

Music therapy: what is it for whom?

An ethnography of music therapy in a community mental health resource centre

Submitted by Simon Procter to the University of Exeter as a thesis for the degree of
Doctor of Philosophy in Sociology, February 2013

This thesis is available for Library use on the understanding that it is copyright material
and that no quotation from the thesis may be published without proper
acknowledgement.

I certify that all material in this thesis which is not my own work has been identified
and that no material has previously been submitted and approved for the award of a
degree by this or any other University.

(Signature)

Abstract

Music therapy is widely portrayed either as a paramedical practice within which music is a technology applied as a form of treatment or as a form of psychotherapy within which the music plays a primarily symbolic role or acts as a lead in to verbal consideration of the patient's presenting issues. Music therapy research currently focuses predominantly on demonstrating "evidence of effectiveness" in terms of symptomatic outcome, thus preserving a focus on the individual congruent with the medical model.

In contrast, this thesis seeks to examine ethnographically the ways in which music therapy gets accomplished as a situated social practice within a community mental health resource centre in a UK urban area. Drawing both on the observations and experiences of the researcher (a music therapist already working within this setting) and on formal and informal interviews with the centre's members and staff, it seeks to identify ways in which music therapy gets done and value ascribed to it. Observations are compared with the "norms" portrayed by dominant professional discourse, and reasons for discrepancies considered.

Particular attention is paid to self-awareness, intimacy and conviviality as facets of what music therapy has to offer in such a setting, and to social capital theory and Goffman's dramaturgical approach as broader conceptual frameworks for such affordances. Consideration is also given to the "fit" between the affordances of music itself, and the "craft" required of diverse actors in order that music therapy can be considered to offer an ecology which promotes health and well-being.

Finally, the findings are re-addressed towards music therapy itself via the lens of what it means to be "clinical" in order that a sociological "craft" perspective maybe brought to bear within the discipline.

Acknowledgements

This project would not exist without the various contributions of many people, and I wish to express particular gratitude to the following:

- To all the members, service users, staff and volunteers at Way Ahead, who not only provided me with data in such abundance but also trusted me to be part of their lives and shared aspects of their highs and lows with me. It has been a real privilege for me.
- To my supervisor, Professor Tia DeNora, to whom I owe an inestimable debt of gratitude. Her generosity – academic, personal, and culinary has sustained me throughout the journey and more than once brought me back onto a tenable path. Without her skilful blend of cajoling and faith, this thesis would never have been completed.
- To Professor Even Ruud for directing me to an environment which would nurture what I wanted to do and teach me what I needed to learn.
- To my fellow members of Professor Tia DeNora's SocArts group in Exeter. Such a lively-minded, academically supportive, relentlessly humorous and nightclub-loving group of young researchers it is hard to imagine. I have learned in abundance.
- To Nordoff Robbins, and in particular its CEO Pauline Etkin, for allowing me to pursue this project whilst in its full-time employment.
- To my students and colleagues at Nordoff Robbins for sometimes carrying on without me and barely noticing the difference.
- And on a personal note to Hanna and Tomek, who have foregone too much of their father's time in favour of "the PhD" for as long as either of them can remember. This thesis is dedicated to the two of you with love, gratitude and admiration.

List of Contents

Abstract	2
Introduction	8
Chapter 1 - “Music Therapy” - A Professional Construction	11
Introduction	11
Music therapy – a constructed history	12
An internal critique	30
Why a sociological lens?	36
Conclusion	42
Chapter 2 - Ethnography as Method	43
Why ethnography?	43
Ethnography as a political choice	44
Ethnography as a means of “getting at” what happens	46
The fit between music therapy and ethnography	48
Locating this ethnography in relation to previous work	50
Thinking towards practicalities	52
The Na(t)ive Ethnographer: Part One – researching my own professional field	54
The Na(t)ive Ethnographer: Part Two – locating the field	59
Ethical considerations	61
My shifting role – from practitioner to researcher practitioner	70
What I did when and why	74
The collection, storage, analysis and use of data	77
Things I discovered as I went along	80
Music as “the ethnographic air we breathe”	86
Choices made in the writing – the “texting” of this ethnography	88
Chapter 3 – A Day in the Life of Way Ahead	91
An introduction to the data chapters	91
Making my way in	92
Arriving at Way Ahead	93
Configuring the Space	97
Marti works at singing	98
Moving things around	101
The “closed group”	102
The “karaoke group”	104
Packing away and having lunch	107
Whose session?	108
A “DNA”	112
Music and mix-tapes	113
The “making it up malarkey”	115
Clearing up	117

Chapter 4 – Self-awareness and musical identity	118
Event One – Impressions of Joy	118
Event Two – Pete looks up	128
Event Three – Marti goes Country	129
A biographical perspective – Phil building a musical identity	130
Chapter 5 – Intimacy	142
Event One – Kerry’s ambivalence	142
Event Two – Carmel’s “intertwining”	150
Event Three – Tim and Elijah	156
The implications of “intimacy”	160
Sociological considerations of intimacy	161
Intimacy as a bedrock for life	162
Intimacy implicated in psychiatric pathology and diagnosis	163
Intimacy as an area of controversy in psychoanalysis and psychodynamic approaches to psychotherapy	163
Music as a technology of intimacy	166
Chapter 6 – Conviviality	169
Event One – At the smoking table	169
Event Two – Music and crisps	172
Event Three – Humour to the rescue	181
Event Four – “Medina”	186
“What am I doing?” Therapeutic strategies observed	189
Extracts from interviews with Yusuf and Marge	190
Closing thoughts	199
Chapter 7 – Reflections on the data	201
Music therapy as musical (and para-musical) accompaniment from backstage to frontstage (and back again)	201
Music therapy as musical work – the offering of music’s affordances	203
The connection of musical and para-musical elements	204
Thinking about social capital in relation to music therapy	205
Music therapy as cultural practice – the music therapist as “skilled facilitator”	212
Music as an alibi and companion for non-conformity	213
Music therapy as varying forms of musical work – is it really all about improvisation?	214
Whose craft?	218
Conclusion: ethnography speaks to music therapy	219
Chapter 8 – Complexifying music therapy	220
The need for complexification	220
Bittner – music as the force of music therapy	220
A taxonomy of skills?	221
Accompanying clients from backstage to frontstage (and back again): the question of boundaries	222
Clients’ capacity for craft and the valuing of their resources	224
Improvisational attitude	224
Regulation	225
Social, cultural or clinical?	226
Researching music therapy	227
References	229

List of Figures

Figure 1	English-language music therapy journals	p. 20
Figure 2	UK-published music therapy book publications	p. 21
Figure 3	Poster for display in public areas of Way Ahead	p. 67
Figure 4	A plan of Way Ahead's premises	p. 94
Figure 5	A plan of the drop-in at Way Ahead	p. 96
Figure 6	"Tragedy" motif	p. 122
Figure 7	"Tragedy" motif plus clapping	p. 123
Figure 8	First page of transcription of improvisation	p. 148
Figure 9	NHS poster promoting healthy eating	p. 179
Figure 10	Hakim's pattern	p. 186
Figure 11	Thomas joins Hakim	p. 188

There are in our existence spots of time,
That with distinct pre-eminence retain
A renovating virtue, whence – depressed
By false opinion and contentious thought,
Or aught of heavier or more deadly weight,
In trivial occupations, and the round
Of ordinary intercourse - our minds
Are nourished and invisibly repaired.

(William Wordsworth, From *The Prelude*, Book Twelfth:

Imagination and taste, how impaired and restored)

For most of us, there is only the unattended
Moment, the moment in and out of time,
The distraction fit, lost in a shaft of sunlight,
The wild thyme unseen, or the winter lightning
Or the waterfall, or music heard so deeply
That it is not heard at all, but you are the music
While the music lasts.

(T.S. Eliot, from *Four Quartets: The Dry Salvages)*

Introduction

My motivation for embarking upon this project stemmed in no small measure from my participation in a Randomised Controlled Trial (RCT) of music therapy for inpatients with schizophrenia (Talwar *et al* 2006) whilst working as a music therapist in a psychiatric hospital. Exhorted to take part “for the good of the profession”, I found my usual ways of working having to be dramatically changed to make the RCT possible.

For example, it was my usual practice to run a weekly “open music therapy group” for anyone who wanted to come and was allowed off their ward to do so. This had proved to be an opportunity for people to try music making without commitment, and in some cases ultimately refer themselves to ongoing sessions. It was an opportunity for people to bring friends and to meet people from other wards. Attendance was high and routinely included patients who were regarded as “hard to engage”: it also enabled patients who were regarded as “difficult to manage” to participate with few concerns and alleviated their sense of being trapped on the ward by engaging in something which they experienced as worth doing. For these reasons the group was well regarded by ward managers. However, with the arrival of the RCT it had to be abandoned so that study data would not be “contaminated” by treatment group subjects attending “extra sessions” or by control group subjects attending music therapy. My whole working life was transformed into a much more medical-looking series of individual appointments. Since I was also spending less time on the wards, there was less likelihood of bumping into people who had attended and sharing with them some memory or impromptu conversation about the music making. I found myself much less connected with the life of the hospital and much less in touch with the patients with whom I was working.

The study was a success in the sense that the resultant paper showed some potential evidence for the effectiveness of music therapy in this area, particularly in relation to negative symptomology. It was published in a prestigious psychiatric journal and its inclusion in Cochrane reviews (most recently, Mössler *et al* 2011) has served as “evidence” for music therapists seeking to develop (or sustain) work in this area. However, I was left struck by the alteration of practice which had been necessary in order to assess the effectiveness of a way of working which I wasn’t usually doing. Ward managers had become irritated by my inability to respond to their requests to work with “problem patients” there and then, and I felt much less able to contribute to the life of the institution. This, of course, had not been the focus of the

RCT, which had used a standardised psychiatric assessment scale to measure (pre-test and post-test) the psychiatric states of individual recruits.

Once the trial was over, I reverted to my usual way of working and things at the hospital returned to normal. But as the paper was published and I heard it being used to “prove” that music therapy had certain effects on pathology, I was again perturbed. In particular I felt that what had been researched and found “effective” was now consequently being discussed as “good practice” even though it bore so little resemblance to my usual practice, either in terms of breadth of practice or in terms of what made that practice worthwhile. The rationale for this was that usual practice was not researchable as it did not allow the criteria for a rigorous RCT to be met. Yet I knew that I had arrived at this way of working (rather than the RCT-compatible way of working) because it seemed to “work”: it enabled things to happen and people to interact and have experiences that were generally regarded as “a good thing”. Clearly, the RCT was not the methodology with which to examine this. I had long talked and written of my work in “social” terms (which was seen as provocative by those who saw music therapy as “clinical”, and “social” as the antithesis of “clinical”): on reading about more socially-conceived approaches to research I discovered that there was a rigorous way of researching which was highly naturalistic and actively sought to take nothing for granted. I read ethnographies of many kinds and was thrilled.

In embarking upon an ethnography of my own, I have of course had to make many choices and to recognise certain areas in which I have had little choice. The result is in many senses a thoroughly old-fashioned ethnography, and one that fails to tick many of the boxes which seem to characterise contemporary qualitative research projects in this field and its environs. It is not cultivatedly post-modern, nor does it celebrate a particular narrative (e.g. the heroic survivor of psychiatric services) or discourse (e.g. the triumphant profession amassing scientific evidence). Instead it takes its inspiration from some decidedly dated work – for example, that of Garfinkel and Goffman, of Bittner and Geertz – as well as from contemporary ethnographers whose work seems to maintain a commitment to what Brewer (2000: 17) calls “little ethnography” without being overly fixated on one or other form of data or method of analysis – Paul Atkinson, Tia DeNora and Janet Foster, to name just three. What it seems to have most particularly in common with these modern exponents of the form is a conviction that social “work” gets done in a number of ways, that these ways are in various senses observable and traceable, and that the purpose of ethnography is not simply to describe or celebrate observable phenomena but further to make sense of them by demonstrating how they are means of social work getting done, of social order being constructed, of social experience being shared.

There have been many “qualitative research” projects focusing on music therapy, a growing number of which have used the term “ethnographic” as self-descriptor. These differ from this project in various ways. I will return to these in Chapter two as I seek to set this project in its ethnographic context. At this point it will suffice to say that my intention in writing up this ethnography has become very simply (and undoubtedly deceptively simply) to try to account for HOW music therapy’s work gets done – wherever, whenever and by whomever that might be.

I must confess at the outset that this was not my original intention. I embarked on this project with (what I thought was) an impressive-sounding list of convoluted research questions (because I was under the impression that this was how good quality research should be approached). The more time I spent in the field, however, the more I began to make sense of the texts I had read on ethnography, and the more I realised that these questions were mere indulgences – distractions, in fact, from the real ethnographic task at hand.

So what follows is a beginner’s ethnography.

Chapter One

“Music Therapy”

– A Professional Construction

1. Introduction

They have cut the Gordian knot with a well-honed sword. The shaft is broken: on the left, they have put knowledge of things; on the right, power and human politics.

(Latour 1993: 3)

Some 800 people in the UK earn at least part of their living from the professional practice of music therapy¹ and around 80 graduate annually from approved music therapy training programmes. Even a cursory survey of publicity from these programmes, of information from the professional body or of published material establishes that music therapy as practised in the UK generally consists of active music-making by both therapist and client(s), and that music therapists work in a wide range of places, including various kinds of hospitals, clinics, schools, day centres and hospices. Claims of effectiveness are made, as is required in the modern era, but these claims are remarkably generic, and could well be made by many other professions or groups of workers. In particular they seem to exclude any consideration of the role of music itself. In Latour’s terms, musical work and the claims made for such work have been rent asunder. Given recent developments in music sociology and related fields, however, should it not be possible to describe and account for the work which goes on under the banner of “music therapy”, focusing less on promoting or debunking professional claims, but rather on considering music’s role as an active agent in the construction and experience of health and well-being?

This project is an ethnographic study of music therapy in action. In this chapter I seek to convey my rationale for choosing to focus on music therapy as an object of exploration, whilst

¹ Estimated figure based on data supplied by the British Association for Music Therapy.

in the next I will account for my choice of ethnography as a means of exploring it. To this end, I here offer the reader some information about music therapy as it has (apparently) historically emerged and as it currently presents itself in the UK. This I do primarily by referring to literature (i.e. considering how music therapy gets written about and located in relation to systems of rhetoric and structures of power). I then present a recent challenge to the established position from within the profession of music therapy. I argue that this challenge, whilst valuable as a heuristic, still does not sufficiently consider the ways in which the work of music therapy gets done in practice and in real time (or even what music therapy's work might actually be). Finally I consider what a sociological perspective may have to offer in this regard. This prepares the ground for the following chapter in which I will suggest that ethnography offers a practical and theoretical means of achieving this despite (or indeed because of) its differences from the more routinely deployed methodologies in this area.

2. Music therapy – a constructed history

One of the ways in which professional claims are staked is the construction of an apparently progressive history. To be professional is to be “modern” such that current practice is depicted as the apogee of historical development. Music therapy’s “usually told” tale of professional evolution as evidenced in the literature falls into three distinct phases: “pre-history” (characterised by widespread but supposedly uninformed folk practices), “pre-modern” (characterised by the efforts of “pioneers” and their initial trainings of “specialists”) and “modernity” (characterised by the demonstration of professionalism in the form of socially prized forms of regulation, research, association with other professions etc). My intention in relating this tale is not to award it credence but to highlight how this is a “told story” which sculpts perceptions of reality.

2a. The “pre-historic” era

The adjective ‘modern’ designates a new regime, an acceleration, a rupture, a revolution in time. When the word ‘modern’ appears we are defining, by contrast, an archaic and stable past. Furthermore, the word is always being thrown into the middle of a fight, in a quarrel where there are winners and losers, Ancients and Moderns.

(Latour 1993: 10)

Ruud (2000) describes the history of music therapy as “a forgotten history, one of the ‘small narratives’ threading its way along other grand narratives about philosophy, music and medicine”. Music therapy as a profession is commonly dated from the aftermath of the two world wars as veterans returned requiring kinds of support that were not readily available. Gouk (2000: 3) suggests that the publication in 1948 of *Music and Medicine* by Schullian and Schoen marks music therapy’s arrival as a profession in the USA. The first American training programme was established at Michigan State University in 1944, and the first UK training programme at the Guildhall School of Music and Drama in 1968 (Bunt 1994: 4). As this discrepancy in dates suggests, music therapy as a professionalised practice has developed variously on each continent and within each country. Further evidence of this can be seen in the various definitions of music therapy in use, in the varying ways in which and extents to which music therapists claim links to more established professions such as medicine, psychology or psychotherapy, and the differing degrees of concern with the pursuit and achievement of some form of state registration as a manifestation of (or route towards) professionalisation. In the UK today, music therapy is presented as a modern paramedical profession with its birth in the mid-twentieth century: this perhaps neglects the fact that the notion of using music in pursuit of health, healing and well-being is far from a modern, Western, or “scientific” invention. Therefore at this point it seems useful to glance briefly at practices of musicing in pursuit of health and wellbeing as historical practice and as folk practice in order to provide some context for a sociologically informed consideration of the contemporary profession.

Most of the recently published UK music therapy handbooks nod cursorily in the direction of a historical tradition, often treating it as an anachronistic curiosity of limited relevance to the contemporary profession (e.g. Wigram *et al* 2002, Darnley-Smith & Patey 2002, Bunt & Hoskyns 2002). The implication is that this is a relic of pre-modern thinking, whilst simultaneously suggesting that music and health (or music and medicine) have in some way been natural bedfellows since time immemorial (thus invoking the authority of antiquity whilst claiming superiority over the recent past). In Horden’s historical overview of music’s relationship with health (2000), it is striking that the only music therapist contributor to this volume writes a somewhat disconnected post-script chapter on the “modern” profession (Tyler 2000), the other contributors being historians, musicologists and anthropologists. Their concern is not to make links to contemporary music therapy practice: since little in the way of documentary evidence of the various practices is extant, the emphasis is on linking to the various religious, philosophical or cultural stances which seem to have underpinned the

practices – whereas the music therapy chapter, rooted firmly in scientific modernity, seems either to have no need of such contextualisation or else affords it no significance.

Gouk (2000) presents a series of accounts of music used in the service of healing in a wide variety of both contemporary and historical cultural contexts. She is careful to frame her work as concerned with “healing” rather than “therapy” *per se* (perhaps so as to avoid accusations of misrepresenting the modern profession). She focuses instead on “the non-expert kind of music therapy” – “the only form which really existed before a recognised body of music-therapy professionals came into being” (Gouk 2000, Introduction). “Therapy” here refers to the “general therapeutic effect, which can be gained from being involved in any form of musical/artistic performance” (ibid). The distinction is clear, but at the same time a certain amount of semantic gymnastics seems to be being undertaken in order to avoid difficulties. In some instances music itself is seen as the healer, but in others there is a defined “healer” role for a person producing music in some way as a means of healing another person.

Ruud (2000) identifies three themes from the work of Gouk: “identities”, “sites of technologies of performance” and “conceptualising the non-verbal”. All of these are of relevance to the professionalised practice of music therapy, and it is perhaps along these three continua that the relationship between “ancient” and “modern” can best be considered, rather than within the kind of binary opposition that Wright (1989) proposes between two distinct traditions in music therapy: the “ancient” (founded on shamanism and religious philosophy) and the “modern”, with the suggestion that they actually have rather little in common. This tendency to distinguish the “ancient” (or perhaps “theirs”) from the modern (“ours”) (even whilst, as in Wright’s case, acknowledging something of value in the ancient) is an enduring theme in the contemporary literature: perhaps today’s profession wishes to be seen as something utterly modern and “scientific” (rather than ancient and superstitious). Nevertheless it is on occasions also happy to bask in the possible associations with the classical era and the suggestion that music and medicine just “naturally” go hand in hand.

2b. The “pre-modern” era

In the UK, professional music therapy charts its development from the work of a small group of individuals frequently referred to as “pioneers” – again pointing to a break from the past. As

examples of this, I here briefly consider the work of Paul Nordoff and Clive Robbins², Juliette Alvin and Mary Priestley as prominent examples.

Paul Nordoff (an American pianist and composer) met Clive Robbins (a British teacher of children with special needs) at Sunfield, an anthroposophical children's home in the West Midlands, whilst on sabbatical leave from his post at the Julliard School in New York (Robbins 2005). Together they developed ways of working with children (who would nowadays be described as having learning difficulties, developmental delay and / or autism) based on active engagement in making music. This took many forms, including musical games, the rehearsing and performance of musical plays, group musical activities and individual work which unusually prominently featured improvisation. Nordoff and Robbins travelled around the USA and Europe developing and presenting their approach and documenting their work in a series of publications (e.g. Nordoff & Robbins 1971, 1977). At the core of their approach was a proclaimed belief in the accessibility of musical (and hence personal and inter-personal) experience for all:

Music is a universal experience in the sense that all can share in it; its fundamental elements of melody, harmony, and rhythm appeal to, and engage their related psychic functions in each one of us. Music is also universal in that its message, the content of its expression, can encompass all heights and depths of human experience, whether these be superficial and relatively commonplace or profound and deeply personal.

(Nordoff & Robbins 1971: 15)

This early volume concludes with an epilogue addressed "To the musician therapist". Here Nordoff and Robbins explicitly locate music therapy as a kind of musical work and also draw attention to the music therapist's own relationship with and experience of music:

A musician who makes the decision to enter music therapy will have had many of these experiences, but once he begins to work as a *therapist* he will find new dimensions, new horizons and depths in the *art of music itself* rather than in musical compositions. What he discovers when he experiences the art of music as therapy will shed new light for him on all music. To improvise or compose for handicapped children, to arrange music and play for them, becomes a totally new world of musical experience. The therapist may be musically very knowledgeable, he may have performed often, or have

² To avoid confusion, and in accordance with general convention, I use "Nordoff and Robbins" to refer to Paul Nordoff and Clive Robbins as people, "Nordoff & Robbins" to refer to them as authors, "Nordoff-Robbins" to refer to the approach to music therapy which is named after them, and "Nordoff Robbins" to refer to the organisation which promotes their approach. In addition, the intended meaning is generally clear from the context.

composed much music, yet now music becomes revitalized for him,
completely changed in purpose and realization.

(Nordoff & Robbins 1971: 141 – italics in the original)

Aigen, in his analytic study of the early work of Paul Nordoff and Clive Robbins (Aigen 1998), emphasises the role of music as the agent of change in their work. He describes how various aspects of the way in which music is “composed” are used consciously and deliberately by Nordoff and Robbins. Hence this is seen as a “music-centred” approach to music therapy (Aigen 2005) with many aspects of its practice traced back both to elements of Nordoff’s prior musical activities and to Robbins’ experiences of the practicalities of working within places like Sunfield (Aigen 1998: 17-21). This amounts to a recognition of the impact of cultural context on the practice of music therapy.

Nordoff and Robbins established a training programme in London in 1972 and there are now Nordoff-Robbins training programmes and Centres worldwide (Simpson 2008). Nevertheless, the label “Nordoff-Robbins” is used to indicate a variety of qualities and there are clear theoretical differences between music therapists who have trained in this approach, as evidenced in the dispute over “psychological thinking” – see Streeter 1999, Ansdell 1999, Brown 1999, Aigen 1999, Pavlicevic 1999 (all these authors are music therapists trained in the UK in the Nordoff-Robbins approach, but their writing and the stances they adopt demonstrate a broad spectrum of influences and assumptions).

Whilst Nordoff & Robbins were an Anglo-American pairing working internationally, another significant figure in the evolution of music therapy in the UK was a Frenchwoman: Juliette Alvin. An accomplished ‘cellist, she founded the British Society for Music Therapy in 1959 and the first UK training programme at the Guildhall School of Music and Drama in 1968. She defined music therapy as:

... the controlled use of music in the treatment, rehabilitation, education and training of adults and children suffering from physical, mental or emotional disorders.

(Alvin 1975)

Alvin’s method, sometimes dubbed “Free Improvisation Therapy” (Bruscia 1987, Wigram *et al* 2002: 130) emphasises free (rather than structured or directed) improvisation as the means of working and connects this with Freudian analytical concepts. The exact nature of this connection seems somewhat elusive, but in essence the music made by the client is seen as an expression of their character, personality and hence pathology. Alvin did talk about the client’s

relationship to music (Wigram *et al* 2002: 132) but this is seen as an intermediary step towards relationship with the therapist – the real therapeutic relationship.

Originally trained by Alvin at the Guildhall, Mary Priestley developed a more rigorously psychoanalytic model of practice known as “Analytical Music Therapy”, documented in two books (Priestley 1975, 1994) and continued and developed by others, although almost exclusively on mainland Europe (and lately in the USA) rather than in the UK (Eschen 2002). Verbal reflection is central to the work in order to bring to consciousness psychic developments that may have occurred during improvisation. Music here is primarily symbolic, expressing a person’s inner state, and the approach is therefore not generally considered music-centred, rather one using music *in* therapy (Garred 2006).

It is perhaps not surprising that these “pioneers” displayed considerable pragmatism: flexibility was required in order to persuade gatekeepers of the usefulness of this new professional practice. Thus Nordoff and Robbins worked in a laundry room (Aigen 1998: 23) and Priestley describes walking onto a psychiatric ward with a basket of instruments, seeing what needed to be done that day (Priestley 1975). This contrasts markedly with some of the ideas generated by their followers with regard to “correct” ways of working.

It is clear from the contemporary accounts that these “pioneer” music therapists were welcomed into schools, hospitals and residential homes because they were seen as having something distinctive to offer, something which wasn’t already available. However, there was of course also pressure to “fit in”, and at times a clear tension results. For example, the early work of Nordoff and Robbins took place within a variety of institutions, many of which had a particular theoretical orientation – anthroposophical, psychoanalytic or behavioural. This led to some difficulties since their way of working was clearly not “textbook practice” within any of these frameworks, and they had to take the initiative in bridging the gap in order for their work to continue and to be well received. One example of this bridging work can be seen in the development of the so-called rating scales (Nordoff & Robbins 1977). In form these resemble behavioural rating scales (and indeed they are modelled on a particular scale – that of Ruttenberg *et al* (1966)), and so in principle they met the expectations of the then hosting institution. Closer scrutiny, however, reveals a degree of interest in the musical relatedness of client(s) and therapists that is clearly not fundamentally behavioural at all. As well as gap-bridging, this is a good example of developing discourse as a means both of talking about it “between” and of communicating the value of work to disparate audiences. The rating scales are now used as a teaching tool – as “proving” material with which trainee music therapists are taught to hear and describe just as trainee doctors learn through being taught to see and

how to describe that which is seen (Atkinson 1995). The language of the rating scales is routinely used by Nordoff-Robbins music therapists today as a means of describing and legitimising what they do.

Similarly, routine documentation of their work provided another opportunity for the “pioneers” to demonstrate both their distinctive contribution to their workplaces and their willingness to observe professional norms as well as to represent their work to colleagues as well as to clients, carers, managers and others. This seems to be an oddly neglected area within music therapy – I have not found any reference in the literature to documentation as part of pioneering practice, with the sole exception of indexing in the work of Nordoff and Robbins.

Nordoff and Robbins commented that their approach to music therapy would not have been possible before the invention of the tape recorder: this points to the value they accorded to being able to map the details of the musical interaction in fine detail. Although much of their teaching emphasised the nurturing of finely honed listening for use when playing with clients, they nevertheless also sought a check on their impressions in the form of detailed listening back to and indexing of the sessions. (An index is a detailed written annotation of what is happening moment by moment in a session and is derived from repeated close listening to a recording of the session.)

Nordoff and Robbins’ way of working evolved in practice rather than being based on any external theory, and this may be why in the early publications indexing is little addressed. However, the revised edition of *Creative Music Therapy* includes specific directions on indexing as well as a fully worked index sheet from one of the formative early case studies (Nordoff & Robbins 2007: 182-188).

Like documentation, performance is rarely discussed in the “pioneering” literature, but this does not mean that it did not happen. Nordoff and Robbins, for example, published musical plays (e.g. *Artaban*, *The Three Kings*, *Pif Paf Poltrie*, *The Three Bears*) which both arose from and featured in their own work as music therapists. Although performance is little discussed in the texts, it is shown in films: the photographs in *Therapy in Music for Handicapped Children* (Nordoff & Robbins 1971) demonstrate the significance of performance within this work. It seems to be taken for granted that a function of music in such settings is to re-configure the social relationship between children and their parents and/or carers. Enabling children who were described as “ineducable” to perform on stage and earn recognition for doing so seems to have been an important part of this. Other early “pioneers” also describe flexible ways of working which included straying from private space (Pavlicevic & Ansdell 2004: 18).

2c. “Modernity” and the pursuit of professionalisation

Since the 1970s, music therapy has grown but in so doing has had to adapt itself to the dominant model within whichever sector it has sought to operate. Thus, for example, within most psychiatric services in the USA a behavioural model still holds sway and music therapy has grown up fitting itself to this model. In Europe, there was first a humanistic trend and later a shift to the psychoanalytic and these shifts have been reflected in music therapy’s discourses and in its trainings (Ansdell 2002). Despite a tendency in the handbooks to reify the current position as a near-ideal arrived at by an evolutionary process, it seems important to treat this as something to be investigated rather than simply accepted. It is also worth noting that much more attention is paid to the dominant models within healthcare, and within psychiatry in particular, than to those in force within education or other public sectors within which music therapy was operating at the time, such as palliative care or social services. Rather than attempting to examine every aspect of contemporary music therapy, I will here focus on three particularly pertinent aspects of its attempts to define itself in the modern age: publications, the twin project of regulation and professionalisation, and research activity.

2c(i) Publications

A number of peer-reviewed English-language music therapy journals are published around the world: UK music therapists contribute to all of these. The Nordic Journal is unusual in not being owned by its national professional association: perhaps for this reason it has historically published a wide range of articles, including many written by non-music therapists. This is also the only journal to have transitioned to publication by one of the major international academic publishers. Other journals, owned by their professional associations, tend to be more concerned with presenting a “public face” to the world.

Name of journal	Country of publication	Date of first issue	Number of issues yearly	Published by
Journal of Music Therapy	USA	1964	4	American Music Therapy Association
Music Therapy Perspectives	USA	1982	2	American Music Therapy Association
British Journal of Music Therapy	UK	1987	2	British Association for Music Therapy
Australian Journal of Music Therapy	Australia	1989	1	Australian Music Therapy Association
Nordic Journal of Music Therapy	Norway	1992	3	Routledge in association with Grieg Academy Music Therapy Research Centre (GAMUT), University of Bergen, Norway
Canadian journal of Music Therapy	Canada	1994	2	Canadian Association for Music Therapy
Voices: A World Forum for Music Therapy (<i>online journal</i>)	Norway	2001	3	Grieg Academy Music Therapy Research Centre (GAMUT), University of Bergen, Norway
New Zealand Journal of Music Therapy	New Zealand	2003	1	The New Zealand Society for Music Therapy

Figure One: English-language music therapy journals

The number of UK book publications specifically focusing on music therapy demonstrates growth over the last 20 years:

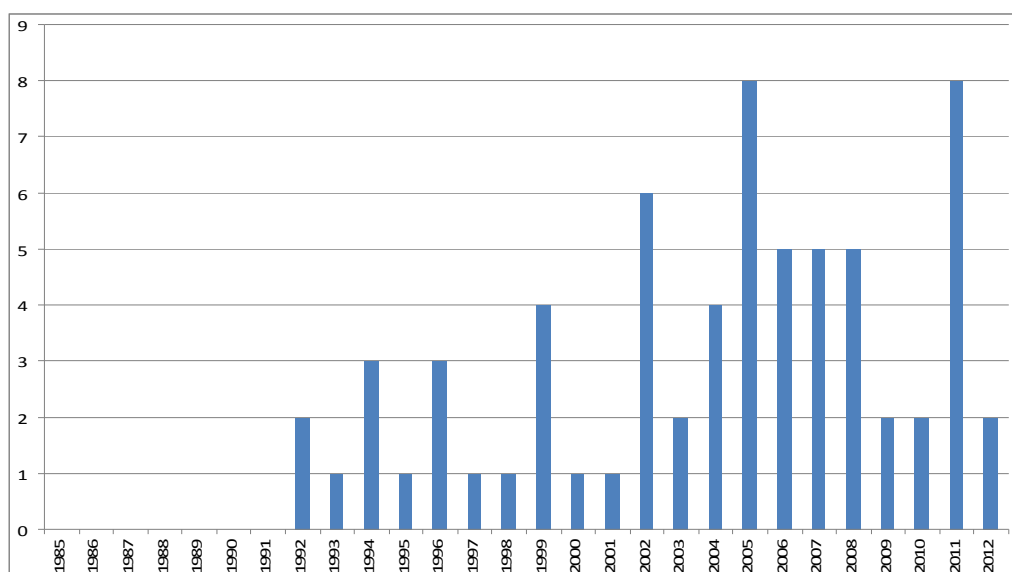


Figure Two: UK-published music therapy book publications

The titles of most of these books locate the music therapy they describe firmly within some kind of medical framework, either explicitly by using medical terminology related to diagnostic category – e.g. “Forensic Music Therapy”(Compton Dickinson *et al* 2013) or “Music therapy and Traumatic Brain Injury” (Gilbertson & Aldridge 2008) or implicitly by locating the work within an environment which, whilst not itself necessarily medical, nevertheless defines its users in terms of their problems, deficits or challenges – e.g. special education or hospices. Recently there has been a move in the direction of manualisation with volumes of case studies and theoretical accounts outlining particular “techniques” and “methods”, e.g. Grocke & Wigram 2003, McFerran 2010, Baker & Tamplin 2006, Baker & Wigram 2005, Wigram 2004. Such manualisation may be seen as part of a project to reify professional ways of thinking, knowing and doing as unchanging “fact”: in the current context, however, it could perhaps also be seen as a means of moulding music therapy into the sort of standardised practice which can easily be researched using RCT methodology. The case study is a medical form: case studies can offer insights into practice, but they are generally written “up” rather than “down”. In other words, they present an idealised view of reality. Within music therapy, there seems to be a need to conform to the “ideal case” – one where a client presents with an identifiable (i.e. diagnosable) “problem”, music therapy of some kind or other is applied, and a significant difference becomes noticeable within the client or their life. Clearly only some cases will actually conform to this model, and cases are likely to be selected for publication based on how easily they can be squeezed into this mould. Published case studies do not seem to be

places to raise difficulties, explore ambiguities or acknowledge the vicissitudes of everyday practice – rather they are success stories and as such part of the larger-scale “triumphalist narrative” (see below). Nevertheless, in the absence of convincing clinical trials these are often offered as evidence of effectiveness, and there are good reasons why this might be so (DeNora 2006). However, case studies are almost invariably written exclusively from the therapist’s perspective, although a small number of studies do feature input from users or users’ carers (e.g. Hibben 1999).

2c(ii) Regulation and Professionalisation³

In the 1980s and 1990s (so the story goes) music therapy notched up two landmark “achievements” in the UK. Firstly in the 1980s it was assigned to a Whitley Scale by the government, meaning that music therapists employed within the National Health Service (a minority) would be paid according to a standard scale (the same used for occupational therapists). Secondly in the 1990s it achieved “state registration” by becoming regulated by the Council for Professions Supplementary to Medicine (CPSM), subsequently superseded by the Health Professions Council (HPC), now renamed the Health and Care Professions Council (HCPC). These developments came after long campaigns by senior figures in the profession who enlisted the support of prominent people in public life, with state registration hailed as the ultimate professional prize. This led to the appearance of what might be termed a “triumphalist narrative” within music therapy – the most extended articulation of which is Barrington’s doctoral work (2005, 2008). Barrington presents a clear story of linear progression from disorganisation to organisation, based around a simplification of Larson’s theories of professionalisation (1977), and describes a contemporary scenario where state registration has demonstrated music therapy’s commitment to professional practice and hence cemented its status as a profession within the UK healthcare environment.

From a number of perspectives, this is problematic. Here I highlight three respects in which the triumphalist narrative seems vulnerable to critique, using Barrington’s account as a starting point:

Firstly, the triumphalist narrative cultivates professional claims without complicating matters by examining how things occur or are experienced in reality. Yet, from a sociological perspective, professional claims do need to be checked out against reality:

³ This section is based on Procter (2008).

Professional claims, of course, should not be taken simply at face value. The rewards of professional status encourage would-be and even established professions to invent or elaborate credentials, sciences, and codes of ethics in bids for recognition. Rather than as indicators of professional status, such features should be seen as the means of legitimating professional authority, achieving solidarity among practitioners, and gaining a grant of monopoly from the state. Occupations may or may not succeed, depending on their means of collective organization and the receptivity of the public and the government. In this sense, professionalism represents a form of occupational control rather than a quality that inheres in some kinds of work.

(Starr 1982: 15-16)

Starr's insistence on not accepting the obvious (or "professional") story accords with a long line of sociological examination of the organisational structures and claims (explicit or implicit) of people in roles within institutions (physical or virtual). Goffman's explication of the roles played by both staff and inmates within the hierarchies of total institutions (1961) has been followed by Wieder's work on the ways in which prisoners organise themselves (1974) and many ethnographic studies on how the realities of particular kinds of work may depart in significant ways from commonly accepted assumptions and accounts of how that work is structured and organised (e.g. Bittner 1972, Hochschild 1986, Atkinson 1995). This acts as an encouragement to think critically about the fit between the wide variety of practices and interactions that go on under the banner of "music therapy" and the professional stories that music therapists tell about music therapy. As the quote from Starr above suggests, a sociological view of professional claims can never be a simplistic one.

Secondly, the triumphalist narrative shuns engagement with complexity. Barrington's approach here is a good example of what Morrell (2004: 8-10) calls "naïve functionalism": naïve in the sense that it takes no account of the kinds of interaction that contemporary social theory understands as occurring between actors in complex and overlapping social networks; and functional in the sense that it focuses on simplistic tropes of work content (i.e. what music therapists supposedly do or don't do – or perhaps "should" or "shouldn't" do). This is connected with the already noted tendency in the literature towards manualisation, justified by Barrington on the basis of "protecting the patient" (Barrington 2008). This assumes a commonly-held and clearly articulated knowledge of what is and isn't "music therapy work" and its role as an unquestionable good. As such it seems to ignore the lessons from Bittner's work whilst also begging questions as to who is making these judgements and on what basis.

