

RESEARCH | PEER REVIEWED

An Investigation into the Use of Irish Traditional Music in Northern Irish Music Therapy Practice

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Abstract

The provision of mental health and therapeutic services is deemed a vital response to the vast traumatisation of the largely bicultural community of Northern Ireland resulting from the “Troubles” conflict. Music therapy research places importance on understanding, interacting, and valuing the culture of a client. Irish traditional music is often regarded as an integral part of the Irish self-identity in Catholic/Irish identifying members of Northern Irish society; accordingly, investigation into its use in Northern Irish music therapy is necessary. Following ethical approval, semi-structured interviews were conducted with Northern Irish music therapists ($n = 3$), and a thematic analysis was undertaken. Three main themes were identified: (1) the music therapist’s musical identity, (2) client centred practice, and (3) Northern Ireland as a workplace. The findings demonstrate cross-cultural music therapy in Northern Ireland and support the use of cultural music in Northern Irish music therapy practice.

Keywords: Northern Ireland; cross-cultural music therapy; Irish traditional music; cultural identity; client-centred music therapy

Introduction

Northern Ireland is largely regarded as a bicultural society, with communities divided by staunch binary divisions: Catholic or Protestant; Irish or British; Republican or Loyalist; Nationalist or Unionist (Cooper, 2010; Craith, 2003). Such opposition can be traced back more than four centuries, with the most recent course of conflict, named the “Troubles,” exacerbating these differences considerably. Born from the historical British occupation and subsequent partition of Ireland, the Catholic/Nationalist community experienced

absences of civil rights such as denial of housing, employment and voting rights (Walsh, 2021). Substantial conflict emerged from the Civil Rights Movement in 1968 between the Catholic-identifying population and the predominantly Protestant/British police and army services, sparking the Troubles. This conflict spanned over 30 years and took over 3,600 lives on both sides of the religious divide (McKittrick et al., 2008). The Good Friday Agreement was signed in 1998, bringing a ceasefire, and stipulating every individual's ability to live without violence, discrimination, or partition.

The human impact of this sectarian-based conflict was predominantly psychological traumatisation experienced on both sides (Coon, 2021; Hitch, 2022; Kapur & Campbell, 2004; Smyth, 2002; Sutton, 2002) that reportedly endures to the present day (Bunting et al., 2013). Psychology literature also suggests the existence of intergenerational trauma in the younger, post-conflict society of Northern Ireland (Bunting et al., 2013; Day & Shloim, 2021; McLafferty et al., 2018) filtering the traumatic experiences and politicoreligious frictions (Bowers & Yehuda, 2016) to the new generation of Catholic and Protestant populations.

In response to the vast traumatisation of the bicultural community, facilitation of mental health and therapeutic services in Northern Ireland is deemed vital (Leavey et al., 2020; O'Neill et al., 2019). Music therapy provision is progressing on a small-scale in Northern Ireland (Bracefield et al., 2000; Porter et al., 2016), with therapists reporting a distinct challenge faced within their practice (Smyth, 2002). The highly polarised view on both national identity and ultimate sovereignty generates a lack of neutrality in most areas of society, including music (Smyth, 2002). Consequently, musical genres, instruments, songs, and tunes are politicised, making the choice of music in a music therapy session highly contentious (Millar, 2018; Radford, 2010; Smyth 2002).

The island of Ireland holds international fame for its musical scene, with Irish traditional music being instantly recognisable and widely appreciated globally. Incorporating instruments such as the fiddle, tin whistle, uilleann pipes, harp, Bodhrán, flute, and concertina, Irish traditional music is generally characterised as highly social, often played in gatherings of dance, Ceili, or session (Dowling, 2014). Broadly referred to as "trad," the music can capture various moods through reels, jigs, hornpipes, polkas, airs, and waltzes. Rapuano (2001) insists that traditional Irish music is allied "to the ideology of national character" (p. 7), often becoming an integral part of the Irish self-identity. Irish traditional music has aided in cultivating musical culture, by promoting national-allegiance and institutional/societal legitimisation, mainly for the Catholic/Irish identifying members of Northern Irish society (Millar, 2018; Van Tuyl & Purdy, 2017).

