thus, the vignettes serve not only as illustrations of clinical events, but also as turning points in my own understanding and practice of music therapy within a community-based setting.

Vignette 1: What's Been Missing All Along

After returning from the Nordoff-Robbins Blended Learning Training Program, I noticed a shift in the adolescents' energy during our music workshop. Typically, these workshops focus on composing songs that reflect resilience and hope in response to the community's social and political challenges.

On this particular day, a few adolescents helped me set up two keyboards in the back of the community center—one to serve as a drum machine and the other for melodic playing. As the session began, the teens initiated a conversation about a common and distressing local event: adults standing by and watching school-age fights in the public square without intervening. The group was clearly upset. I asked them to call out words that captured their emotions. We quickly transformed these words into lyrics:

> I don't know why you encourage boys and girls to fight.
> I don't know what to say.
> I can only scream.
> I don't know, and I don't care.

Before singing, I invited them to select harmonic progressions, tempos, and instruments for the song. I chose to step back from playing myself and instead facilitated their ensemble. Three adolescents volunteered to play keyboards, using only the notes of E minor, while maintaining rhythmic awareness of one another. This exercise demanded both attentiveness and self-control, encouraging a non-hierarchical and collaborative dynamic.

After experimenting with melodies, I asked the group, "What do you think—is anything missing?" One adolescent paused and said: "Love is missing, teacher. There's a lack of love in the lyrics." The entire group agreed. Their response left me wondering—were they talking about the song, the music, the adults watching children fight, or their own lives?

The lyrics evolved:

> What is missing in these lyrics?
> It lacks a little love.
> A little love.

Reflexive Analysis

This vignette offers a powerful example of how music-making creates space for both individual expression and collective insight. The moment when an adolescent declared

that "love is missing" reflects more than a critique of lyrics—it hints at a deeper emotional need, perhaps even a communal sense of absence.

Kenneth Aigen (2005) suggests that in music-centered approaches, "music is more than an art form, a means for communication, or even a vehicle for therapy. It is a way of being with other people that embodies particular values that form the foundation for music therapy practice" (p. 120). In this case, stepping back from a directive role and allowing the adolescents to lead musically fostered a strong sense of agency and mutual accountability. Each adolescent was invited into a musical space where their contribution held equal weight.

This mirrors the concept of *musicking* (Small, 1998) or *musicing* (Elliot, 1995)—the idea that music is fundamentally social, embedded in action and cultural interaction (Stige, 2002). By engaging in rhythm together, the adolescents experienced music not only as sound, but as a structure that helped hold their emotions.

Bruscia (2007) further deepens this perspective by framing music as metaphor—a way to bridge mind and body. When the adolescent named the absence of love, it was after they had fully participated in creating rhythm and harmony with others. The music allowed something unspoken to emerge. Wigram et al. (2005) affirm this possibility, suggesting that music enables us to "re-create and reinterpret our existence" (p. 70).

Elliot's view of music, as quoted by Aigen (2014), highlights music as a practice aimed at *enjoyment, self-growth, and self-knowledge*. In this session, the music gave structure and permission for the adolescents to voice shared pain—and to transform it, together, into something new.

Vignette 2: You Are Not Alone

Adolescents in the community—and in the workshop—are used to dealing with death. Some have died from gunfire, police violence, or peer violence. At the start of the workshop in November 2021, a young adolescent was shot and killed by a neighbor during a conflict over the noise from a motorcycle. That day's session began with a challenging task: talking about death.

In the past, adolescents had said that "someone dies usually because they did something bad." Any activity that brought up the topic of death would usually be met with silence—something therapists understand as another form of communication and participation. Martha Reynoso (2005) writes, "With the silence, you are against the mystery from the unconsciousness without words, that, in silence, are waiting to be translated." However, the therapeutic group had never before been able to speak in-depth about the topic.

I encouraged the adolescents to express some of their worries. Slowly, some began calling out words without further explanation: *school, money, job*. A girl looked at me and said,

> I am worried about suicide.

At that moment, I perceived—and felt—the silence. I asked the rest of the group if they were also worried about suicide. Everyone nodded in agreement. I was surprised by how open and candid they were. Then they began to write lyrics about their worries:

> I worry about death
> I worry about many people don't have someone to talk to
> They think that we would be better off without them
> And we cannot stop missing them

They continued:

> I worry about death

> I worry about many people don't have someone to talk to
> We want to say: You are not alone
> Free your mind
> Don't overthink
> Sometimes we need to say "I love you"
> We want to say: You are not alone
> Free your mind
> Don't overthink
> Sometimes we need to say "I love you"
> Count on me
> Because I cannot stop missing you
> I worry about death and loneliness

Now the lyrics were ready to be set to music. The girl who proposed to talk about this topic began to cry while singing. Yet, she looked up at me and said:

> I don't want to stop singing.

The whole group sang like never before, projecting their voices with strength and confidence, looking at one another as they sang.

Reflexive Analysis

This excerpt reflects the transformation that can occur when, in community-centered or social-centered approaches, interventions are led by the clients themselves. In these moments, the therapist assumes a posture of abstinence—stepping back from directing the session and instead making space for the group's own agency. This is in stark contrast to therapist-led interventions, which often produce limited engagement, and where the therapeutic challenge becomes redirecting attention and participation.

In client-directed scenarios, the dynamic changes. Clients tend to exhibit greater openness, a readiness to speak, and—drawing on Nietzsche (1998)—a *will-to-power*: the drive not only to survive but to act, create, and assert themselves. When a topic is proposed by one of their own, group members are more likely to listen and engage. Yara Rosas (2013), in *The Will to Power as a Creative Instinct in Nietzsche*, writes that this drive is also a "willingness to create" (p. 54). When a peer speaks, others hear not just a topic, but the voice of someone like them—a classmate, a friend.