On a very obvious level, a desire to represent music therapy as quasi-medical leads to its portrayal as something bounded by appointment times: music therapy work therefore only happens in “sessions”, analogous to GPs’ appointments or hospital consultants’ ward rounds. It also only happens in its appointed and bounded spaces, usually private and removed from view and hearing. Thus only part of the way a music therapist spends their working time is considered to be “music therapy”. This has major implications for conceptualising research – why would anyone want to explore what music therapists do outside “the room” if only what happens within the room is “music therapy”? Yet a dogged interest in what professionals do outside the office or classroom or police station or consulting room characterises some of the most revealing ethnographic studies of how work gets done and has led to challenging findings about the nature and value of that work (e.g. Atkinson 1995).

Complexity is avoided still further through the adoption of a conveniently uni-dimensional view of medicalism. Yet a substantial body of literature examines the role of uncertainty in medical practice (e.g. Hayward 2006) and how doctors learn a “professional rhetoric of uncertainty” (Lingard *et al* 2003). Furthermore, the way that medical practice is constructed can itself be understood as a reassuringly liturgical ritual (Atkinson 1995), which serves to deal with uncertainty via “holy” (and sometimes obfuscatory) language, the sometimes “priestly” status of doctors and its brief “confessional” encounters. In their day to day work, the medical profession is having to address challenges to its authority from burgeoning armies of medically untrained managers (see, for example, Thorne 2002, Dent 2003, Sheaff *et al* 2003), and on the ground this seems to be prompting considerable openness to ways of working (such as community arts and non-allopathic practices) which are not necessarily medical *per se* but evident in their usefulness to patients. So could it be that music therapy, by closing its eyes to the complexities of everyday practice and instead claiming blind statutory allegiance to a simplified concept of medicalism, is actually missing the insights that “everyday doctoring” has to offer?

Thirdly, the triumphalist narrative conveniently sidesteps socially pressing questions of “who benefits” and “who controls” by adopting the Carroll-esque position that “all have won prizes”. This is a tale of rewards all round: state registration and regulation is portrayed as an uncomplicated blessing for all – for society, which is assured of good professional work; for music therapists, who have now “arrived”; and for clients, whose interests are thus automatically taken care of. This is neatly conveyed in Barrington’s formulation:

... on the whole, it has been profitable for music therapy to forge links with larger organisations such as the HPC, trade unions and the Allied Health

Professions Federation (AHPF) because it has demonstrated commitment to caring for the clients.

(Barrington 2008: 66)

Much of the literature (e.g. Darnley-Smith & Patey 2003: 23) sees regulation by the HPC/HPCP as a coming of age – a marker of state approval which, by implication at least, will protect them from competition from the rest of the music and health community, who are currently outside this regulatory system. Yet, as Barrington herself points out, the HCPC's sole concern as a regulatory body is the protection of the public: there is no reason why any other health professions using music should not also apply to the HCPC for registration, and this seems to be a real possibility within the next decade. It is unarguable that at least some music therapists have benefitted considerably from regulated NHS pay and HCPC registration. Nor is the idea of "standards", as imposed by the HCPC, necessarily problematic (although the generally unquestioned fit between the assumptions underlying some of these and what actually happens in the doing of music therapy will be considered in Chapter Eight). What is problematic at this point, however, is the relationship between the "profitability" of state registration as Barrington describes it and the "altruistic" protection of clients which this supposedly affords. The direct linkage of one to the other tends to assume that it is professional status itself which protects the client. Whilst this is a comfortable mantra which supports traditional class-based and patronage-based views of professionalism, it is not at all explanatory. Indeed, it could equally be argued that it is actually a means of disempowering the client on the basis that the professional knows best, since it is professionals who write the standards, whether of professional bodies or of training courses or of the HCPC. The same applies to the troubled notion of "expertise":

It would be irresponsible to clients to neglect the amount of expert advice that has been employed to create the standards now set by all the training courses.

(Barrington 2008: 69)

It is noticeable that the word "expert" is generally applied within the triumphalist narrative to rules and policies rather than to any examination of "craft". Indeed, the triumphalist narrative utterly neglects examination of the "doing" of music therapy in favour of the formulation and dissemination of official positions and methods. Odell-Miller (2009) argues for the provision of supervision in the form that it supposedly currently takes not in terms of engaging with practice but rather by quoting a succession of policy documents produced by the professional body. Similar processes can be observed in other arts therapies. As a leading figure in UK art

therapy declares, 'The role of the professional association in moving the activity of artists working with patients in hospitals under the title "art therapist" to a profession now State Registered has been vitally important in the UK' (Waller 1999). To subvert Becker's terminology, this seems to be a "document world" rather than a "craft world", and one which conveniently elides consideration of lay expertise (DeNora 1996) as part of music therapy practice.

2c(iii) Research

Since the time of the "pioneers", music therapists have been engaging in various kinds of research activity, much of which has been intended to demonstrate that music therapy is worth paying for. Research, like discourse, tends to emulate the locally currently powerful tradition and methodology. This is most noticeable in articles in the US-published *Journal of Music Therapy* (an early proponent of research within music therapy), where music is commonly a stimulus or reward within the experimentalist methodology of behaviourist psychology.

Such views are countered by Aigen's call (1991) for an "indigenous research paradigm" for music therapy. If knowledge about music therapy were to be grown, and if music therapy were to be taken seriously as both discipline and profession, he argued, then it was necessary to develop ways of doing research which were rooted in the practice of music therapy, rather than imposing the assumptions and worldviews of other forms of practice onto music therapy.

As noted above, case studies are a common form for music therapy publications, and attention has been paid within music therapy as to how the case study can be used as a research form (e.g. Aldridge 2005). Perhaps in reaction to the therapist-centred nature of most case studies, some attention has also been paid to client perspectives. Aldridge and Verney (1988) collect observations on music therapy practice in a hospital from a variety of perspectives, including the doctor, the therapist, the ward staff, the patient and the family. They also suggest ways of linking data collection and observation with everyday clinical practice. Choi (1997) investigates both professional and patient attitudes to music therapy within psychiatric hospitals. This employs a quantitative survey-based methodology and offers a useful starting point for consideration of the differences between how music therapists, funders and users might value music therapy.

Another strand of research is essentially a form of service evaluation, often encountered in write-ups of pilot studies of new posts, e.g. Moss 1999, Burns *et al* 2001, Moss 2003, as well as

responses from music therapists to suggested changes in funding (e.g. Powell 2006). These all make use of feedback from service users derived from interviews, focus groups and/or surveys in attempting to assess the meeting of management-imposed criteria. Other forms of evaluation are more experimental in using the measurement of observed behaviours as primary data: Odell-Miller (1995) evaluated work with people with dementia by measuring “engagement” as defined by the Wessex Regional Health Authority (Jenkins *et al* 1978) in terms of the number of instances of eye contact with another patient, verbalising towards another person, use of music therapy “materials” and smiling. Reminiscence therapy was used as a control. A vivid sense is conveyed in the description of this project that whilst the methodology may not have fitted ideally with the music therapist researcher’s understanding of music therapy itself, its use was necessary for the development of the profession.

A range of methodologies have been used to conduct music therapy-related research. A weighty volume aiming to set out this range was published in the 1990s and again ten years later (Wheeler 2005), with the second volume demonstrating much more of a balance between quantitative and qualitative methodologies. However, in practice it is evident that whilst students on Masters courses may undertake small-scale qualitative projects, “real” research at “professional” level is increasingly identified with the Randomised Controlled Trial (RCT).

Coinciding with the achievement of state registration and the triumphalist narrative, a significant strand of music therapy research has sought to “prove” music therapy’s status as a medical intervention, principally by responding to the “demand for evidence” (Ansdell, Pavlicevic & Procter 2004). The demand for evidence is rooted in a positivist worldview which sees the RCT as the “gold standard” (Simon 2001 Cartwright 2007) of evidence and creates a hierarchy of evidence below this (Evans 2003). Findings from RCTs can be collated within systematic reviews, and indeed a small but research-active group of music therapists has been conducting RCTs (e.g. Groene 1993, Hanser & Thompson 1994, Clark *et al* 1998, Talwar *et al* 2006) and also collating systematic reviews (e.g. Vink *et al* 2003, Gold *et al* 2005, Gold *et al* 2006, Maratos *et al* 2008). It is relevant to point out that this small group is essentially self-selecting since they are people whose positions in academic or healthcare institutions both funds such activities and views such activities as part of their remit. Thus their perceptions of music therapy may be questioned in terms of its connection with daily practice on the ground. They also clearly have an interest in perpetuating this view of music therapy.

The RCT as a research form within healthcare has its origins in the testing of pharmaceuticals: within a positivist worldview it is seen as highly valid and highly reliable, especially when

incorporating double blinding. However, from a less positivist position it prompts many questions, not least because of the assumptions that underlie it. Is this really a one-size-fits-all solution? Alongside widespread commitment to it, there has lately also been considerable discussion of the limitations of the RCT. Within the medical field, Simon (2001) collates conflicting views and concludes that RCTs may not be the best way of evaluating complex interventions. Kippax and Van de Ven (1998) argue that RCTs cause researchers to design interventions that can be researched in this way. As a consequence treatments are not only oversimplified but also overindividualised so that social contexts are neglected. The RCT is founded on the principle that health is located in the individual and yet simultaneously identically constituted between individuals. It views the individual as a machine to be fixed with reference to an ever-more refined manual and ever-more refined tools.

At the very least, RCTs are insufficient: Campbell *et al* (2000) call for RCTs to be used in combination with other research designs in the evaluation of complex interventions. Other literature addresses the problems which can arise within particular aspects of RCTs – e.g. randomization and blinding. Both of these assume a degree of control over proceedings on the part of the researcher which simply may not be real. For example, effective randomisation can be subverted by referrers consciously or unconsciously influencing allocation (Kennedy and Grant 1997, Schulz 1996), by patient withdrawal, and by patient non-compliance. These problems can be compounded by subsequent subgroup analysis where randomization is problematic (Freemantle 2001).

Black (1996) also critiques the eminent position of the RCT, pointing out that experimentation is not necessarily the most useful way of finding out what needs to be found out. In particular, he claims that, depending on the context, experimentation may be unnecessary, inappropriate, impossible or inadequate. From a philosophical perspective, Cartwright (2007) makes explicit the deductive assumptions which underpin the logic of RCTs, pointing out that:

The claims of RCTs to be the gold standard rest on the fact that the ideal RCT is a *deductive* method: if the assumptions of the test are met, a positive result *implies* the appropriate causal conclusion... With all deductive methods, the benefit that the conclusions follow deductively in the ideal case comes with a great cost: narrowness of scope... RCTs have high internal validity but the formal methodology puts severe constraints on the assumptions a target population must meet to justify exporting a conclusion from the test population to the target.... The overall conclusion is that to draw causal inferences about a target population, which method is best

depends case-by-case on what background knowledge we have or can come to obtain. There is no gold standard.

(Cartwright 2007: 11)

However, there are other, more fundamental concerns about RCT methodology and its pre-eminent role within contemporary healthcare research. The sociology of science (e.g. Knorr-Cetina & Mulkay 1983) provides examples of how the apparent clarity and objectivity of science is constructed by means of processes which involve judgement, skills and values. DeNora (2006) applies this to the use of the RCT in music therapy, arguing that it makes presuppositions and value judgements which may or may not accord with people's experiences:

In short, when we unpack experimental procedure we open, to mix metaphors, a can of worms. Many of the stable items and assumptions are de-stabilised.... And when we step, as it were, inside the black box of experimental procedure, we find that music therapy may be able to take on an empowered theoretical role, as an equal partner in medical dialogue. When it is depicted within the framework of outcomes and variables, music therapy's visage is simplified: when, by contrast, it is portrayed according to frameworks that allow it to engage with and help to determine appropriate criteria for 'testing' health procedures, we can begin to see how music and musical procedures are not mere handmaidens of medical ones. We are also granted a quite different understanding of health, illness, effectiveness and ineffectiveness.....

(DeNora 2006: 86)

RCTs are usually described as "testing the effectiveness" of a particular drug, intervention or even (by implication) profession (as in the case of music therapy). As such they may be seen as an acting out of a power differential and the imposition of one worldview over another. More concerning, however, is the question of what constitutes effectiveness. RCT methodology is by definition uni-dimensional: in order to evade the complexities of complex interventions, RCTs seek not only to preselect and test the "active ingredient" but also to preselect the appropriate measure as a means of testing. But what is the appropriate measure? What makes it appropriate, and for whom, in what contexts? What if music therapy is conceived not as a treatment done by a professional to a patient, but rather as an aesthetic practice engaged in by many people? What if music therapy spills out of its sessions and out of its rooms and becomes an aspect of everyday life? Is this an inconvenient messiness to be ignored in the interests of good research, or does it merit closer examination? RCT methodology requires

that the treatment under examination be clearly defined and that treatment fidelity be demonstrated. In practice (and in my experience, as outlined in the Introduction), the practicalities of conducting an RCT of music therapy generally involve “tidying up” music therapy (and sometimes radically altering the way it happens) so that it can be said (and seen) to fit the requirements of the RCT. Thus what the RCT is investigating may not be usual practice, even though it is likely to be assumed that it is. Although the RCT’s use as a tool in professionalisation is clear, its status as the gold standard in a quest to understand what makes for “effective” services within public provision is questionable.

The growing focus on RCTs has not entirely excluded qualitative research from its realm: some of this has drawn on clients’ experiences as a form of data (e.g. Magee 1988), and a recent RCT of music therapy for mentally ill children and adolescents (Gold *et al* 2001) uses qualitative parental ratings of the subjects’ quality of life as a form of data. Lately it has become common for quantitative studies of music therapy to include some kind of qualitative substudy focusing on patient experience (e.g. Odell-Miller *et al* 2001). This is perhaps motivated in part by a fear that the principal quantitative study may not produce the desired conclusions, and this, together with the fundamentally differing values of the two forms of investigation, tends to render the substudy (and therefore the users’ perspectives) somewhat peripheral to the principal focus.

3. An Internal Critique

The triumphalist narrative received its first concerted challenge in the early to mid-2000s with the use of some newly-coined labels to describe music therapy practices (or, perhaps more accurately, fresh theoretical conceptions of long-existing practices) which practitioners felt departed from the story being told by the triumphalist narrative and which were consequently at threat of being regarded as “not music therapy”. Particularly important here are “Community Music Therapy”, “Culture-Centred Music Therapy” and “Resource-Oriented Music Therapy”. Whilst there are some differences between these theoretical formulations, I wish to consider how together they constitute a critique (albeit incomplete) of the triumphalist narrative.

The term “Community Music Therapy” has apparently been used in Norway for many years (Stige 2003), but came to prominence in the English-speaking world with the publication of Ansdell’s discussion article (2002) which posited a distinction between what he termed the “consensus model” (essentially a model of restrictive practice largely synonymous with

Barrington's triumphalist narrative of professional arrival, characterised explicitly by boundaries of time and space modelled on those of psychoanalytic psychotherapy, and implicitly by a wholly individualised notion of health and illness) and "Community Music Therapy" which, in contrast, is open to going beyond these boundaries, conceiving of health in a much more socially constructed and contextualised manner, and also open to being informed by a wide variety of neighbouring bodies of knowledge. Such rhetoric has been attacked (e.g. by Barrington 2008) as an intrinsically retrogressive development, one which will inevitably undo the professional progress made over the last few decades. This opposition is often presented as a defence of clients: borrowing from a psychoanalytic perspective, boundaries (of role, time and place) are considered essential not only to effective practice but actually in protecting the client against exploitation or damage by the therapist (Gray 1994). The charge is that Community Music Therapy naively sets out to dismantle this protection of clients, thus promoting practice which is unsafe and hence unprofessional.

It is hard to pin down exactly what Community Music Therapy is – if indeed it really is anything. The original "anti-definition" offered within Ansdell's 2002 article presents it thus:

Community Music Therapy is an approach to working musically with people in context: acknowledging the social and cultural factors of their health, illness, relationships and musics. It reflects the essentially communal reality of musicing and is a response both to overly individualized treatment models and to the isolation people often experience within society.

In practice Community Music Therapy encourages Music Therapists to think of their work as taking place along a continuum ranging from the individual to the communal. The aim is to help clients access a variety of musical situations, and to accompany them as they move between 'therapy' and wider social contexts of musicing.

As such, 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. This will involve re-thinking not only the relationship between the individual and the communal in Music Therapy, but also taking into account how physical surroundings, client preferences and cultural contexts shape the work.

Community Music Therapy aims to develop theory consistent with its view of musicing as an engaged social and cultural practice, and as a natural agent of health promotion.

(formulated by Ansdell, Pavlicevic, Procter & Verney 2002,
quoted in Ansdell 2002)

However, it is noticeable that a plethora of recent publications adopt the term primarily in order to imply a legitimisation of practices which may in some way previously have seemed “beyond the bounds” of music therapy, and this also seems to be the way in which opponents have reacted to its use (Procter 2008). In this sense then Community Music Therapy has become less a model of practice, or a body of theory, and more a flag under which restrictive understandings of music therapy may be broadened out (or, indeed, practices once seen as everyday and more recently branded archaic because of their apparent or supposed lack of professional prestige can once again be legitimated). Other authors have represented it as music therapy which takes place “in the community” rather than in “institutions” (e.g. Darnley-Smith & Patey 2003): this seems misleading in that in that it neglects not only the fundamental spectrum of practice which it is used to legitimate but also the corresponding spectrum of theoretical connections. Here I seek to identify four broad characteristics of work that would generally be recognised as Community Music Therapy: boundaries of practice (including the role of performance), the extent to which music therapy is seen as inherently medical, a concern for culture and context, and links with broader thinking on music and health.

3(i) Boundaries of practice – the problem of performance

Ansdell (2002) introduced the idea of a “continuum of working musically with people” which links the private (traditionally the preserve of music therapy) with the public (traditionally the preserve of community music) via the social (a term actively used by many music therapists as an antithesis to the “clinical”). At one sweep this makes connections with a very separate body of making-music-with-people practice (indeed Ansdell refers to it as a “third way” in a deliberate echo of then recent UK political trends) and repositions the “social” at the centre of music therapy’s concern, which also therefore includes the public as well as the private. This has ramifications on all levels: some are outlined in the contributed chapters to Pavlicevic and Ansdell ‘s 2004 volume. These include accounts of work in neurological rehabilitation settings (Wood *et al* 2004), in psychiatric units (Maratos 2004), dementia units (Powell 2004) and community mental health settings (Procter 2004), in paediatric hospitals (Aasgard 2004) and refugee centres (Zharinova-Sanderson 2004). Many of these are recognisable venues for music therapy: the practical differences have more to do with how internal boundaries are negotiated in action. An obvious example of this, and one singled out for criticism by

advocates of the consensus model, concerns the role that performance plays in Community Music Therapy.

As an example of her functionalist focus on work content, Barrington raises the issue of performance within music therapy, suggesting that:

Many music therapists who do not consider themselves Community Music Therapists would not include 'public and performative modes' within their clinical work.

(Barrington 2008: 67)

It is unarguably true that performance as a modality of musicing features much more significantly in the emerging Community Music Therapy literature than in that of the consensus model. Almost every chapter in the key text (Pavlicevic and Ansdell 2004) features performance of some kind. Ansdell (2005) points out that, in a review of key texts from the music therapy literature, the term "performance" is almost never indexed until recently: yet music therapy in the UK has historically featured an understanding of music-making that includes public and performative modes, even if they were relatively little documented. Certainly 'public and performative modes' (and the accompanying presumption of flexibility) have been gradually de-legitimised within the UK profession over the last two or three decades: this de-legitimation has been conflated with professionalisation. Yet the connection is not at all apparent, other than possibly as a marker of professional territory – "we don't do that, because that's not a potential monopoly".

3(ii) Being medical

Another area of contention concerns the implicit stance towards health and well-being, and therefore also towards what it is to be a health professional. Community Music Therapy brings with it an openness to social conceptions of health, rather than a purely symptomological conception. This is critiqued both implicitly and explicitly on the grounds that music-making itself is something social which requires work to be made to happen (e.g. Procter 2002, 2004). This has provoked alarmed reactions from music therapists who feel that their alliance to the medical model is hard won and to be highly valued:

It would be a professional suicide to change the track which links us with the other therapy professions. Psychiatry 'yes,' medical 'yes,' individual 'yes,' we must say but it does not mean that it is impossible to adopt cultural,

contextual or community aspects within the consensus model.

(Erkkilä 2003: 3)

But most music therapy happens outside medical settings – for example within schools, hospices or social services. Community Music Therapy has sought to highlight the broad diversity of settings where music therapy happens, both in terms of clientele and in terms of ethos. This diversity demands heightened concern for the “cultural, contextual or community aspects” which Erkkilä insists are not threatened by an overarching medical view.

3(iii) A concern for culture and context

A comparable concern for culture and context underpins the notion of Culture-Centred Music Therapy, elaborated by Stige (2002) as a theoretical drawing together of themes drawn out from ecologically-minded work already published elsewhere (e.g. Aasgaard 2000; Stige 1993, 1996a, 1996b, 1998a, 1998b, 1999)⁴. Essentially it is an articulation of a stance marked out previously by Ruud (1998) with his demand that music therapy carefully consider its relationship with culture and society, aligning itself with “those forces in society that work toward creating a space for human empowerment, self-insight, personal growth, solidarity, and social networking and with those that work toward alleviating structural forces blocking possibilities of action” (1998: 5). In essence this approach rejects the medical assumption that each person presents as a malfunctioning individual organism, to be re-engineered back to standardised “health” using standard transferable techniques (the same assumptions which underpin the RCT). Rather, a culture-centred approach sees a person in the context of their culture: crucially, however, it also allows an understanding of what constitutes (and hence what can re-constitute) health status which is culturally contextualised. In this sense, it links well with broader concerns of empowerment and the social construction of health.

3(iv) Links with broader thinking on music and health

The term Resource-Oriented Music Therapy was originally associated with the work of Christoph Schwabe (2005) – work which, due to Cold War politics, was little known outside East Germany at the time of its original publication in German (Ruud 2005). More recently, the

⁴ It is noticeable that Stige’s first contributions to the literature on Community Music Therapy (2003, 2004) followed on rapidly from the publication of his work on Culture-Centred Music Therapy (2002) and convey similar themes: this can be read as a validation of the notion that the concepts are at least closely related. More recently, Stige has himself co-authored books with the term “Community Music Therapy” in the title (Stige *et al* 2010, Stige & Aarø 2012).

term has been used by Rolvsjord (2004, 2006, 2007), who builds on the notion of empowerment within music therapy practice (Procter 2002) as an enabling alternative to paternalism (Rappaport *et al* 1984) by emphasising that clients bring with them to music therapy not only deficits, disabilities or pathologies, but also resources in terms of both the way they have learned to handle difficulties and the ways in which they have learned to harness music as a resource to enable them to live well. In so doing, Rolvsjord's work bridges to broader scholarship on music and health⁵. This is a bridge strongly resisted in the UK by the triumphalist narrative which assigns to music therapy the professional "scientific" role in contrast to music and health's amateur, "folk" practices. Consequently mainstream English-language music therapy literature has hardly engaged at all with the literature of music and health⁶ and the two are generally discussed as utterly separate fields, a situation reinforced by state registration, which music therapy uses to underline its distinction. All of the critiques covered here challenge such a distinction: this has implications not only for the way therapists work with individuals (and their already-developed strategies for using music in pursuit of health) but also how music therapy work interfaces with other work. It also (from the perspective of the triumphalist narrative) risks tarnishing the uniqueness of the profession of music therapy.

Part of this problem stems from the fact that "music and health" is used to refer to two related but often separated areas of activity: to the activities of musicians (usually not trained as music therapists) who claim that what they do promotes health in some way or other (which may be so, and may be a means of attracting funding, or indeed earning a living); and to academic researchers (particularly in sociology and the health sciences) who explicitly explore music's action as a mediator in our relationships with our selves and others (and as an auto-regulator of our somatic self-experience), often outside recognised health locations such as hospitals or clinics and certainly outside recognised medical forms of text. For example DeNora's (2000) account of music in everyday life reports on her ethnographic observations of the accomplishment of music's work at an aerobics class, in a car, and in a music therapy session (amongst others). This might be broadly summed up as the realisation that "music is good for you": however, what authors such as DeNora (2003) and Hennion (2003) point out is that music isn't just "done" to people: people make music, choose music, develop relationships

⁵ In Norway, just as music therapy has not claimed a triumphalist narrative to the same extent as it has in the UK, so there has never been a clear distinction between "music therapy" and "music and health" as there has been in the UK. Thus in Norway music therapy practice has been influenced readily by thinking (for example from sociology) about "everyday" uses of music whilst UK music therapy seeks actively to distance itself from music and health practitioners, who are portrayed as naive and untrained. The professional body in the UK has recently suggested that music therapists and music and health practitioners could collaborate in the form of music therapists overseeing music and health work in order to protect patients.

⁶ Some of this literature is reviewed below.

with music, invest music with associations etc. In a parallel development, music psychology has started looking at how music “affects” our cognitive self-experience (e.g. Clarke 2003).

Little of this seems to figure in accounts of professionalised music therapy to date. Ansdell (2001: 17) ascribes this to the dominance within the field of non-musical “clinical” theory: music therapists, for whatever reason, have tended to think about their work in relation to theory from fields other than the musical. This tendency would seem to offer an explanation for music therapy’s neglect of music’s work, which ironically seems most likely to become a focus when music therapy is considered by non-music therapists. For example, from a sociological angle, Daykin *et al* (2007) interview in depth participants in group music therapy at a cancer care centre and draw out themes relating to their experience. The importance to participants of identity and creativity is highlighted, and this prompts questions as to the ways in which people’s individual biographies may be linked to diverse “responses to music”. The authors suggest that issues of identity should be central to further consideration of “therapeutic impact” within music therapy. Ansdell (2001: 31-32) argues for a “clinical musicology” as a means of enriching both the clinical practice of music therapy and musicology. However, this demands an understanding of the social and communal aspects of music making which might render it therapeutic in particular circumstances.

DeNora states:

. . . there are very few close studies of how music is used and works as an ordering material in social life.

(DeNora 2000: x)

Since 2000, more studies have responded to DeNora’s call but, despite the articulation of Community Music Therapy in the meantime, little specific work has been done in relation to music therapy. If the move towards understanding music therapy as not merely paramedical but as part of the broader social landscape (as declaimed by Ansdell, Stige and Rolvsjord) is to be sustained, it must be underpinned by an understanding of how the work of music therapy gets done by all concerned, and thus how, in this instance, music is used and works as an ordering material. This demands that music therapy be viewed through a sociological lens.

4. Why a sociological lens?

The recent development of specific “music therapy” research and doctoral programmes might seem to suggest that music therapy, as a discipline in its own right, has little need to borrow

lenses from other disciplines. Here I am proposing exactly the opposite: that music therapy stands to benefit from interaction with a discipline which can adopt a critical stance toward some of the assumptions to which it is professionally attached, not in order to undermine notions of profession, but rather to illuminate some of the kinds of work that get done under the professional banner (yet possibly also under the professional radar). Sociology has particular perspectives to offer which are of relevance here:

(i) A social perspective on health

The “gold-standard” status of the RCT rests on its narrowness both in terms of the data used (Cartwright 2007) and in terms of the understanding of what constitutes health: it focuses entirely on the presence or absence of a selected form of symptomology. This is construed within the classic medical model as synonymous with health: the reduction of a symptom renders a person healthier; its absence renders them well again. Hence effectiveness for an RCT means effectiveness at reducing the pre-selected symptomology. But this is not the only view of health: sociological perspectives on the social construction of health (Charmaz 1991, Charmaz & Paterniti 1998) necessitate a rethinking as to what the effectiveness of an intervention (or activity) is effective “at”: it might, for example, be effective “at” optimising people’s own experiences of their health status and their quality of life. Equally it might be effective “at” reconfiguring people’s experiences of themselves.

The adoption of medical and psychotherapeutic discourse and epistemology within music therapy has resulted in a focus on the individual in isolation rather than on the individual in relation to others. In order to appear credible as a “treatment”, music therapy has sought to locate the “problem” within the individual, before going on to offer ameliorating “treatment”. Consequently there are many references in the literature to the importance of clear and medically communicable diagnostic strategies and criteria in music therapy (e.g. Cassity & Cassity 1994, Wigram 1995, Wilson & Smith 2000). Whilst these are usually presented as evidence of music therapy’s progress towards medical accountability, professional responsibility and maturity as a paramedical discipline, it might also be argued that they align music therapy with an individualistic, mechanistic conception of health, ill-equipping it to be responsive to other experiences and understandings of health and illness. Likewise, formalised “good practice” can be argued to be an attempt to reject the flexibility and pragmatism required for effective interdisciplinary working outside a purely medical model. The severance of the individual from their culture, context and community by means of pathologisation conflicts with the growing recognition not only in sociology and health studies but also in

policy circles of the value of community and the importance of community-building. Such a recognition is invoked, at least on a theoretical level, by proponents of Community Music Therapy who advocate the facilitation of community (Powell 2004, Procter 2004) and the adoption of a relational view of health rooted in community (Stige 2004).

Such a social view seems to encompass many of the recent developments, including the discourses of “empowerment” and “resource” highlighted within Resource-oriented Music Therapy” (Rolvjord 2003) and of culture and context emphasised within Culture-centred Music Therapy” (Stige 2002). As with Community Music Therapy, the practice here may not be new but the validation via discourse does seem to be: thus it can be viewed as part of a broader cultural shift in attitudes to health and well-being as well as to culture (Ruud 1998, Stige 2002).

Both of these movements have explicitly acknowledged music therapy’s need to take stock of thinking about people and music-making from beyond the profession, particularly from new musicology, the psychology of music, music sociology, sonic geography and related fields (e.g. Leyshon *et al* 1998, Small 1998, DeNora 2000, Ansdell 2001, Davidson 2004).

(ii) A sociological perspective on knowledge controversies and predominant narratives, particularly in relation to profession and work

As a small profession, inevitably dependent on the patronage of other, more powerful professions, music therapy has long tended to describe itself in the terms of dominant professional models. In the post-second world war era, the dominant model was behaviourism, and music therapy moulded itself in this style, particularly in the USA. From the 1970s, psychoanalytic perspectives held sway, particularly in Europe, and music therapy began to adopt psychoanalytic theory. Whilst at first this may have been simply a pragmatic response to power, using the language of the holder of power to claim one’s own validity, it soon became viewed as a rationale for music therapy. And so music therapy entered a phase in which it tended to position itself as a brand of something else – usually psychotherapy, in which the music was simply a modality of therapy – in Europe a route to verbal processing and in the USA a route to behaviour modification. Music in music therapy had therefore to be understood as part of a non-musical “therapy” process, and strenuous efforts were made to justify music as a valid modality of therapy – often drawing, for example, on Foulkes’ questionable musical analogies (e.g. 1975), or claiming parallels between the Freudian tradition of free association and musical improvisation (e.g. Odell-Miller 2001, Darnley-Smith &

Patey 2003) despite the very clear differences between the two, not least from a social perspective. Thus the evolving story told of what happens in music therapy can be seen as a form of projection of supposed notions from theory onto practice, resulting in understanding that resorts to the metaphorical rather than grappling with the actual. These are 'stories for the telling' (Garfinkel & Sacks 1970) which carry the danger that we realise these fictions and live up to them in our actions – we do the cognitive and moral work of enabling them to apply. A sociological perspective thus permits a critical stance towards understanding how music therapy 'performs itself' and reifies its metaphors.

One source of dominant narratives is profession itself, and critical sociological perspectives on profession are likely to be of especial value as I seek actively (and necessarily within ethnography) to unpick my identity as a music therapist by not taking the profession's narratives for granted. For example, claims of professional autonomy in the health-related fields need to be scrutinised in the context of work done by Starr (1982) and Witz (1992), both of whom question the "taken for granted" nature of many of these claims, especially by bringing into explicit focus the related notions of power and gender. The music therapy profession tells a story of "knowing what is best for the patient" (e.g. Barrington 2008) and uses this to justify many of its claims: this story needs to be examined critically in the light of evidence from practice.

In parallel with this, the notion of knowledge controversies (Knorr-Cetina & Mulkay 1983), necessarily neglected by the triumphalist narrative, needs to be acknowledged and borne in mind as a framing context. This has already been flagged up specifically in relation to music therapy (DeNora 2006), and seems to be a key source of reflexivity in any sustained consideration of the field.

(iii) A socially-informed approach to what music has to offer

In pursuit of psychotherapeutic respectability, the "consensus" model of music therapy has sought to ape psychotherapeutic norms of privacy and boundaried practice which in many ways cut against the intrinsically social nature of music. This is reflected in discourse and thinking which neglects the social-ness of music.

Despite being trained to work (or, perhaps, taught that they should work) in a private and strictly boundaried manner akin to that of psychoanalysis, many music therapists nevertheless find themselves working in ways which are markedly varying in their degrees of privacy and boundary. Anecdotal evidence suggests that where music therapy has thrived, it has often

done so because music therapists have been seen as willing and able to be involved outside their sessions – in performances or public music making – as well as doing their “private” work. But music therapists have historically rarely discussed this, and almost never written about it, presumably due to the fear of accusations of “unsafe practice” that might consequently be levelled at them (Ansdell & Pavlicevic 2008).

The articulation of Community Music Therapy can be seen as an attempt to liberate music therapy practice from non-indigenous restrictions (Pavlicevic & Ansdell 2004). This frees it to be led by music itself and to be mindful of the social properties of music. Amongst these social properties is the political. Rolvsjord (2004, 2006) emphasises that the well-established correlation between music and politics is as relevant in music therapy as anywhere else. Indeed, in areas such as mental health which are fraught with issues of disempowerment and constraint, music therapy can be forcefully argued to have an explicitly political role, for individual clients, for institutions and ultimately perhaps even for entire societies.

These are live issues not only for music therapy but also for music sociology: Hennion (2003: 83) describes how “music has always puzzled the critical discourse of the social sciences” with its technicality and lack of “object”, and how this has tended to result in a split between focusing on the people involved and focusing on the music itself. He posits the notion of music as mediation, and the relationship between music itself and how it is used by people with results for their experiences of themselves and others is increasingly prominent in recent literature, particularly since the turn away from the production perspective. DeNora’s work on affordance and appropriation within people’s use of music (2000, 2003) for example, offers observable, “within the music” ways of understanding what actually happens which have already been made use of within the ecologically-minded end of both music therapy literature (e.g. Ansdell 2002) and music psychology literature (e.g. Clarke 2003). This project therefore offers an opportunity to explore the usefulness of these concepts in relation to practice as it is observed.

Music can be seen both as a technology of the self (Frith 2003) – for example, when used for “emotional self-regulation” (DeNora 2000) – and as a technology of communality. Hallam (2001) points out that whereas there has been much focus on the former, there has been less on the latter. Yet from a musical perspective it would seem sensible not to discount the possibility that music might be operating in both ways at once: perhaps a study of music therapy, particularly in the post-Community Music therapy era, can furnish music sociology with some sort of evidence in this respect. More generally, perhaps music therapy offers music sociology the opportunity to see in practice some of the things it has been talking about lately,

while music sociology offers music therapy opportunities to construct more socially-minded understandings of what it has to offer, and how it is able to offer this, in particular places at particular times. This will entail wrestling simultaneously with the twin challenges offered by Hennion (to focus on the music AND the people) and Hallam (to focus on the self AND the communal).

(iv) The “everyday life” perspective

Much of the professionalising impetus of the triumphalist narrative is rooted in an agenda of “separating off” music therapy from “everyday” music – hence the emphasis on “clinical improvisation” rather than “improvisation” and the insistence that music therapy should happen in spaces that are set apart for the purpose. There is a sense that music therapy might be contaminated or rendered less potent by contact with the everyday. Yet music therapy occurs as part of people’s everyday lives (and all the more so when music therapy “spills” out of boundaries of time and place): yet the ways in which this happens are not clear. How do people make sense of the provision of music therapy? How do they “do” it? What is it “useful” for? The questions apply to all actors concerned, not just therapists or “service users”.

Recently there has been a marked turn to the “everyday” within sociology, and particularly in music sociology. Where once music was considered to be something “special” produced by experts and consumed by the masses (with their consumption the primary object of sociological attention), lately music has been understood to be an aspect of “mundane” social interaction – meaning that there is more of a focus on its production⁷. This seems analogous to Community Music Therapy’s attempt to liberate music therapy from “the room” and into everyday life. My concern is to go further: I want to gain in understanding of *how* “music therapy” (whatever that is) gets done as part of the everyday life of places – not just within “sessions”, but in between and around them too. The “everyday turn” is particularly significant here because it not only legitimises as the subject of study “everyday” (rather than elite) music-making and participation in musical activities and processes, but it also opens up the possibility of acknowledging and examining the musical qualities of everyday interaction between people: Martin (2006: 219) points out that DeNora’s work in this area builds on the work of Schütz on “mutual tuning-in” which he describes as the basis of effective communication between people (Schütz 1964: 161). This need not be limited to the cognitive: DeNora emphasises music’s potential for organising and structuring emotional and physical

⁷ Indeed, as Batt-Rawden *et al* argue (2007: 65), recognition of the active role people take in consuming can be argued to render it in fact a form of meaning production. Likewise, Hennion (2001: 11) demonstrates that “music lovers” are not passive or externally determined in their loving: rather, they can be understood to be “co-producers” of the music.

experience (2003: 46-7). This also links clearly to recent work from developmental psychology on communicative musicality (Malloch 1999, Trehub 2003, Malloch & Trevarthen 2008) which has been directly applied to music therapy (Trevarthen & Malloch 2000) and much cited within the music therapy literature, including by authors associated with Community Music Therapy and the like (e.g. Ansdell & Pavlicevic 2005, 2008)

The “everyday” turn in relation to music has been underpinned most of all by an ethnomusicological-like concern for the social contexts within which music happens: clearly the ways in which people relate to and inter-act with music is socially contextualised. Thus empirical research needs to observe multi-sensorily ways in which music gets made and made use of within and in relation to specific social contexts. This points clearly to the use of observational research, and in particular ethnography. It is therefore to my reasons for using this methodology that I turn next.