The researcher is a Northern Ireland-born music therapist from a culturally Protestant/British background. Due to national integration initiatives, the researcher frequently had access to both Protestant/British and Catholic/Irish cultural frameworks throughout her education. Despite this, when working in a predominantly Catholic/Irish setting, the researcher discovered her deficiencies when asked for particular Irish traditional songs/tunes. Irish traditional music was highly requested in this setting, with significant identity-based conversations arising from playing trad, supporting Rapuano's (2001) hypothesis discussed above. The researcher deemed it essential to increase in knowledge, sensitivity, and empathy in the use of Irish traditional music, primarily due to its connection with a sizable number of Northern Irish society.

With this context, the researcher considers it essential to investigate the specific applications of Irish traditional music throughout Northern Irish music therapy practice. Further, the researcher's aim is to examine music therapists' ability and potential for cultural consciousness, understanding, and application through elements of Irish traditional music in music therapy sessions.

Literature Review

Culture and cultural identity have become dominant themes in music therapy literature, with ideas and experiences pointing towards the demand for culture-centred (Brown, 2002; Stige, 2002, 2016), cross-cultural (Brown, 2002; Valentino, 2006), multicultural (Chase, 2003; Estrella, 2001; Shapiro, 2005), culturally sensitive (Kenny, 1994; Topozoda, 1995), and community-centred (Ansdell & Pavlicevic, 2004) music therapy practice. This literature review will explore clinical examples of culture and cultural identity within a music therapy setting.

Mondanaro (2016), an American-based music therapist applied Eastern European minor scales and modes to a programme of culturally based dancing, singing, and drumming with a client and his immediate family. Mondanaro encompassed the Romani culture, sustaining and relating it in sessions to establish and maintain a strong therapeutic bond with his client. Mondanaro committed to be deeply informed and considerate of a client's culture, becoming "a kind of culture bearer" (Shapiro, 2005, p. 31) within the therapeutic relationship. According to Stige (2016), this culture-centred music therapy practice calls for a therapist to use their client's culture as a resource, centring sessions around the establishing and occupying relational activity that is musicking. Through Mondanaro's (2016) culture-centred perspective, trust, belonging, and security was built into the therapeutic relationship, where the client reportedly felt "seen."

North American-based Schwantes and McKinney (2010) placed emphasis on building knowledge of the music, values, and traditions of their Mexican migrant client group's historical and cultural context. Through a programme of Mexican-rooted music, the self-reported clinical outcomes indicated lower levels of depression and anxiety. The client-group clearly expressed that their connections to national identity were consolidated by the music used. Similarly, Hämäläinen et al. (2021) followed a programme of traditional "Yoik" singing with indigenous Sami people in Norwegian-based dementia care, and reported positive effects on wellbeing, social inclusion, recall, and communication. In both examples the music therapist was from a different cultural background to their client. These cross-cultural interactions focused on understanding, interacting, and valuing the culture of the client-group (Grimmer & Schwantes, 2018) to empower and encourage client development within the therapeutic relationship.

Another example of a cross-cultural interaction is from Chan (2014), a Chinese music therapist who placed significance on working with her Austrian client's culture through the lens of cultural empathy. Following a programme of traditional German folk singing and listening, the therapist reported that recognising and valuing the client's culture was salient in the validation of the client's cultural identity and the development of a trusting therapeutic relationship. Chan recognised the importance of considering her client's values, beliefs, and sensitivities within sessions for such therapeutic outcomes.

As Northern Ireland is a post-conflict nation, consideration of music therapy literature from war-torn or post-conflict countries is required. Abdulkaki and Berger (2019) conducted a study containing Syrian refugees in various host environments and culturally specific music therapy. Through conscious, respectfully adapted, and culturally familiar music, a greater integration of cultural elements was present in the music therapy sessions. Positive psychotherapeutic outcomes were reported, with attributions being linked to the introduction of culture specificity in sessions. The study found that preserving and developing a client's cultural identity through culturally familiar music stimulated the experience of their culture. This finding supports the proposition made by Bunt and Stige (2014) that states that while musical preferences are principally individual, they are firmly rooted in the client's cultural background.

This links with a study by Dieterich-Hartwell and Koch (2017) who documented the unanimous preference for music from each participant's home country. The "home" music

was attributed to the strong emotional attachment and regulation participants experienced when engaging with cultural music. The researchers concluded that the central importance of a music therapist's knowledge is a client's musical and cultural tradition. Comparably, Helander and Gattino (2020) discussed that for cultural consciousness to be present within a music therapy setting, the therapist must view their client's context from a position of humility. This heuristic study illuminated the concept of cultural differences as a means to create meaningful interaction and strong therapeutic bonds, where cultural background can become a resource for sharing within the relationship.