The adolescent who began to cry while singing didn't withdraw. Instead, she chose to continue. This moment offers a powerful example of this willingness as "the expansion of the force, which is infinite, which does not cease, which is inherent to life" (Nietzsche, 1998, p. 360). Her tears were not an end to the process; they were part of it. The group, too, engaged in creation—making something new with this shared concern.

From a music therapy perspective, this moment also exemplifies the idea of music as creation. Aigen (2014) argues that the act of creation is tied to life itself, and therefore to healing. In this case, the group did not shy away from a difficult subject. They leaned in, created lyrics, and transformed their emotional engagement into musical expression. They also expanded the musical possibilities—suggesting instrumentation, arrangement, and delivery—once that emotional groundwork had been laid. And it all began with music: with a greeting song, naming who was present, and checking in.

The lyrics written by the adolescents also reflect a referential perspective of music, in which the meaning of music is tied to extra-musical references—in this case, their everyday experiences with violence, abandonment, and loss. From this viewpoint, music is not autonomous, but serves to represent, contain, and communicate specific emotional and narrative content. Their words—"I can only scream," or "love is missing"—are deeply

rooted in shared experience, and gain significance through the collective act of music-making. This reinforces the idea that music therapy, particularly in community-based settings, is not just about sound or expression—it is about context, shared meaning, and the co-construction of subjectivity and resilience.

These experiences didn't only stay within the workshop setting, they began to resonate beyond it. These shared musical experiences did not remain contained within the group. In fact, they can be understood as part of a broader process of amplification, as described by Colectivo85 (Demkura et al., 2016), in which creative expressions produced in therapeutic spaces are brought into the community environment—not just to showcase results, but to make heard the voices and realities of populations often silenced. Amplification, in this sense, is both an aesthetic and ethical gesture: it shifts the therapeutic goal from individual transformation toward collective visibility and symbolic recognition.

Conclusion

This essay offered a reflection on how community music therapy can foster communication, participation, and emotional transformation among adolescents in vulnerable contexts. Through selected vignettes, I illustrated specific moments of change and meaning-making in a three year-long process of collaborative music-making. These moments were chosen because they marked visible shifts—musical, emotional, and relational—that allowed new forms of expression and subjectivity to emerge.

Gerbaudo (2020) reminds us that musical performance is a multidimensional phenomenon involving both musicing and listening—practices that were deeply intertwined in the sessions described. In line with Stige's (2002) argument that musical meaning is produced through shared action in context, and with Aigen's (2014) emphasis on music as a relational and participatory process, this essay has proposed that therapeutic change often arises not from direct intervention, but from the space created for clients to take initiative and be heard.

Throughout the process, three central themes emerged. Adolescents began to experiment with new forms of communication, gradually replacing aggressive or dismissive responses with more reflective and cooperative interactions. They also developed their capacity for musical and emotional listening, engaging more attentively with one another's contributions and becoming more invested in both the process and the meaning of the music they were creating. At the same time, the sessions helped consolidate significant relationships among participants and with the therapeutic team, allowing for moments of vulnerability and trust to emerge naturally over time.

One adolescent captured this shift powerfully when she said, "I knew I could talk about this concern here, because I was not going to be judged." Her words underscore the central value of safety, trust, and shared musical engagement in therapeutic work. These sessions became more than just a space for expression—they became a space for empowerment.

These experiences also prompted me to question some of my own assumptions as a practitioner. I initially expected that emotional expression would emerge mainly through structured musical tasks or verbal prompts. However, I learned that change often arises through small, informal gestures—moments of spontaneous music-making, silent listening, or peer acknowledgment. The adolescents' capacity to take initiative, guide musical processes, and transform difficult emotions into collective creation challenged my assumptions about leadership and therapeutic directivity. At times, I faced the challenge of navigating institutional pressures that demanded "measurable outcomes" while working in a context where change is nonlinear and often invisible to external observers. Yet, this tension also made clear the importance of slow, trust-based work in community settings.

This experience, while specific to the adolescents at the Ameghino Community Center, offers insights that may be useful to other community music therapy projects. It suggests that creating participatory spaces—where young people are not only heard but are co-creators—can foster meaningful engagement and transformation. It also points to the importance of integrating music therapists into interdisciplinary teams in state-run programs, especially in vulnerable communities, where their contributions can expand the symbolic, emotional, and relational dimensions of care. Future practice and policy would benefit from recognizing the role of music as both a therapeutic and political tool—capable of supporting individuals while also challenging structures of exclusion and marginalization.

Beyond the emotional and participatory aspects explored throughout this essay, this experience also underscored the value of reflecting on how we understand music itself. Thinking through different concepts of music—such as music as creation (Aigen, 2014), music as metaphor (Bruscia, 2007), the referentialist and expressionist perspectives (Pavlicevic & Ansdell, 2004; Wigram et al., 2005), Keil's (1994) idea of participatory discrepancies, and Stige's (2002) culture-centered approach—allowed me to make sense of the interventions in a deeper way. These frameworks helped me understand not only what was happening musically, but how those musical acts were tied to identity, power, and healing. In this sense, music therapy becomes not just a clinical tool, but a way of supporting empowerment—by creating space for participants to engage with their own resources, express their realities, and participate in shaping shared meaning. These reflections invite further dialogue within the discipline: how the ways we define music shape the ways we practice music therapy.

Music therapy in community settings can thus act as a form of cultural and emotional participation, where music-making becomes a tool not just for healing, but for rethinking power, vulnerability, and care. This requires that we, as music therapists, continue to reflect critically on our ideological assumptions and our role in the process—remaining open to being surprised by the music, by the people, and by the ever-evolving dynamics of community itself.

Acknowledgements

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