5. Conclusion

In this chapter I have endeavoured to convey something of the dominant story about music therapy in the UK, and in particular how it has sought to construct its history and status within a triumphalist narrative. I have considered how this has been interrupted by the various reformulations of the mid-2000s, but also argued that these do not yet go far enough in examining what actually happens moment-by-moment under the banner of music therapy, particularly so that music therapy is positioned to contribute to broader understandings of how music can be used to constellate experiences of health and well-being. I have made a case for thinking about such issues through a sociological lens: in the next chapter I will make the case for researching everyday practice ethnographically, and briefly consider some of the many ethnographies which, from a variety of perspectives, provide precedents for engaging in such an ethnography.

Chapter Two

Ethnography as Method

This chapter considers reasons for choosing to conduct this project as an ethnography. It acknowledges the political nature of the choice, considers the links between ethnography and music therapy and examines the literature for existing examples of ethnography in this and related areas. It also considers the advantages and pitfalls of being a “native ethnographer” in this field, including ethical challenges, the shift in role necessitated, discoveries made along the way, and choices made in the “texting” of this ethnography.

1. Why ethnography?

In the previous chapter it was argued that the assumptions underpinning music therapy’s “triumphalist narrative” are conveyed by the ways in which music therapy is regulated, written about and researched using RCT methodology. Yet music therapy often happens in places or communities which, whilst ostensibly for people in particular circumstances or experiences, may not regard music therapy as a means of transforming pathologies or as paramedical practice at all – suggesting that it is valued for other reasons. Music therapy “outcomes” (medically conceived) are rarely achieved as rapidly or as clearly as case studies suggest, and the sort of clarity which characterises the RCT is rarely to be found in daily music therapy practice. Finally, as already discussed, the stories told within the triumphalist narrative are hard to recognise “on the ground”, where life seems much “messier” and music therapy harder to define.

How is this complexity to be better understood? What actually happens under the banner of “music therapy”? And how is “music therapy” achieved, recognised and valued? It seems clear that any attempt to answer these sorts of questions demands considerable setting aside of the usually told stories. Music therapy will have to be observed and participated *in situ* with something of a stranger’s perspective, collecting data which recognises the specificity of setting and seeks to make sense of what is happening analytically. This is ethnography.

2. Ethnography as a political choice

Choosing to pursue this project ethnographically is therefore in some senses a political choice which needs to be acknowledged as such. It is not “ideological research” in Lather’s terms (1986) since I am not setting out to demonstrate the validity of a particular perception of what happens within the field: on the other hand, however, it is ideological in the sense that choosing to adopt an ethnographic approach is in itself an ideologically-rooted reaction to the status quo in music therapy research (and in healthcare generally) which tends to view health as a culture-free zone. Spradley (1979) describes ethnography not only as “the work of describing a culture” (p. 3), but also as “a culture-studying culture” (p. 9): ultimately “ethnography always implies a theory of culture” (p. 5). Spradley clarifies his use of the term “culture” in this context as referring to “the acquired knowledge that people use to interpret experience and generate social behavior” (p. 5).

Whereas the origins of ethnography in social anthropology might well be considered to satisfy the demand for “research as an activity that is done for its own sake and on its own terms” (Hammersley & Atkinson 1995: 20), this is perhaps at times contestable in the case of researchers researching their own social contexts. To go to a faraway place and learn from people there can be seen as a political act in a number of ways. It could, for example, be understood as part of the colonising mentality or else as a standing apart from colonisation, valuing other cultures on their own terms. In this sense ethnography’s political innocence has perhaps always been questionable. How much more, then, is my dual role as music therapist and would-be ethnographer of music therapy open to political question? It is certainly a strategic choice and one calculated to “oppose” both the RCT agenda and that of the triumphalist narrative in three particular ways:

Firstly, it does not take for granted the assumption that it is obvious what music therapy “is”. My informal perception is that practice does not always observe the prescriptions of practice promulgated in the literature. To some extent the emergence of Community Music Therapy has served to legitimise areas of practice hitherto seen as “old-fashioned”, “unprofessional” or even “unethical” by the consensus model. But such a reaction seeks merely to extend the list of “approved behaviours”. My intention has been to attempt to suspend assumptions and observe what might happen.

Secondly, it challenges the assumption that music therapy need only be studied “in-session”. Almost all published material on music therapy, regardless of its theoretical orientation, regards pre-defined windows of time – “sessions” – as when music therapy happens, generally

also in pre-defined spaces and with a highly limited presence of therapist and client(s). Anything happening outside these boundaries of time, place and population is of negligible interest. (The only exception to this comes when reference is made to the kind of secondary activities that might go on around the edges such as procuring referrals, making onward referrals, or liaising with colleagues and/or carers. These are, however, clearly presented as subsidiary to the real work, and also serve to reinforce the medical manner in which music therapists wish to be seen to be working – these are what doctors also do around their central practice of seeing patients.) Yet recent publications under the flag of Community Music Therapy have included descriptions of work that is unplanned in terms of time, that spills out of the room, and that involves people other than “clients”. In short, the “session” may not be as impervious a boundary of music therapy work as is often assumed. Ethnography lends itself well to the observation of whatever happens, wherever, whenever, rather than allowing itself to be constrained by imposed conceptions of which aspects of work have value and which do not. In many ways this situation in music therapy parallels Atkinson’s position as he approached his study of doctors at work:

I ... also suggest that the sociological and anthropological constructions of medical work have been unduly biased, as a consequence of their repeated examination of doctor-patient encounters... I seek to redress that bias by concentrating here on doctor-doctor interaction.

(Atkinson 1995: ix)

I am not seeking to remove users of music therapy services as actors from my ethnographic stage: but I am following Atkinson’s example in not starting from the conventional premise that it is “obvious” where and when work happens.

Thirdly, it allows music therapy to be observed as it happens as a musical matter. This means allowing the “clients” or “patients” access to the roles of musical actors just as much as the therapist, and just as much as any conductor, singer or stagehand in Atkinson’s (2006) study of an opera company. In this way I intend to leave behind the notion of one person by dint of job title doing something to others – a notion which might significantly limit my perceptions and hence my ability to develop understandings. This directly contravenes the philosophy of the RCT as well as the triumphalist narrative. Considerable effort goes into the compilation of texts which seek to set in stone forms of knowledge which privilege the powerful in order that it should configure the way things work in the world – i.e. in Dorothy Smith’s terms, “social relations” (1987, 2005). Conversely, the very nature of ethnography is to seek to make explicit

ways of knowing which are less readily explicit, and this naturally includes the embodied knowledge (in the sense of ways of doing and making sense of things) of those who are not invested with social power. The use of ethnography can therefore be understood as a determined attempt to access forms of knowledge that may be less textualised in a formal and externally transmissible sense, but nevertheless grow from and mediate people's experiences. In relation to music therapy this amounts to a discomfort with simply accepting the professional tale and a concomitant desire to complement this with locally sourced observations about everyday life. This seems to be of particular importance given that those with whom music therapists work are often "socially excluded". To accept the professional tale is not a politically neutral option: as Becker declares, "The question is not whether we should take sides, since we inevitably will, but rather whose side we are on" (1967: 239).

3. Ethnography as a means of "getting at" what happens

A useful strand of ethnography takes a critical stance on the nature of "work". Here I use four examples of this to tease out aspects of the use of ethnography that are likely to be of particular use to this project.

Bittner's (1972) ethnographic study of the police at work is characterised by his refusal to accept what he terms a "norm-derivative approach". He points out that whilst in one sense everybody "knows" what the police are for and hence what they do (usually formulated in such terms as "fighting crime"), this sense of certainty is not supported by examination of what police do. He suggests that much of the way in which police forces are run are based on these fictitious norms despite the fact that "police work" is in fact highly diverse (and much of it unrecognised for a variety of societal reasons) but united by its ability to use force to achieve it. This formulation of "police work" is not pre-determined on Bittner's part, but rather theorised on the basis of observations – in effect a sort of grounded theory. Thus Bittner's ethnography is not simply description but a means of analysis which casts light on the nature of the work and the ways in which it gets accomplished.

Bittner's study is significant here for its concern with and respect for what might elsewhere be termed "folk knowledge" as well as for what Bittner repeatedly terms "craft": there is an explicit recognition that skill, knowledge and craft underpin even those aspects of police work which might usually be considered to be barely "proper" police work at all. He also demonstrates that these aspects of police work are valued by people whose voices are rarely heard. This might be considered to serve as a useful model both in terms of methodology and

also in terms of rigour of stance: it will be vital for this project that I do not simply “swallow” dominant narratives, but that I set these aside in order to hear or formulate alternative narratives, particularly those that are less usually heard.

Wieder (1974) uses the example of the implicit code of behaviour by which prisoners conduct themselves in relation to one another and to prison staff as an example of how the traditional notion of an “ideal” situation being adjusted by observation of the “real” situation is misleading. Rather, he argues, the social system is not just talked about, but talked into being. It is formulated and negotiated and given value by the way in which it becomes something which is talked about. The relevance of this study is that it acts as a warning against assuming that it is possible to objectively “know” the patterns by which people interact – for example around music therapy. Nor should it be assumed that it is possible to “discover” this through observation as if it were something fixed and unchanging. Rather it has to be understood as something emergent, and as something of which I, as researcher, will inevitably be a part.

Hochschild (1983) describes how many people working in service industries (hence primarily women) are required not simply to disguise their feelings but actually to change their emotional reactions and hence their engagement with the world around them in order to discharge their duties. This active emotional labour (and the more general commodification of emotion of which it is a part) generally goes unrecognised and is undervalued. It seems worth considering the possibility that the practice of music therapy also demands such emotional work, and that this is something that is either not part of the story of music therapy that is generally told, or else is “sainted” and thus artificially removed from the arena of work.

The parallel formulation of “medical work” alongside “medical talk” takes Atkinson (1995) beyond the consulting room to examine an area of “doctoring” that is less considered in the literature: interactions between doctors and in particular ways in which medical knowledge gets constructed and transmitted within a clinical environment. Atkinson’s ethnographic focus on what doctors *do* and how that work gets done is likewise an entrée into not having to take “the norm” for granted, opening up consideration of the aesthetic of medical work and the controversies. As in Bittner’s case, his resulting analysis suggests work which is significantly more varied, less easily defined and more dominated by “craft” than the ubiquitously propagated “norm” might lead us to expect.

4. The fit between music therapy and ethnography

The value of ethnography is well recognised within qualitative healthcare research (e.g. Charmaz & Olesen 1997, Savage 2000, Charmaz 2004, Fudge *et al* 2008), as in the sociology of music (DeNora 2004), ethnomusicology (Stock 2004), and systemic approaches to therapy (e.g. Sells *et al* 1994, 1996). Thus ethnography has a long track record of use in associated areas, but I wish to propose that its fit with music therapy is more particular and rooted in certain aspects of the process of doing both music therapy and ethnography.

Aigen's (1991) call for music therapy to adopt an "indigenous research paradigm" highlights the need for some sort of match between the ways in which music therapy practice is conceived and the ways in which music therapy research is conceived, in order that research should be best placed to inform practice. Whilst ethnography cannot be said to be indigenous to music therapy, there are nevertheless some striking parallels between the attitudes underlying the practice of music therapy (as I recognise it, with my background in the "music-centred" Nordoff-Robbins approach) and the practice of ethnography which contribute to my choice.

The first parallel has to do with what might be described as the "participant observer" role of the music therapist in everyday practice. In the UK, music therapists generally play music *with* their client(s) (i.e. together, at the same time), and thus have to learn to listen whilst playing – observing whilst participating. Whether this is done improvisationally or via the use of familiar repertoire, music therapists are required to attend in depth not only to what their clients are playing but how they are playing – i.e. there is a concern with the qualities of a person's musical actions (in some quarters this is viewed as a musical self-portrait, e.g. Etkin 1999, Brown 1999, Nickel *et al* 2003). It is on the basis of this perception of a person's musical action that the therapist may then make a judgement as to how to join with the person in musicking, whether this is in a supportive way or in a more challenging way.

The second parallel concerns practices of recording and reviewing data in the course of routine clinical practice. Paul Nordoff and Clive Robbins, working together from the 1950s to the 1970s, were concerned that being "in the experience" of musical improvisation with the client should not prevent them from being aware of the musical phenomena of that improvisation. To this end they recorded all their work, sitting down together afterwards to review the session by listening back to the recording. In this way they hoped that their impressions would be rooted in the musical phenomena of the session rather than simply in their remembered

impressions. Aigen describes Nordoff & Robbins' pattern of work at the University of Pennsylvania clinic at Mercy Douglas Hospital thus:

Clive and Paul saw approximately 12-15 children weekly in 2 days of working. The music therapy room here was in the basement of the hospital and had no particular treatment for sound. The work was concentrated as Clive and Paul did their clinical work all day Thursday and on Friday morning, and used Friday afternoon to review the tapes of their sessions.

(Aigen 1998: 24)

The fact that they devoted a quarter of their time to indexing indicates its importance for them. A television documentary film (Norwegian Television 1971) captures this process in action and shows how the recording is itself valued as an integral tool in the reflexive process of creative music therapy, whose value is only fully realised when it is subjected to thought in order to produce knowledge which will inform further work. This seems comparable in many ways to the role of fieldnotes within ethnography.

These contrasting but complementary forms of listening (in the session and afterwards) are frequently referred to in the Nordoff-Robbins literature (e.g. Ansdell 1995: 156-161, Pavlicevic 1997: 161-3 and Aigen 2005: Chapter 4). Music therapists working in this tradition often use excerpts from index sheets to convey to others what is happening in particular segments of work, either as an adjunct to annotated transcription (e.g. Ansdell 1995: 50-55) or on a standalone basis (e.g. Procter 2006: 156).

The third parallel has to do with the making of meaning in the tradition of music-centred music therapy. Whereas non-music-centred traditions have superimposed external bodies of thinking onto music therapy (for example, in psychoanalytic approaches understanding musical action and interaction as fundamentally symbolic, hence imbued with transference, countertransference etc, which can then be processed verbally), music-centred music therapy has had to wrestle with the relationship of musicking and meaning. This has necessitated a standpoint of understanding that meaning is constructed within contexts: musical meaning cannot be seen as absolute any more than any other social event's meaning is absolute. Gaining a useful sense of meaning requires understanding of the perspectives, experiences and contexts of the people concerned. This is comparable to Geertz's concerns for thick description, and to the way in which ethnography aims to create knowledge.

The fourth parallel has to do with the action within which meaning is constructed. In ethnography, meaning comes from an emergent understanding of the sense people construct of their contexts, expressed, mediated and modified by their actions and interactions within these. Likewise the act of writing on the part of the ethnographer is not simply a way of transmitting findings to others, but rather a means of continuing to make sense of data and find meaning within it. In this sense the writing not only conveys the research process but is an integral part of the research process. In much the same way, within music-centred music therapy meaning is constructed within the *action* of musicking. This is perhaps the most contended aspect of music-centred music therapy and is often isolated as evidence that music-centred practice is not “properly” informed as it supposedly might be were the music to be seen merely as a conveyer of some other kind of meaning-making. In its strongest form, this accusation is elevated to a charge of unethical practice (see Streeter 1999 together with the responses from Aigen 1999, Ansdell 1999, Brown 1999 and Pavlicevic 1999). Such attacks are comparable to the accusations levelled against ethnography from positivists that it is not “proper” research.

This potential for mapping between music therapy and ethnography seems to suggest something of a symmetry, and this in turn seems to have real potential as a resource for reflexivity within the ethnographic process itself, as highlighted by Atkinson *et al* (2008: 52).

5. Locating this ethnography in relation to previous work

A long heritage of ethnographic work has focused on related areas of human interaction and sense-making: whilst there is not space here to detail all the areas of relevant ethnographic work in areas such as “profession”, “health” and “music”, I shall review some of the literature which addresses “music therapy” from an ethnographic perspective.

It would be easy to receive the impression that ethnography is unknown within music therapy: it is certainly not a part of the “usual story” told about music therapy research. As an example, a weighty tome entitled “A Comprehensive Guide to Music Therapy: Theory, Clinical Practice, Research and Training”, authored by three prominent figures in European music therapy and published ten years ago (Wigram *et al* 2002) does not even mention ethnography within its research section. Nor does an earlier volume dedicated specifically to “Music Therapy Research and Practice in Medicine” (Aldridge 1996). However, whilst there are few examples of ethnography within music therapy, there are several examples of research of various kinds

describing itself as “ethnographically informed” – a contrast which can be related to Brewer’s notion of “big” and “little” ethnography (2000: 17).

There have, nevertheless, long been intimations of support for the idea of ethnography from within music therapy: Ruud, a Norwegian music therapy pioneer with a background in anthropology, has jointly conducted an acclaimed ethnographic study of a Norwegian rock band (Berkaak & Ruud 1994) and has pointed out ethnography’s potential usefulness for music therapy, both generally (1998) and more specifically in order to explore the performative aesthetic which he argues is central to music therapy (2010: 73-79). Here Ruud draws substantially on what he calls “contemporary music ethnography” – including Feld’s work on music’s expression of symbolic meaning and values (1981, 1990) and Stokes’ (1994) work on music’s creation of social boundaries. Stige (2005) argues that Ruud’s rock band ethnography is a powerful exemplar for music therapy and urges music therapists to consider the value of ethnography as an informing influence on their own research, identifying four particular ways in which this might happen: in terms of interdisciplinarity and reflexivity, in terms of ecological considerations of the environments within which musical work takes place, in terms of the theoretical contrasts with music therapy professional norms, and in terms of raising awareness of music’s capacity for enabling and empowering. Indeed, it seems fair to characterise Stige as the leading and most influential proponent of ethnography within music therapy. His enthusiasm for ethnography can be traced from a more general concern at the neglect of culture within music therapy which invoked references to ethnographic literature (1993) to the devotion of a chapter of his book on “Culture-centred Music Therapy” to “ethnographically informed clinical research” (2002). He has called for music therapists to view “clinical research as ethnography” (2001: 1119), suggesting that such a view would help to guard against the dangers of imperialism and raise awareness of the significance of the writing process within research. He is not, however, calling for music therapists to engage in ethnography *per se*:

When I suggest we should explore clinical research as ethnography, I am therefore not suggesting that music therapy researchers could be professional ethnographers, but neither am I using ethnography as a loose metaphor. I am rather suggesting that clinical research needs to be informed by ethnography, which to me is more connected to learning than to dilettantism.

(Stige 2001: 1122)

Perhaps following Stige's lead, Holck (2007) describes her work as "an ethnographic descriptive approach to video analysis" – meaning that the ethnographic tradition, in particular its concern for observed detail, is used to inform the way in which pre-selected video extracts of dyadic music therapy are analysed. Holck videos the same interaction from two angles, so that both the therapist's face and the client's face are visible to the observer. She then uses a mixture of standard and non-standard musical notation to create a transcript of each extract which is then "interpreted" to create meaning.

Ledger (2010) describes an ethnographic research project within which she tracks the setting up of a new music therapy post. Her published article does not provide an ethnographic account but rather discusses issues around researcher identity, and particularly potential conflicts and overlaps between the "therapist" role and the "ethnographer" role.

O'Callaghan (2008) examines her own music therapy work within palliative care services, using a grounded theory-informed design to analyse "lullaby" and "lament" qualities in her music-making with clients. She coins the term "lullament" to indicate moments when "patients' and families' personal and socio-historical relationship with lullabies and laments were actualized" (p. 93) and considers what the music therapist can do to maximise opportunities for such actualisation.

Unsurprisingly, it is Stige *et al* (2010) who present what is perhaps the nearest thing to a published ethnographic research project on music therapy in a volume which brings together accounts of eight Community Music Therapy projects in four different countries. They describe their methodology as "ethnographically informed qualitative case studies": distinguishing these from more professionally routine accounts are the participant observation approach to gathering information, the explicit commitment to first person reporting of these experiences (including personal reactions on the part of the various researchers), and the "attempt to articulate *specific and contextualized* aspects of the projects that we have studied, aspects that would not otherwise have found an expression" (p. 14).

Music therapy or music therapists can also be included as part of a broader bracket of work or workers being researched in some way, and this can of course be done ethnographically. However, such broad bracketing inevitably implies more of a survey than detailed observation with "ethnography" consequently being used in Brewer's "big" sense and often amounting to little more than serial interviewing – e.g. O'Connor *et al* (2010). In contrast, the current project seeks to be what Brewer calls "little" ethnography, and I now turn my attention to the thinking and practicalities required to bring this about.

6. Thinking towards practicalities

Here I aim not only to describe the methods used to carry out this project (the “how”) but also to convey something of my thinking (whether in the planning stages, whilst in the field or in the process of writing) which underpinned the choices of method (the “why”). Naturally, some of this thinking has much to do with the specifics of the place in which I collected data and is thus directed largely by experience, whilst other aspects are more general and reflect my influences garnered on the one hand from reading ethnographies and texts about ethnography and on the other from being exposed to methodological debates within the academic environment. In practice it is difficult, and perhaps unnecessary, to distinguish which of these two is leading in each instance, as each becomes refracted through the lens of the other.

I start by considering the “native ethnographer” debate as it applies to my situation: first and more generally, the extent to which it might be considered acceptable or even possible for me as a music therapist to conduct an ethnography “of music therapy”; and secondly and more specifically the potential advantages and pitfalls of using a site for fieldwork in which I already had a presence in a professional capacity.

This leads to a consideration of the ethical dimensions of this particular project in this particular place at this particular time: I attempt to juxtapose the dilemmas I experienced with the demands made by the formal ethics clearance processes which had to be undergone and reflect on the disparities and disjunctures I encountered.

At this point I turn to the documenting of practical experience, starting with a consideration of the shifts required in my conduct in order to transition from the role of music therapist to that of ethnographer. As an inexperienced ethnographer, and despite the readily available advice of many publications, I seemed to stumble across much of what needed to be done as I went along, including the ways in which I found myself able (or not) to respond to challenges of various kinds.

Given that ethnographies are textual constructions, and that “text” is usually taken to refer to verbal language, I reflect on the nature of music as ethnographic matter, and in particular on the textual analysis and representation of such matter in the light of debates around the relationship between words and music. This leads into a consideration of my own “textual construction” and an outlining of the choices inevitably made in the writing of this ethnography.

7. The Na(t)ive Ethnographer: Part One – researching my own professional field

In two rather prominent respects this project differs from many “traditional” ethnographies. The first of these differences has to do with my own role and identity in relation to the project as a whole. Even before seeking to select a setting, it was necessary to acknowledge my own position as someone setting out in some way to investigate music therapy as part of people’s everyday lives. I am not at all an outsider to music therapy: I am a music therapist who has experience of working across a variety of settings with a wide range of people. I have invested time and money in undertaking a Masters training which “qualifies” me to practise as a music therapist, and each year I pay a fee to the HCPC in order to maintain my professional registration. I am employed as director of a Masters training programme in music therapy, and I am paid for doing this by a charity whose *raison d’etre* is the doing and researching of music therapy as well as the training of music therapists. As such, I could clearly be argued to have a substantial investment in portraying music therapy as “a good thing” and in particular in buying into and transmitting onward current professional constructs of what goes on under the banner of “music therapy” and what constitutes “music therapy knowledge”. Furthermore, I am not naive in regard to many of the epistemological and disciplinary disputes which exercise music therapy as a profession: I have participated actively in such disputes via publications and my editing of a music therapy journal. In all of these respects, then, I am far from the “outsider” who is usually considered to be the textbook ethnographer. Yet even this (perhaps mythical) creature is surely hardly truly disinterested. Researchers presumably select their areas of ethnographic study based on a combination of factors of which they are aware (such as prior knowledge, enthusiasms, and projected career trajectory) and factors of which they may be less aware (such as their areas of comfort and their sense of values – Marker 2003) as well as certain matters of practicality (accessibility, location, possibility of gaining ethical approval, and downright serendipity). Perhaps then, it is not so unthinkable for me as a music therapist to consider investigating music therapy ethnographically, providing that I can demonstrate to my reader an ongoing attempt to be maximally open (both with myself and with the reader) concerning my motivations and my background, maximally self-aware in terms of my assumptions around my actions as participant-observer-writer, maximally transparent in my attempts to shape meaning from the available data, and maximally active in seeking to cultivate the “strangeness” which so many authors herald as the root of successful ethnography. Atkinson *et al* (2008: 50-51) seem to support this position by decrying the

supposed ruptures between “postmodern” ethnography and its antecedents at the same time as pointing out the particular qualities of now classic work such as Scott (1968) on horse racing, Hobbs (1968) on criminals and the police, and Loizos (1981) on Greek Cypriot identity where authorial implication in the field of study is shown to be a resource, not a disqualification.

The postmodern critique of “naive realism” seems useful here: whereas once it was assumed that a skilled and good-hearted ethnographer could aspire to spend time in an alien setting with the ultimate ambition of “telling it like it is”, postmodernism has led even ethnographers themselves to doubt the validity of such an aspiration since the notion of a singular truth has been so critiqued. Rather, the nature of truth as inherently perspectival must be recognised and set at the heart of an informing reflexivity which requires the ethnographer to account for their own perspectives. Such an account is what I am attempting here.

There are prominent ethnographies whose authors are demonstrably not entirely naive: either as part of their ethnographic engagement they have strategically cultivated a familiarity with disciplinary or technical concepts which go beyond what might be acquired in routine participation and observation, or else they themselves have a background in the disciplinary area which is being examined. Most prominent in the first group are studies of technical areas of work where a lack of vocabulary and conceptual capacity might be considered likely to impede not only interaction and participation but therefore also effective observation: thus ethnographers have sought to “read up” in advance of entering the field (as opposed to the more traditional anthropological custom of learning (e.g. language and customs) as a means of engagement, observation and meaning-making within the field. To some extent this is born of necessity: whereas natives in exotic islands might once have been assumed to have the time and inclination to invest in educating an ethnographer into their culture, this is much less likely to be true of a busy research scientist or consultant haematologist. (Other studies in such fields, such as Latour & Woolgar (1986) with their construction of “the observer”, deliberately feign a level of naivety that might at first seem bizarre in order to gain something of the more traditional “stranger on an exotic island perspective”. It might well be argued, however, that this very feigning of naivety is itself an act of knowing what kind of knowledge needs to be set aside.) The second group is broadly populated by studies from a wealth of disciplines which have sought to use ethnography as a means of developing better understandings of their own work – or at least different understandings than might be achieved using more dominant positivist methodologies. Education and theology are prime examples, whilst in relation to health and social care nursing and social work have set leads which other disciplines are now following.

My motivation for embarking on this project is recognisably aligned to that which has prompted the use of ethnography in education, theology, nursing and social work and, like many early stage researchers within these fields, I find myself reasonably experienced as a practitioner but very much finding my way as a researcher. I too wish to find out more about my own work – about what I might have to offer and how, and how my role gets made sense of and invested with value (or not). As practitioner I see the doing of research as not unconnected with the practice I am researching: likewise as researcher my commitment to reflexivity within ethnography means that I see parallels between the researching and the practice being researched (Latour & Woolgar 1986: 30). Just as I hope that my work with people will benefit them in some way, so I hope that this research process might lead to some means of accounting for and hence legitimating the ways in which participants engage with music and music-making. In this sense, and in response to the demands of postmodernity, the project can be considered to have a political dimension. It is not, however, intended as any form of autoethnography: whilst this term seems to be used with a sometimes confused breadth of meanings and implications (Atkinson 1999), I take it to depart from mainstream ethnography in using the author-researcher's experiences as its primary object of interest, rather than as an accountable lens through which to focus on the phenomena at hand. In particular I am at pains to avoid what Delamont (2009: 51) calls "the narcissistic substitution of auto-ethnography for research". On the other hand, neither is this intended to be an example of the sort of "author-evacuated ethnography" that Geertz so deplores (1988: 9).

Shaw (1996) argues that qualitative methods generally offer valuable opportunities for practitioners in a range of disciplines to reflect on, learn about and on this basis subsequently adjust what they do as part of their work. Bloor (2001) links Shaw's claim to ethnography in particular and highlights the work of "street ethnographers" - and particularly those who have investigated prostitution at street level – who have successfully combined the roles of researcher and practitioner or service provider of one kind or another.

Despite these precedents, however, it might well still be objected that my professional training may structure not only my ways of seeing and doing, but also my means of narrating. There may be truth in this: in mitigation I would cite my history as someone whose questioning of generally promoted and accepted "norms" within the UK profession, and in particular whose insistence that the everyday practice of music therapy may not simply reproduce what is written in textbooks or taught on training programmes, has attracted considerable criticism from within the profession (e.g. Barrington 2008) and even led to my being described as a community musician rather than a music therapist (Erkillä 2003). When originally applying to pursue this doctoral project within a university music therapy department, I was told by the

head of department that there was no point examining the realities of music therapy work: “I know exactly what music therapists do: I’ve been training them to do it for twenty years!” Perhaps my reluctance to “buy into” professionally declaimed norms or conventions might stand me in reasonably good stead for cultivating ethnographic “strangeness” as far as disciplinary norms are concerned. Clearly on a practical level my qualified status has the potential to facilitate access – for example to settings which might be effectively (even if not officially) closed to non-qualified people. But equally it seems reasonable to argue that my experience of the discipline could be treated as an epistemological “entree” into the troubled territory of professional claims. Familiarity with the professional and disciplinary landscape might be an advantage in the context of ethnographic enquiry provided that I am able to demonstrate my use of these as objects of the ethnographic gaze, rather than lenses through which the gazing gets done.

Yet the question remains: can I realistically aim to conduct an ethnographic study into an area of everyday life with which I am not only routinely associated but also highly entwined? The debate around “native anthropology” is perhaps useful here. In days of colonial certainty it was considered self-evident that the anthropologist (doing the studying) would be utterly “other” from the “native” (being studied) – for example, Malinowski (1922) was demonstrably culturally distinct from the natives of the Trobriand Islands. This chimed well with positivist-derived assumptions about the need to demonstrate “objectivity” and at times there have certainly been expectations of anthropologists that they should demonstrate their “outsider” status. Lately, however, with the emergence of the “native anthropologist”, it is rather the claim to be an “insider” that has come under scrutiny, along with the very binarity upon which these labels rest. Whereas for a while there seemed to be real virtue in “insider” status, postmodernity again casts doubt upon the extent to which it is possible to be an “insider”, even on one’s own street. Collins (2010) describes how, despite being an active Quaker of many years standing, his status as an “insider” for the purposes of conducting an ethnography of Quakerism was dubitable. Likewise Gallinat (2010) problematises her own ability to be an “insider” when conducting an ethnography of life in East Germany, despite being East German herself. The fact that I have had an involvement within a sector of musical activity labelled as “music therapy” for almost two decades could therefore be viewed more as a resource (offering for example, means of access and opportunities for engagement as well as reflexivity) than as an indicator of particularly “insider” knowledge or identity. In terms of music therapy, I am neither an insider nor an outsider. I am myself with (limited) experiences and (limited) craft expertise. The question, then, is not so much whether I am able to “render the familiar strange” as whether I can re-cognise and re-present the strangeness of the familiar. Spickard,

in considering the lessons of Garfinkel's work for academia's relation to the religious communities it studies, summarises Garfinkel's ethnomethodological stance as "We are inescapably part of the institutions we claim to be studying" (1987: 190). As Garfinkel himself points out, there can be no "time out":

For ethnomethodology the objective reality of social facts, in that, and just how, it is every society's locally, endogenously produced, naturally organised, reflexively accountable, ongoing, practical achievement, being everywhere, always, only, exactly and entirely, members' work, with no time out, and with no possibility of evasion, hiding out, passing, postponement, or buy-outs, is thereby sociology's fundamental phenomenon.

(Garfinkel 1991: 11)

Thus, in attempting to learn something of what it is that happens in and around music therapy, I reflexively implicate myself within music therapy, and it is perhaps an indulgence to agonise too much over the degree to which I can claim "insiderness" or "outsiderness".

The real test of this lies not in prefatory statements of good intent but rather in the stories I am able to tell and the understandings I am able to convey. The reader must judge the extent to which I have achieved this: for myself, I am struck by the fact that my eventual presentation of my experiences does not correspond to disciplinarily familiar paradigms. Furthermore, in the process of textual construction I have struggled to no small degree in attempting to reconcile the two, and ultimately have found myself "colliding" them rather than attempting a faux synthesis. More powerful than this, however, is the fact that I have not written the ethnography I set out to write. As a would-be PhD student I presumed to pose research questions which I hoped I would be able to answer: these were focused on music therapy as a professional undertaking and identity. Instead, the story which I have found emerging from my experience in the field is rather different. This is no longer an ethnography of music therapy as occupation or profession *per se*, but an account of some of the ways in which music's work gets done – by, between and amongst a particular group of people in a particular place at a particular time. This does, however, lead to reflection on how music therapy gets "roled" and valued within this place. In a sense then, this has evolved into an observational consideration of the aesthetic of music therapy as a shared cultural undertaking, rather than a consideration of the occupation itself. Although (perhaps oddly) the aesthetic is not a dimension within which the music therapy profession tends to consider itself, I once again have an arguably political hope that the very unusualness of this perspective may render it of some interest and value to the profession and to those who work with and around the profession.

8. The Na(t)ive Ethnographer: Part Two – Locating the Field

The second, and perhaps more contentious, area of difference from many conventional ethnographies concerns the choice of location for data collection. Given my desire to learn about how music therapy “gets done” in a particular place, it could arguably have taken place in almost any place where music therapy is part of what goes on: such a range of possibilities would include special schools, hospitals, hospices, day centres, residential centres and nursing homes. This could likewise have permitted a broad range of potential informants’ ages and life experience as well as conceptions of health and illness (e.g. in medical terms, “pathologies”, or, in the habitual language of therapy, “client groups”).

Yet ethnography demands extended, deep immersion in an environment both so that the researcher might be able to build relationships of trust with informants, and so that the researcher is best placed to bridge the emic-etic divide in terms of the relationship between data collected and narrative produced. For these reasons it was necessary to select one particular location which would not only be the scene of data collection but would itself frame and characterise this enquiry.

The bulk of my recent working experience has been in places concerned in one way or another with “adult mental health”: this experience ranges from so-called high-secure establishments (where “patients” have no freedom to come and go) to community-based projects (where attendance by “service users” or “clients” is voluntary and unconnected to medical referral). It was working in “secure” environments which first made me question many of the claims made by my profession (for example, that music therapy promotes “self-expression”, or that it functions as an integrated part of an unproblematic medical system of care). It also raised my awareness of the contestability of medical claims and the nature of hierarchy in such institutions. Ultimately this led me to Goffman’s “Asylums” and “The Presentation of Self in Everyday Life”, which in turn introduced me not only to sociology but to critical thinking based on observation. The field of mental health care was therefore attractive to me as an area of study, partly for practical reasons - because I was experienced within it I was therefore likely to be able to gain access to such a place and to gain the trust of those working within it, and partly for intellectual reasons - because of the contestable nature of the claims and counterclaims it engenders, it seemed to offer considerable potential space for me to stand back from assumptions in observing. This is perhaps most especially true outside the hospital system, in non-statutory organisations which are often contracted to spend statutory money on the provision of services which meet certain criteria (at least notionally for the benefit of

service users). This occasionally includes music therapy. I have considerable experience of working in such environments, attracted by their relative freedom from medical control, which means that music therapy can take many forms (whereas in a hospital it may be required, explicitly or implicitly, to take on rigorously medical forms in order to justify its continued provision, for example happening in an exclusively privatised one-to-one format on a programmed, referral basis only and using medical language to convey its nature and value). In contrast, within a community-based, non-medical setting music therapy may well be simply an “activity” amongst many others, with a consequent lack of rigidity in terms of what happens “under its banner”. This would seem to open up all sorts of possibilities for observing and experiencing ways in which it does in fact get used and in the process made sense of.

I therefore chose to explore music therapy at one such centre called Way Ahead: it is a place where I had already been working for several years, seconded in for one or two days each week from the music therapy charity which employs me. The choice fitted well with my experience of working there since many of the questions I had posed regarding the acceptance of professional rhetoric had at least some of their roots in my experiences there. In this sense, then, it was a logical choice of setting for a continued journey into the “strangeness” of ethnography. Since I was still working there (not as a member of staff but seconded in), I was not only well placed to negotiate access to the institution for research purposes (since I had pre-existing relationships with the relevant gatekeepers) but, at least as importantly, already had some sort of participant status in terms of my role within various kinds of music making within Way Ahead.

There are varied perspectives on the conversion of pre-existing participation in social settings into ethnographic participant-observation of those settings. MacPhail (2004) gathered data within an athletics club of which he was already a member and identifies problems which arose from this situation. Most prominent is his sense that he may have simply failed to notice events to which he was already accustomed owing to his pre-existing presence – failing to render strange the familiar environment. I had to acknowledge this as a possibility in my case also. I had for some time seen the nurturing of music as part of daily life as part of my remit – thus what was likely to be most of interest to me was also likely to be particularly familiar to me. Another ethnography with which I felt my situation had much in common was Cottrell’s (2004) account of professional music-making in London. As a professional musician, well established within the London classical music scene, Cottrell embarked upon an ethnography of that very scene for the purposes of a doctoral project. He acknowledges:

Of course, one does have a considerable amount of personal experience within the culture on which to draw, and this can be a rich source of data. In this sense the fieldwork has less of a clearly definable time span than usual and, perhaps, a greater historical dimension. And although personal introspection and autobiographical detail clearly cannot be a complete substitute for data or evidence acquired through conventional anthropological approaches, I would argue that all of these various components have a role to play in the proper construction of a thoughtful ethnographic text. It would not be true, therefore, to suggest that the native anthropologist need not indulge in the normal anthropological practices of keeping a diary (during periods of intensive fieldwork), conducting interviews, collecting data and so on. Equally, it would be absurd not to draw on one's own experience where appropriate.