Beck et al. (2018) conducted a study in Danish trauma clinics with refugees from countries of war-torn origin such as Syria, Iraq, and Bosnia. The treatment included trauma-focused music and imagery which included an element of cultural music, specific to the participant's cultural origin. The study reported positive outcomes including lower stress levels, greater access to inner resources, increased processing of intrusive memories, and regulation in mood. Whilst the music therapy sessions were deemed effective, the authors did not attribute the positive outcomes to the use of cultural or familiar music. From evidence collated in this literature review, it is reasonable to deduce that the use of cultural music contributed to client improvements.

Northern Irish music therapy-related literature is limited, with research mainly centring around palliative care (Kirkwood et al., 2019; McConnell et al., 2016; Porter et al., 2018; Porter et al., 2017) and children with mental, social, and behavioural needs (McDougall & McDonald, 2013; Porter et al., 2016), without explicit reference to culture or identity. A recent master's thesis focused on two Northern Irish music therapists' experience of trauma within the Northern Irish context (Scullion, 2019). Results displayed the need for practitioners' awareness of trauma/conflict-related issues within client groups as well as the politicoreligious context of their work.

Summary

Following the strengths and limitations in the literature detailed above, the researcher considers the presented evidence-base to be suitable context for the current study. The literature unveils the significance and necessity of deep cultural awareness, consideration, empathy, and understanding in music therapy practice. Therefore, this mobilises the current research in exploring the practice and use of Irish traditional music in Northern Irish music therapy, through foundational evidence of culture and national identity. Also, due to the dearth of literature specific to Northern Ireland on this topic, the researcher sees it necessary to conduct this study. This research aims to investigate the use of Irish traditional music in Northern Irish music therapy practice.

Methodology

The researcher currently subscribes to the model of Social Constructionism (originally Mead, 1934), which combines four facets of sociological perspectives (Burr, 2015): looking at an individual's (1) ability to assemble, compose, and structure their reality (Willig, 2016); (2) experiences as relative to their specific cultural context; (3) interactions and knowledge upheld by social processes; and (4) understanding of their surroundings amidst ongoing social constructions. Due to the explicit placement of Social Constructionism, the present research aimed to perform semi-structured interviews with the desired participant base (in accordance with previous studies by Grimmer & Schwantes, 2018; Roberts, 2013; Smith & Osborn, 2015) and analyse using a thematic analysis (Braun & Clarke, 2006, 2019a, 2019b). Participation was aimed at Northern Ireland-based music therapists, to learn of their respective reality and individual experiences, providing an invaluable insight into practices of Irish traditional music in Northern Irish music therapy.

Thematic Analysis

Due to its interpretative approach, a thematic analysis (Braun & Clarke, 2006, 2019a, 2019b) was deemed an appropriate method of analysis, allowing for rich interpretations to be derived from a small number of perspectives. The researcher considered it essential to have flexibility in approach, to ensure assessment over a broad landscape of culture, identity, and perspective. Thematic analysis allows for cultural sensitivity, giving interviewees space to attend closely to their culture, traditions, and experiences. Also, as the researcher is a Northern Irish music therapist with lived experience in this topic, thematic analysis allowed for proximity to the dataset.

Ethical Approval

Ethical approval was gained through the University of South Wales' Faculty of Life Sciences and Education ethics panel (040301HR). The approval was decided through a committee, which required a participant information sheet, study consent form, an advertisement for participants, and a risk assessment along with extensive information on the research methods involved in the study. Participant consent was obtained through a comprehensive written form and verbal confirmation at the start of each interview. Confidentiality and anonymity of participants was ensured by giving all interviewees a code and redacting all identifiable information from transcripts.

Participants

To ensure quality and consistency throughout the dataset, the following participation criteria were applied: (1) the participant must be a registered music therapist within the Health & Care Professions Council (HCPC United Kingdom); (2) the participant must work as a music therapist in one or more of the six counties of Northern Ireland (Armagh, Antrim, Down, Fermanagh, Derry/Londonderry, Tyrone); and (3) the participant must have three years of work experience in Northern Ireland as a music therapist. The inclusion criteria did not specify the politicoreligious identification of participants, meaning specific representation was incidental. For more detailed information on the recruited research participants, see Table 1.