(Cottrell 2004: 17)

Here again, much of the “insider / outsider” argument comes into play. Just as I am to a certain extent an “insider” as regards music therapy, so too I might be considered an “insider” within Way Ahead. Yet the extent to which I am a carrier of “inside” information is eminently disputable – in fact, probably more so than in relation to the profession of music therapy. My situation as someone “seconded in” meant that I was already in a position of “neither this, nor that”: neither truly a member of staff with the authority that this suggested, nor a member of Way Ahead with the social licence to object to such authority. I found this expressed in terms of territory: I would use the office when I needed to (to make photocopies, make phone calls or talk to staff members) but not hang around there, since there was always music to be made elsewhere – equally I would venture out to the smoker's table in the yard to tempt people in to music making, but not linger there unless specifically invited. Rather my territory was the “no man's land” of the Drop In: the area where I did my public work and the place where I was most likely to encounter people who, like me, might consider themselves not really insiders.

9. Ethical considerations

Communicating the aims of research must often become a process of unfolding rather than a once-for-all declaration.

(Spradley 1980: 22)

A further consideration in choosing to use this setting was its accessibility, not simply to me as an individual researcher, but more generally in terms of the ethics procedures to be negotiated

for entry. Having previously gained ethics consent for experimental design research in the NHS, I initially considered using an NHS unit as my research setting. However, the IRAS⁸ questionnaire seems to establish the extent to which the proposed project conforms to positivistic, experimental design norms. Despite a professed accommodation of qualitative methodologies, drop-down menus and multiple-choice items leave little room to convey the nature of ethnographic enquiry beyond its failure to be properly experimental. In particular I would argue that ethnography as a means of social examination has at its heart a fundamentally political-ethical concern with gaining an understanding of the ways things get done, understood and made sense of but, whilst not specifically excluded by the IRAS procedure, is not given opportunities to explicate this concern. This is not to suggest that ethnography should be beyond ethical examination, but rather that the form of the examination should allow this concern to be conveyed in practical terms. Perhaps it is naive to nurture such a hope, since this is ultimately a question of worldview. As Atkinson (2009) explains, it is widely acknowledged that systems of ethical regulation have their rationale based firmly in the biomedical model (p.18) whose assumptions are in turn firmly rooted in an individualised view of people. This impression was reinforced in my interactions with an IRAS triage advisor who, despite clearly being personally well-disposed towards my project and enthusiastic about music therapy, seemed horrified by what she clearly saw as my failure to conform to standard research norms under the thin guise of “ethnography”. She saw this as intellectual naivety on my part, and naturally felt that such naivety was ethically unacceptable. This was compounded by her understanding that qualitative research was essentially interviewing people in order to use their opinions as a resource for fine-tuning quantitative hypotheses. What I was proposing (particularly the use of participant-observation) seemed to transgress this sanitised account of qualitative research, and thus render it beyond the pale. (Ironically she also suggested that what I was doing might not be research at all, and therefore not need ethical approval.)

I was also aware as I wrestled with the IRAS form that I was being drawn into a sort of guarded and modified re-presentation of my intent, not out of any desire to deceive, but simply in order to be able to answer the questions being posed of me. The act of completing the form was itself becoming an interpretative and presentational act, and it was difficult to assure myself at any level that I was conveying a clear picture of my intentions. For example, I struggled with questions such as “On how many occasions will each subject be required to participate in the research?” and “How long will each intervention last?” I felt I could have argued either that it was a single occasion which lasted for a very long time, or potentially

⁸ IRAS (the Integrated Research Application System) acts as a kind of one-stop online ethics application portal for anyone wishing to conduct research which impinges on the NHS, social services organisations, prisons, governmental bodies and some charities.

multiple occasions which might last anything from a fleeting moment to a whole day. Indeed, I could have formulated an answer which sat almost anywhere on the spectrum between these two extremes. Nor was it simply a question of wording the response: the truth, I was aware, was that I did not yet know the answers because I did not know how the project would take shape. I did not know what path I would find through the practicalities of participant observation, nor did I wish to try to pre-judge what directions the emergent data might take me in as I refined my focus. This made very clear to me the fact that the IRAS process (and indeed any bio-medically rooted approach to research ethics) takes as given the assumption that the “how” of research is stated and fixed in advance: this makes it relatively straightforward to gain ethical approval, after which the project simply has to be executed. However, even at that early stage I was already aware that I could not state my “how” beyond a general outlining of my area of interest, my motivation for this interest, and a broad statement of ethnographic intent. The finer details of who, where, when, how often etc were always going to be circumstantial, and to fore-guess them for the purposes of gaining ethical approval was at best dubious and arguable ethically irresponsible. Perhaps when mental health clients are assessed on the various survey instrument scales of wellbeing/happiness etc they too go through something of this process.

A rich seam of thinking acknowledges exactly this kind of difficulty. Fleur-Lobban suggests that “everyday dilemmas” are an inherent part of ethnography (1998: 173): Goodwin *et al* (2003) go further, asserting that these dilemmas, far from being simply irritants to be sorted out so that research can progress unimpeded, are – together with resultant actions and thought processes – actually core to the researcher’s field experience and part of ethnographic data. Citing Bronfenbrenner’s claim that “the only safe way to avoid violating principles of professional ethics is to refrain from doing social research altogether” (1952: 453), Fine outlines what he calls “ten lies of ethnography” but is not particularly singling out ethnographers, rather explicating that which is usually obfuscated and which perhaps needs to be explicated if a truly ethical process is to be achieved: “I emphasize that all workers are caught in a web of demands that compel them to deviate from formal and idealistic rules’ (1993: 269). Benson and O’Neill (2007), starting from Levinas’ phenomenological philosophy, outline “an ethically informed ethnography premised upon an acknowledgement of risk and uncertainty over researcher control or reflexivity” – precisely what the IRAS process seeks to proscribe. The authors go on to elaborate their stance that “critical self-reflection about the fundamental face-to-face dimension of fieldwork is central to ethnography’s ethical possibilities” (p. 29). Bourgois (1990) argues that eagerness to abide by imposed Western conceptions and systems of research ethics actually constrains anthropologist ethnographers

from addressing matters of great ethical importance, suggesting that therefore any ethics procedure should be seen for what it is – a political tool for the limitation of research activity which in extreme cases can even act against the best interests of participants. In particular I was reassured to find authors on both sides of the Atlantic calling attention to the apparent misfit between statutory ethics clearance processes (with positivist or post-positivist assumptions at their heart) and the realities of conducting ethnographic fieldwork (Irvine 1998, Atkinson 2009): Murphy and Dingwall offer an impressive list of publications critical of this situation (2001: 340). There is also the question of familiarity of review board members with the methodology at hand: Catania *et al* (2008: 72), from a US perspective, call for review boards to demonstrate both methodological and substantive expertise, so that a proposed ethnographic project seeking to recruit mentally ill people as participants would be reviewed by a committee including people with expertise in ethnography and mental illness. Yet it should be acknowledged that the anxieties of members of NHS research ethics committees might well be raised by reading some ethnographic accounts of the handling of ethical dilemmas which have arisen in fieldwork – for example, Parr’s (1998) account of following mentally ill informants to their habitual places of retreat in order to interact with them covertly, or Irwin’s story (2006) of first dating, then marrying and ultimately divorcing her key informant. There are simply no boxes on the IRAS form addressing these kinds of scenario.

A third area of concern for me was the potential impact of any “negative” findings for any service hosting the study which received any element of direct NHS funding. Conversations with people in such places highlighted their concern that such funding had to be “paid for” by presenting the work in purely biomedical terms (diagnosis – treatment – outcome), even where they did not conceive of the work their service provided in this way at all, and even where service commissioners were open with service providers in sharing this attitude. Huge emphasis is placed on maintaining a public rhetoric of evidence-based intervention, even when both “speaker” and “listener” know this to be simply a rhetoric.

After several months of trying to reconcile IRAS and ethnography, I began to consider the “native ethnographer” position: could I make use of a setting to which I was likely to have ready access, where I knew the gatekeepers, where I would be highly unlikely to be considered at risk of jeopardising funding or rhetoric, and where I had a level of knowledge that might enable me to operate effectively (despite the already acknowledged perils of failing to render the familiar strange)? This led me to approach Way Ahead.

Way Ahead is a membership organisation in an inner city environment. Under the terms of its agreements with its various funding agencies, anyone can use the services of Way Ahead

provided that they are resident in the local area and have recent experience of being a client of statutory mental health services (whether this has been as a patient in a psychiatric hospital or simply as someone who receives psychiatric medication from their GP). As well as accessing services, however, for a token fee of £1 per annum people using the services of Way Ahead may become members: this entitles them to participate in the members' meetings which make decisions about how the organisation is run. The organisation is housed in a former industrial building on two floors. Downstairs are most of the "drop-in" activities (open to whomever is around): upstairs the more private "by appointment only" sessions take place. Also upstairs are the offices that house the fundraisers and managers. Outside is a courtyard where users tend to spend time in the summer months: in the winter they congregate in a large hall known as "the drop-in".

This "membership" nature presented particular challenges and opportunities in terms of gaining ethical approval. Since I was already familiar with the people there I was able to discuss the project informally with both members and staff before embarking on a formal process. Since the centre is not in receipt of NHS monies, it was not covered by the IRAS system. Indeed, in my initial conversations with managers, I found myself telling them that, although they were enthusiastic, it would still be necessary to go through a formal process of ethics approval in order to assure the protection of all concerned (including me). We agreed that, in addition to the usual university ethics process, I would come to one of the members' meetings and present my ideas, after which members could question me and a vote would be taken by the members present. This is perhaps rather unusual in terms of the way that ethnographic projects get set up, yet it felt not only appropriate in this context but also necessary in order to acknowledge and respect the ethos of the organisation I was hoping to work within. In preparation for the meeting, I spent time sitting with members either inside in the "drop-in" or outside in the courtyard, explaining what it was I was trying to do and explicitly asking them for their ideas, not only on how I could handle the practicalities, but also on how I could ensure that everyone would be comfortable with what I was doing, and tell me if they weren't. This was perhaps a result of my realisation (from my IRAS experience) that individuals' consent was going to be inadequate: it would have been relatively straightforward to sign people up for discrete interviews, but I wanted to experience and learn about the place as a whole, and I wanted to learn from what people were doing as part of everyday life there, not just from how they answered my carefully formulated questions, so I wouldn't be running around with forms to sign all day, every day. Therefore it seemed particularly important that I had some kind of "communal informed consent" in addition to the kind of individual informed consent around

which biomedical ethics procedures are conceived. This consent-building process had several rationales:

1. It was an opportunity for members to gain an understanding of what it was I was trying to do in a way that would not have been possible from a formal printed text or from a 10-minute presentation at the members' meeting. Not everybody would be at the meeting, and not everyone had sufficient levels of literacy to read such a document. Rather, I talked about it over a number of weeks, allowing people to go away and come back with questions and suggestions.
2. It was an opportunity for members to talk about the project amongst themselves (without me there, since I was mostly off doing my job) prior to the meeting at which the vote was to be taken. Thus knowledge about the project got disseminated, with people able to come back and challenge me if they wished to do so.
3. It was an opportunity for members to contribute specific ideas, often in response to my specific requests for ideas. Out of this process came some of what was ultimately included in my formal ethics application, including a poster design (see Figure Three – informing people about the project but also reminding them that I was there as a researcher as well as a music therapist), and the idea of my wearing a badge. This came from the fact that staff had recently begun wearing badges, something which was currently causing much hilarity amongst members.

I discussed this strategy with the gatekeepers (the service manager and the CEO of the charity), who were delighted by my approach because it seemed more appropriate to the organisation's ethos than more traditional approaches to ethical clearance which they had experienced as imposed on them and the members by visiting researchers in the past. I also feel that it was valuable in helping members to develop a genuine awareness of what I was doing. However, it might be argued that this was in itself ethically questionable, since I was engaging with potential subjects of the research project before the project had been given ethical clearance. This raises the question of the extent to which "subjects" are taken to be unable to advocate for themselves and therefore in need of others to make judgements on their behalf. There is evidently some truth in this in some situations: it may be widely accepted that lay people may not be in the best position to make informed judgements as to the risk incurred to taking part in a trial of a surgical intervention, for example. But even in such a



*Simon's doing some
research*

Simon's trying to find out what exactly happens when people do music therapy together and what effects it has for people at Way Ahead . YOU are an expert on this, so he'd really appreciate all your comments and observations. You can chat to him any time, or you can arrange an appointment to sit down and talk properly. These interviews will be recorded if that's OK with you.

For full details, pick up an information sheet from reception. If you want to find out more, just ask Simon, or leave a message for him!

Thankyou!

Figure Three: the poster designed for display in the public areas of Way Ahead

situation, individuals are still expected to give “informed consent” for themselves. In this situation, however, I felt I was able to convey fairly straightforwardly the sort of thing I would hope to be doing as well as being transparent about the limits of my knowing exactly what it was I would be doing. It also fitted well with the membership-led ethos of the organisation, and acted as an opportunity for me to demonstrate trustworthiness-in-action to the members. In this sense, then, it might be viewed as a sort of dynamic working out of ethics in action, reflecting an assumption that, within the social realm at least, ensuring ethical research is not a one-off action (as in the bio-medical model) but an ongoing process of re-evaluation and consequent re-focusing – thus reflecting the iterative nature of ethnography itself.

Certainly I was trying to build on pre-existing relationships within the organisation. Rapport (1993) makes clear that “talking relationships” are not exclusive to ethnography (just as musical interaction is not exclusive to music therapy), and it would therefore seem strange in an already-familiar context to seek not to use these talking relationships as part of the preparation for an ethnographic process, and more particularly as part of an attempt to ensure as far as possible that there is some measure of communal informed consent to complement the individualised seeking of informed consent which could only be sought once approval had been granted.

Another twist on the usual situation of an ethnographer entering an unfamiliar field stems from the fact that I had an existing presence within Way Ahead: this was in a professional capacity which would have been understood to be underpinned by a professional code of ethics⁹ (known explicitly to me although almost certainly not to others), and also that in the field of professionalised mental health provision there is an awareness of the importance of ethical behaviour. I would be expected by gatekeepers and by workers to continue behaving in what would be regarded as an ethically and professionally responsible manner, regardless of any self-imposed strictures or those imposed by an LREC, because I was still being the music therapist. Nevertheless, it should be acknowledged that in this particular setting, given its non-medical nature, its membership structure and its non-involvement in the National Health Service, some of these expectations were looser than readers familiar with NHS settings might imagine. Members might well become staff members and staff members can become ill: thus there is less of a sense of boundary between members and workers than would be the case in an NHS psychiatric unit. This is changing: with the advent of IAPT funding¹⁰, more and more

⁹ For details, see HPC (2008).

¹⁰ *Improving Access to Psychological Therapies* (IAPT) is a programme established by the UK government to improve access to psychological therapies following publication in 2006 of the so-called Layard Report (officially titled “The Depression Report”) by the Centre for Economic Performance at the London School of Economics (Layard *et al* 2006) which demonstrated potential economic savings to providing psychological therapies more widely for people experiencing mild to moderate depression and anxiety (the savings coming from their remaining within or returning to the workforce). It is frequently criticised for the validity of

counsellors are employed: their trainings generally teach them to observe boundaries by not mingling with actual or potential clients – but historically there has been a relaxed approach to fraternising both within and outside the building. This is reflected in the fact that staff do not dress to distinguish themselves from clients (a common feature in NHS trusts where it is presented as a matter of professionalism and discipline, but could well be argued to be a means of dramatising hierarchy¹¹) and in the unconcerned freedom that has been afforded to me to extend my work outside the building into wider social spaces (for example, playing gigs in pubs with members, or taking members out to events with musical connections – Procter 2004). Such activities might be considered professionally “off limits” (and possibly framed as contravening an ethical boundary) within psychiatric settings.

Parr (1998: 34) raises a provocative point concerning the ethics of bodily attunement within ethnography. She argues that ethnographers will attune bodily to their participants in order to establish relationship and to be seen as “insiders” – but that this is ethically “covert” since it is not something which is being made explicit as a research strategy to the participants (or, for that matter, to any ethics review board). If this is true of ethnographers in general (Parr is talking about deliberately changing the way she dressed and smelled while in the field), how much more true might it be of my project since I consciously and deliberately pursue such strategies of musical attunement in my work as a music therapist – this phrase, derived from developmental psychology, is not only a touchstone in the music therapy literature but also a conscious feature of what I attempt to do musically with the people with whom I work. On the other hand, this is not seen as either ethically problematic or personally threatening in terms of music therapy work itself, and much published work would suggest that this is indeed a feature of daily life and normal human interaction for all of us which can be compromised by mental illness (e.g. Condon & Ogston 1966) – this is a key dimension not only of our earliest relationships (e.g. Stern 1977) but equally of all our subsequent relationships (Stern 2010). Furthermore, as Hammersley and Atkinson point out (1995: 265) “ethnographers rarely tell *all* the people they are studying *everything* about the research”.

its economic claims, for its view of health and illness and for providing only cognitive-behavioural therapy (CBT) as this is the intervention for which there is most “evidence” (see, for example, Marzillier & Hall 2009).

¹¹ Although I was told in the course of this project by a member who has a sideline in dealing illegal drugs (off the premises of Way Ahead, even if only just) that he very much approved of staff looking different and wearing badges – “That way you know who not to try dealing to”. At the time I was sitting next to him and wearing my badge which identified myself as a researcher as well as a music therapist – so perhaps this is more of a practised story than a means by which action necessarily gets accomplished. It seems that our relationship may have trumped my badge-wearing behaviour.

10. My shifting role – from practitioner to researcher-practitioner

Whilst a familiar environment offers advantages in terms of ease of access, it also offers pre-existing familiarity with the territory. This brings with it a challenge which cuts to the heart of the ethnographic enterprise. It is routine for textbooks on ethnography to talk of “rendering the familiar strange”, and this can seem like some sort of straightforward altering of perspective. Yet in the cut and thrust of daily (and working) life this seems a more complex and demanding task. In my case, I was already well established at Way Ahead as a working music therapist, with correspondingly well established patterns of ways of working and being in the place. Over my years of working there, my way of working had evolved quite significantly. Initially I had worked on the assumption that I should organise my work in the “clinical” or pseudo-medical way I had learned in my training – scheduling regular individual and group sessions at fixed and non-varying times on the basis of formal referral systems and avoiding contact with members outside the set-aside room where I worked, taking refuge instead in the office. Gradually I came to realise that such rigidity might not be the best means of offering what music could bring to these people in this place. In response, I began to work less rigidly – I continued to work with people in the planned, referral-based way I had always done but in addition took opportunities to engage members who had not been specifically referred to music therapy (and who, in all likelihood, would never have countenanced referring themselves) when music-led opportunities arose. This meant ceding a degree of control over my own work: it also meant that my time between sessions in the room was increasingly likely to be spent in the drop-in area where members “hang out”. I discovered that I had a role in mediating people’s relationships with music and facilitating their participation in musical events not only beyond pre-arranged sessions but also beyond the confines of Way Ahead itself. In this way my work became less “clinical” in the sense of private and specialist, and more concerned with the “socio-musical” in the sense of outward-looking and opportunistic, which seemed to make sense in this context. This gradual transition on my part coincided on the one hand with a gradual shift in the ethos of Way Ahead from being explicitly, even militantly, non-medical towards taking on social forms more normally associated with medical settings (such as the explicit exclusion of members from “staff only” areas). It also coincided with the growing articulation of “Community Music Therapy” within UK music therapy, and the publication of the eponymous book (Pavlicevic & Ansdell 2004) gave me an opportunity to air some of the shifts I had experienced in my own practice and to try to account for these as best I could (Procter 2004).

This shift, which predated any ethnographic intent on my part, can nevertheless be understood as a move in the direction of a more socially conceived approach to my work

which ultimately drew me towards social research and ethnography. Thus I had to acknowledge that, in embarking upon an ethnographic study, I would be unable to set aside entirely existing experiences and thought processes. Nor would I be able to distinguish cleanly between those which occurred after the start of the project (taken to be marked by the gaining of ethics clearance) and those which had happened previously. I was reassured by a survey of ethnographic literature that other researchers had negotiated similar situations of overlap. In particular I found Cottrell's account of his continuing involvement in the London professional music-making scene a useful parallel. Like Cottrell, my ethnographic fieldwork would require me to continue "business as usual", with consequent constraints for my freedom as a researcher. Cottrell describes how he would have to continue concentrating on playing the right notes rather than being distracted by a research-related thought, and likewise how he would want... "to withdraw from a performing situation and allow the anthropologist in me to take over, to observe, and perhaps take notes" (2004, p. 18). He describes this as a form of 'professional schizophrenia' and equates having ethnographic insights to lapses of professional concentration. I too was going to have to learn to reconcile "getting on with things" with "thinking like an ethnographer". In comparison with Cottrell's situation, however, I had the advantage that I was accustomed to the cultivation of a "third ear" – an allegory often used to describe the idea of not only participating in musical interaction but also simultaneously maintaining an awareness of it as if from above. This is a central aspect of a music-centred music therapy training, and I had spent years developing this, not least by routinely recording the work I did and listening back to it afterwards, constantly challenging my memories on the basis of the recorded evidence. Thus the idea of doing but also observing and reflecting afterwards was not entirely alien. Nor, perhaps, is this particularly different from the challenge faced by all ethnographers. All participant-observers are likely to have to participate and observe simultaneously: this is not a binary either-or set of behaviours. Rather the difference lies in the availability of opportunities to record impressions. Yet even here many ethnographers tell of their need to wait until the end of a day to write their journal, or of how they have had to make trips to the toilet to scribble notes. I felt that I would be helped by my music therapy training but also by the possibility of recording music-making sessions wherever possible, so that it would be possible to revisit the events at the point of making notes: these recordings might also furnish data for further analysis.

Rather than attempting to enforce a split in my thinking, therefore, I decided that in order to collect ethnographically rich data I should make a conscious effort to adjust my role within Way Ahead. This should not be a matter simply of thinking about my role differently, but also of my observable behaviour – i.e. the where, what and how of my time spent at Way Ahead.

To some extent this was necessary in order to satisfy potential ethical concerns that informants might forget that I was there not only as a music therapist but also as a researcher, yet it seemed important also in methodological terms. By cultivating a differently marked (and markedly different) stance, I would be able to access aspects of everyday life at Way Ahead which were routinely closed to me. In this sense, despite my apparently “insider” status, I would be seeking to acknowledge the extent to which I was nevertheless an “outsider”, and consciously cultivating access to previously off-limit areas. Thus the formal granting of access to Way Ahead (by its managers and members) was in fact only the precursor to my gaining access in terms of participants’ willingness to admit me to areas of everyday life of which I was not previously part. Part of this “outsider” quality stems from the fact that I had always been there with a job to do: this meant that, although I had come to “hang out” more in members’ areas, nevertheless I had always prioritised leaving those areas to “do work” rather than loitering in those areas to participate in other aspects of everyday life. Such aspects were unofficially but clearly for “members only”: if I wanted to negotiate access I would have to identify the unofficial gatekeepers and the mechanisms of entry.

Until commencing the study, I had spent a day per week at Way Ahead – one of the two days when the drop-in service operated. On other days, the premises were given over to specific groups, generally based on ethnicity. Hence the community of drop-in users I was going to be studying was effectively a two-day-a-week community: something which I would discover was quite a source of discontent. Since I already had one of these days (Thursdays) as my “working day”, it seemed appropriate to add the second day (Mondays) for as long as I could reconcile my employers to the notion. I attended Way Ahead twice a week for approximately six months. This allowed me to spend entire days “hanging out” and taking whatever opportunities arose for participation and observation. It quickly became evident that I had been assigned a role (based on my work) as “musician in residence”, and even on Mondays I found myself involved in music, in music making and in conversations and interactions around music much more than might have been the case had I not already been awarded this role. However, this did not seem to limit us spatially or in terms of range of interaction: only on a couple of occasions did I find myself in the “music therapy room” (allocated to another activity on Mondays) and on both occasions only fleetingly. Rather, music got integrated into everyday actions – the washing up, smoking, boasting, flirting, reminiscing, and even on one occasion cycling. At first I was concerned that members would find it disconcerting that I was always around (instead of continually disappearing into the room used for music therapy), and indeed in the early days some comments were made (clearly for my hearing) about how these staff members clearly had nothing to do. However, as I became a more regular part of Mondays, my

presence seemed to be taken for granted. Indeed, there came a point where, if I became involved in something which was not publically visible (for example interviewing someone or joining in a more private activity), then questions would be asked as to my whereabouts.

Following on from the ethical concerns, I wished to ensure that these members who were spending time with me around the smoking table were always aware that I was there as a researcher, not as a fellow member (or even as a lazy music therapist). To this end I would endeavour to mention it from time to time, primarily by acknowledging my genuine interest in matters that arose and interested me. With the idea of a doctoral study hard to grasp for many, this gave rise to some jocularly at my expense: people would call out to ask me “How’s the essay going?” or “Are you STILL writing that essay?” Much laughter would ensue. Others liked the idea that I might be a doctor one day and made requests like “When you’re a doctor, will you take me off these bloody depots¹²?” Although everybody knew I wasn’t going to me THAT kind of a doctor, this too was material for teasing and jocularly: and, as I discovered, these were the currencies of inclusion around the smoking table.

Thus on Mondays I resembled a “proper” ethnographer: I sought to obey Geertz’s exhortation for “deep hanging out” (2000: 107-117). On Thursdays, however, I continued my usual working pattern, encouraging people to engage in music-making with me, whether by arrangement in the form of one-to-one or small group sessions in the private space of the “music therapy room”, or in a more impromptu manner in the “drop-in”. It seemed important to continue with this: it was evident that much of the “making sense of” would be happening as part and parcel of the “doing” – hence it was important for me to have access to the situations where the doing and making sense of were happening – i.e. music therapy sessions. Again, I endeavoured to be as upfront as possible with members who attended these sessions that, although it was music therapy as usual, I was also operating with a researcher’s “head on”. In practice, this seemed to make no difference to any sessions at all: it is routine to audio-record music therapy sessions within the Nordoff Robbins tradition, and so this wasn’t new. Furthermore, I didn’t treat sessions as pseudo-interviews, set up to gather data: rather, they were naturally occurring events (which would have happened with or without my doing an ethnographic study) and I was there, quite naturally, as both participant and observer. As usual, our verbal exchanges tended to be either perfunctory, prompted by the musicking which occurred, or initiated by the members themselves. Despite my concerns in advance, I found it almost entirely natural to pursue business as normal. On occasions, I asked members

¹² A “depot” is an injection of anti-psychotic medication usually administered monthly and usually into the buttock. Accepting depot medication enables psychiatric service users to minimise their contact with services whilst maintaining a stable mental state, but is often resented as a humiliating mark of “otherness” and submissiveness to psychiatric authority. Thus members are coupling my aspiration to be a “doctor” with their attitude towards psychiatric doctors. For an ethnographic consideration of the depot injection from a nursing perspective, see Muir-Cochrane 1998.

attending these sessions whether I could interview them and met them especially for this purpose – but, as will be explained below, these interviews seldom produced data which I found to be as useful or as convincing as the data which occurred naturally around the smoking table or in and around music therapy sessions.

11. What I did when and why

On Thursdays I was already in role at Way Ahead as a working music therapist with responsibility for organising my own timetable. I had long been at pains to make myself maximally available and was thus filling the time as efficiently as I could – as explained above, I continued to do as many sessions as possible on Thursdays, and Chapter Three is intended to convey something of my experience of a typical Thursday.

On Mondays, since I was not carrying professional responsibilities in the same way, I was able to be entirely flexible in my use of time. In this way I was able to experience something of the rather different flow of time from a member's perspective. The day can seem like a long one, and is flavoured with TV watching and leafing through free newspapers, with eating, drinking and smoking, with humour, anecdotes and teasing, with rows and arguments, and to some extent with planned activities. Way Ahead has a weekly timetable, and copies of this are pinned to the wall and left lying around in leaflet form in order to encourage members to "buy in" to events on offer. But in practice these seemed to be rather the backdrop to the day than its main feature: members often chose not to attend timetabled regular events. This would be explained as being because "it's not my thing", but there seemed also to be a sense that the freedom not to attend groups was one of the few freedoms on offer. This was rather compounded by the occasional appeals of the service manager who would explain that funders wanted to see statistics of attendance in return for continuing their funding of Way Ahead. The response would be "So put us down as attending, then."¹³ This resistance put me in an unexpectedly difficult situation: as a *de facto* member of staff there was an expectation that I would encourage people to attend groups, and set a good example by attending them myself. As an ethnographer, however, not only was I reluctant to encourage anyone to do anything, I wanted to experience being part of "not attending". This caused some friction with my gatekeepers (who, despite being overwhelmingly supportive of my project, were clearly at

¹³ During my time of collecting data, the manager called a meeting of members to explain to them the implications of the new funding arrangements for mental health services being introduced by the new government. The idea that people would have to attend groups to justify their membership was greeted with almost as much outrage as the notion that their membership would be time-limited because they would be deemed no longer to need Way Ahead after using it for a certain number of weeks or months. The policy focus was clearly on "intervention" (costly and time-limited), whereas the members were concerned about "community" (which needed to be facilitated in certain practical ways).

some level hoping for an extra day of my services). I had to address this with multiple private conversations, both with the gatekeepers and with the people leading the activities. Like sitting at the smoking table and watching TV, “skiving” was an important part of everyday life at Way Ahead, and one I was concerned to be part of. It also helped me to be seen by the members as “one of us”, not automatically “on the side of” the staff. This in turn therefore opened opportunities for the sharing of experience and perceptions.

Having thus negotiated the distribution of my time, I had also to address the practicalities of collecting – or perhaps more honestly, co-creating – data. I could have spent all my time at the smoking table, I could have collected jokes and anecdotes, I could even have written an “I was there”-style “telling it from the heart” volume of my experiences in the style of Holman Jones (1998). But my concern was to make as full use as possible of my time in the field to access data which I could then analyse in an appropriate way which would aid me as systematically as possible in attempting to get at how music therapy’s work gets accomplished. I was also aware that the time available for doing this was not open-ended. Thus it was important not simply to sit back and see what happened or got said in front of me but to be somewhat strategic about my use of time. I thought I had a reasonably clear conception of how to do this: I was planning to take some time to settle into my new “role”, then identify key people to talk to and spend lots of time interviewing people as well as observing them.

To a certain extent, this did happen: I did need time to “settle in” and I did identify people who would be both willing and able to introduce me to areas of experience, whether by talking to me about them or sharing in them with me. However, “interviewing” came to take a rather different form from that which I had anticipated – this is explained further below.

But the single biggest “derailment” from this anticipated smooth logicity came from the fact that my role as “music man” was clearly not going to be left behind. Rather, it accompanied me into the data collection. However, rather than being an obstruction it became an apparent opener of doors: I was aware on many occasions of people talking to me not only *about* music but *because of* music. Music was not only my “alibi” but my “sidekick”. People engaged with me not about music so much as in music. Even where an interaction began entirely verbally, it often did so by referring itself to a recent musical experience of which I had been part. Here is one example:

Gina: Hey, you’s the music man, innit.

Simon: Yeah (*laughing*). And that makes you the singing lady, I reckon!

Gina: You reckon?

Simon: That was quite something, that song you sang.

Gina: Yeah well... I love that song, you know? Big memories. Big stuff.

Other people would come straight up to me, unIntroduced, and sing at me. People I knew well would start a conversation by referring to something musical they'd seen on television. Our conversations didn't have to stay with music, but music was our common ground, a subject which could be relied upon to get our interaction going. On one occasion, a member at the smoking table expressed the opinion that music wasn't a subject of interest for him, provoking an explosive reaction from others:

D: You serious, man?

E: Music's where it's at. S'what makes time go by good.

F: Yeah, that's right.

G: There's all different sorts of music, ya know? Doesn't have to be like jungle and all of that. Can be anything you like.

A: All I'm saying is I'm not into it.

F: Yo nuts!

Another flashpoint around music was its status as *haram* (harmful and therefore immoral) within certain traditions of Islam. The geographic area is a strikingly Islamic, urban one, and although the core smoking table "gang" was primarily composed of white and African-Caribbean men, smoking (like music) tended to draw in a more or less representative cross-section of members to the fringes of this "gang". On one occasion, a chain-smoking traditionally dressed older Bengali man declared music to be "bad", and I found myself having to intervene to save him from the wrath of the table. On several occasions, the fact that Bengali men were participating in the lunchtime group with alacrity (singing Bengali songs) was seized upon by others as evidence of hypocrisy. This is explored in more detail in a later chapter.

It would have been very difficult for me to plan "cold" a verbal means of setting up interviews which could "get at" such sensitive issues as the role of Islam in the local area, let alone examine whatever role music might have to play in the way that this gets seen and understood. Even if it were possible, it would have been a high-risk strategy which could even have jeopardised my acceptability to the institutional gatekeepers. But music acted as my gate-keeper and as a kind of natural boundary: since music was the focus of attention,

everything that happened musically could be thought about. Furthermore, even the data collected at the smoking table was not purely verbal: nobody offered me a thought-through account of the situation as a whole, and people were clearly constrained at times by the sensitivities of the subject, but nevertheless their reactions were played out and the dynamics were observable. In a sense then, I was able to use musical sensitivities (to phrasing, intonation etc) to perceive verbal interaction as something other than just a set of data in the form of words.

Overall, then, I found myself allowing music to do its work rather more than I had anticipated. Rather than viewing members as potential sources of verbal data, therefore, I found myself thinking of my engagements with them (whether verbal or not) as a kind of musical experience, which might be of interest in and of itself, and which might also lead into some further verbal reflection on the experience, which was likely to be of more value than simply asking them to tell me, out of the blue, about music. In this sense, then, I found that many encounters seemed to start from musical interaction and move outwards into talk.

12. The collection, storage, analysis and use of data

The data collecting described above was conducted for two days per week across a period of approximately seven months, and yielded a substantial amount of data, including 49 recorded interviews with members, staff and visitors, 117 recorded sessions, 25 recorded “karaoke groups”, 23 recorded “closed groups” and one recorded day-long party. For the most part this took the form of recordings (of sessions, of interviews, of impromptu music-making and of routine conversations) and fieldnotes (written up afterwards). In some instances (as in the cases of Phil, described in Chapter Four, and Kerry, described in Chapter Five), my conversations with clients led me to consider work that had happened outside this timeframe but which they identified as particularly significant, and where I had access to recordings of this work, I listened back to the relevant recordings and treated them also as data.

Recordings were made on a portable mp3 recorder (the same kind that is used for the routine recording of music therapy sessions) which stores data onto an SD card. Once full, the audio files on these cards were labelled in a coded manner (so as identify to me the date and session etc without revealing the identity of any interviewees or participants) and transferred to the Nordoff Robbins secure server. They were also backed up to a password-protected hard drive which was stored in a locked cupboard (to guard against any possibility of accidental loss). Any

hard copies produced in the process of working on the material were stored in a locked cupboard dedicated to this purpose at the headquarters of Nordoff Robbins.

Recordings of interviews were transcribed: the transcribing was done on a computer in my office at Nordoff Robbins and the resulting Microsoft Word document files were stored on the Nordoff Robbins secure server as well as backed up to the same password-protected hard drive used for recordings.

Recordings of music therapy sessions were selectively indexed (i.e. listened back to and a written annotation made of key events within the session in relation to time). Where it was deemed to be helpful, excerpts of the music making heard on the recordings of sessions were selected for transcription (i.e. representation in mostly traditional music notation). Both indexing and musical transcription were done by hand and the resulting documents stored in the locked cupboard at Nordoff Robbins.

It was not practically possible to write fieldnotes during the day at Way Ahead, partly because there was always so much going on which I did not want to miss, and partly because the presence of someone writing notes in a notebook would have provoked reactions which would not have been useful, especially given the experience most of the members have of psychiatric interviews etc. There is a general distrust of people writing things down, and I did not want this to be a problem for the project.

However, there is a culture within Way Ahead of lots of little bits of paper: phone messages, for example, are taken in reception and passed onto staff on bits of paper, and it is common for staff to write bits of information down on a piece of paper, then give them to clients. I myself used to write notes for myself to help me remember to bring a particular song or to contact a particular person. So it was not at all unusual that I should scribble on bits of paper and put them into my short pocket. I therefore chose to use this as the means of taking mini-notes during the day. By the end of day I often had a pocket full of notes, which I would then turn into proper field notes once I had got home and could spread the pieces out on the table in front of me. Although often I could remember very well what I had written there were occasions when I was surprised to read my thoughts from just a few hours previously and I was aware that without these pieces of paper my fieldnotes would have been much the poorer. Likewise, my scribbles on the pieces of paper were often very brief and unintentionally cryptic and it was therefore important that I took the opportunity to write them up into fieldnotes whilst I still had a good chance of understanding what I had meant.

My fieldnotes were typed straight onto computer (as Microsoft Word documents) and these were stored in the same way as transcriptions of interviews etc. The pieces of paper were placed in dated envelopes and stored in the locked cupboard.

In addition to the primary data, it was necessary to keep a log which linked recordings to indexes, transcriptions and fieldnotes. This I started in a notebook and later transferred to a Microsoft Excel spreadsheet. All data was date-marked (so that any errors or inconsistencies could be dealt with fairly straightforwardly should they have arisen).