Following recruitment through relevant professional networks, the eventual sample was small ($n = 3$) which facilitated proximity to the dataset (see Table 1). The researcher appreciated the constraints of the number of music therapists working in Northern Ireland, and therefore acknowledged that this participant pool represents this scarcity accordingly. Also, as there has been no prior consideration of this topic in Northern Ireland, the small pool points to a potential for more and larger-scale research on this and similar topics, both within the Northern Irish context and internationally.

Table 1. Description of Participants

Participant Code	Sex	Politicoreligious identification
P1	Female	Catholic/Irish
P2	Female	Catholic/Irish
P3	Female	Protestant/British

Data Collection

The interviews were conducted, recorded, and transcribed via semi-structured online interviews on the Microsoft Teams video call function. The duration of each interview did

not exceed 50 minutes, and the interview was conducted/facilitated by the researcher who followed pre-set topics to ensure accuracy and consistency with all interviewees.

Data Analysis

Upon completion and transcription of the interviews, a six-step thematic analysis (Braun & Clarke, 2006, 2019a, 2019b) was used to explore the dataset. This step-by-step process provides clear guidance for conducting comprehensive and methodological analysis of participants’ data. The process involved: (1) familiarisation with the dataset, (2) systematic coding of relevant segments of the data, (3) generating initial themes by clustering related codes, (4) the development and review of chosen themes with consideration of their relevance to the research question, (5) defining and naming themes, and (6) formally writing up the findings and extracting the themes that address the research question.

Findings

A total of 232 codes were collated into subthemes and subsequent main themes which were continually reviewed by the primary researcher. The assembled main themes were *The Music Therapist’s Musical Identity*, *Client-Centred Practice*, and *Northern Ireland as a Workplace*.

Theme 1: Music Therapist’s Musical Identity

A strong theme across all interviews was that of the music therapist’s musical identity, which showed that their specific upbringing was an indicator of their approach to practice. Also, their own upbringing determined their competence in traditional Irish music which then was a marker of their use of traditional music in their own music therapy practice. The interviews produced a bicultural view of music therapy practice in Northern Ireland, with participants identifying as being from either the Catholic/Irish side of the community or the Protestant/British side (See Table 1). Table 2 displays the subthemes present in this theme along with relevant quotations from the interviews.

Table 2. Theme One and Subthemes

Theme/Subtheme	Description	Interview Quotes
Upbringing with Irish traditional music	Two participants expressed that they were raised learning Irish traditional music.	“My upbringing is in Irish music” (P1) “So, from the age of 6 I’ve played traditional Irish music... I suppose I’ve known nothing else but Irish traditional music since I was six.” (P1)
Irish traditional music as an integral part of self-identity	Through their upbringing, two participants expressed that they were confident, understanding, and empathetic of Irish traditional music.	“[Irish traditional music] is in my body. It’s in my blood. It’s in everything I do.” (P2) “I feel like I’m so immersed in the tradition and in the Irish music community.” (P1)

<p>High ability to use Irish traditional music in practice</p>	<p>Due to their upbringing, both music therapists have expressed their high ability, confidence, and understanding in using Irish traditional music both in their practice and beyond.</p>	<p>“I’m very confident in my knowledge of [Irish traditional music]” (P1) “[Irish traditional music] is so easy for me to play” (P2)</p>
<p>Positively impacts music therapist’s practice</p>	<p>The music therapists expressed that their upbringing with Irish traditional music positively impacts their practice. There were also expressions that they may not use a lot of physical tunes, but the tradition lives on in their practice.</p>	<p>“You know in terms of usage, [Irish traditional music] is what I bring to the session myself, as opposed to the actual use of tunes. It’s what you bring as a person, having grown up as a traditional musician, bringing all of that into the session.” (P2) “You know, it’s your presence as a therapist... presence comes from a whole mixture of influences in your life... And for me, it is [Irish traditional music].” (P2)</p>
<p>Upbringing without Irish traditional music</p>	<p>One participant expressed that they were not raised around Irish traditional music.</p>	<p>“I didn’t necessarily grow up with Irish traditional Music” (P3) “I come from a different culture, cultural background...I wasn’t born into [Irish traditional music].” (P3)</p>
<p>Desire to use Irish traditional music in practice</p>	<p>This participant displays her desire to learn more about Irish traditional music.</p>	<p>“[I learnt Irish traditional music for clients] to connect with them and build that therapeutic relationship.” (P3)</p>
<p>Increasing confidence, knowledge, and empathy</p>	<p>This music therapist has actively increased her knowledge, confidence and understanding of Irish traditional music for her clients.</p>	<p>“[My Irish traditional knowledge] is definitely getting better than it was.” (P3) “I think we need as therapists to really learn [Irish traditional music] and have some under our belt because we are going to get clients from both sides of the community.” (P3)</p>