In terms of analysis, I chose to pursue (and thus develop my awareness of) multiple strategies simultaneously. Whilst I routinely followed up the transcription of interview material and the writing of fieldnotes with coding and categorising (something I had learned from previous grounded-theory-based qualitative research work) whilst sitting at my office desk, I was also aware that the “bigger picture” of meaning was being sculpted at Way Ahead itself as I moved around, talked with people, made music with people and generally felt myself becoming more familiar with the ways in which people behaved, interacted and accorded value. Indeed, it would be unhelpful to try to pick the two apart. As I became increasingly understanding of life at Way ahead, so my codings and categorising were influenced by this, and likewise I would come to Way Ahead with a growing familiarisation with my data gathered so far. This in turn caused me to focus my attention in certain areas or to look for evidence of things that seemed to be significant. It was in the spirit of this dualistic approach to analysis that I arrived at the three major areas of focus within which I have chosen to present extracts of the data in this these – “self-awareness and musical identity”, “intimacy” and “conviviality”. Whilst the headings might have emerged simply from active reflection on what I was experiencing at Way Ahead, the attention to detail within the data required by the coding and categorising process kept me highly alert to the data itself, and this is reflected in the particular pieces of data I have chosen to highlight within this thesis. These have been selected as a cross-section of data (from recorded sessions, from formal interviews, from conversations and from impromptu music-making which took place across the time when I was collecting data and across a number of geographical locations within Way Ahead. Each is intended to convey something of the quality that underlies the “headline” and conveys to the reader something of the ways in which music therapy as a cultural practice was observed being collectively accomplished amidst the messiness of everyday life within Way Ahead.

As the data collection and analysis progressed side by side, I came to realise that focusing too much on coding as an analytic technique tendency in turn to focus my attention most on those aspects of the data which were most straightforward to code – in particular interview data and

fieldnotes. This in turn favoured certain kinds of interaction between certain kinds of people. As I approached the time of selecting which data to present to the reader, I felt increasingly strongly that it was necessary to aim for vivid conveying of the social interactions I experienced rather than being drawn into compartmentalising those experiences for the reader. Thus my analysis is done via detailed description coupled with thinking out of the description into the meaning that the observations seem to offer to thinking about what music therapy is for the various people in the various situations within Way Ahead.

13. Things I discovered as I went along

As a newcomer to ethnography, I had much to learn, not least in terms of the practicalities of collecting data. As explained above, I was concerned not simply to sit and wait for good data to present itself, but actively to take opportunities which arose in order to co-create useful data. Perhaps inevitably, most of this happened as part of a process of trial and error. Here I specifically address four areas within which I found myself learning in the field:

(i) The importance of “doing with”

It's mid-afternoon and I am in the kitchen at the back of the cafe. There are no more clean cups for people to use when making tea and coffee, so Nurita (a member) and I are washing up. I have my hands in the sink, washing, and Nurita is drying with a tea-towel. We are chatting – Nurita is telling me about having how she has had to leave her baby with her mother-in-law and how she doesn't like doing this. Nurita's hands are shaky (I'm not sure whether this is purely a side-effect of her medication or whether the effect is exacerbated by her evident emotion as she talks about her mother-in-law) and she drops a cup which shatters on the clay-tiled floor. She shrieks and covers her face. I bend down to pick up the scattered pieces, and she joins me. As she bends down to join me, she catches her breath suddenly. “What's wrong?” I ask. “I am remembering”, she says. “The last time I broke a cup she shout at me very bad”. She tells me the story as we are both still crouching down. It emerges that music is one of the things that separates her from her mother in law, and that it is a source of comfort for Nurita when her mother in law makes life hard.

I hadn't had much interaction with Nurita until this incident. But the fact that I am there when something dramatic happens means that she is able to share with me an experience about her own relationship with music. It also enables her to link her own experiences with those she has

heard other people sharing with me. The broken plate has corporeally triggered memory and so opened up discourse. This points to the usefulness of simply “doing alongside”: it is in the mundane that the mundane gets recalled and retold. I doubt very much that Nurita would have volunteered to be interviewed by me, or that in an interview this recollection would have been produced. Yet here it is, triggered by a broken cup. It seems that Nurita was aware of this too: the following week, for the first time, she came to the lunchtime group and stood by the piano as I played for others’ singing. Later that day she came over to the “music therapy room” for an individual session and sang herself.

(ii) The usefulness of self-revelation

My perception of ethnographers had tended to resemble that of therapists in regard to self-revelation. Ethnographers tend to describe their discoveries about the field via their experiences of it or conversations with “informants” about it. Even the word “informant” is one-way: it denotes that informants are there to inform the ethnographer and not the other way around. And of course my intended focus was similarly one-sided. But in practice, I found that the members were curious to learn about me. As a music therapist I had tended to dodge personal questions, although as part of the shift towards Community Music Therapy described earlier, this had faded from being an externally prescribed principle to being more of a matter of practicality. Nonetheless, as I took my daily place at the smoking table, it became clear that I could not “keep shtum” about myself. Others were talking freely, boasting or even showing off in a way that made me incredulous, about their daily lives, sometimes in surprisingly intimate detail, and there was a clear expectation that something similar was required of me as part of playing the game. People were very direct (by most usual standards even shockingly direct) in their questioning. They wanted to know how old I was, where I lived, whether I had been a psychiatric patient, what drugs I was on, whether I was in a relationship, how many children I had. And then there were the features of banter that mattered too – which football team I supported, what music I listened to, which psychiatrists I liked or didn’t like. I found myself much happier to discuss the personal than the professional. I genuinely and actively support a local (lower league) football team rather than the top-league prestige teams further away, so although I was the only person supporting that team around the table it seemed to win me some credibility points and, like my “essay writing”, became a theme of regular jokes. On the other hand, I felt it would be violating my professional relationships to discuss local psychiatrists (most of whom I had had dealings with at some stage or other) with the members and I quietened whenever this subject came up. The strongest challenge posed to my legitimacy as someone sitting at the smoking table came from a woman who, having stormed out of a meeting with a support worker, demanded of me “What are you doing here anyway?”

You ever been to see a shrink?" Somewhat to my surprise, I found myself very honestly telling her about my experience of taking part in a research project in a dermatology clinic where I was given medication but also had monthly meetings with a psychiatrist (as part of a treatment plan based on behaviour modification therapy). This seemed to take the wind out of her sails, and she offered me a cigarette. It seemed that self-revelation had bought an entree for me in her estimation. It transpired that she was asthmatic and we compared medications for this other area of our shared experience. I suspect that acceptance from her, as an acknowledged "hard-liner", also eased my way into interactions with other members.

I was surprising myself with the extent to which it felt necessary to be self-revelatory, but also with the degree to which this felt comfortable. As Collins points out (2010: 233), "we draw on our memories to provide the requisite narrative": what I had clearly under-estimated was the need for me to co-create the narrative.

(iii) The problematic nature of the interview

As a novice ethnographer, I hoped very much to be able to conduct a series of planned interviews with key informants. Indeed, I considered this to be central to my work of "collecting data". The first text I had read about ethnography was Spradley's *The Ethnographic Interview* (1979). I was genuinely excited about the opportunity to allow informants sufficient time and space that they would naturally present me with a treasure trove of invaluable data, which I would then go away and analyse in order to reach my conclusions. In a naive way, I think I even hoped I might heroically be able to represent the feelings and experiences of the members to the world. And indeed, I did approach members at Way Ahead and ask them for interviews. However, these did not always work quite as I had imagined, for a number of reasons.

Clearly, as a novice ethnographer my interviewing skills must be called into question here. Yet problems arose even before anything had been said. For many of the members of Way Ahead, the word "interview" was a reminder of their (highly negative) experiences of the police, reinforced by the presence of a recording device. This unintentionally associated my presence with some very unpleasant memories and associated me with uniformed figures of authority with the power to detain against will. As one participant pointed out to me, my re-iteration before the interview of their freedom to stop or even withdraw consent at any time sounded like a police caution. Even for those without such experiences of the police, the act of sitting down in a special room to have a special conversation with a special person reminded them

directly of their experiences of psychiatrists and admission against their will to hospital. This was further borne out in the kinds of verbal interaction that happened within interviews. On more than one occasion, I found that someone who prior to the interview had seemed to have much to say became more guarded in the presence of the recorder. Discussing this with a member afterwards, he explained that beforehand (and afterwards) we were being natural, but in the interview, with the recorder on, it felt false.

I also quickly noted recourse to a culturally familiar trope – the medical history. At the smoking table, or in the drop-in, people would spontaneously tell me about their experiences, usually rooted in the moment, about what they enjoyed, about how musical participation had value for them, about how they felt. Once in an interview situation, however, an element of self-pathologisation would often creep in, with members resorting to what sounded like rehearsed stories of patient career trajectories (this term being borrowed from Strauss 1987, 1991; Strauss *et al* 1997). This didn't seem to be happening out of any wish to be evasive, but rather because this level of formality (conveyed by going somewhere special, by being alone with just me and by being recorded) demanded a learned “properness”. I was reminded of my experiences of ward rounds where a psychiatrist had attempted to interview a patient and usually elicited a compliantly “stock” story. Likewise, I was hearing stock stories, and I had a sense of the informant retreating into an obliging place, being eager to tell me how ill they had been and how music was great, whether or not this was deliberate on their part. After some frustration, I came to the conclusion that perhaps I was looking for the members to do my analytic work for me. I was removing them from the situations where they were doing and experiencing in the hope that they would then tell me about their actions and experiences. Why then was I removing them, when I could be observing them and learning by participating with them, and when I could be hearing what they had to say at the time and in that place?

Thus the value of “spontaneous interviews” became increasingly apparent. Rather than privileging the interview as “something special, set aside”, I came to understand that there was also at least as much value in attending to the “everyday talk” which often arose from the very kinds of experience I was anxious to get at via interviews. This permitted “there and then” access which seemed most useful in terms of co-creating the kinds of data which would help me to address my central concern.

Another concern around the interview as a classical form concerns its lack of equality of access as a resource to be used by participants in the co-creation of data. At Way Ahead there was the very specific matter that many members spoke English uncomfortably (and in some cases not at all). This might affect whether or not people accepted invitations to be interviewed, but

also whether or not I might think of inviting them in the first place. Within an interview, it might affect people's willingness or ability to be expansive, to think through an experience, to digress. Thus the pool of interview data would inevitably be limited (particularly in terms of who would be able to contribute to it) in a way which experiential data would not. A particular concern presented itself to me in the case of a highly articulate woman who, clearly revelling in the opportunity to hold forth at length and eager to help me, gave me an enormously long interview in which she was anxious to convey her particular perceptions of how music "helps these poor people here". I felt some discomfort at her attitude and was very aware that no counterbalancing view would be so forcefully represented in the interview data since none of "these poor people here" were anything like as eloquent or as verbally forceful. (This interview also put me in an unexpected quandary of being unsure as to whether I still had my music therapist's hat on: as a music therapist, I might well have challenged her assumption that the others were so very different from her – as an ethnographer, I chose simply to try to re-focus on her own experience.) The lesson I learned from this as an ethnographer was the need to consider verbal data in their contexts. For me this came much more naturally in relation to actions: perhaps I had fallen into the trap of assuming that words have context-independent authority. For the woman just described, the interview was framed by what seemed to be her rather uncomfortable position in relation to Way Ahead: someone with a chronic diagnosis which on the outside labelled her as "one of them", but on the inside someone who felt little in common with the mostly male, mostly less articulate and less educated, and mostly lower class people who were her fellow "members". This she dealt with by reassuring herself of the differences, and seeing music as "treatment" for them, but as a matter of cultural development and expertise for her (she referred to her music therapy sessions as "singing lessons" throughout). Without this cultural and situational framing, her words would seem to be telling a rather different story.

(iv) The necessity of the multi-sensoriness of "observation"

As a reader of ethnographies, and particularly as a musician reader of non-music-focused ethnographies, I had often been struck by the impression of a two-dimensionality of the data being considered: on the one hand verbal data (collected via participation – i.e. conversations that occurred around the researcher, whether or not involving the researcher directly) and visual data (collected via observation of events occurring around the researcher, whether or not involving the researcher directly). Obviously, any ethnography of music therapy was going to have to keep its ears open for musical happenings and interactions, but beyond this I also

found that I was very aware of the significance of sensory events at Way Ahead. Food was a major issue for some members: the smell of lunch wafting from the cafe (indicating that it would be ready soon) was an important signal for many, and one that elicited direct responses, including an impact on people's musical participation and interaction. Likewise, I was very aware of the times during the winter months that I sat at the smoking table freezing in the wind and rain because that was a part of life. In terms of attention to sound and the soundscape I was impressed by Tom Rice's sound anthropology, particularly given his focus on hospital environments and how they get configured by people's situated experiences of sound (2003) as well as on how the medical "gaze" can be considered to be acoustemological as well as visual (2008), but, given the experience outlined above, I was also persuaded by the case made by Atkinson *et al* that ethnography should be sufficiently capacious to draw in the full range of sensory experience (rather than focusing purely on the aural, visual, olfactory etc):

.. we believe that any ethnographic perspective in everyday life needs to take into account the sensory modalities and orders of everyday life. These are modes of order; they are means of cultural representation.

(Atkinson *et al* 2008: 204)

(v) The degree of participants' investment in my project

Another matter which surprised me was the degree of investment in my project shown by members and the corresponding degree of forgetfulness about it shown by staff. This seemed ironic given that the initial gaining of consent had of course been in relation to the formal gatekeepers, who were senior members of staff. Yet once I was underway, staff seemed to forget about it almost entirely (even those whom I had asked for interviews) whereas it was members who would ask me how it was going. There seemed to be a sense that I would be writing this on their behalf, somehow advocating for members – even though nobody ever specifically asked me to write anything particular. This made me slightly uncomfortable, and I found myself stressing to people that this was going to be a dusty academic bit of writing that hardly anyone would ever read in order to dissipate any expectations that I was somehow about to usher in a golden era of funding for music therapy or championing of users' perspectives. Nevertheless, in the ethics application, I had undertaken to provide a summary of my findings to Way Ahead as well as to any informants who wanted a copy, and I would remind people about this. My unease was evidently apparent because on one such occasion, one member said to me "They're always coming here writing reports and that, but you actually know what you're talking about. That's why we want to see it".

14. Music as “the ethnographic air we breathe”

As discussed above, in questioning the apparently unassailable value of interviews I came also to realise the potential richness of data to be gleaned from observing what was happening on a routine basis. For me, given both the focus of my study and my role as a music therapist within Way Ahead, much of this was inevitably musical in nature. As time went by I found myself wrestling with the issue of music’s legitimacy as data. This arose primarily as a reaction to the supremacy of words within the ethnographic literature. Despite the growing prominence of ethnographic reports which use non-verbal media, I find myself committed to words as a reporting medium primarily for the analytic clarity which words offer, but also for their potential for exchange with other scholars and other disciplines. Given that I therefore cannot make the necessary shifts from co-creation of data to analysis to communication all within the realm of music, it is necessary to consider the means of shifting between words and music. This is a familiar problem within music therapy: Ansdell (1995: 171) points out that music, if considered as a language, lacks the capacity to denote specific meanings. In musicology this is known as Seeger’s dilemma and highlights the different kinds of knowledge, thinking and that speech and music offer: Ansdell re-casts this as the music therapists’ dilemma. How are we to talk about the music of music therapy if not using words?

Words always point to something beyond themselves - their whole *raison d’être* is to refer to things. In contrast music, rather than 'having a meaning', becomes meaningful as one or more people build a structure of rhythms, melodies and harmonies within an overall form. We communicate with words to convey our meaning, whereas we improvise music to find something meaningful between us..."

(Ansdell 1995: 26)

Until recently ethnography has been pre-eminently word driven: Collins (2010: 231) describes words as “the ethnographic air we breathe”, and this clearly fits well with an approach to ethnography that is primarily interview-driven. People say things in interviews, or are overheard saying things: these said things become adopted as data and are analysed in some way or other and to some extent or other in an entirely word-driven and word-delivered manner. The entire ethnographic process is therefore word-based, and Collins’ aphorism makes sense in this context. It makes even more sense given his belief that: “ethnography primarily involves us in conversation” (p.230). But my time was not primarily spent in conversation. Some of it was spent in silence. Much of it was spent very actively engaged in

music-making with people. And some of it was spent simply listening to people. How legitimately could I even call this ethnography? Much of what I found myself observing and participating in could be readily recognised as “performative” in the everyday sense of the word and some of it was absolutely “performative” in the “special occasion” sense of the word. Here I found myself turning in two directions. In terms of working with mundanely performative (and particularly non-verbal, primarily musical) data, I turned to the recent ethno-musicological literature. Here I found authors who had asked themselves similar questions, often themselves turning to hermeneutics (e.g. Rice 2008) or phenomenology (e.g. Berger 2008). I was particularly encouraged by studies of “performance within everyday life” (e.g. Kisliuk 1998, Wong 2008) and of music-making in “familiar” (or non-“exotic”) environments (e.g. Stock and Chiener 2008). Indeed, at times I felt quite unclear as to whether I was trying to be a sociologist doing ethnography or an ethnomusicologist. It was reassuring to discover the perspective that “when thought of from our own analytic perspective, all musicology is ethnomusicology, in the sense that all music is culturally specific” (Atkinson, Delamont & Housley 2008: 198). Music as social action is undeniably complex: nevertheless from Atkinson *et al*’s perspective, ethnography can be used as a multimodal tool for the analysis of the multiple modes of social order of which it is part and which it constitutes (pp. 53-54).

In terms of working with actual performance I found a wealth of ethnographic material: most of it, however, tending to be somewhat indulgently descriptive and focused on the experience of the ethnographer (e.g. Holman Jones 1998) rather than analytic and focused on a search for meaning in the musical events. A minority of the material does, however, take a more analytic stance, rigorously considering performance as situated social process, e.g. Atkinson’s ethnography of Welsh National Opera (2006). Atkinson makes the particular point about performance that whilst Goffman’s dramaturgy has been influential in sociology’s conception of social life as “performative”, much less attention has been made to “performance” in the specialist sense that “performing” artists would understand. Furthermore, the current sociology of music has tended to focus on “everyday” instances of the use and influence of music, rather than attempting to analyse “performance” as such. And finally, sociological studies of “high art” tend not to attend to “the practicalities of production and its collective negotiation” (p. 67). Atkinson’s points all seem pertinent here, and lead me to ask myself how I am to do this attending. Given that much of what I found myself observing in terms of “the practicalities of production and its collective negotiation” happened musically, it seems important to try to go some way towards “staying with” the musical nature of this in the movement towards analysis. This was also important because much of the “conversation”

(Schank 1990) or “dialogues constituting sociality” (Collins 2010: 240) also seemed (from my musical perspective at least) to be rather musical in nature. Since it was both technically and ethically possible (and in accordance with my usual practice as a music therapist) to audio record musical interactions, I took the opportunity to do this wherever possible. This meant that I was not entirely reliant on memory for the reconstruction of musical events and also permitted the use of some musical transcription – the making of a visual representation of the evolution of a musical event using a combination of standard and non-standard musical notation. This differs from the usual deployment of musical notation in that it is clearly descriptive rather than prescriptive: it is also in itself an interpretative (and experimental) act on my part as ethnographer (since I have inevitably to choose what to transcribe and what not to transcribe as well as the level of detail of transcription warranted by each aspect of the musical event as recorded) and as such an attempt to bring the musical nature of the social interaction into the analytic process. This also seemed valuable in balancing any bias towards interview data: whilst ethnographers routinely “write up” their field notes from memory, thus according memory a (more or less conscious, but certainly key) role in the analytic process (Coleman 2010) they “transcribe” recorded interviews. Yet these interviews are often the most one-sided aspects of data, with for example only unusual opportunities for people to ask questions of the researcher. Yet in musical interaction there are clear opportunities for what Dwyer (1977, 1979) calls’ “dialogic” anthropology (or, in this case, sociology): using an element of transcription perhaps offers a way for these opportunities to yield data for analysis.

Such an attention to musical interaction does perhaps prompt the question of whether such an approach lends me as the ethnographer a linguistic advantage: I am likely to be more musically “skilled” than many of the people with whom I am working. Am I simply compounding this by choosing to musicalise the representation and analysis of data? This is a question to which I will return.

15. Choices made in the writing – the “texting” of this ethnography

The decision to present both my description of the ethnographic process and my findings in verbal form raises the question of how this ethnography is “texted”: what decisions have I made (or not made) which result in the product having the shape it has? It seems particularly relevant in such a texted form that the reflexive researcher should be explicit about and take responsibility for these textual and typographical choices. As Atkinson (1992) makes clear, the need for reflexivity on the part of the ethnographer does not simply pertain to the ethnographer’s relationship with his field and informants, but symmetrically also with the page

and hence with the eventual audience - what Bloor (2001, p. 183) calls “reflexive awareness of the ethnopoetics of scholarship”.

I have not aimed to do anything particularly novel here: rather I hope that I have learned from reading published ethnographies something of how to convey “tales of the field” (van Maanen 2011). To this end I have borrowed some widely used conventions. In particular, I frequently use the present tense to attempt to convey something vividly, to try to confront the reader with a sense of what it might be like to have been there when a particular incident or interaction occurred. This occurs most often in its simple aspect, but I also use the continuous form where this seems more appropriate in conveying drawn out, ongoing action or states. The use of italics with a slight indent indicates vignette: a “slice of action” described in present tense as I recall myself perceiving it at the time, without much in the way of interpolating comment or reflection.

I have made frequent use of words spoken, shouted or sung by members of Way Ahead: in typographical terms these are either integrated within the body of the text within quotation marks or, where they are lengthier, centred in bold and provided with an indication of who is speaking or singing each turn if this is not already clear.

In one case, musical material is represented via transcription using traditional musical notation. There has been some discussion in music therapy circles regarding the extent to which such notation is useful for the purposes of reflecting on music therapy (e.g. Lee 1995, 1996, 2000), but my decision has been that this is a useful short-hand for conveying key aspects of musical participation, even though it clearly cannot capture every aspect of a person’s performative engagement (just as words cannot either). Musical transcription, just like verbal transcription within a conversation analysis perspective, is itself a choice-rich process and it would be unreflexive to consider that a “definitive” transcription were possible, even if it were desirable. In recognition of this, I aim to be explicit in regard to the specific choices made within the transcription process and the transcription is accompanied by a descriptive account which I hope will convey to the reader something of the performative which is pertinent at that point. Such malleable use of musical notation is common practice in detailed music-centred accounts of music therapy practice, and I hope to demonstrate that it can also bring something of value to an ethnographic consideration of such practice.

Finally, it would be absurd to consider texting decisions without acknowledging the intended audience. As a doctoral thesis, this is of course aimed at a peculiarly narrow audience and has something of an ulterior motive to its very existence. Beyond this, however, I have also tried to be mindful of potential other audiences of this ethnography, whether in this form or in

alternative forms of dissemination. In particular, I am guided by Bloor's observation that "practitioners have often been a more responsive audience for ethnographic findings than policy makers" (2001: 184). My hope therefore is that, although I do of course wish to conduct a degree of analysis commensurate with a particular level of sociological understanding which might ultimately furnish me with some perspective from which to offer pertinent commentary and make convincing links to established bodies of sociological thinking, my intention is to achieve this both through using language which is as accessible as possible (without losing necessary complexity) and by attending to reality in a way which is similarly as recognisable as possible for my colleagues within music therapy and related disciplines.

16. Conclusion

This, then, is the starting point for this ethnography: to take what seems to be a valuable opportunity to observe (and attempt to account for) the ways in which "music therapy" (whatever that is) gets done, without being overly distracted by assumptions associated with "career" or "profession". However, given the professional contexts outlined in the previous chapter and the concern to communicate effectively to practitioners as well as sociologists, once I have considered this in some detail, I will then attempt to build links between what I have learned and perspectives from the sociology of professions, as well as more generally with music therapy as it is currently talked about.

Chapter Three

A day in the life of Way Ahead

An Introduction to the data chapters

The triumphalist narrative presents music therapy as in essence a medical technology – a “treatment” administered “systematically” in suitably “clinical” conditions on the basis of “diagnosis”. Hence music therapy is held to take place in discrete (and discreet) encounters between therapist and client, with these encounters sufficiently far from prying ears to be private, and sufficiently separated from each other for them to be considered in isolation from each other. Music therapy, therefore, is a sequence of utterly distinct sessions whose physical or temporal location is as immaterial as that of someone’s appointment with their GP or the administration of an inoculation, assuming that sterile conditions prevail. Any sense of continuation from one session to another is a statistical one: any “effect” may be cumulative in the same way that repeated administrations of the same drug may lead to greater effects. Thus quantitative researchers, and particularly those engaged in reviews of the evidence, devote considerable effort to establishing ideal “dosage”, which in relation to music therapy generally means the number of sessions yielding the highest benefit-cost ratio (e.g. Gold *et al* 2009).

This is very far, however, from my own experiences of music therapy within Way Ahead, which seem to me to be highly contextualised, and not entirely separable from each other. Any account of music therapy within Way Ahead, therefore, needs to start from an acknowledgment of the diversity of ways in which it might be experienced as fitting into different people’s lives, as well as the nested contexts of which Way Ahead is itself a part. To this end, I have chosen to present data in four data chapters – Chapters Three to Six – which complement each other and approach music therapy at Way Ahead from differing angles.

Clearly it is necessary to consider the local area which houses Way Ahead, as well as Way Ahead itself which houses the so-called “music room” and other places where music happens. Temporally, contextual importance is attached to the pattern of the day within Way Ahead as well as the social customs and practices associated with various times of day. And musically and culturally, ways in which music happens and gets used within Way Ahead, whether or not these are directly associated with “music therapy” as such, are also of clear relevance. These

contexts are presented within this chapter – Chapter Three – in the form of a “day in the life” of Way Ahead. This draws extensively on my own experiences and observations, but also on the comments of informants. This additionally serves as a means of familiarising the reader with Way Ahead as a field.

Chapters Four, Five, and Six examine selected musical events in greater detail. This relies to a large extent on my own observations, both those made at the time and those derived from listening back to recordings after the event. These are purposively selected snapshots of “music therapy in action” and have been chosen in order to convey something of the range of music therapy events experienced during the time of fieldwork. Each chapter focuses on a particular kind of experience observed to be associated with these particular events – self-awareness, intimacy and conviviality.

The present chapter, therefore, seeks to locate music therapy as it gets accomplished at Way Ahead within its contexts, based on ethnographic participant-observation. This will be achieved in the form of a description of a generally unremarkable day at Way Ahead. Given that contexts are not just “outer” but necessarily impinge on the “inner”, it is inevitable that some description of music therapy itself will be needed here. However, my intention is to set the general scene and in so doing to consider some of the larger-scale ways in which music can be observed to be interacting with senses of place, time and community.

Making my way in

It’s 9:30 and I’m making my way towards Way Ahead from the station. As I walk past the high fence of the imposing nineteenth-century school playground, the sounds of playing children mark my entry into the estate. Things have changed since I first started walking through the estate some 15 years ago: there used to be an almost infinite number of routes since the high-rise and low-rise blocks were all essentially islands in a mass of concrete. This proved useful for those who wished to prey on others, and the number of attacks made this estate notorious even amongst its local peers. In the early 2000s, government money was made available for improving estates such as this: the longer lower blocks had sloping roofs put onto them to make them look more like traditional houses, and most of the cut-throughs between blocks were closed off with fences, brick walls or squeezed-in extra buildings. This has created much more of a sense of “streets”, an impression reinforced by the creation of “gardens” in the form of small patches of fenced off space for most of the ground floor flats. These changes were very much top-down in nature: whilst those in national government setting aside money and

those in local government spending it presumably had the best of intentions, their vision of a brighter future was not necessarily shared by all on the ground. On one occasion I witnessed a couple of young lads, clearly sent out by a local gardening centre contracted to plant shrubs in the new front gardens, being shouted away by a sturdy white woman who declared forcefully that if they were going to put any of those f**king plants in her f**king garden, they would have to f**king come and f**king water them their f**king selves. This seems to encapsulate something of a feeling locally that whilst the improvements are good in a way (crime has been cut and measured standards of local health and education have risen), the imposition of such change simultaneously reinforces a sense of powerlessness. Outside “help” isn’t necessarily welcomed: and here I am, a therapist from another part of town, coming to do good. Perhaps for the white woman this also has something to do with the pace of change: many of the people who pass me in the street are in non-Western dress. Most women wear a headscarf and several are fully covered so that their faces cannot be seen. The older men who sit on a bench together wear long flowing white robes and speak in a language I do not understand. This is a very mixed but predominantly Islamic area of a UK inner city.

As I make my way towards Way Ahead, I am particularly aware of the diversity of the soundscape: unemployment is high so many people are still not up yet, but even so televisions and radios blare out in a variety of languages. I can hear what sounds like religious music and calls to prayer, Bangladeshi pop music, Bollywood songs, Western pop, techno, drum and bass, reggae, garage, and easy listening. I’m a classically trained musician, but I have never heard classical music as I traverse the estate. I am a fish out of water.

The estate has different modes of life at different times of day and at different times of year. After school there will be children playing in the fenced-off play area under the watchful eyes of mums or grandparents, and teenagers hanging around, then shooting off on BMX-style bikes (renowned around here as the preferred transport of small-time drug dealers).

Arriving at Way Ahead

As I reach Way Ahead, I am struck by its oddness here. Like the school, it predates the estate – it’s a former light industrial building, re-opened as a community mental health resource centre some 20 years ago. Its brickwork speaks clearly of an earlier era, its painted window frames are unlike anything else around here and the clear sight through the railings at the front of a goldfish-filled pond in the courtyard signals that this really is somewhere a bit different (see Figure Four). I press the bell and the receptionist buzzes me in.

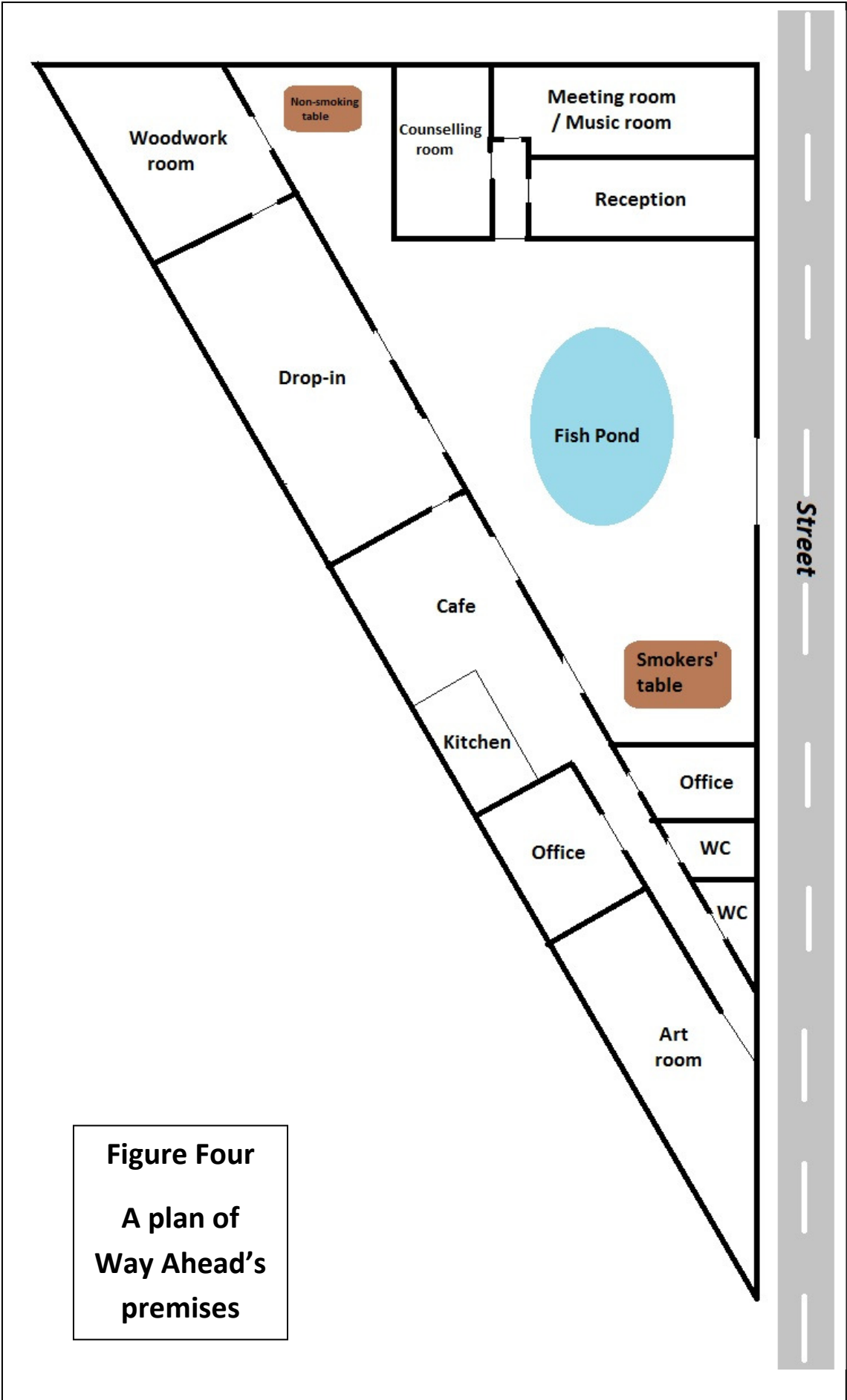


Figure Four
A plan of
Way Ahead's
premises

“Hiya” she calls out to me – Freya, the Bengali receptionist, has been here for years and she is at her most informal with me. “You gonna be noisy today?” It’s a long-standing joke – the “music room” is in fact a group meeting room adjacent to reception and she gets to hear all the loud drumming and “screaming”. But I have found her to be a valuable source of people coming to music therapy, as she routinely tells newcomers about it (even if this is sometimes to explain the noises coming through the wall). She once brought her baby son to an Open Day where I facilitated a free-for-all improvisation and since then she has been highly active in encouraging people to give music therapy a go. The words with which she does this contrast sharply with the sort of language used in medical environments to promote referrals to particular services. She doesn’t talk about referral criteria or assessment – instead she says “Go on – you’ll love it!” I sign in, take the keys and check my tray for messages. There are three things in it.

The first is a formal referral form, confidentially faxed through from one of the Community Mental Health Teams of the local NHS Mental Health Trust. I used to work in the Trust and the work I do here is known to staff both at the local psychiatric hospital, particularly amongst occupational therapists and psychologists, and in the Community Mental Health Teams. They often refer people who they feel need to be engaged in doing something meaningful or who find social interaction difficult.

The second is a scribbled note from the Head of Counselling – she wants to speak with me about a member with whom I have worked in the past and who has been referred by his GP for counselling. I’ll do that later in the day.

The third is a CD – it’s not in a box, just on its own, and it’s labelled in what looks like Gujarati to me. This will belong to one of the members: she often brings in a CD to listen to and then asks the receptionist to store it in my drawer for her. In other places this might be seen as somehow inappropriate, but here it’s just one of the ways in which people seem to be able to use my presence (of which my drawer is by extension a part) to facilitate their contributions to the musical life of this place. I leave the CD where it is: I will no doubt be asked for it later in the day.

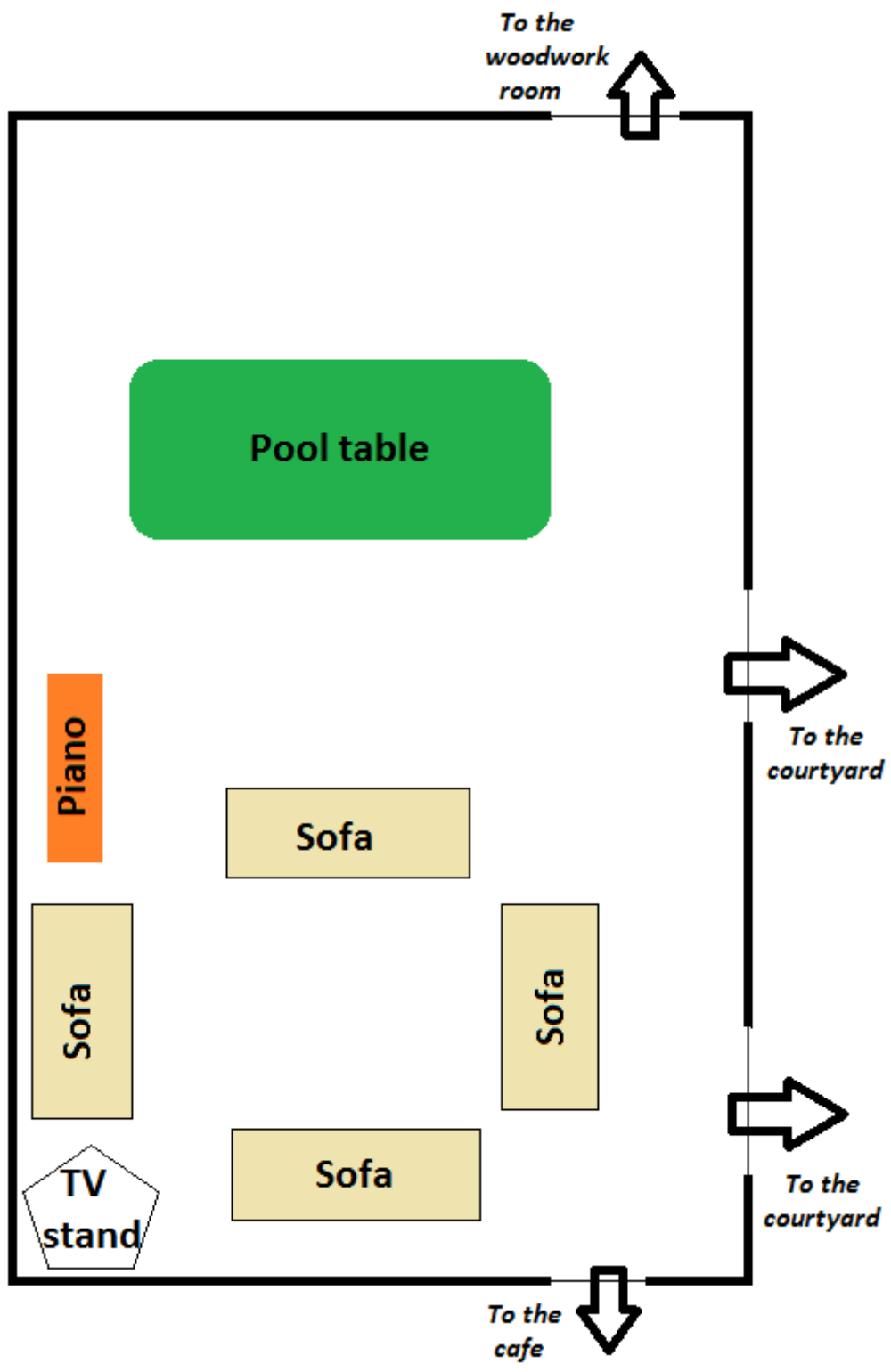


Figure Five:
A plan of the drop-in at Way Ahead

Instead of going straight to the “music room” (as the group meeting room gets called on Thursdays) I make a detour to the drop-in. This is where members can simply “hang out”: there are sofas and chairs and a kettle and tea and coffee making facilities (see Figure Five). There’s also a huge flat-screen television, which is inevitably already on. There’s usually a battle for control of the channels. Today, it seems Ibrahim has arrived first as an Islamic preaching channel booms out across the hall-sized room. At other times of day it might be showing one of the MTV music channels, Bollywood films, old black and white Western movies or cooking or driving programmes. In short, all the offerings of daytime television made possible by satellite television can be – and are – selected by people staking their claim to the territory. For now, though, there are only three people here – Ibrahim, Marti, who will be coming to my first session, and Gary, who seems to be asleep with his head resting on his chest in one of the armchairs. Marti acknowledges me with his customary critique of the place he uses so much in place of a greeting:

Marti: Great bloody place this is. One religious nutter and one zonked out old git.