Theme 2: Client-Centred Practice

There was a theme of client-centredness throughout the interviews. The collated data displayed music therapists as focused on their client, their clients' needs, and the most beneficial practices for their client. Due to this, there is clear evidence of cross-cultural interactions and client focused music-making in Northern Irish music therapy practice. This theme also sees Irish traditional music as a strong therapeutic device, with its descriptions including relaxation, connection, and healing for Catholic/Irish clients. Table 3 displays the subthemes of client-centred practice.

Table 3. Theme Two and Subthemes

Theme/Subtheme	Description	Interview Quotes
Client-centred practice	Participants agreed on the need for a client-centred focus. They do not impose music on their clients.	<p>"It is client orientated, if you are working with dementia and you have an older person who likes the music and connects with it, then use [Irish traditional music]" (P2)</p> <p>"When I'm using any music in session it's with the client in mind" (P1)</p>
Using familiar music	Music therapists all describe their use of Irish traditional music as solely with people who are already familiar with the genre.	<p>"I've been using [Irish traditional music] with [male client] purely because it's familiar to him" (P2)</p> <p>"Yeah, I think [Irish traditional music] has to be used with someone who is familiar with it" (P2)</p>
Irish traditional instrument use	The Irish traditional instruments were used with other genres of music rather than Irish traditional music.	<p>"I would use Bodhrán quite a lot in music therapy because I find it quite a good grounding drum" (P3)</p> <p>"I use a fiddle, not a violin. Despite the fact that I don't play traditional tunes in sessions, I still use the fiddle... it is a tool of communication." (P2)</p>
Therapeutic role of Irish traditional music for the client	The therapists gave examples of ways the Irish traditional music has a therapeutic role in Northern Irish music therapy.	<p>"[Irish traditional music] allows [client] to relax, I've been using music that I know he's familiar with and it's been working really well." (P1)</p> <p>[Irish traditional music] is a good tool for therapy as... I think it helps us to help our clients heal." (P3)</p>

Irish traditional music with Irish/Catholic clients	The therapists talk about using Irish traditional music exclusively with clients who identify as Irish/Catholic members of Northern Irish society.	“There’s some lovely traditional melodies that you can bring in for a child that’s from Catholic background.” (p2) “When working in a Nationalist area, having a good grounding of Irish traditional music is useful.” (P3)
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Theme 3: Northern Ireland as a Workplace

It was evident that practising in Northern Ireland presented music therapists with challenges to overcome regularly. The interviews highlighted the enduring trauma from past divisions and oppositions held by some members of Northern Irish society. Due to this, music therapists describe the essentiality of working sensitively with traumatised individuals, with a preparedness to work cross-culturally. Table 4 displays relevant subthemes attached to this theme.

Table 4: Theme Three and Subthemes

Theme/Subtheme	Description	Interview Quotes
Working with the bicultural communities	The music therapists displayed that they had experience working with the two communities: Catholic and Protestant or Irish and British.	“I worked with a mixture from different communities. I would have had people who were very much from the Catholic community and people from Protestant, from Presbyterian communities.” (P3) “With the two different communities comes different music as well.” (P1)
Similarity of traditional music	Traditional music is similar from one community to the next.	“Northern Ireland it’s more songs. The singing tradition here is stronger.” (P2) “And in fact, the tunes are the same on both sides of the tribes. They just have different names or different words that go along with them.” (P1)
Cross-cultural music therapy	All therapists see their practice in Northern Ireland as cross-cultural.	“CCMT is working within different communities in the six counties.” (P2) “Most of my work [in Northern Ireland] has been cross cultural.” (P1) [Irish traditional music] is cross community music for people who didn’t grow up in communities where it was known...Irish traditional music is something cross cultural.” (P1)

Cultural sensitivity	The therapists all explained that they must be careful in their music choice to be respectful to their client grouping.	“You are landed with an us and them thing [in Northern Ireland]. You must be very empathetic to both sides. You have to be massively careful. Just kind of read the room very quickly and just be as present for everyone as best you can.” (P2)
Trauma in society	There is mention of remaining trauma in NI society after the conflict.	“[Northern Ireland] is a post conflict nation and... there’s still much trauma, but I found that music helps heal and build the bridges.” (P3) “Most people in Northern Ireland need some type of therapy because of all the conflict and the resulting trauma.” (P2)
Learning to work in Northern Ireland	The therapists leave their interviews with positive regard towards their cross-cultural work in Northern Ireland.	“So, anything where different cultures are mixing in a respectful way and we’re learning about each other. It’s a good thing.” (P1)

Discussion

The following is a discussion on the subthemes, themes and implications of this analysis on Northern Irish music therapy practice.