“Hello Marti”, I say, not wanting to get drawn into what I know could be a long rant which would involve my being asked to declare my dissatisfaction with the place too. “See you in about 15 minutes?”

Configuring the Space

With that I return in the direction of reception, but enter the group meeting room. It is configured in its usual format of low chairs around a low table. Now begins the major task of re-arranging the room to transform it into the “music room”. I push the large low wooden table to one side of the room, stacking a few of the chairs and pushing the rest against the walls. Then I unlock the cupboard into which all the musical instruments are crammed and begin to distribute them around the room. This is not simply a matter of getting them out of the cupboard: because of the lack of space, they have to be fully disassembled in order to be put away – drums and cymbals have to be removed from their stands and the stands folded down. This in turn necessitates a degree of caution: the resulting mass of stands, sticks and instruments have to be stored in such a way that they all fit in but without damaging each other: failure to achieve this can be expensive as stands pierce drumskins and sticks break under the weight of other instruments. Each week it occurs to me that these practicalities are such an integral part of my work of growing and sustaining musical culture here, yet they

never figured in my training – perhaps such mundanities, essentially physical labour, are not part of what music therapy wants to see as its work.

I'm thinking about the day's first session as I arrange the instruments. Marti always sings – and only sings. In his very first session, some three years ago, he told me that he would only be singing, and he has stayed true to his word. This initial statement of intent was uttered as he looked disparagingly at the instruments, describing them as “crap for kids”. (This is not true: they are all full-size adult instruments. I was initially somewhat taken aback by Marti's vehement rejection, but soon came to learn that this is his customary reaction to most things.) I had been asked by the service manager to try working with Marti. He had recently started attending Way Ahead on drop-in days, and was widely perceived by staff as “a problem”. Always complaining, he would rally other members to his cause and provoke confrontations with staff. On occasions he would shout insultingly at people in the drop-in and this, combined with his bulked-up, shaven-headed and tattooed appearance, intimidated other members: it was also feared that it might provoke violent reactions. He was in danger of exclusion: could I help? I'd already had some conversations in the drop-in with Marti: he seemed happy for me to engage in conversation with him over a cup of tea (the fact that I was white, male and clearly British undoubtedly helped). I asked what kind of music he liked. In a pattern which I would come to recognise he started from the negative by dismissing the “foreign shite” he heard from Bengali TV stations and the like, as well as the “crap you get nowadays” which he heard on the radio. What he did like, it transpired, was a vast range of what I would term tuneful pop and rock, spanning from the crooners of the 1950s via the Beatles and the Rolling Stones, Rod Stewart and Elton John (“not that I'm gay or anything like that”) through to some contemporary melodic pop and rock.

When I invited him to come to the music room, his response was “Why? What are you going to make me do?” I explained that there were lots of instruments and that we could use them in whatever way we liked. “And you can sing”....

I set the room up to reflect his focus on singing. I bring a PA system over from a cupboard elsewhere in Way Ahead – this is quite an undertaking as it is very heavy and its wheels are broken. Marti will see me struggling with the PA and somehow this seems to signify for him my commitment to him and our sessions together. He doesn't really need the PA – his voice is remarkably loud without it but for him it is the microphone that makes singing “proper”, linking it to the social-musical contexts that have value for him – pubs and clubs and big social occasions. On the odd occasion when I haven't been able to access the PA (because reception had lost the key to the cupboard) Marti has very clearly articulated his dissatisfaction not only

at the lack of the PA but with me personally. So I set up the PA, positioning the speakers and setting the volume levels in such a way that he gets a clear sense of being amplified without the sound being overwhelming for others outside the room.

Marti works at singing

Once the room is set up, I return to the drop-in to collect Marti. Not much has changed: one more person has arrived and the television is still showing the same channel. Marti is hovering by the door, clearly waiting for me. As soon as he sees me he starts on another rant – this time about the quality of the food that gets served at lunchtime. Marti has a repertoire of complaints, always forcefully and often colourfully expressed. All convey his sense of feeling hard done by, that things are not fair and getting worse and that the scales are tipped towards “them”. Particular venom is reserved for mental health services, especially his psychiatrist and the local hospital, but including also his community mental health team and this place. The complaints flood from him and it’s hard even to find a place to interject. I find myself listening to his “output” as music – I experience how hard it would be to interject or to establish dialogue musically. And it is even more so verbally. For a while I listen, getting in just the odd grunt or murmur (there’s no time for anything else) and then, when we are clearly going in a spiral of complaint yet again, I seek to change the subject with a forceful interjection:

Simon: I’ve written out the music to that song you were talking about last week.

Marti: Proud Mary?

Simon: That’s the one. Shall we have a go?

Marti: Yeah, ok.

And so we head out from the drop-in area across the courtyard towards the music room. Marti leads the way and strides with a sense of purpose – we are going there to get something done. Once in the room, he puts down his plastic bag and fishes out various plastic folders of song lyrics. He takes just a few moments to locate the words of Proud Mary, and in the same time I settle myself at the piano and launch into its rocking introduction, approximating the original sound of Creedence Clearwater Revival as best I can at the piano. It’s a classic rock song – and regardless of the non-authenticity of the accompaniment, Marti is immediately in the style. It’s not just his voice – his whole body, indeed his whole being, is committed. Sometimes it is almost alarming to witness the degree to which he (quite literally) throws himself into singing. This is the only place I have ever seen him this focused and concentrated. He is explicitly

dissatisfied with anything less than what he regards as a performance standard. We really do work in these sessions – he wants to “get it right”. When he first came, despite my openness to “just singing”, I was concerned that we would indeed end up “just singing”. Marti didn’t need me to introduce him to new repertoire – he had a vast range already, and many of the songs he wanted to sing were new to me. But his tendency was just to sing one after another after another, in a way that ultimately felt unsatisfying – certainly for me at the time, and (as I later learned) for him too. The turning point in our work came when I decided to “keep him at it” – to offer him an opportunity to work on songs, and to stretch himself – to offer what I consciously thought about as (in Ruud’s formulation) new “possibilities for action”(2008). Marti’s default volume level is very loud – whereas at first I had simply played loudly to be heard, as our work progressed I began to offer (musically) or suggest (verbally) alternatives. Likewise, Marti at first tended to sing in as high a pitch as he could possibly manage, producing a constant screaming effect – after a while I found myself suggesting different keys which might both suit his voice better and give him new experiences of himself vocally, and ultimately elicit different reactions from others who might hear him singing. At times we would even discuss songs and different ways of singing them – this from a man who was in all other respects rigid to the point of thoroughly undermining his own possibilities for social functioning.

At the end of the first song Marti jumps right back into his complaining narrative – almost as though we hadn’t done the song. He seems to resume exactly where he had left off:

Marti: And then he has the gall to say....

I have to cast my mind back in order to remember who “he” is. Again, after allowing him a short period of “venting”, I redirect us into singing – this time by launching into the introduction of another song that I know he will want to sing. It’s one of our regular songs – “Brown Sugar” by the Rolling Stones. As soon as I start his facial demeanour changes – almost as though he has been released from his talking compulsion – and he rifles through his folders to find the words (even though he really doesn’t need them).

As the session progresses he seems to settle into the flow of things. He seems more able to stay with the experience of having just sung and in the affect of the song. His talking is less complaining and more focused on music: what we are singing, ideas for new songs, hopes and aspirations he has in relation to his music. He loves performing and has started singing at karaoke nights in local pubs. Ultimately he says he wants to be able to do a whole set on his own - he has a friend who could book him to do some unpaid turns at a local old people’s home. Perhaps it is this intent or simply the increasing sense of musical focus itself which

enables him to sustain concentration and really work at it. The last 20 minutes of the session are spent working on a single song – “Tears in Heaven” by Eric Clapton. By now our session would sound to an outsider much more like a rehearsal: we are working together to explore different ways of realising the song and trying them out. He is not easily satisfied with his own performance or mine: but there is a tangible sense of being united in our task. At the end of our 50-minute session, he customarily expresses what seems genuine surprise that the time has flown so quickly, and re-assumes his conventional role by dramatically contrasting this time with the rest of his experience in this place as he walks out through the door.

Marti: Back to death row now I suppose.

I have the feeling that he would stay with me and the song singing for hours if he could. I remind Marti as he leaves that I will be in the drop-in at midday for the so-called “karaoke group”:

Simon: It would be great if you could help get us going. Maybe “Tears in Heaven”?

Marti: I’ll see if I’m still around.

But he will be – and we both know it.

Moving things around

Once Marti has left I do a rapid re-arranging of the room. I dismantle the microphone and PA system, putting them aside for taking over to the drop-in later on, and re-distribute the larger instruments to fill the space. I also get my violin out, since I know that it may be useful in this next session. This is my “closed group” – a small group of four people who come each week. All the current members are men – unsurprisingly, since men are significantly over-represented in diagnoses of psychosis, and the vast majority of members of Way Ahead have some form of diagnosis which comes under the umbrella of “psychosis”. All four are socially isolated in different ways: one lives alone, one in a hostel, one with his extended family and the other with his elderly mother. For three out of the four, this is the only thing they do each week where they have direct interactions with other people. The fourth (who lives with his extended family) I suspect comes as much as anything else to have a reason to leave the house. Such interaction is evidently difficult: they tend to arrive on time or even late rather than risk arriving early and having to hang around in the drop-in (where they might find themselves approached by others).

As I position the instruments I am thinking about each member of the group and their musical tendencies. Each has a preferred instrument or group of instruments, and I seek to place these in ways which promote interaction with and awareness of others. I also try to leave some space which will encourage people to move around (not easy in such a cramped room). It occurs to me that in this sense, the setting up of the room and the arranging of instruments and equipment that I rush to accomplish between sessions (and which never gets discussed in music therapy literature, since it is the sessions which are focused on, not the setting up) is in fact a practical means of my “bringing to mind” the people with whom I work and maintaining an awareness of their preferences, strengths, enthusiasm, and needs. In an odd way, perhaps, it is as much a part of my “attending” to them musically as anything I do with them in their presence.

The “closed group”

At eleven o'clock I poke my head out of the door to see if anyone is hovering outside. Sure enough, Roger and Ismail are waiting, seeking refuge in the doorway from any potential interaction in the courtyard outside. They come straight in, and a few moments later we are joined by Bart.

Roger is in his 50s, white British and speaks with the local accent: as soon as he comes in he starts talking with pressured speech about UFOs. He spends much of his time alone at home reading science fiction and is an active proponent of conspiracy theories, especially those which concern the suppression of reports of sighting of UFOs and aliens. He goes to great lengths to find declassified government documents on the matter and sometimes arrives triumphantly brandishing copies of these. It often seems that he has been waiting all week for an opportunity to tell someone about his latest thoughts and findings, and indeed he generally shares these with the group as soon as he enters the room.

Ismail is a shy Bengali man in his forties, recently married to a much younger non-English-speaking girl from Bangladesh by family arrangement. He seems to find the pressures of family life overwhelming and, although he tends not to join in discussions of intimate matters, I get the impression that it is a relief for him to come here on his own. I have known Ismail for several years now – I first came across him in the local psychiatric hospital when he was an inpatient and he attended the off-ward group I ran there. After a second admission when he similarly engaged regularly in music therapy I was asked by the occupational therapists to help him make the transition from inpatient services to life in the community by gradually involving

him in the music at Way Ahead. Initially I walked with him from the hospital to Way Ahead, where we had a short individual session before he headed home. My attempts to involve him in other activities at Way Ahead (for example, the Bengali men's group) have met with unyielding resistance, but he has become a highly reliable member of the closed music therapy group. He is quietly spoken and very polite but has an infectious giggle that sometimes erupts when he gets particularly excited by the music-making.

Bart was born in the Caribbean, coming to the UK as a teenager. Almost 60 now, he regularly declares that "life is over" and that he is waiting to be given a place in a "retirement home": he comes across as extremely passive. He is the one member of the group who makes use of the drop-in area: however, he tends to slump in a chair in front of the television and avoid any form of interaction (or action). He has spent much of his life in long-stay psychiatric or forensic institutions, and this perhaps accounts for his passivity and apparent institutionalisation. Thus I am concerned to offer him opportunities for taking initiative and expressing his musical identity. He has recently started bringing along a harmonica which he will produce with a flourish at moments of particular musical excitement.

It is our long-established custom, originated by me, that we will not start playing until five minutes past the hour, in order to allow time for everyone to arrive, and likewise that we will stop playing five minutes before the end of the session so that people can say anything that they want to say about the playing we have done. Between these "bookends", the music-making could not be more different to that in Marti's session. We tend to play throughout, with no breaks, and the music is entirely improvised. Once again, however, the volume tends to be high and there is frequently a sense of getting into rather more of a rut than a groove, partly perhaps out of comfort, and partly because individuals tend to play perseveratively¹⁴. It seems that these people find it easiest to be with others when sticking safely within their own musical comfort zones.

About ten minutes into our playing, Abdi pokes his head round the door and hurriedly joins us. A refugee from Somalia, he nods at each person in turn (which has no impact on the continuous music being played) and heads straight to his favourite instrument – the bodhran – on which he too settles into his habitual way of playing. Once the group feels established and settled, I change tack from simply "playing along" with the group as a whole to focusing on individual players in turn, highlighting and emphasising aspects of their playing in order to

¹⁴ The term "perseveration" was originally used in relation to music therapy by Nordoff and Robbins to describe music participation in which, although the player is continuously active, they are active in a "stuck" and repetitive way, perhaps absorbed in their own sensory world at the expense of being aware of the nature of what they are doing and its consequences for their interactions with others. This echoes its use at the time within behavioural studies of autistic and/or psychotic behaviour. For further details, see Nordoff & Robbins 1977: 183)

bring out something of their musical character within the group's music making. Sometimes I find myself getting quite "interventionist", for example by initiating singing whilst directing my gaze meaningfully at one group member or another in order to get some vocal interaction going, or moving around the room whilst playing my violin so that I am able to impinge on people's musical space and make them aware of what I am doing, even if only for a short time. The group members don't move around much, so when I move it draws their attention.

The group's membership evolves slowly. Roger has been coming for over three years now and the group as a whole has had a static membership for the last 8 months. Perhaps as a consequence, various people seem to have taken on particular roles within the group – most obviously in terms of the instruments they prefer to play but also in terms of the structuring of the sessions. Thus Bart will often indicate impatience with the talking at the beginning and suggest that we get playing, while Ismail has taken on the role of a timekeeper, glancing at his watch from time to time and, when it is time to stop playing (five minutes before the end of the session), he will bang the drum at ear-splitting volume to indicate that it is time to stop. He says nothing to this effect, but it is clear to all that this is the function of the sudden shift in volume and it is often recognised by others in their immediate post-music reactions. And so it happens today: I comment in our final five minutes that "Ismail finished it off again" and Ismail laughs – Abdi comments in his limited but effective English that he would play "until the end of the day" if Ismail didn't remind him of the need to stop. Thus Abdi reframes what might be taken as Ismail's rather irritating habit as a valued social contribution to the functioning of the group.

As we make our farewells, I know that only Bart will stay around in the drop-in, waiting for his lunch later in the day. The others head straight for the gate, their weekly dose of musically-configured social interaction accomplished. It's getting busier in the courtyard and the drop-in, and my focus now turns to the drop-in. I have just a few minutes to carry over to the drop-in all the instruments and other equipment needed for the so-called "karaoke group".

The "karaoke group"

This group isn't really a "karaoke group" at all. As in a usual karaoke situation, people get to choose which songs they will sing using the microphone, but instead of singing along to a pre-recorded accompaniment, I accompany them on the piano (or, if more appropriate, on another instrument). This started in response to the widespread observation amongst staff that many people were coming in to Way Ahead simply to eat a cheap lunch, perhaps falling

asleep in front of the television, and then leaving again. Not only were people not engaging with one another, this was also having a negative effect on the atmosphere in the drop-in itself, which was swamped with non-participating people around lunchtime. When I first started working at Way Ahead, there were people employed simply to “be” in the drop-in to facilitate social interaction as well as to ensure that order was maintained and that any apparent needs could be picked up on and followed up. However, in the contemporary climate, most employees are now upstairs in the office making funding applications in the hope of keeping the drop-in and other services going beyond the next few months, and the only person apart from me downstairs is the person in the kitchen. She has a couple of members with her working as “volunteers” – they get paid a token amount for each day they work and after a certain length of service and training they receive a certificate which in theory at least might help them to find work. This means that the person working in the kitchen not only has to produce a meal for a large number of people but also has to support and supervise sometimes unpredictable and inexperienced volunteers in a potentially rather hazardous environment. Unsurprisingly, she is unable also to promote social interaction and activity amongst people in the drop-in.

I had long known that several of the regular users of the drop-in considered themselves musical but would never attend any kind of “therapy” if it were styled as such: I had had long conversations with people in the drop-in about the merits of this singer versus that one, or of “classic” music (for example from the 1950s, 1960s or 1970s) versus contemporary chart music. Some people had tried out their singing styles on me and it seemed an opportunity to put this predisposition for things musical into action as a means of engaging people in meaningful co-activity. Initially I had offered it as a “music-making” group – I brought across to the drop-in a variety of instruments and simply invited people to use them. This met with a lukewarm response: for most people, music constituted singing (preferably into a microphone) and that was what they wanted to do. With the help of the service manager (an ebay enthusiast) I bought the PA system referred to earlier. The arrival of this simple technology aroused considerable excitement and drew people in to sing. This is therefore the main item I now have to transfer from the music room to the drop-in.

The biggest part of the “suitcase” which houses the PA is in fact two loudspeakers, each with a stand. My erecting of these has come to indicate that the start of the group is imminent and this is when people start coming up to me and asking me to make sure that they get a go. I also have to bring across a collection of files of song lyrics and some books of sheet music. I already had a file of popular song lyrics requested in various groups I had previously run here and elsewhere: I photocopied these so that they were widely available and thus began our own

Way Ahead Songbook. Almost every week this gets added to as people request lyrics for new songs: I find the lyrics on the internet and add them to each file. Over time the files get pulled apart and disintegrate: therefore I have to try to keep them in standard alphabetical order and from time to time I reprint them from scratch. One problem is that not everyone here can read comfortably and many have problems working with the alphabet, so even this order doesn't necessarily ensure smooth operations. As for the music, I either learn to play this by ear (often by using YouTube or something equivalent) or else I buy the sheet music required (several publisher-run websites offer downloadable sheet music for popular songs).

Finally I also bring a small selection of instruments as some people like to play these whilst singing or to accompany others who are singing. These are mainly drums – a bodhran, a couple of congas and bongos, as well as a tambourine and a tambour.

Marti has been sitting watching me set up: as I struggle under the weight of the files he glances meaningfully at the clock and comments that I'm a couple of minutes late. But he's waiting for his moment: he generally starts us off because with his pace and volume he really gets things going and helps to set the tone for the group. For him this is a chance to sing in front of others and to receive praise from them for his voice and his singing. This time he chooses to start with "Smoke on the Water", which prompts some air-guitaring from those who share his tastes. I have to work hard on the drop-in piano to achieve the feel of the original electric guitar, let alone to match his volume, especially with the microphone, and at the end – as the others applaud him - he acknowledges me with:

Marti: At the piano ladies and gentlemen – it's Simon!

He's being clearly performative in the most obvious sense – getting into the role of a performer and thus being enabled both to accept appreciation from others and to show a generosity and appreciation which often seem lacking in his usual demeanour.

As so often happens, he has effectively "warmed up" the room – now the others present also want a go. As the sessions progresses, more and more people start arriving and there is real rivalry for the microphone. I try to ensure that everyone gets a go, and also use the promise of an upcoming turn as a means of keeping people in the room when the current song is not to their taste. This is not always easy: in particular there is a vast range of musical tastes, and these particularly divide along cultural lines. In some ways this group is a microcosm of the tensions not only within Way Ahead but the wider city. By the end we will have heard heavy metal, Bengali love songs, Caribbean hymns and Irish folksongs plus substantial doses of Elton John, Abba and Andrea Bocelli. There are interruptions too: on three separate occasions,

Victor, an elderly Ghanian man with a high-pitched, powerful voice, strides in from the courtyard and starts crooning across the current song using his customary bowdlerisation of a Motown song; “Darling, I love you”. This is accompanied by dramatic gestures, usually directed at the nearest woman, but in the absence of a woman, I will do. I try to engage him by accompanying his semi-improvised version of the song: he sings to the end and then leaves.

One of the kitchen volunteers puts their head around the door and announces that lunch is ready. A few people jump up and make a rush for the counter, wanting to be first in the queue. But most sit tight. Some just don’t want to queue and will make their move once the queue has died down: others prefer to stay with the music for as long as it lasts. In particular those who are most eager for the microphone will sacrifice their lunch (and mine) entirely if necessary to make sure they get maximum time on the mike. I have therefore had to introduce a strict time limit: we finish at 1:30pm come what may as I have to move the equipment back ready for another session in the “music room” at 2pm, ideally having first had some lunch myself.

Packing away and having lunch

Once I call an end to the group, some people offer to help me pack up the PA and move the books, files and instruments back to the room – offers I gratefully accept in order to get everything done in time. But this helping is more than a practicality - it seems that there’s a sense of “doing things together” that needs to be nurtured musically each week. Not everyone was here at the start of the “karaoke group”, but even those who were are rarely this helpful at the start. This is reflected in people’s comments as we pack up and move books, files and instruments together:

It’s good to sing!

We made a lot of noise this week!

I’m still working on that song, you know?

My lunch has been set aside, and many of the karaoke group regulars have also asked for theirs to be waiting for them. Some of us end up eating together and I am reminded of how naturally eating, drinking and making music go together. The conversation is inevitably music-centred and other people in the cafe and kitchen areas (including people who weren’t physically present at the session but were listening in from the kitchen or the courtyard

outside) chip in with their comments about what they liked or didn't like in today's karaoke session.

Who was that singing the James Brown song? That was awesome!

Ain't nobody sings like Marti, man.

You sing that hymn tune really good, Elsa, but it makes me sad, you know? Reminds me of my old mum's funeral. That was her favourite hymn tune. She was a lovely old girl. I still miss her, you know?

Did you like my song? It's a traditional song, you know, from my village back home.

Why can't we do this every day?

My husband wanted to go down the bookies but he's only just left 'cos he didn't want to miss the singing.

I get a sense of a bubbling up of excitement – the “karaoke session” has not only given people something to interact within and talk about but has also provided them with a means of doing so. As I listen to people talking afterwards I hear extended turn-taking but also solos and duets. Of course it may only be me that hears it this way (out of personal or professional habit or pre-disposition), but there is clearly a difference both in the general affect before and after the group, and in the poetics of the interaction. People seem to allow each other a bit more time and to tolerate being talked across for longer. There's also more of a sense of listening to each other and more of an assurance that one will be listened to. As I head off back to the music room, I can hear people in the cafe, in the drop-in and in the courtyard still actively engaging with the session – comparing favourite bits, sharing annoyance at other bits and – particularly in Victor's case – reliving the bits where he felt he “done good” by singing at everyone around, whether this occasions pleasure, enjoyment or irritation.

Whose session?

My next session is what most UK music therapists would recognise as a “traditional” music therapy session. I have had a formal referral from a community psychiatric nurse (CPN) in one of the Community Mental Health Teams (CMHTs), asking me to work with a man who has been diagnosed with depression and is likely to be admitted to hospital if his condition doesn't “stabilise”. He will be coming with his partner – she is clearly the driving force behind his seeking help, taking him to the GP and now accompanying him here. The referral form is

lengthy and provides copious factual information about him but gives me little impression of him as a person, let alone as a musicking person.

His partner is tall, blond and voluble. She is clearly, and understandably, very anxious about him. She is also pregnant with their first child. Two things occur to me at once: firstly that she too needs support and is unlikely to be getting much from statutory services, all of whom will be treating her partner as “the depressed one” and her as “the pregnant one”, with no connection at all between them – indeed, entirely separated divisions of the NHS now deal with the “problems” of “depression” and “pregnancy”, so that this couple are effectively forced to split their own life situation not only ontologically but also organisationally in order to seek any support. Secondly, as they speak it is evident to me that there is a marked difference between their tempi and their affects. She is hurried, pressured, anxious, on the verge of tears, a bit shouty sometimes and clearly at the end of her tether. He, on the other hand, is quiet, withdrawn, and when he speaks his voice is almost completely lacking in modulation. She makes me want to rush to catch up with her: he makes me want to slow down to his speed.

She seems to be in charge, even speaking on his behalf. Before I have a chance to ask anything, she is setting the agenda for the session, giving me a potted case history, culminating in the referral by the CPN to music therapy. She is polite but insistent, her tone of voice seeming to suggest that she has to trust the CPN since there is nobody else to trust, although frankly – *music therapy?*

Partner: So, how are you going to treat him?

Simon: Well, music therapy is different for everybody... *(I sidestep her question)* ... As you can see, we have a room full of instruments... *(I indicate the variety and range at our disposal)* and we can use these any way we like.

Partner: And how does that help?

At this point I know I could talk about Cochrane reviews, or about the musical nature of depression, but instead I choose to stay with the music.

Simon: Let's try, shall we?

Partner: OK, what do we do?

Should I try to remind her that this is her partner's session? Or should I just plough on? I plough on.

Simon: Well, where do you fancy starting?

My question is addressed to both of them, but it is of course she who responds by grabbing a pair of wooden-headed sticks and heading for the xylophone. I know from the combined choice of stick and instruments that the sound is going to be loud, sharp and piercing. And indeed it is. After a little initial hesitation, her playing is a frantic flurry of piercing stabs. It's a diatonic xylophone (one containing only notes corresponding to "white notes" on the piano) so there's an identifiable tonal centre to her playing and I dive in on the piano in order to match her quality of playing and give her a sense of not being too much for me (more or less what psychodynamic psychotherapists might call "containment"). It seems to work: after only a couple of minutes' playing, she rushes to an *accelerando* finish and declares excitedly – "That was bloody great!"

Rather than responding to her I invite her partner to join me at the piano. Listlessly he sits beside me at the treble end, where I have indicated the empty seat. But she intervenes: "He doesn't know how to play, you know?"

"Well, let's see" is my response – and, turning to him, "You can use just one finger if that's easier. I'll wait for you – there's no rush." She is heading towards the piano to demonstrate, but I hold her off with an outstretched palm. Still turned towards him I say, "I'll help, ok?"

He nods his assent. Rather than pressure him with silence to produce a first note I start a gentle vamp¹⁵ in F major. This is a key I often use for vamping with people who are unsure or reluctant: it allows the likely introduction on the part of the client of a B natural which will imply a shift (which I can then follow) to the dominant¹⁶ key of C major, thus allowing an immediate sense of agency. I start gently and slowly, in a tempo which I hope will feel accessible to him. Lacking much else, I base this on his moving and his breathing. After a couple of cycles around, I decide to offer him as overt a cue as I can without breaking the vamp: I slow down into the dominant chord and simultaneously raise my hands and head and inhale loudly, all heading towards the first beat of the next bar, where the tonic chord will arrive again. He doesn't play – but he laughs, quietly but distinctly on the first beat of the bar. Our eyes meet. Contact!

¹⁵ "Vamp" is a term informally used to describe a highly predictable and obviously repeating simple harmonic sequence fleshed out with stylistically fairly non-descript but active playing, the purpose of which is to accompany whatever might transpire as well as to facilitate the entry of a solo part at any point. It is a technique familiar in music hall routines and to a lesser extent in musicals.

¹⁶ "Dominant" is here used in the technical harmonic sense: the "dominant" is the fifth degree of a scale and tonally one of the most closely related keys so that it is one of the most natural directions in which a piece can modulate. Within classical harmony it is generally the primary key of "development" from the tonic.

I let the frisson resulting from this die down a bit, and four cycles later, I try again. This time he seems ready, anticipating the downbeat physically with me, raising his head as I raise mine. He doesn't look at me, but he does seem to allow his movements to be entrained with mine. As I bring my left hand down on the first beat of the bar, he brings down his right and touches the keys – so gently that no sound is produced, but the gesture is there and I feel sure that a sense of contact is developing. I let the vamp ride another time around and then try again, hoping that this time there might be more.

And indeed, this time he plays. The gesture seems similar but there's enough behind it this time to make the note sound: again, there is a frisson – we are playing music together. I continue to cue him into the onset of the phrase as it comes around and each time he coordinates with me. Eventually I feel I can reduce my physical cueing and rely on the internal cueing of the music – the feel of the harmony and in particular the harmonic tempo. Now it feels that we are together in the tempo – not him adjusting to me or me to him so much as each of us being channelled in time by the music we are making together. At this point I feel him begin to relax, and this is manifested musically by his playing “in the gaps” – not restricting himself to every fourth downbeat, but experimenting in between as well. This lends a sense of playfulness, of less restriction. I am careful not to change my playing too much in response to this, just inflecting it to make sure that there is something of his new-found playfulness about it whilst also remaining steady, a reliable base on which he can build. Out of the corner of my eye I catch a glimpse of him smiling: most of all, though, he seems to be concentrating intently with his tongue protruding from one corner of his mouth.

I lose track of time: I vary the vamp a bit whilst still trying to maintain its overall predictability. My variations don't seem to destabilise him. It is a shock to me when without warning I hear the xylophone behind us. His partner, presumably unable to restrain herself any longer, has joined us. She's still playing quickly – with far more notes per second than either of us. But this time her playing is heard in the context of the tempo and harmonic tempo we have established, and as a consequence it doesn't sound so different. And I am struck by how unlike our opening verbal encounter this is – back then she, trying to manage things, was seemingly reducing him to silence. Now he (with my help) is underpinning her busy-ness, restoring a sense of calm and predictability.

I find my playing adapting to reflect something of her playing too – incorporating fragments of busy-ness and expanding my range on the piano (i.e. using higher and lower notes than I had previously been doing). I am aware of wanting her to feel part of this, wanting them both to experience this other way of being with each other. (Listening back afterwards, it seems that I

was using larger-scale harmony and tempo to maintain the engagement with him, and smaller-scale melodic fragments to extend this engagement to her.)

I find it hard to sustain this and the improvisation doesn't last much longer. But something of the changed relatedness it has engendered seems to continue after it. He contributes more, she allows him more time. We play on other combinations of instruments, sometimes as duets, sometimes as a trio. But it is this found inter-affectual alteration which persists and allows us to take new risks. She slows, he quickens. After 40 minutes, I have a real sense that it is time to let them go. We speak at the end about practicalities: do they want to come again, do they think would be useful? She is less talkative now: he says that he would like to come back. We make a time for next week: they leave.

I am left thinking about how little of what I was doing or thinking got expressed verbally. Perhaps the same was true for them too, although of course I cannot know what they were thinking. All I can know is what happened, and in the first instance my impression of that comes through my own immediate experience. I make a note to myself that I will prioritise this session for listening back to and indexing.

A "DNA"¹⁷

My next session is with Kerry, someone who has been coming for a long time. Hers is again a "traditional" session – she was referred by a psychologist, accompanied by a full referral form. She comes in purely for her session, leaving the premises immediately afterwards. She seems to have an ambivalent attitude towards our work together, as well as towards Way Ahead as a venue. She is highly educated and articulate and clearly feels awkward about being in this environment at all. At first she found music therapy bizarre: experienced in other forms of (talking-based) therapy, music therapy seemed both utterly weird and strangely compelling. She considers herself to be absolutely not a musician, yet our music-making here has taken us into all sorts of unexpected places and challenged both of us in different ways. She would describe herself as having "issues" around intimacy and that is really why she is here and in a strange musical sense, the focus of our work together (for more on this see Chapter Five). I experience her as pushing me quite hard musically: I need all my musical resources to be able to accompany her, to be fully present with her in the music. Ahead of each session I find myself recalling our last session and wondering what this week's will be like.

¹⁷ "DNA" is an acronym widely used within health services to indicate that somebody Did Not Attend their appointment. Whilst this is often seen as a tremendous waste of resources, here the situation seems quite different.

I sit and wait for her – composing myself and thinking about the music we made last week. After ten minutes without her appearing I go next door to the office to check whether there has been any message from her. It seems she rang earlier: she won't be coming today. I'm not entirely surprised: last week's session was quite intense with a real sense of closeness in it. After such a session it is not unusual for her to stay away. I give her five more minutes by nipping up to the office and following up the CMHT referral (nobody there answers the phone, so I leave a message) and trying to find the Head of Counselling for that quick word (she's out, so I send her an email).

Music and mix-tapes

When someone doesn't arrive, sometimes I use it as an opportunity to bring people over from the drop-in to "have a go". At other times, as today, I will spend the time either in the drop-in or in the courtyard, simply being with people and available to them. Whereas once I used to have to strike up conversations with people, now this is rarely necessary. People know me by name, or at least as "the music man", and at this time in the afternoon there is still a perceptible rumbling of the lunchtime karaoke session. Today I can hear someone on the piano in the drop-in and I know immediately who it is. Elsa, who is in her 70s and almost bent double with rheumatism, was present in the "karaoke group" earlier and is proud of her self-taught piano playing. She seems to take over from me when I return to the music room after lunch. Yet her repertoire is limited and her style highly idiosyncratic. Her right hand does a sort of lolloping approximation of the tune she is playing whilst her left hand seems continually to play the same thing, a sort of sequence of rolling chords, irrespective of the key or even the tempo in which her right hand is playing. I know that some people here find this comedic (and at times irritating) but for her it's the very core of her identity. Sometimes she will ask me for a session in the music room and there she will alternate between telling me stories of her childhood (she had relatives who performed in music halls and music was clearly a defining feature of family life) and asking me to guess the tunes she is playing. This is actually quite a challenge, and I have learned to mentally strip away her left hand activity and really try to discern the tune. When I get it right she beams with delight and starts another one. She has an electric keyboard at home and practises. She also spends her sparse pension money on sheet music books which she brings with her in a shopping trolley and sometimes props up on the piano in front of her as she plays. She can't read music, and what she plays bears little resemblance to what is written (she's not even in the written key), but she does read the lyrics from the books (although I'm sure she knows them anyway). She is very proud of her books

and can tell me where she bought each one and how much it cost. Once I suggested that she didn't really need the sheet music and she was clearly affronted – sheet music seems to be the symbol of the “proper musician” she aspires to be.

So I sit with her for a while at the piano in the drop-in. She's working at one of the songs that Marti requested in the “karaoke group” – *Fly Me to the Moon*. I comment that I've never heard her playing this one before – she proudly tells me that she is working it out because she liked the way Marti sang it at lunchtime. Phil, a member who wasn't present for the “karaoke group” wanders in and immediately shouts a greeting to Elsa. He picks up her tune and starts singing along – Elsa is delighted.

Leaving them to it I wander outside where I am beckoned over to the smoking table. Here Lewis is distributing home-made compilation cassette tapes. I haven't encountered such “mix-tapes” anywhere else for at least a decade, but here they are alive and well. Lewis is above all a lover of 1970s soul and disco, but he is also a real fount of knowledge about all sorts of sometimes quite obscure music and loves to share that knowledge with others. Some of the tapes he makes with specific people in mind – including me – and he will include personalised DJ-style messages between songs addressed to the recipient. At first, mindful of the boundaries invoked by the consensus model, I was cautious about accepting these “gifts”, but it soon became obvious that refusal was (wrongly) taken as a mark of disapproval on my part. When I ask Lewis why he makes these tapes, he makes clear that it is a way in which he can experience himself as able to contribute to others' well-being, based on his own knowledge and experience:

Lewis: Well, I know all this stuff, you know? And some of it's really great – it's what keeps me going when things get tough.... And sometimes I tape things off the TV or the radio and then I make it into tapes and I've got it there for when I want it.

Simon: And the sharing of the tapes with other people here?

Lewis: Well, you know, there are people here who have taste – they appreciate good music. So all I do is share the music. I can't play like you do but I can share the love this way. Yeah, I'm sharing the love! Doing music therapy my way!

Victor seizes on my presence to re-start his singing... he's still singing the song he was singing at lunchtime. As I make to walk past him he seizes my hand so that I turn to him. He sings

directly at me as if addressing a lover, his facial expressions completely conveying his immersion in the song. Finally he breaks off and asks for my opinion:

Victor: What d’you think then Simon? I’ve got a voice, haven’t I? Just a bit rusty at the moment.

Simon And why’s it rusty, Victor?

Victor: It’s them fags, Simon. They don’t do me no good.

Simon: Best give them up then Victor!

Victor: You’re a comedian, man!

Victor is laughing: we have more or less exactly this same exchange at least once a week. But I’m also smiling because I’m thinking of the emails I keep getting reminding me that as a mental health professional I should regularly alert my “patients” to the importance of healthy eating and the dangers of smoking and drinking. That’s a box ticked...

The “making it up malarkey”

My final session of the day is with Carmel. She always arrives early, in time for a cup of tea in the drop-in before her session. She often brings in home-made cake to share with others and hence her arrival is eagerly awaited and loudly greeted. She usually cycles in, often with a tin of food precariously balanced on her handlebars. She wobbles into the courtyard and Victor adapts his song to “Carmel I love you! What you got for us to eat?” This is a well-rehearsed routine and everyone laughs. Entering into the spirit of things she sings back “I’ve got biscuits, biscuits, biscuits”. Even before she’s off her bike, a crowd is forming. Astutely she hangs onto her tin as she enters the drop-in. Once she has made her cup of tea, the tin will be opened and biscuits will be dispensed. Carmel is unique amongst the people I work with here in that her preference is for “proper” music, as she calls it – which means classical music in the loosest sense. When I first met Carmel about 18 months ago, she was frequently distressed. We spent our sessions improvising and her participation would often be screamed, or wailed or cried. It felt as though she was pursuing some sort of catharsis – she described it as “getting rid of the bad stuff”. It was hard for her to go beyond this and this made the music-making feel quite limited from my perspective. She talked very openly about how she came to “get things out of my system” but there came a point where even she seemed to tire of this. At this point she asked me if I would teach her to sing. I explained that I am not a singing teacher, but that I

would happily accompany her if she wanted to try singing in the sessions. A few weeks later, she announced that she had found someone at her church who would teach her to sing, but that she would need me to help her practise. Thus my role was changed into that of rehearsal pianist. She would come each week with some repertoire to work on. From then on our sessions resembled a rehearsal process – with all the features of rehearsing, including talking about the music, sorting out certain practicalities to do with photocopies and page turns, for example, negotiating tempi and working on sections that she finds “hard to get”. Recently we’ve worked up quite a repertoire, including Williams Jackman’s “Dorset Peddlar”, “Smoke Gets in Your Eyes” and the recitative “Frondi tenere” and aria “Ombra mai fú” from Handel’s opera seria *Xerxes*.

Today she has brought her recorder (which I haven’t seen for quite a while) and she enters the room brandishing it with a flourish. “I thought we could have a go on this,” she announces. She has brought some solo recorder music to play, but there’s no piano part so I improvise an accompaniment, attending to her playing as if she was herself also improvising. After a while she sweeps the music aside and says she will now make it up, like me. There follows a lengthy period of improvisation, during which she maintains something of the quality of the pieces she has previously been playing, in particular the length of melodic line. After a while she puts her recorder down and continues vocally, apparently enjoying the relative freedom that this offers. I continue to accompany her at the piano, and again she maintains the melodic length, but there’s greater freedom to her singing as we go on. She quietens toward the end and leaves more space: the last few minutes take the form of an accompanied vocal duet. There’s a period of silence as she finishes after which she comments with a sigh:

Carmel: Ah, we haven’t done that together for ages, have we?

Simon: No, it’s been a while.

Carmel: All the practising songs and stuff is very good but there’s something I really miss about this making it up malarkey.

Simon: What’s that?

Carmel: Oh, I don’t know, the ebb and the flow of it I suppose. The feeling that whatever I do it’ll be ok, cos you’ll stick with me no matter what. It’s a bit risky, I suppose. Taking a risk with someone else.

I smile inwardly: I’ve recently been thinking about the relevance of social capital theory to music therapy and without intending to Carmel seems to have made a clear link between this

theory and her own experience. It's always hard to bring this session to an end: she's eager to stay as long as possible and I have to walk her out of the room, talking as we go, to get her out. She heads to her bike, packs her panniers and cycles off, waving cheerily to Victor as she goes.

Clearing up

With Carmel on her way, I survey the music room. It always somehow surprises me that the music is gone (except for what I have recorded), yet the instruments remain as if nothing had happened. My closing ritual is to pack away all the instruments, tending to them to ensure their safety, and return the room to its original non-musical state. This done, I wander into the office to return my keys and check my tray one last time.

Finally I make my way to the drop-in, where the evening session will soon be starting. Most people are watching television and a few are playing pool. I wave my goodbyes – lots of people shout back their farewells. I am going home to index sessions and to write up the day's events in the form of fieldnotes. As I turn to leave however, Victor collars me once more:

Victor: **Darling, I love you...**

Chapter Four

Self-awareness and musical identity

In this chapter, and the two that follow, I present a selection of data, focusing respectively on self-awareness and musical identity: intimacy; and conviviality. Whilst intimacy and conviviality are by their very nature to do with people's experience of relating to others, this chapter concentrates on individuals' own self-awareness and the development of their musical identity. This is not to suggest that all such work happens in individual music therapy sessions – indeed, this seems to be just as much a theme which describes people's use of group situations.

Music therapy is often imagined to be an intrinsically private matter, and this concept is at the heart of the consensus model described by Ansdell (2002). But this is not what is observable at Way Ahead. There are of course people whose music therapy resembles the consensus model – private and long-term and addressing personal “issues” (for example Kerry, described in the next chapter). But it is also clear that people use social settings such as those configured musically at Way Ahead as opportunities to attempt to present themselves as they wish to be experienced (by themselves and/or others), or to allow the music to facilitate an “other” presentation of self, or indeed to grow their own sense of musical identity.

Self-awareness and identity are clearly linked. Identity, if it is not to be foisted upon one by others, needs roots in self-awareness. These stories seem to suggest that music, and particularly the making of music with others, can be an effective way to nurture self-awareness and grow musical identity. For some, as with Joy, musical identity may be something unplanned. For others, like Phil, it may be a way of building a healthy, rewarding and fulfilling life.

Event One: Impressions of Joy

This event covers a time period of approximately fifteen minutes. It starts as one person first enters a room where others are already engaged in musical activity, and closes as she finally leaves. It focuses on what she does, how she changes the nature of the music making (and

hence the nature of the event as a whole), and how experiences of her are consequently shown to be altered.

It's nearly twelve thirty on a Thursday lunchtime: outside it's blustery and autumnal. Leaves are flying around the courtyard and the smokers in the smoking area are finding it hard to spend much time there. Inside, I'm at the piano in the "drop-in": I'm playing for the "Come and sing" session which leads up to the serving of lunch in the adjacent cafe area, usually about now. But lunch is late today and there's a sense of restlessness – lots of people come in for the food and get anxious when it's late. I try to use this hiatus to engage people in doing something musical or para-musical. Perhaps due to the weather, it's a relatively quiet day – those people who have come in comment continuously on the weather, attributing a shared sense of heroism to those who have braved it to get here:

It's not a day for going out.

Weather for ducks.

Bloody awful out there.

F*ckin' England.

Seven people – five men and two women – are sitting on the four sofas arranged in a square in the drop-in (with my piano wedged into one corner of the square and the enormous switched-off television in another): in so doing they seem to identify themselves as taking an active part in the informal "come and sing" group. Part of the sense of groupness certainly comes from shared reactions to the weather: indeed, in some ways, this is the most uniting factor of all, since the people present have widely diverging musical preferences. Today this group is as much as anything a place to be warm and dry. People take it in turns to sing songs, rap or recite poems, passing the microphone to the nominated soloist and, for the most part, listening to each other. Occasionally someone will play along on a drum or a hand-held percussion instrument. On the whole though, the feeling seems to be one of hanging on for lunch. The smell of grilling sausages wafts through from the kitchen next door and people interrupt other people's songs to comment on this:

Mmm, nice!

I could murder some of that....

Jesus, how much longer?

Jet is half-singing, half-rapping “Empire State of Mind” – it’s only recently been in the charts, recorded by its writers, the unusual combination of hip-hop artist Jay-Z and R&B and soul singer Alicia Keys, so it has not only a currency but also an unusually broad popularity here. He belts it out with confidence as I struggle to match the semi-rap style of the original backing on the piano. The energetic quality of his singing draws others into playing and most people are being musically active in some way or other. This is the most engaged people have been so far this session, and at last it feels as though – at last –the weather is not the only thing uniting people.

As Jet is drawing to a close, suddenly the door from the cafe bursts open and everyone looks round, half-expecting the announcement that dinner is ready. One or two people even stand up in anticipation. But instead they see a large Nigerian woman in a colourful headscarf standing in the doorway. She surveys the scene for a few moments as if hesitating, and I seize the opportunity to call out, inviting her to come and join us. She doesn’t move: instead she proclaims, with apparent contempt in her voice:

I ain't doin' none of that shit.

With this, she turns tail and slams the door emphatically behind her.

After a moment’s silence, everything in the group carries on as before.

Interruptions are part of everyday life for us here: we are, after all, singing in a public space. Nor is this kind of outburst particularly unusual: this is a place for people with experience of mental health difficulties and outbursts form part of the aural scenery. Joy, the Nigerian woman, spends much of her time sitting outside in the courtyard, incessantly bumming cigarettes and smoking as incessantly as her success rate at bumming will allow. On good days, she is chatty and likes to talk with me about music – she says she has a mouth-organ at home which she always promises to bring in but never has – and on not-so-good days she shouts abusively at people. Sometimes her behaviour becomes markedly inappropriate and she is banned from the premises for a short period. Right now, her mental state seems to me

to be deteriorating: she is clearly responding to voices and becoming sexually disinhibited. I suspect that she is heading for a re-admission to hospital.

Many of the members of Way Ahead have themselves spent periods as inpatients on psychiatric wards, often repeatedly. As a consequence, Joy's outbursts evoke a different kind of response here than they might on the street. Here, there seems to be less fear than amongst the general public - this is not an unusual experience for people here – but that does not mean that there is acceptance either. As Joy turns around, I see several people raise their eyebrows at each other and hear comments such as

Gawd!

She's on her way back to the nuthouse.

I am immediately struck that my own somewhat diagnostic response of a moment earlier has been echoed by this member: perhaps this is a kind of compassion rooted in empathy, but perhaps also it is important for people here to differentiate themselves from those who exhibit "ill" behaviour, as this serves as evidence of their own "wellness".

Applause greets the end of Jet's song and the microphone passes to Brenda who selects "Killing Me Softly", a song made famous by Roberta Flack (best known as a jazz, soul, R&B and folk singer) in the 1970s and covered in the 1990s by hip-hop group The Fugees . Again, it has a broad crossover appeal which maps well onto the expressed tastes of people here. She sings it quietly and with a degree of temporal aberration from any of the original versions that makes it hard for others to play along with, but we persevere and most people seem to be genuinely listening to, and appreciating, her personal style and her commitment to the song. Towards the end the door bursts open once again.

It's all sh*t, ya' know.

At once, Joy slams the door again and is gone. This time Brenda seems a bit shocked, as though Joy has wrenched her from the world of being "in" her song. "Some people have got no manners", she enunciates with perhaps slightly exaggerated clarity. I attempt to ameliorate the situation by extending the ending of the song, creating a sort of impromptu "dal segno" so that Brenda has an opportunity to sing herself back in to it before it finishes, and she receives generous applause from everyone, perhaps partly as compensation for the interruption.

Now it's Jeff's turn and he chooses (as he usually does) a disco classic – on this occasion, “Tragedy” by the Bee Gees. This has a long introduction and I know that he likes songs done “properly” (i.e. as they sound on the record), so I launch into the introduction with its repeated pulsing motif:

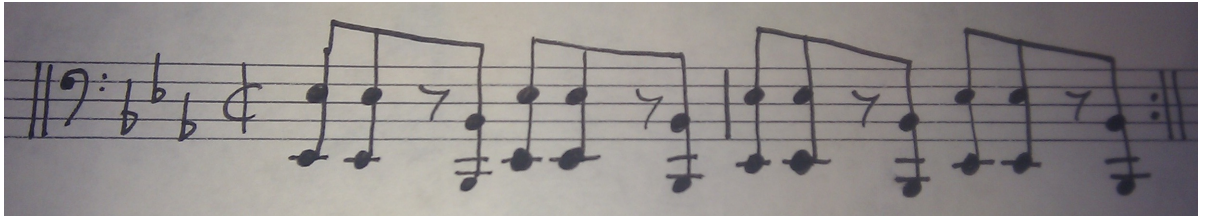


Figure Six: “Tragedy” motif

Jeff is just breathing in, ready to launch into the verse, when the door flies open again:

I told you, I ain't DOIN' none of that shit.

But this time, instead of flouncing out, she marches forwards into the drop-in area, leaving the door wide open behind her. I can see that she's marching in time to the pulse of my playing, and since Jeff has failed to come in, I extend the introduction, simultaneously offering Jeff another chance to come in and Joy some support for her actions. But I'm also aware of the exaggerated nature of her marching and am slightly concerned by it. Is she taking the mickey out of the song? Is she making a mockery of the group and its singing? And most pressingly, since she's heading determinedly in my direction, is she coming to confront me, or perhaps even to hit me?

Jeff doesn't start singing: everyone's attention, his included, is focused on Joy now. Her marching, exaggerated and almost grotesque, is supplemented by florid upper body movements and flourishes with her hands and even her fingers. For a moment, I'm not sure what to do: to treat this as an interruption from which I should be protecting Jeff and the rest of the group – I have flashbacks to aspects of my training where we were taught the importance of boundaries and protecting the group from intrusion or attack - or to regard Joy's activities as musical participation to be encouraged and supported. Since Jeff seems to be okay, I take

the latter option and consciously try to tailor what I am playing to Joy's movements. This is now her solo.

I abandon any intention of "playing the song", but of course we are where we are musically, and I know that the motif which had so clearly engaged her can't just stop. I carry on punching it out, taking my timing from her movements rather than from any kind of absolute tempo. She is essentially moving with the tempo in which I had started the song, but it feels to me like an important shift – ALL my attention is on her now. She seems to revel in this. Standing still at last, she starts clapping on the offbeats which the motif leaves silent, hands above her head, knees giving slightly as she sways:

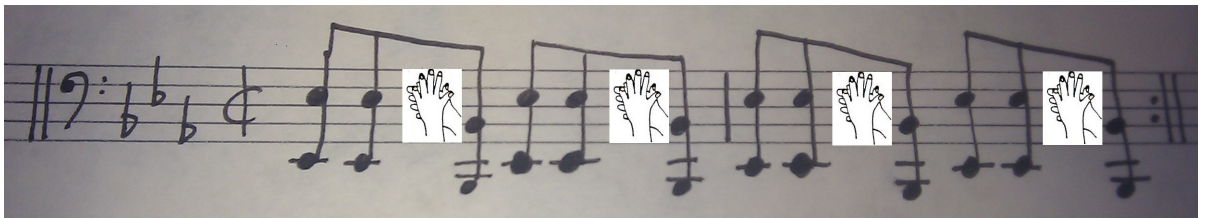


Figure Seven: "Tragedy" motif plus clapping

It feels as though Joy is now "buying in" to the structure by becoming physically a part of it, and I can feel myself making slight but continual adjustments to the tempo of the repeating motif in order to allow her to steer it. The fact that Joy is now fully engaged (not only "musically" but "bodily" too) with the motif that marks "their" song (even though I have mentally abandoned the song for improvisational flexibility) seems to enable the others (who are still sitting on the sofas looking at her) to acknowledge what she is doing as musical and participational rather than interruptional. Jet sets the tone: he gets up to grab the bongos which are sitting on the floor in the middle of the square of sofas, then sits back down with them purposefully positioned between his knees and starts drumming to the music, his head nodding up and down with the pulse. He is still looking at Joy and I have a sense that he is accompanying her movements rather than just playing along with me. His movements are more constrained than Joy's, but I can see a clear symmetry between them.

Next Jeff reaches out for a shaker. His playing seems to echo what Joy is doing in a different way: it's as much about moving as making sounds. His movement exceeds what is strictly necessary for playing: he's whirling the shaker around above his head in a manner which reminds me of a Brazilian carnival.

Mick picks up the guitar which is next to him on the sofa and starts to strum. As far as I'm aware he doesn't know any chords so he's just randomly moving his left hand up and down the neck but his commitment to strumming is striking and unusual. He raises the body of the guitar with the contours of the melody – almost as though playing air guitar on a real guitar.

Suzanne, who has never been one for playing instruments (she always says that she comes strictly to sing, not to “mess around”) seems at first sight less engaged than the others but out of the corner of my eye I can see her foot tapping. She's also smiling, her earlier disapproval apparently replaced by a willingness to go along with what's happening.

Then, one by one, the remaining people join in, either instrumentally or by shouting encouragement. Brenda seems to be the most reluctant – perhaps as the result of having felt so rudely interrupted earlier. She doesn't move from her seat at first, but it's on her face that I first see signs of change. Wearing a rather frozen, disapproving expression to begin with, her face seems to relax, perhaps reassured by everybody else's participation, first to a neutral expression and then to a warm, relaxed grin. Finally her head starts to nod to the beat and her mouth is moving too: I can't hear her but I suspect she is singing along.

As far as I can tell, Joy isn't looking at them – she is moving so much that her gaze must be constantly shifting – but she certainly seems aware of the active support coming from the group. Her movements gain in breadth and definition and suddenly I realise that this is definitely what I would call dancing rather than just moving to music. It is clearly intentional and there is a sense of spontaneous choreography about it.

At the same time Joy is beginning to use her voice. Initially this has an almost shockingly low grunt-like quality, but quickly she is using long vowel sounds and exploring a greater pitch range. In terms of tempo, she is utterly rooted in the original motif, and I am endeavouring to keep something of this going. But everything else seems fluid and exploratory. It occurs to me in the midst of it all

that performing like this on the street would alarm people, and probably be a short-cut to getting sectioned under the Mental Health Act. But this doesn't feel threatening or mad: it feels to me that she is doing something clearly performatory, unarguably creative and probably expressive. I'm keeping an eye on all of the others too: they don't seem at all alarmed, nor are they holding back – in fact, they seem to be committed to this as a musical event, participating actively (and in some cases noisily) in it.

The volume level rises as people become increasingly committed: the pitch range increases too and I find myself using the whole keyboard of the piano, not just the lower central area I was using when Joy marched in. Eventually the tempo starts to increase too and there comes a point at which I have to abandon the original motif simply because it is no longer physically playable at the new speed. We are hurtling along now and I can sense that Joy is getting tired: the music is beginning to overtake her physical capacity to keep up too. Oddly, she and I are physically united in getting tired. But her commitment to it remains – her voice is wide-ranging now and full and open in quality. She is holding nothing back. Likewise the group seem to be playing (and some are singing and whooping) without any self-consciousness or sense of keeping an eye on themselves – rather they are fully involved in the moment-by-moment experience of this unexpected musical happening.

I can sense that the ending is coming, and I feel that it needs to be helped to end "well". Joy's tiredness is becoming increasingly evident, and the drumming is beginning to lead rather than follow. So I adopt a very conscious strategy of trying to "rein it in": physically I work to catch the eyes of the players and musically I try to arrest what threatens to be an unstoppable accelerando by re-instating the original theme (at half tempo in relation to the current beat) and punching it out. I find myself unthinkingly using my head to "conduct" the group into togetherness whilst simultaneously watching Joy's every move. I feel like a link between two elements that I really want to keep together: like the coupling between locomotive and carriage I feel musically pulled almost apart.

It's an extended moment of tension – but somehow (and I'm not entirely sure exactly how) we do manage to negotiate it and pull ourselves together. I try to model being led by Joy's movements and there is still a sense that, although I am certainly being a bit muscular about things, the "band" (for this is what it has

become) are able to support her to a natural rallentando ending of her dance. It's loud, it's dramatic, it's unpredictable. We're still in the E flat major tonality of the original song, and I find myself using exaggeratedly clear perfect cadences to signal the end in conjunction with the rallentando. Joy flops at the waist, her hands almost on the floor for a few moments. Then she stands up, walks to the door and walks out of the room, announcing as she leaves:

Gotta eat now.

The "band" look at each other: there is a collective exhalation of breath.

Wow!

Bloody hell!

Where did THAT come from?

She's GOOD, man!

Joy had been with us for less than 10 minutes, but what had seemed at first like an interruption had eventually brought the group together within the social-musical opportunity that it afforded. It had radically and completely changed the atmosphere in the room and the energy level of the music making. More than this, however, it had left people with a very different impression of Joy. Only afterwards did I fully realise that people next door in the cafe, their attention drawn by the growing volume and gathering tempo of the music, had been watching through the doorway Joy had left open behind her. They, like the "band members", were now exclaiming surprise at what Joy had just done. They were not treating it as something pathological or frightening (as might be the case in another place, or perhaps even here without the music), but rather as something creative, personal and perhaps even beautiful. Thus Joy's interruption had ultimately challenged the attitudes toward her held by other members. She had re-presented herself, and been aided in doing so by others also re-presenting themselves in social accord with her re-presentation of self.

Briefly I wish I had caught Joy's "performance" on video. But what purpose would it have served? It might have helped me as a researcher to chart in great detail her moves and how these correlated with my playing and that of the "band" (and vice versa). It might have helped me as a music therapist to review in greater detail how what I was doing fitted (or not) with what was going on around me than I could just from an audio recording or from fieldnotes. But

it also strikes me that these are secondary considerations: its primary purpose has already been achieved: the re-presentation of Joy, and her experience of other's reactions to the re-presentation.

Perhaps part of music's work here is the re-framing of deviance (in Becker's sense) so that it no longer "feels" deviant within the given context. With detailed analysis it is possible to show how this is achieved – moment by moment, but also musical affordance by musical affordance. This is a reminder of the fluidity of identity, and how its meaning (even in the case of an individual) is established relationally, according to how it is linked with other things that "assemble" it.

The situation as a whole seems to be assisting Joy in her presentation of self in everyday life. The assistance is partly personal from me and the others – but it is also partly organisational and structural from the music itself. Surely it is important that this is not just "done to" her - she makes active use of the assistance available, for example, in the way she latches onto the motif and turns it into an opportunity to present herself on her own terms. Music seems to serve to address possible deficits in cultural toolkits (either by supplying the missing tool for the person or by training or enabling them to address the deficit for themselves). And music is not only what is audible: Joy's movements are a key part of what is happening musically here. Indeed, she is not just moving, she is dancing. I am intrigued that others also attached value to what she did because it was experienced as "beautiful". What she did was probably not what a trained dancer might have done, so why did it carry such aesthetic value for us? Maybe this is a kind of grounded aesthetic of authenticity, one which can re-frame what might otherwise be perceived as mad, bad or deviant as being instead expressive, beautiful or moving. And if this is how we were reacting to Joy, surely she would also have a sense of this?

As the therapist here I wonder whether I could here be described as engaging in some kind of emotional labour of the kind described by Hochschild (1983). I am very much "in it" with Joy and the others, there is frequent conscious appraisal of the needs of the situation and my response to this is manifested as a "way of being musically" – whereas the clients are perhaps less conscious of this. Perhaps also what I am doing could be described as a kind of "aural gaze": an active continual taking in of what is going on coupled with an ongoing interaction with it. Taken together, this is clearly a kind of "music therapy work".

Event Two: Pete looks up

This event is much shorter and lasts less than a minute. It's a very different scenario, taking place within an individual music therapy session.

Pete drums. He often drums, and he says it's what he loves doing. He's been drumming for 20 minutes now. But it doesn't feel satisfying for me – he drums alone, and I have little feeling of contact with him while he plays. He seems even unaware of his own playing, as if he were in something of a trance. He is staring at the floor and I have no idea what, if anything, is occupying his attention. Seated at the piano, I'm continually trying to attract his attention. I run through my mental catalogue of musical tricks, trying one after another. I find myself switching from 4/4 into a waltz which I accentuate as much as I can: melodically, harmonically, rhythmically, agogically and anacrusically. Suddenly something's changing. It's just a feeling at first but then . . . yes, there's a shift in Pete's beating. He's changing – not the pulse of his playing but the feel of it. The 3/4 quality of the waltz has somehow picked him up and he's coming with me . . . His head lifts and our eyes meet. A grin. There's a sense of fun now. A few phrases later, I decide to seize the moment and push our new-found contact a little. With maximum signalling I start to increase my tempo. Pete comes with me. He laughs. I push further and suddenly he's pushing too. It's out of my control now and we rush in a shared accelerando to a caricature of an ending. We're both laughing now.

I've experienced this kind of thing many times. A style, an idiom, a feel – something recognisable and predictable and experientially share-able in the music suddenly “picks someone up” and not only causes them to change what they are doing but also noticeably impacts on their awareness. On some level (even if he couldn't explain it), Pete and I shared an implicit knowledge of what should come next – and this enabled us to anticipate, predict, delay and fulfil the expectations, with all the fun and laughter that ensued. The waltz form did not entirely dictate our musical interaction – there was still plenty of freedom to be improvisational: rather it afforded us a framework within which to interact and to re-encounter one another. As the laughter died down I ask Pete what happened:

Simon: What happened there?

Pete: Dunno. Can't remember what we did to start with. I wasn't really with it to be honest.

Simon: What changed it?

Pete: Dunno. It sort of livened up, didn't it? And like as soon as that happened I knew what I was doing. It was all sort of oom-pah-pah.

Simon: Oom-pah-pah?

Pete: Yeah, you know – oom-pah-pah!

What Pete clearly articulates here is that it is the “oom-pah-pah” feel that grabbed his attention and made him aware of what he was doing himself. Clearly my waltz was rather more like a Bavarian drinking song than I had intended....

Event Three – Marti goes Country

Marti is in the “music room”: it's his individual session, but he mainly uses these sessions to rehearse songs which he will later sing in the “karaoke” group (and hopefully elsewhere beyond Way Ahead too). When he first started coming he used to simply “belt through” (as he put it himself) as many songs as possible in the time. They were all loud and fast and at times he looked as though he would burst with the exertion. (For an account of a whole session with Marti, see Chapter Three).

We have been working together for over a year now, and Marti has begun to be a somewhat more flexible in his singing of songs,. Instead of just singing each song once and moving straight into another one he is happy to work at them – indeed he really seems to want to get them “right”. At the moment I am trying to encourage him to think about “how” he sings songs.

Marti is flicking through my file of song lyrics and chooses “Help Me make It Through The Night”.

Marti: I've never noticed this one here before – let's do it.. It's a classic.

Simon: Just let me find the notes ...

I locate the sheet music and launch into the opening introduction. It's a song by Kris Kristofferson, so I try to give it a nice country lilt. But I haven't even finished the introduction before Marti interrupts, outraged:

Marti: Woah! What the f*ck you playin' at? That ain't that song.

Simon: It is – look!

Marti: Nah. It's a reggae song. John Holt did it. It's gotta feel like it's from Jamaica.

I had no idea that this had been recorded as a reggae version, and clearly Marti had no idea that it was originally a country song. I do my best to “reggae” it up.

Marti: That's better.

He sings it, John Holt style. Afterwards I persuade him to have a go at it in country style – I tell him he's looking good in a country and western hat. He says he'll have a go, but just the one verse and chorus. Actually we make all the way through. This gives me an opportunity to remind Marti that there is more than one way to sing a song. Although he clearly much prefers the reggae version, he seems to accept that the country version has some validity too.

Later that day, in the karaoke group, a new member appears. I ask him what kind of music he likes “Country and Western” is the answer. Marti pipes up:

Marti: We know a country song, don't we Simon?

And together we do “Help Me Make It Through The Night” country-style. I was surprised that Marti would do this in front of the others, but at the end he turns to me and grins as he says:

Marti: See? I'm a professional! Give the punters what they want!

For Marti, music offers him a clear means of self-presentation and identity. He wants to be seen as musically talented (which he is) and acknowledged for this (which he often is). This motivates him to try to be flexible and to be aware of his own tendencies as a musician, even when it cuts against his own taste. Given that Marti is a highly inflexible man in many ways, this seems like a major achievement.

A biographical perspective: Phil building a musical identity¹⁸

Phil is perhaps the informant with whom I developed the closest relationship. We worked together in individual music therapy over an extended period but the nature of our work metamorphosed from fairly traditional improvisational sessions, through working on his songs, to my supporting him teaching guitar to others at Way Ahead and ultimately to our performing

¹⁸ A fuller account of Phil's use of music therapy is to be published in 2013 as part of a volume of accounts of ways in which people use music to find health and well-being in life.

together at gigs in pubs in town. Phil was overtly interested in the research project and declared himself eager to be involved.

As well as working with Phil musically, we had lengthy conversations about music and mental illness and I formally interviewed him several times. The extracts of conversation below therefore come from various occasions. In quoting him at such length, I am not wishing to suggest that there is no need to think critically (and particularly contextually) about the content of interviews, and why people such as Phil might be saying what they say. Rather I wish to allow Phil to convey his own story – one in which I have been very much involved. His story is material which will be considered in Chapter Seven.

The fact that Phil was able to share his guitar skills with others through doing some voluntary teaching meant that he was closely associated with me by other members, and he expressed pleasure at being regarded as both “one of the members” and “one of the staff”. This was perhaps aided by the fact that I wasn’t generally known as the “music therapist” but as “Simon” or “the music man”. Phil became another “music man” for Way Ahead.

Phil talked about music having been important to him since an early age. However, he didn’t have any opportunities to learn music in any formal sense until he had left school and was already working as a manual labourer:

I had an older cousin who had some guitar lessons at his school, and the idea was he was going to show me what he’d learned but that’s easier said than done really. So I learned a couple of chords on the guitar and that was it. And I was very shy really – I never really had the confidence to do anything. I didn’t actually learn to play the guitar until I was eighteen, maybe nineteen. I must have had about a dozen lessons, and that gave me the tools to go away and learn more of the guitar myself.

He formed a band with friends, and they moved to London in the hope of “making it”, but the dream soon faded: the band split up and Phil left music behind as he started working in an unemployment benefit office. The pressures of this life led to a breakdown and a re-turning to music.

Things got out of control: I was drinking too much, smoking too much dope, taking too many pills to try to cope with everything, and it all ended in a breakdown. And it was round about that time that I started writing songs. It sounds funny now but I’d never really

written songs when I'd been in bands years before, and looking back it's clear that each time I had a breakdown – there were two – I got back into music. I think it was a way of dealing with all those pent-up emotions and chaotic things going on inside. I suppose some people run marathons and things like that but I found myself writing songs a lot of the time.

On the advice of a friend, he tried music therapy in which the therapist was presumably working via improvisation, but “it just seemed like a lot of banging and crashing”. Phil attempted to use music as a form of recovery for himself by undertaking voluntary work doing music in a hostel for homeless people, but the hostel's chaotic environment only compounded his own and a second breakdown ensued.

Seeking out music therapy once more, he found Way Ahead and so knocked on my door. Initially I too tried to improvise with him, but he told me about his song writing and brought scraps of paper with fragments of lyrics and chord sequences written on them. He would literally piece them together on the floor and then piece them together musically as he fashioned them into songs, singing and accompanying himself on the guitar which he brought with him from home each week. It transpired that he found himself unable to consider any of his songs finished: he linked this to a diagnostic label he'd been given of “OCD tendencies”, along with depression and anxiety. His experience of this diagnosis seemed interlinked with his inability to finish songs, and yet at the same time he seemed to feel that writing songs was his way of trying to recover, of being creative. It was just that he couldn't manage this on his own – not out of a lack of ideas, but out of an inability to finish songs (both in terms of completing them and in terms of feeling satisfied enough with them to “let go” of them and regard them as finished¹⁹). It seemed clear to me that something I could offer him was therefore a helping hand in the direction of finishing songs. I encouraged him to sing his songs, and I recorded him using the same mp3 recorder I was using for fieldwork. In this way a means of conducting research became a part of what was being researched, thus mirroring my own position as researcher involved in the social scene I was seeking to investigate.

Phil described this engagement as lending purpose to life:

Working with you meant I could finish songs that I'd had on the go for ages. It was something to get out of bed for in the morning: coming to sessions was a big deal. I'd be at home all the time and I

¹⁹ This might be seen by some as a manifestation of Phil's pathology, but it is a situation commonly described by artists and composers. For example, Pierre Boulez is famous for his inability to let go of works: he is still trying to finish *Notations*, some of which started as piano pieces in 1945 and which has been scheduled for premieres at several points since (Duchen 2012).

found it really hard to leave the flat. Just getting to sessions was a major undertaking – I'd have to plan the whole day around it, pack my bag and cycle over with my guitar on my back. I needed something that meaningful to go out for.

I made CDs for Phil of his songs: he would take these home and listen to them carefully, returning with notes on what needed doing: he referred to this as his "homework". Indeed, throughout our time together, Phil demonstrated a "working" attitude to our collaboration: he took it very seriously. He prepared rigorously, applied himself fully and was fully centred on the music we were making, on "getting better" musically, rather than clinically:

Simon: I noticed you talked about "working" with me, just as you had "worked" with homeless people. Did it feel like working?

Phil: **Yes, definitely. But in a good way! I mean, I didn't come to mess around – I was serious about what we were doing, and it mattered that you were serious about it too. And once I'd got my audio recorder, I used to go straight back home and listen back to what we'd recorded in sessions, so that was like doing my homework.**

Simon: Often when people talk about music therapy, they think of the therapist doing the work and the client being "treated". Did you feel "treated"?

Phil: **Well, I knew you were a trained professional and I presumed you were being paid... but I still felt we were working together. I think our relationship was based on working together.**

Simon: So did you not come to "get better"?

Phil: **I suppose in a way I did – and I did "get better" as you call it. But I would have been too desperate and chaotic at the time to say that.**

Simon: So how did the "getting better" happen?

Phil: **Oh, by me getting to grips with my music. By moving away from it being chaotic and towards it opening up possibilities for me, like I have now.**

Simon: So it was all about musical work?

Phil: Totally.

Our work was very practical: one week Phil arrived with an audio recorder which he had saved his money to buy. He wanted to be able to record our sessions for himself, but he didn't know how to use the recorder, so we spent the sessions fiddling with it together and working out how to use it. This is very far from textbook definitions of music therapy, but when I asked him about it Phil was adamant about its usefulness for him:

Phil: That was you giving me the tools I needed to do it for myself.

In the early stages I was simply a rudimentary sort of sound recording engineer. I would organise the room in such a way as to focus Phil on his singing and recording. I would set up the recorder and the microphone and monitor levels to make sure that the resulting recording was as good as it could be. Between songs we would sometimes talk about the songs or the writing process, or indeed about life in general – the difficulties of living on benefits or the frustrations of dealing with psychiatric services. Above all, though, he came to record.

The first big shift came with my starting to play with Phil. This didn't come out of the blue – there had always been instruments lying around the room as this was where I also did improvisational work with other people. Phil had always shown an interest in these instruments, asking me what they were and where they came from. Most attractive for him was my violin: as a non-guitarist I would use my violin or the piano to illustrate any suggestions I had in terms of performance or song completion. One week he came in with his notes based on his listening back to previous recordings and suggested that one of the songs had opportunities for us to play together:

Well, I've been listening back to that song we did the week before last – you know, the one with all the gaps, and I reckon there's space in those gaps for something a bit different. And I was wondering if you could put something in there with your fiddle. Might be nice.

And so we made the transition to playing together. At first I mainly played the fiddle, interspersing fragments between his melodic phrases. Later I brought along my piano accordion, and this provoked an excited response:

My God, that's one hell of an instrument! I mean, it must weigh a ton! And it's a proper one, isn't it? Like with the buttons and the notes... I've seen people play those in pub sessions back home.

Lovely sound they make. I reckon we could do something with that in the songs. Would you be up for that?

The accordion brought with it new musical opportunities. The fundamental bass row buttons (each of which produces a single bass note) enabled me to underpin Phil's harmonies with lower and more sustained pitches than his guitar could produce, thus providing a sort of "grounded" feel to our playing together. In particular it meant that I could take over some of the harmonic responsibility, freeing Phil to be a bit more exploratory and experimental.

Thus Phil's songs began to acquire new life. We would try different versions with different instruments, and the new instrumentations would themselves suggest something about the musical possibilities inherent in each song. Instead of determinedly trying to perfect each song in order that he could leave it behind, Phil began to take pleasure in "playing with" the songs with me. Whereas at the beginning his attention had been firmly inward-looking, now there was frequent eye-contact and humorous moments. There was a genuine sense of playfulness, both between us and within Phil's own playing and singing. He was much more ready to take risks:

I think what I enjoyed most was sort of being set free from the songs – I mean they are my songs and I'm proud of them and I enjoy playing them. But at the beginning it was all a bit grim – I HAD to get them just right or it was rubbish. But when we started playing together it was more ... well, more light-hearted, I guess, even though we were both really serious about it. And I'd try things out I'd never have tried before because it wasn't going to go wrong. Sometimes we went really crazy, but it never went wrong, because we were still doing the song, just differently.

At the same time, Phil was beginning to make use of facilities at Way Ahead beyond just music therapy. In particular he would spend some time after each session in the drop-in area, having a cup of tea and talking with others. I also encouraged him to come in on other days to use the music room for himself – he had told me that he didn't like to practise at home because the walls of his flat were so thin and he didn't want to disturb the neighbours. This he also started doing and the appearance of this man twice a week with a guitar on his back aroused interest from other members, with two results. Firstly, it provoked much interest in music therapy amongst the membership at large (it seemed that Phil was making music therapy "cool"). Secondly, on days when I wasn't in and providing music-making in the communal area, members would ask Phil to do the same. Diffidently at first, he would get out his guitar and

sing and play. This provoked admiration and acknowledgement of his skill and the quality of his songs, but also requests for him to give guitar lessons. Phil came back to me and asked me what I thought:

That was something I hadn't expected, but they asked me about it and I was really surprised when you said "Go for it" – you had such faith in me! So with your encouragement I had a go!

Phil found that he enjoyed offering beginner-level guitar lessons. In doing this teaching he had become a volunteer at Way Ahead: given the unusualness of this situation, I was asked by the volunteer co-ordinator to be his supporter, and so we spent some time each week in our sessions talking about his teaching and how he was finding it. I was initially concerned that he shouldn't take on too much but also that Way Ahead shouldn't take him for granted. Volunteers get free lunches on days when they are volunteering, but more important for Phil was the recognition it earned him as well as his own experience of his capabilities:

Finding I could contribute something musically as well as getting those experiences with you, that was really something. And the staff treated me differently when they saw me doing things: I remember one of them asked my advice about buying an audio recorder for recording meetings or something and it felt amazing that someone would ask me for my advice.

Phil's teaching wasn't entirely traditional teaching, however: perhaps because of their experience of my weekly "lunchtime karaoke" groups in the drop-in area, many people were keen to use whatever level of musical skill they had to make music. Phil therefore found himself challenged to work with people musically in ways he simply hadn't expected:

One chap would just start singing anything and I'd just have to find a way to play along with him. And funnily enough, sometimes I'd find myself playing a riff which I'd had hanging round in my head for ages and it just seemed to fit, so we found a way of playing together. But for me to do that came out of me coming to you in the first place.