Firstly, the thematic analysis revealed the musical and cultural background of the interviewed music therapists as having an impact on their music therapy practice. The data suggest that by learning and performing Irish traditional music from childhood, individuals become entrenched in the tradition. Aligning with research by Rapuano (2001), the music therapists raised within the Irish traditional music scene see the tradition as an integral part of their self-identity. Adding to this is the music therapists’ recognition as Catholic/Irish identifying members of Northern Irish society, where Irish traditional music has contributed to this allegiance through the consolidation of culture within music (Millar, 2018; Van Tuyll & Purdy, 2017).

Due to the long-established adherence to the tradition, the music therapists describe a high ability and skill level in playing Irish traditional music, regularly expressing their confidence and ease in the genre. Interestingly, whilst the participants self-describe their ability to play trad, they continually report their scarcity in using affiliated traditional tunes in their music therapy practice. An overarching rationale for this choice is the associated social or personal relationship that the music therapists have with the tradition.

Cultural music has been previously used for expression of intrapersonal functions, with emotional and stress regulation resulting from personal attachments with the individual (Boer et al., 2012). Expanding this are findings that cultural music produces interdependence through active involvement in music which becomes social and identity-building (Boer et al., 2012). Applied to this dataset, similar processes are likely to be

occurring where the music therapists connect the use of Irish traditional music to their personal environment, therefore disconnecting this attachment from their work.

Further, the participants raised in the tradition reveal that despite their lack of explicit use of Irish traditional music in music therapy, the tradition has positively impacted their music therapy practice. Through the recognition that identity in clinical work is not an arena solely for their own musical aspirations, the participants state that traditional music is indirectly used in their practice through their presence and skills acquired in their traditional music upbringing. Table 2 demonstrates statements surrounding the music therapists strengthened ability to connect with clients, associate with cultures and generations, and hold enhanced awareness in audio, visual, and gestural communication. Supporting this is literature that sees players of Irish traditional music as often recognised to possess skills in listening, engagement, experiential knowledge, teamwork technical ability, and musical articulation (Cawley, 2021; Wenger, 1998). These skills have been described as transferable (Kenny, 1994) in roles that require creativity, communication, and teamwork (Cawley, 2013) such as music therapy. This holds interesting implications for Northern Irish music therapy practice, where therapeutic skills may be enhanced by childhood proficiency in Irish traditional music. It also raises questions as to whether this occurrence is specific to the Irish tradition or if this is applicable across all traditional styles of music.

To the contrary, for a music therapist culturally raised outside of the Irish music tradition, the process of using Irish traditional music is more conscious and deliberate. The participant who identified towards the Protestant/British culture in Northern Irish society displayed an evident desire to learn aspects of the tradition for her clients. This demonstration of cross-cultural music learning aligns with guidance set by Stige (2016) who stated that the readiness of music therapists to learn other cultures' music is both a professional conjecture and an essentiality required for providing "culturally sensitive" music therapy. Accordingly, this dataset displays the British identifying music therapist as more likely to use Irish traditional music than the Irish identifying music therapists despite her lack of intrinsic and historical musical skills acquired in childhood. This corresponds with the researcher's experience, where becoming knowledgeable of and proficient in Irish traditional music was imperative for the progression of a strong therapeutic bond in the majority Catholic/Irish centre.

These ideas are consistent with the work of Hadley and Norris (2016), who argue that developing cultural competence in music therapy requires a process of transformational learning. According to their research, cultural competence involves a deeper self-awareness of the therapist's own cultural and musical biases and assumptions. Empathy, cultural sensitivity, and critical self-reflection are therefore essential—themes that are central to the present research.

This unforeseen outcome can be connected to hesitations noted by both the Catholic/Irish identifying music therapists in their interviews. Both therapists emphasised their nervousness surrounding the use of Irish traditional music in their sessions through fear of offending culturally opposed clients or incorrectly placing their client on a cultural side. Interestingly, such hesitation was not displayed in the interview with the culturally Protestant/British music therapist. Instead, this participant exemplified a strong interest in cross-cultural interactivity, willingly using music outside of the music therapist's cultural background.

This leads to a discussion of the second theme: client-centred music therapy. The previous consideration of the music therapist outside of the tradition intentionally learning aspects of Irish traditional music is a noticeable expression of client-centredness in Northern Irish music therapy practice. Adding to this is the consensus of all participants that regardless of their upbringing, they are focused on client-centred practice. Integral to client-centred application is the anticipation of using Irish traditional music in music

therapy practice. All participants displayed willingness to use Irish traditional music in clinical situations suitable for their clients. Additionally, unity was observed in the dataset when all participants confirmed that they would only use Irish traditional music with clients who were previously familiar with the genre (i.e., raised with the tradition or Irish identifying). Therefore, importance is placed on the client's heritage and culture, not the inherent potential of the music.

Hadley and Norris (2016) describe the benefit of using cultural music with the client's preference at the fore, relating this as a cornerstone of music therapy. Hadley and Norris emphasize the need for active commitment and engagement with other culture's music; the music therapist should remain culturally sensitive in their practice. In the current dataset, the participants also display client-centredness through their unconventional use of traditional instruments. The participants do not use Irish traditional instruments in the context of Irish traditional music, but rather alongside other musical genres or therapeutic techniques. Each participant uses traditional instruments in their practice such as the fiddle, Bodhrán, tin whistle, or harp but attaches an alternative client-centred angle instead of overt Irish traditional tunes. Examples of this included using the Bodhran for grounding techniques, the Tin Whistle for breathing techniques, and the Fiddle for delivering other genres of music. Accordingly, the music therapists compromise to enable authenticity in musical choices through instrument selection without enforcing genre or culturally significant melodies on clients.

The final theme displays music therapy operating in Northern Irish society through constraints within the bicultural communities. Whilst the researcher acknowledges the increasing presence of multiculturalism in Northern Ireland, this discussion focuses on distinctions between the Catholic/Irish and Protestant/British communities.

The therapists detail their rich experience in working with the two cultures, separately and together. There are expressions of the Catholic/Irish and Protestant/British communities possessing contrasting cultural music which can present a challenge in music therapy groupings where both sides are present. To avoid cultural tensions, the music therapists ensure they are delivering music with no attachment to either community in circumstances of integrated groups. With this said, the therapists describe Northern Irish society as moderately segregated, with integration mostly occurring in nursing home and hospital settings. Therefore, the music therapists are mostly working with one community or the other, feeding into past research on aspects being polarised in Northern Irish society, including music (Millar, 2018; Radford, 2010; Smyth, 2002). This finding authenticates experiences of the researcher, where centres largely associate with one side of the community, with the exception of healthcare settings.

This thematic analysis presented Irish traditional music as a constructive tool for therapy, with statements from participants perceiving it as "relaxing," "comforting," and "healing" for their clients. Participants attributed these positive therapeutic effects with a client's familiarity with Irish traditional music. Therefore, the therapists generally associate Irish traditional music with Catholic/Irish identifying clients, meaning these therapeutic qualities are only reported on one side of the community. Literature advocates for the use of familiar music in music therapy practice through reports of emotional regulation (Ali & Peynircioğlu, 2010; Moore, 2015), increased engagement in therapy (Rimmer & Bower, 2021), increased social engagement (McDermott et al., 2014), and memory evocation in dementia patients (Raglio et al., 2015).

Whilst there was some discrepancy about the definition of Irish traditional music there was a consensus on the strength of Northern Ireland's singing tradition. Moore (2015) states that the singing culture in Northern Ireland serves as a tool for the expression and maintenance of cultural identity in the communities. Catholic and Protestant music was described as having many similarities with differences mainly lying in the lyrics, ornamentation, and orchestration. Valley (2008) recognises that despite the divides, the

Northern Irish Catholic and Protestant communities share similar musical forms and genres, with the shared musical heritage being particularly evident in the folk songs and instrumental tunes. Through this, questions arise as to the benefit of omitting lyrics in such songs to discern the potential for social integration and inclusive practices in Northern Ireland.

The results also reveal cross-cultural music therapy operating in Northern Irish music therapy practice with all participants in the sample describing their work as cross-cultural. Examples of cross-cultural work included sessions where the music therapist was from a different cultural background to their client (Protestant music therapist working with a Catholic client or vice versa) or a music therapist working with a group with mixed cultural backgrounds. Notably, there were discussions of the increasing multicultural population of Northern Ireland, which is encouraging more diversity in Northern Irish music therapy practice and increasing these cross-cultural interactions from solely Catholic/Protestant cultural identities to multicultural relationships. From this, it can be concluded that Northern Irish music therapists are particularly well placed to engage in cross cultural music therapy as this is becoming an implicit part of everyday practice in Northern Ireland.

Building on this is the recommendation of culturally sensitive practice made by all the participants, who strive to act with compassion and understanding in therapeutic sessions. Thomas and Norris (2021) stress the need for such adaptability and cultural competence to effectively engage with clients from different backgrounds. Language surrounding empathy, sensitivity, and awareness was heavily used when discussing cross-cultural music therapy, giving an insight into where the music therapist's intentions lie with the client. The therapists stressed the importance of being present for their clients, remaining unbiased, and nurturing the client's culture, painting an encouraging picture of Northern Irish music therapy practice.

Finally, interwoven into the interviews was the consideration of trauma in Northern Irish society which continually presents a challenge in music therapy practice. Literature demonstrates the efficacy of music therapy when employed in cases of traumatised individuals, with reports of refugees (Beck et al., 2018), individuals affected by PTSD (Carr et al., 2012; Rudstam et al., 2017), as well as children and adolescents (Ugglä et al., 2016; Ugglä et al., 2018; Weiss & Bensimmon, 2020) illustrating the benefits of trauma-informed music therapy intervention. This, along with the participants seeing Northern Ireland as a post-conflict and trauma affected society, presents a further angle to practice in Northern Ireland that holds potential to be fruitful.

Limitations

This study examined the use of Irish traditional music in Northern Ireland music therapy practice, exploring culture, client-centredness, and the influence of a therapist's musical identity by extension. While the findings provide valuable insights, several limitations should be considered. Firstly, this study relied on a small number of participants, which can limit the breadth and possibility of the responses. Next, the study depended heavily on self-reporting of perception and experiences by music therapists, introducing the potential for bias and emphasis. Lastly, the focus is solely on the positioning of the music therapist, meaning the client voice is absent and a gap in understanding, perspective and perception is encountered.

Recommendations

Based on these limitations, recommendations for future research and practice can be made. Further research should include client voicing on their experiences and perspectives of Irish traditional music in their music therapy setting. Further research should also explore

questions posed in this study with a wider participant pool, increasing the number of perceptions, approaches and outlooks of music therapists in Northern Ireland. Consideration of how trauma and cultural music in Northern Irish music therapy practice interact would provide valuable insights for future practice. Adding to this is the potential to conduct this research internationally, concentrating on particular cultural music from the respective country.

Finally, recommendations can be drawn from this research for the future music therapy practice, both locally in Northern Ireland and internationally. Music therapists should continue to strive to work in a respectable, culturally conscious, and empathetic manner. Deep consideration should be made by therapists into the impact of culture, amongst both sides of the therapeutic relationship. Therapists working in divided or post-conflict societies, such as Northern Ireland, should be particularly attentive to the cultural and traditional significance that music and instruments can hold. Music therapists should endeavour to become knowledgeable and competent of their clients' culture and traditions, to allow for meaningful, sensitive, and informed therapeutic work.

Conclusion

This study highlights the multifaceted applications of Irish traditional music within Northern Irish music therapy practice. The findings emphasise the impact of music therapists' musical and cultural upbringing on their practice, reporting readiness and hesitations associated with incorporating Irish traditional music into clinical practice. The participants display a clear commitment to culturally sensitive and client-focused practice, with significance placed on fostering cross-cultural interactions and practices. Ultimately, the study highlights the broader societal context in which these music therapists work, influenced by historical divisions, deep cultural affiliations, and increasing multiculturalism. Northern Irish music therapists emerge as skilled, empathetic practitioners, well positioned to engage in cross-cultural and culturally sensitive music therapy. The therapist's ability to combine cultural awareness with client-centred practice offers an encouraging representation of therapeutic practice in diverse and divided communities.

About the Author

Madeleine Eves, MA, MSc, is a music therapist living and working in Northern Ireland. She is dedicated to connecting with people from a wide range of cultures and backgrounds and has experience working with individuals from both sides of the Northern Irish politico-religious divide. She places great value in using music as a tool to build understanding, expression, and connection across communities. Madeleine is passionate about both her clinical practice and contributing to research in Northern Ireland, with a particular focus on cultural identity and community engagement.

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