In a sense, then, Phil was doing with others what I was doing with him – being there for them musically and helping to establish a culture within Way Ahead of musical life and musical companionship. When I suggested this to him he was taken aback – he protested that he wasn't an "expert" like me, that what he was doing was all just made up as he went along, whereas I was a trained professional. I pointed out that despite a lack of formal qualifications,

he was working musically with people and it was evident from their reactions and how they talked about their lesion with Steve that they valued his input highly. This seemed to be difficult to accept for Steve at first, although when we discussed it later he seemed to have internalised the idea:

It was great that – people really seemed to enjoy those lessons, even though I didn't really have a clue what I was doing. I tried hard, you know, I wanted them to enjoy it –I knew not many of them would practise or anything, through one or two did. At first I wasn't very confident about what I was doing, but after a while it felt so good to think "I can really do this", and to feel I could give something. And you were always there to help out or ask advice from if I needed it. But they really seemed to look forward to their lessons and some of them told me it was the best thing they did all week, which boosted my confidence no end. I mean, who'd have thought it? Me teaching other people to do music!

Nor was Phil's relationship with them entirely musical:

It also got me connected with other people there: a couple of the people I gave lessons to had spells in hospital so I'd visit them there too, which was nice for them but good for me too because I was so isolated and in need of friends.

Phil had often talked about the sessions which happened "back home" in the pubs in the southwest of England, often with a sense that this was something that he could never be part of. He also mentioned a friend who was running a pub where "open mic" nights²⁰ were held. I suggested to him that he could take part in an open mic night if he wanted to – by now he had a sizeable repertoire of both his own songs and covers. He seemed keen but simultaneously reluctant to do it on his own. A few weeks later he asked me if I would do an open mic session with him. This took us into the final phase of our work together – a phase characterised by our working towards public performances, initially as the two of us and later with Phil's friends.

We worked up a set of three songs for the first open mic: these were songs we knew well and had played together extensively. Nevertheless, we were both nervous: on my part I was aware of the evident departure from professional norms which I was finding myself undertaking,

²⁰ An "open mic" is an event (usually held in a pub) where anyone present can do a short performance: participating in these is often how performers on a pub circuit first become known.

whilst Phil was mindful of the “public performance” element (which mattered so much for him):

I remember it was going out live on the internet: I don't suppose many people were watching but I completely froze up! I couldn't even remember the first chord to the first song! There might have been only half a dozen people there at some of those gigs but they were still public performances.

It mattered to Phil, though, that we were doing these gigs together, and this appreciation of companionship seemed to trump any concerns he may have had about his “therapy world” and his social world colliding:

Phil: It made all the difference to me not playing on my own, but playing with you, and later playing with other people too.....

Simon: Another thing that might raise eyebrows amongst music therapists is that we were playing together with your friends. And I never really knew whether they knew that I was a music therapist. Did you tell them? Did you want to tell them?

Phil: I can't remember actually. But there wouldn't have been an issue anyway. I probably would have told them how I knew you, but I wouldn't have gone into detail. I wouldn't have had to go into detail because they were all musical people – not necessarily trained, but musical – they would all understand how music therapy makes sense, and they would have been pleased to be part of it.

Simon: So it wouldn't have been an issue for you had they known?

Phil: No, they were my friends and musical people too, so why would I have minded?

Simon: And they knew you'd had a breakdown?

Phil: Most of them, yes, and that's kind of the point, isn't it? The gigs were me getting back to my best – I wanted them to be there and it was great that I could play with them more and more.

I asked Phil specifically about the idea of boundaries, so prized by the profession:

Simon: Some people would say that any form of therapy should be confidential and properly boundaried, which means keeping other people out.

Phil: **Yes, but I know what a lack of boundaries looks like – that’s what happened when I was working in the homeless shelter and there was no difference between unhealthiness and healthiness. I lost all sense of who I was and what I could do because of that. But you didn’t get chaotic like me: you helped me back into a way of using music that was healthy and which I could build on myself. That’s healthy, not unhealthy.**

After our first “open mic” we were invited to play in a small-scale programmed gig in the same pub, and from there the invitations flowed. We found ourselves part of a pub music circuit where I was never introduced as Phil’s music therapist (in fact I would have been horrified had this happened), but rather as “the bloke that Phil plays with ...” I would play violin and/or accordion, and increasingly Phil’s friends joined us on drums and other percussion. And of course I would drink beer with my “client” –something that would horrify the “consensus model” of music therapy described by Ansdell (2002, 2005), which posits its distinction very clearly on what music therapists do *not* do – whether this be teaching, accompanying, acting as volunteer supporters or drinking beer in pubs with “clients”.

During this time Phil was beginning to re-establish links with his family in the south-west of England. He had often spoken with fondness of this part of the country, and in particular of its culture of musical “sessions” in pubs (where people turn up with or without an instrument and simply take part), even though he also made it very clear that he had run away from village life because it was so restrictive. However, he had also told me of how he had left all of that behind and now felt himself to be irredeemably a Londoner, trapped in a flat he hated and with no prospect of getting work. From time to time he would miss our weekly session because he was away “back home”, and in the end he decided to move back temporarily, to see if it would work. He never returned, and it seems that his experiences of making music with me and others in London were decisively useful to him in establishing his life back at home:

Yes, well, the better I felt, the more time I spent down here: I mean, I’d never imagined moving back down here before. And probably I

would have drifted back to London again if I hadn't found musicians here and started playing music here. I found it hard to make contact with people in London, even though I'd been there for years. I think the pubs are different: in London there are plenty of open mics where you turn up and play a few songs but it's not the same as sitting around unplugged and playing with each other, which is what happens in the pubs here.

Furthermore, he described to me some unexpected parallels between the music-making he had experienced at Way Ahead and the pub sessions of which he was now becoming a part:

It's not always easy because it's hard to accommodate people who always play too loud or too fast or whatever. And there are people who love singing but always forget the words or sing off-key. But I think I've learned from music therapy that you can play with anyone - so everyone can sit round and play. And sometimes it feels as though we are part of a family round here: no one openly argues but you can tell that there are factions. There can be black looks or rolled eyes! But playing music changes how you feel about people: there might be someone I'm really not sure of but we've both come to play music so we'll say hello and shake hands, and if he's playing certain songs then I'll play along with him and if I'm playing certain songs he'll play along with me. And you know, that's not bad for two people who wouldn't otherwise feel that they liked each other. And that is like a family - you might not always like people, but you do what you can to get along with them.

Music for Phil, then, is a way of getting on with people – a way of “oiling the wheels” of social interaction – but also a way of discovering facets of himself, of his own capacities and potentials:

If you're doing a session or a performance with someone, then you're there for the music or the performance so you make sure you don't fall out. It's a great way to get along. After living in London for years I thought I'd find it really hard to be back in an area where your life is so open to scrutiny: I thought I wouldn't want people knowing my business, but I've ended up choosing to share my business with other people to a certain extent by making music with

them. No one makes you go out and sing – and I laugh when I find myself screaming some kind of country rockabilly like a lunatic in front of a packed pub – I imagined that wasn't the kind of thing I'd do, but of course it is!

... It turns out that I am the sort of person who enjoys living in a place like this after all! And without being big-headed, I think that's partly because in the sort of music-making I do here I know it makes a difference whether I'm there or not. Someone might think "Ooh, there's a gap in this song, I could do with a bit of guitar" – well, they know that I'm going to be able to supply something. I can improvise with people quite easily really. So I think it does make a difference when I go to a session or play a gig with someone in the same way I know they would make a difference to me. So I'm worth something. Not long ago I would have felt arrogant saying that – in fact I feel a bit big-headed saying it now, but I think it's true. It's been a very long journey to get there, and music therapy was a major part of it, especially in showing me what was possible. But I can't imagine going back to not having music in my life.

Phil has now built himself a satisfying, sustainable life back home. He has re-integrated into his family and carves out his identity as a musician. He plays in pub sessions but also within local bands. He has a girlfriend (a classical violinist) with whom he plays and sings. He is still unemployed, but feels he has a much more rewarding and meaningful life now because he is contributing so actively in musical form. This is how Phil recently summed up his relationship with music:

As people we need to make order out of chaos. And music's one way of doing that – it's the way that works for me. Everything was chaotic for me, and music helped me to order things. Even the music I was doing back then was chaotic, and music therapy helped me get it back into order. And that way my life has order too. I've got some control back and the life I'm living now thanks to that – well, it's full of music and it's amazing. I feel lucky.

Chapter Five

Intimacy

Throughout my time at Way Ahead I was repeatedly struck by what I experienced as moments of remarkable closeness between myself and members during musical interactions. I was also impressed by accounts provided by members themselves of such experiences. In addition, I noticed moments where members would demonstrate a sense of closeness to another person in certain ways which were somehow acceptable within (and perhaps indigenous to) shared experiences of music-making but which might have seemed quite out of place (inappropriate, mal-intentioned or even aggressive) outside such music-making.

In this chapter I will describe an example of each of these types of occurrences: firstly an experience of my own triangulated with observations, actions and comments from the member concerned, both at the time and later; secondly descriptions by members of what this kind of musical closeness feels like; and thirdly a description of an encounter between two members (which I observed but in which I was not personally involved) together with reactions from others.

After describing the data in detail, I will address my rationale for using the term “intimacy” in this context, as well as considering the pertinence of this idea within the context of mental health service provision, and its associations and controversies within therapy (including music therapy). Later, after describing and considering the data in detail, I will attempt to reconcile my reflections with current thinking on this subject within music sociology.

Event One – Kerry’s ambivalence

Kerry’s journey through music therapy at Way Head was unusually “conventional” in the sense that it would be highly recognisable to advocates of the consensus model referred to in Chapter One, and sits firmly at the left-hand end of Ansdell’s Community Music Therapy continuum (2002: 119). She was referred formally to me by an external professional – a clinical psychologist working for the community services section of the local NHS mental health trust. This referral was made for “clinical” reasons (i.e. in relation to her “presenting problems”) rather than having any basis in music or her musical identity. As part of the referral

I was sent extensive information about her – information which had been extracted from her medical file and which would be considered the bare minimum for a referral within the trust, but which not only exceeded my expectations or requirements but actually made me feel somewhat uncomfortable with the extent to which I was suddenly made privy to quite personal information relating to her – information which might or might not be relevant, but which I would ordinarily not expect to know in advance.

The referral relayed an account of Kerry's involvement with psychiatric services. Diagnosed as a teenager with an eating disorder, and re-diagnosed in her early twenties first with bipolar disorder and shortly afterwards with borderline personality disorder, she had spent far less time in hospital than many of the members of Way Ahead but had clocked up many years of "doing therapy" of various kinds. Once I had formally accepted the referral and agreed to see Kerry, the referring psychologist rang me to emphasise that Kerry's multiplicity of therapists was due to her ability first to appear to be the ideal client, and then to out-manoeuvre the therapist in such a way that a crisis was precipitated which then led Kerry to leave therapy before its conclusion. I was specifically warned that Kerry was "very clever", and I received the distinct impression that music therapy was being turned to as the last possibility. Perhaps also the psychologist was not entirely convinced that I (or music) would be able to handle this woman.

When Kerry arrived for her first session, I was struck by her self-containment. By this I mean that she seemed to hold herself in a manner that kept herself separate from the environment of Way Ahead around her. She seemed uncomfortable waiting in the drop-in area (the normal procedure advised to first-time visitors by reception) and thereafter waited directly outside the music room for her session so that she wouldn't have to converse with others. She seemed acutely aware of the differences between her and most of the other members: she was younger than the average member, in a minority by virtue of being a woman, and was also highly articulate and clearly well educated. She was also young and attractive and no doubt attracted unwelcome attention from some of the more disinhibited men.

Once in the room with me, she expressed surprise that I was proposing that we make music actively together: she had envisaged listening to music for relaxation. She quizzed me as to how this was going to help her and seemed taken aback by my suggestion that she might decide for herself whether or not this was something she wanted to do once we had played together. Already, it seemed, I was undermining her ability to "suss me out". She told me she would "give it a couple of weeks".

Our weekly sessions ultimately concluded some four years later, during the time when I was collecting data as an ethnographer. In our later sessions we had begun to think together verbally about our music-making and how it related to her broader experience of life. Much of this had to do with her continuing ambivalence about music therapy. On the one hand she made very clear that she valued it and enjoyed coming. On the other, the experience also made her uncomfortable to the extent that sometimes she didn't arrive for her session.

This was crystallised in our final session, not by anything either of us said, but by the "thank you" card which she brought me. On the front was a drawing of an elephant: inside was printed "Elephants never forget". To this she had added "And I will never forget our music, especially that time we sang together for the first time".

I remembered this occasion very well – I too had been powerfully struck by it at the time and had taken time afterwards to index it in order to think for myself about what was going on musically between us. Referring to it when giving me the card in the last session, Kerry said:

Kerry: I will never, ever forget it. It was one of the scariest things I've ever done, actually. And it just happened – just came out of nowhere. And I was shocked by it. So scared I didn't come back for a while, do you remember?

Simon: But you did come back.

Kerry: Yes, I did. I kind of had to. It was weird – really weird – but I liked it. I wanted to do it again. I wanted that thing to happen again. I wanted to feel it again.

"Feeling it" had become a constant theme in our verbal reflections on our music making together. For a long time the "it" was generally not named: I needed to remind myself that I could not know what she was feeling and also knew that it would be ethnographically naive to presume that the "it" she was feeling necessarily had any correspondence to any "it" I was feeling. I was concerned not to allow myself to become unintentionally the primary source of my data or to attribute to her experience anything which was not hers. There is a tendency in the music therapy literature to talk of "shared musical experience" (as if musical experience is always and necessarily shared, or as if it is obvious when it is and when it is not shared) and I was keen not to fall into making any such assumption. However, I came to recognise the kind of musical experience which led her to make such comments and, as she pointed out, on occasions to absent herself from subsequent sessions. This therefore seemed a particularly ideal opportunity to apply DeNora's (2003: 49) notion of the musical event as the basis of

analysis. Furthermore, there seemed to be good reason to select this piece of our work to analyse: Kerry had identified it herself of her own accord (rather than in response to any questioning or prompting from me) as significant in her experience of music therapy. I too had been struck by it both at the time and at later points when it seemed to have become something of a turning point in our work together. And finally it seemed to accord with what was subsequently to become the recurring theme of our reflections – intimacy.

Although the referral from the psychologist had given me some information about Kerry's life, I had tried not to be unduly steered by this in our early work. She herself told me her story as a doctor might: how old she had been when she was given each diagnosis, what her "pathology" was, what medication and therapy she had been put on and so on. It was following the session that she identified as the one she would "never forget" and which had had such an impact on her that she began to allow me into (in Goffman's terms) her informational preserve by sharing with me pieces of information which cast some light on who she was and how she had come to be in the room with me. Later, after improvisations which shared something of the character of the one she identified, she would talk with me in ways which felt more meaningfully self-revelatory in that they touched on how she experienced being her. During the time we were working together she told me about several relationships, each one being idealised as perfect to begin with but shortly afterwards reviled as disastrous. In each case I got very little sense of warmth or closeness – something that from a psychiatric standpoint accorded with her diagnosis.

Thus I was struck by the fact that each time we had a powerful experience which provoked a reaction from her, that experience was characterised (for me) by a sense of exactly this warmth or closeness. And when her reaction was most striking was when this closeness and been intense to the point of what I would describe as intimacy. The first time this happened (and perhaps because it was the first time, it struck me most strongly – in fact I would say I felt shocked by it) was in the singing improvisation to which Kerry was referring in her card.

At Kerry's suggestion, therefore, I returned to my recording of this improvisation in order to try to identify something of what lent it this shocking quality.

We have been playing together for about 10 minutes, but nothing much is happening. Kerry is playing a bass pentatonic xylophone (one containing only notes corresponding to "black notes" on the piano) at the opposite corner of the room from me. She's looking down at the instrument and seems locked into her own pulse: she's just using a couple of the notes and I'm not at all sure that she's aware of me. I have tried various "tricks" to try to grab her attention (modulating

to a new key, syncopating the rhythm, trying to introduce a faster tempo, subdividing my beats) but she seems unaware of me. Frustrated, I decide to try something really different. I start to hum, almost imperceptibly at first, and just on the one note. To my surprise, she follows me. Or to be more accurate, she imitates me. She copies exactly my pitch (an octave above), my duration and my dynamic. I establish a repeating harmonic pattern on the piano which simply rocks between a tonic chord and a chord which “needs” to return to the tonic (initially simply the tonic with a dissonant suspension in it which “needs” to resolve, and later a 7th chord itself built on the minor 7th degree of the major scale). Even though she’s at the other side of the room and not looking at me I feel suddenly very aware of her closeness – probably because every time she comes in, she enters on exactly the pitch where I already am. This feels uncomfortably close for me at first and it is only when I leave her room for a much longer “turn” (by not coming in myself) that she begins to “spread her wings” and establish something of a distinct musical identity for herself within the highly predictable harmonic framework. This feels like a relief to me from the previously claustrophobic closeness, but interestingly it is now, with this greater sense of musical space between us, and with her more able to make independent musical choices, that musical development seems possible. I begin to vary my harmonic pattern so that instead of simply rocking between the tonic and another chord, there is a sense of harmonic direction. She seems to pick up the cues readily and we become really adventurous. There’s a clear point of climax about six minutes in – we sing up to it in scalar steps, an octave apart. It feels, even on listening back, like the denouement of a Puccini opera, and our intensity is accordingly the maximum that either of us can manage. The climax is too high for both for us – but still we stick with it – there’s a sense of being transported beyond all our limits and yet being utterly committed to what is happening. After the climax, the pitch falls, our dynamic falls and the harmony settles back to the tonic. It really feels as though we are simply breathing together after an explosive shared physical experience.

Reviewing this improvisation from the recording was an interesting experience: I remembered the improvisation well because it had been so shocking, but I didn’t remember details of the interaction, so I was more reliant on listening to the recording than might sometimes be the case. Despite this being in some ways a departure from ethnographic norms, it perhaps also rendered this particular improvisation particularly strange for me: I was encountering it from the recording almost completely afresh.

The process of transcribing the improvisation (achieved in part by playing it through to myself at the piano) proved to be a productive means of “thinking it through” and raised several analytic points for me. (The first page of the full transcription is provided for reference – see Figure Eight.)

Firstly, we are singing in what is for me (as the person using the piano for the purposes of accompanying, in particular harmonic underpinning and suggestion) a strikingly “difficult” key. In transcribing it I felt constantly pulled between representing it in G flat major and representing it in F sharp major. These are enharmonically equivalent keys (i.e. they are written differently but sound at the same pitch). But I can imagine that I had a similar sensation at the time – as a pianist I know that improvising on the enharmonic cusp in this way can be disconcerting in terms of conceiving harmonic direction. Furthermore, G flat / F sharp is the furthest removed key from C major – the key which is “all white notes”. This makes it also physically demanding to play. Hence I was facing both conceptual and physical musical challenges. The reason we were in this tonal area was entirely circumstantial – it was dictated by my previous attempts to accompany Kerry’s playing on the bass pentatonic xylophone. Despite this, I wonder whether my being put musically “on edge” by the key also put me “on the edge of my seat” and made me particularly attentive to Kerry’s every musical move.

Secondly, I notice tiny delays in my accompanying chords in early bars. In transcribing there is a natural tendency to regularise what is heard so that it fits notational norms. Thus I originally placed the chords on the beat each time, but in fact there is momentary hesitation, suggesting that I am hesitating, unsure of what Kerry is going to do and prepared to shift my chord at the very last moment if she does something unexpected. As the improvisation progresses, I seem to become more confident of knowing what she will do and this hesitancy diminishes. In addition, it becomes evident that my harmonic choices are actively shaping the improvisation and lending direction to what each (and both) of us are playing. It is this that ultimately enables us to modulate.

KERRY: PAGE 1 OF TRANSCRIPTION

The musical score is handwritten and consists of four systems. Each system contains three staves: Kerry ME (Melody), Xylophone, and Piano. The key signature is three sharps (F#, C#, G#) and the time signature is 4/4. The first system includes dynamic markings like 'p' and 'f' and breath marks. The second system has a 'Mezzo' marking. The third system has an 'INTAKE OF BREATH' marking. The fourth system has a '4' marking in a box. The piano part includes various chordal textures and dynamic markings like 'p' and 'f'.

Printed at www.blanksheetmusic.net

Figure Eight: First page of transcription of improvisation with Kerry

Whilst the improvisation broadly feels to be in a fairly straightforward 4/4 time, there are passages where it is not entirely clear that we are sharing the beat. In the end a 5/4 bar seems to be needed, enabling me to add an “extra beat” which will bring us back together again. Is this again evidence of my anxiety to adjust to her? In one case, I suspect that we both adjusted what we did to make room for a car horn outside (which oddly is in exactly our key and so seems almost part of the music we are making). There is a general and sustained ambiguity over where the bar line is, particularly in the first half – does this add to ambiguity over who is leading and who is following? There seems to be a musical tentativeness resulting from this which is perhaps partly responsible for the raised awareness of “you and me, me and you”. This seems to ease later, where we reach our Puccini-esque moment of ecstasy, as we sing in parallel octaves towards the resolution of a cadence. Here there is no more sense of uncertainty – it seems we have both grasped the direction that we are going in and are abandoning ourselves to it.

Another important aspect here is the sheer physicality of what is happening: through shared musical interaction (lent direction by my harmonic structuring) we find ourselves together going beyond what we are supposed to be able to do. On the recording this is clear: both our voices break and yet we go on. Perhaps part of the sense of intimacy comes from a sense of shared bodily experience, even though we were spatially far apart.

I was really struck by the operatic nature of this and asked Kerry whether she knew Italian opera. She said she had never listened to any opera: although she had “heard of” Puccini, she wouldn’t know what his music would sound like. Nevertheless, she seemed on some level to “know” what to do. Of course, this style is also culturally familiar through its use in film and television scores in particular, and – whether enabled by my offering of cues or by cultural familiarity – Kerry was able to be my partner in an operatic duet. For me, this style of music is unquestionably a love duet – Kerry, it seems, didn’t have these associations drawn from familiarity with specific operatic material, and yet nevertheless she clearly had an experience of quite overwhelming intimacy which was entirely musical.

At the close of this improvisation, Kerry was uncharacteristically quiet. Shortly afterwards the session was over and she left. The following week she did not come. When she did eventually turn up to Way Ahead for her music therapy session, she told me how confusing this experience had been:

Something happened inside the music. I don’t know what it was.

This was the beginning of her beginning to talk openly with me about intimacy and relationships. I also noticed Kerry sometimes imitating me vocally in ways which suggested she was trying to recreate this improvisation. She herself identified it as the turning point where music therapy had become powerful for her. As she explained on several occasions; “it’s weird, but I like it”. Unwittingly, I had gone with Kerry into the very area where she was least willing to go – that of intimacy. It was the music itself that led her there, and the experience of being in the music with me that both drove her away and brought her back to do two more years of intense musical personal work.

Event Two – Carmel’s “intertwining”

I first met Carmel in the drop-in: she was drinking herbal tea after an acupuncture session. Seen by regulars as “a bit of a hippy” (Victor’s phrase) because of her style of dress, she earned great popularity when she started bringing in cakes or biscuits for all to share. Like others before her, she had heard the sound of individual music therapy sessions spilling out of the music room and expressed interest in trying this for herself.

From our earliest sessions, I was struck by Carmel’s use of therapy language: she described herself as a “client” and our work as a “session” which would happen within a “therapy hour”²¹. She wasn’t at all put off by the idea of improvising: indeed, she was raring to go. Our first few months were spent with her using only her voice, with which she would wail, scream and make guttural noises as well as doing what sounded to me like vocal exercises.

Through all of this I would try to stick with her: I rarely used my voice as it seemed clear that for her this was an opportunity to hear herself. But I clung on on the piano, not copying, but seeking to match her quality, give it some kind of underpinning and intersperse her vocal lines with something of my own so as to give her a musical reminder of my presence. I was unsure of the value of all of this: in particular I wondered whether my presence served much purpose at all. She seemed to be in her own world and I wasn’t at all sure that, despite my best efforts, anything I did impacted much on her experience. At the end of each session she would sigh deeply and say something along the lines of “Ah! That’s better! Good to get it all out of my system” as if she had detoxified herself or attained some kind of catharsis – both of which are common conceptions of what “therapy” should be.

²¹ Within many forms of psychotherapy, it is commonplace for therapy sessions to be the length of a “therapy hour” – usually 50 minutes. This enables a therapist working in their own premises in private practice to see one client out before the next arrives on the hour, thus avoiding any sense of clients having to “share” their therapist. This practical expediency has attained the status of a rule in some areas.

We continued to work together and gradually the nature of our sessions changed. They still started with what sounded like catharsis-chasing, but found their way into music that was characterised by more mutual listening. As I listened back to the recordings week by week, I found I could hear myself playing and singing more and more as Carmel was both leaving longer gaps between her “soundings” and also beginning to adjust her volume and pitch, presumably so that I was more audible for her. After a few months, I interviewed Carmel. She explained why she started coming to music therapy:

I heard you playing and kind of rushed over, attracted, and discovered there was a possibility of having musical interludes with you..... Interludes in the humdrum of my everyday life. Um, it's like, it's like these little patches of gleaming treasure along the way, um, that suddenly light up the greyness of my everyday tasks. (Sighs). Yeah, I really love it actually. I really love it.

I was struck by the fact that not only was she interacting musically with me quite differently, she was now also talking about our musical interactions quite differently. On the one hand, as a music therapist I was relieved to have apparently left behind the cathartic agenda, but as an ethnographer I was reminded of how what people have to say has to be understood in the context not only of their identity and experience, but also in terms of where they find themselves at the present moment. Carmel was now experiencing music therapy in terms of these “interludes”, and this was quite different from what I had heard from her before. She also referred to a growing musical sense of herself which nonetheless had relational potential:

I've never thought of myself as musical. I dropped music as soon as I could at school. So starting these sessions with you has opened up something quite magical for me. And I'm beginning to realise that actually I have quite a good ear for music in the sense that I can pitch notes and I have some sense of rhythms and tunes, you know, and it's like an awakening – it's like a kind of gradual awakening that's going on..... It's actually starting to give me focus – it would be nice if I could develop some areas of it enough to be able to work with other people in the future. So that's kind of exciting.

In our sessions, Carmel was beginning to use her voice in a noticeably lower pitch. When I asked her about this she seemed surprised, but did comment that she could hear me better than when she had been singing extremely high (her perception was that maybe I was singing

more loudly, or standing closer to her). Improvised singing became her principal means of interaction in sessions, accompanied by me at the piano, and sometime joined by my voice also. Once this had become established I asked her about her experience of working together in this way. At this point she emphasised its value for her, but also admitted to finding it “scary” in part:

That free singing is a quite amazing thing actually, especially ‘cos you’re such an amazing pianist, we’re able ... some of those best moments... we’ve been really able to listen to each other and explore kind of almost like going on explorative journeys together and it’s like that kind of work takes me to an almost mystical kind of place or like a country that I don’t know anything about and I cannot easily access, so that’s a very extraordinary kind of work, yeah, yeah. I think maybe I’m feeling a bit scared of that at the moment for reasons I can’t quite say, I don’t quite know.

Our vocal improvisations were becoming epic in scale and a single improvisation could fill an entire session. She started bringing in her recorder from home to play with me in sessions: she used it freely within improvisation – again, usually accompanied by me at the piano. In talking about his, she again used the metaphor of a journey, but at the same time also deepened her consideration of intimacy (a topic I had not introduced):

With your assistance I’m able to travel further than I would just on my own. I mean, I could pick up my recorder at home and whistle away, erm, but because you’re playing at the same time ... it’s almost like suggestions, you kind of keep popping up with musical suggestions for me.... and that seems very natural. Often you’re responding to something that I’ve done and then that encourages me.. so it’s like a musical conversation that we’re having, and that’s interesting because.... and I don’t easily kind of contact a friend and sit down and talk about life as it were, but it’s like in, in the things that we’ve done together, it’s like there’s been a level of depth and intimacy that although we haven’t been talking and we don’t really know each other, you know, as people, there’s been this extraordinary.... tangible touching and interweaving and communication that, erm, I found very valuable and enriching actually.

I found (and still find) Carmel's description of my role ("popping up with musical suggestions") quite apposite – that is very much what I heard myself doing with her. These "suggestions" might take the form of a slight variation on an existing motif, or a subdivision of a rhythmic figure. Rarely did I throw anything radically utterly original into the mix, and yet she was very aware that I was contributing something too. She also identified the way in which the music was enabling her to do a certain kind of relating which outside of music she found difficult. As she observed, ours was not a relationship characterised by much talking – we mainly played music together. To her surprise, it seemed, this was a route to intimacy.

At the ends of sessions, Carmel continued to express a response to what we had done, but in less formulaic, or "New Age" ways. It also seemed to be increasingly important for her that this experience wasn't just hers, as this exchange demonstrates:

Carmel: **That was a really quite extraordinary kind of thing. ... Or certainly from my end.**

Simon: Mmm.

Carmel: **And you?**

Simon: Me?

Carmel: **Was it good?**

As explained in Chapter Three, Carmel decided that she wanted to learn to sing and found someone at church to teach her. She started bringing the sheet music of what she was learning with her to sessions, partly so that I could accompany her and work with her on it in sessions, but also so that I could record backing tracks for her to practise with at home. The focus of our work was changing and so did our relationship: it felt less intimate and more workmanlike. I found myself coaching her on her Italian pronunciation and helping her to feel swing (recalling for me periods in my life when I'd considered becoming a répétiteur, or a rehearsal pianist, or a teacher). Here I was as a music therapist doing little bits of each of these kinds of musical work.

Then one day, as described in Chapter Three, she brought her recorder again and we spent the entire session without looking at a single song. She'd brought some recorder music but without any accompaniment so I started by improvising an accompaniment and this led naturally into her being improvisational with me. The recorder proved to be a segue for her voice to return and afterwards she spoke about

how much she had missed this way of being together musically. I was struck by the sensuality of her language:

Carmel: Ah, we haven't done that together for ages, have we?

Simon: No, it's been a while.

Carmel: All the practising songs and stuff is very good but there's something I really miss about this making it up malarkey.

Simon: What's that?

Carmel: Oh, I don't know, the ebb and the flow of it I suppose. The feeling that whatever I do it'll be ok, 'cos you'll stick with me no matter what. It's a bit risky, I suppose. Taking a risk with someone else.

And on another, later occasion she commented:

Carmel: Oh, it's so nice, this intertwining. It's like, I go this way and you'll find me – I go that way and you'll find me. There's nothing we have to do, but it just sort of happens. And whenever it does I'm like "Oh yes – that's what it's like!"

She also made a specific connection to our genders, touching on her experience of gendered power relations and how the music-ness of our interaction functioned as a kind of boundary:

Carmel: I know that when we started working together I felt very hesitant about working with you because you're a man and I've had some bad experiences with men – I don't generally trust men very easily – I probably don't ever really trust them, to be honest. But looking back I realise that very gradually I kind of started to feel more confident or less inhibited. I think that free singing needs a lot of trust between two people. And for me working with you has been a development rather than something that was there at the beginning you know, I was very kind of hesitant, erm, because that free stuff, if it's going to be really freeing or free, then there had to be that kind of – experience – it's really necessary that there's that trust there and that I can, I

don't know, go off somewhere, you know. And that you won't take advantage of that somehow. Although how somebody could take advantage in a musical situation I can't imagine, but, it's like you know life and music... And er, yeah, I feel a lot more able to do that that free stuff now with you than I did at the beginning. Um I remember you asking me something one time which was very interesting because you said to me um, when I really allow myself to be free and for example to go into dissonance and so on, how does it feel? And actually it's quite scary. And I mean it's all very well, you know, harmonising and doing 3rds and 5ths and so on with what you're doing but actually just to really let go and just let my voice take me wherever it's going to take me, that is a very scary kind of thing to do. And I've had – we've had sessions where I've been able to do that.

Simon: Mm, I remember them.

Carmel: It's interesting. I've often kind of wondered what it's been like from your end. Sometimes I've had a real sense of.. that there's been this invisible, just incredibly strong connection or really almost tangible that's kind of been there or has linked us or in which we have been or whatever or that we've created or whatever or accessed, whatever, however one might describe it. Yeah. Yeah. It's.... it's not a normal event. And.... all the richer for being not a normal event.

Simon: So something special?

Carmel: Very special.

Simon: What's it like?

Carmel: I don't know The only thing I can compare it with is something in water – you know, sometimes when you're swimming and you just let go to the water, then there's some sense of that, just being taken.

Simon: Yes, in water you have to let go a bit don't you? And also you get carried a bit by the water.

Carmel: And in the same way as with water, for me anyway, there's always... well, usually some fear of letting go. Because maybe I might drown, or something might happen, you know...

Simon: And I guess the dissonance is quite choppy water.

Carmel: The dissonances are really quite a scary place – they can be, yup. Especially kind of consciously allowing the dissonances as well. It's like wandering off the path, wandering off the track. I really don't know where I'm going to end up.

There's a real sensuality to Carmel's descriptions of her experience, but I am particularly struck by her descriptions of the musical experience in kinetic terms. For her, it seems clear that intimacy is found both in the opportunity to make music which is comfortable enough that she allows it to carry her along – an experience to which she unexpectedly finds herself able to surrender and to enjoy – and also in the “dissonant” patches where she doesn't know where she will end up. She is reporting quite accurately what tended to happen in our improvisations. Initially we would be tonal, rarely straying from consonance. Then it was usually she who would introduce a dissonant aspect (suggesting to me that she actually took some pleasure in this kind of “choppiness”) and we would stick with it for some time – really feeling the pulls and pushes of the clashes.

Event Three – Tim and Elijah

When Tim first arrived at Way Ahead, he seemed somewhat out of place. An African-Caribbean man with learning disabilities, he had been displaced from his accustomed day centre by the closure of services for people with learning disabilities in his local area. Tim was brought to Way Ahead by his key worker because a colleague of the key worker had previously worked at a project close to Way Ahead and therefore knew about the lunchtime “karaoke” sessions. This meant that Tim and his key worker had to travel some distance on public transport – not an easy undertaking but one which was considered worthwhile because Tim's primary apparent interest was in music, and especially in singing.

Tim presented at Way Ahead as very “different”. When he first arrived, there was a sense of unease in the drop-in at his “differentness”. This struck me as particularly interesting within the context of a mental health setting, where many outsiders, unused to the context and its population, might likewise have felt somewhat uneasy. Tim’s differences were very clear: firstly he came with a key worker – something not entirely unknown at Way Ahead, but key workers in mental health services are usually quite able to play down their role, whereas Tim was clearly highly dependent on Asif. Tim was quite unsteady on his feet and needed Asif to steer him in the right direction or to help him hold a cup of tea so that he didn’t drop it. Tim had very limited language and tended to use the few phrases he had in a repetitive manner which didn’t always seem particularly relevant to the situation at hand. And Tim sang. Not just when he was invited to, but all the time. Furthermore his singing was seen as quite “odd”. Odd in the sense that it seemed all to be completely improvised, rather than singing along with any melody that might already be happening, and odd also (and more forcefully amongst the members at Way Ahead) in the sense that his voice was remarkably high-pitched. It seemed to me that its oddness for others was reinforced by the combination of a childish pitch and an adult flexibility – so, for example, he could produce a strikingly mature vibrato. He seemed to enjoy these effects and would often stick on one note for a long time, pausing only for intakes of breath, apparently in order to enjoy the sensation of producing this sound in this way.

Tim was also highly tactile. Having worked for many years in services for people with learning difficulties, I was unsurprised by his need to hold onto me whilst singing – but some members expressed highly negative (sometimes bordering on abusive) reactions and several moved out of his way as he approached, to the extent even of abandoning hard-won places on a sofa. Some members raised objections to his very presence – in some cases suggesting simply that he was weird, in others that this was not the best kind of place for “someone like him”. One member even confronted the director of Way Ahead and demanded that he be excluded on the basis that he wasn’t a member.

It was Tim himself who quickly began to win members over with the quality of his participation in music-making, and particularly in the singing of songs during the lunchtime “karaoke” sessions. Despite his lack of language, his tendency to avoid melodies and his propensity for getting stuck, Tim demonstrated a remarkable – and I would say almost uncanny – capacity to attune to others and to the songs they were singing. He couldn’t help but join in with almost every song, and I was amazed by the degree to which he could come in exactly in key and with shifts in his pitch which aligned precisely with the shifts in the underpinning harmony I was providing at the piano. Because his pitch was so high, he was perceived less as interrupting or “getting in the way” than might have been the case had he been singing within the same pitch

range as the “official” singer – most members were male, but his pitch was so high that even women members found themselves singing within a markedly lower pitch range than Tim so that what he did became a sort of improvised descant to their melody. It didn’t always work – but it worked frequently enough that people were impressed, and expressed their positive surprise at his musicianship.

When I offered Tim his own turn, he would make his way meaningfully to the piano, clutch the microphone with one hand (so close to his mouth that it seemed as though he was almost eating it) whilst holding onto me with the other, and wait for me to start. I would play some gentle jazz chords, picking up stylistically on his vocalising, and almost immediately he would come in and flow freely over the top of me – sometimes seemingly getting caught in a rut of one note, but eventually coming out of it if I changed the harmony to nudge him. The quality of his voice here was remarkable. He was a real soloist with impressive vocal capacity, and again this occasioned considerable positive comment from others.

This pattern repeated over a number of weeks and gradually I noticed many people’s physical reactions to Tim easing. People moved out of the way less often and or at least less noticeably, and in some cases greeted Tim as he arrived and then as he approached them. Several weeks later, a Elijah – a rather gruff African-Caribbean man who liked to pretend that he didn’t really come to the group but would nevertheless slide in from the courtyard and take a turn – was present when Tim arrived. In his usual way he shifted rather more dramatically than was strictly necessary as Tim approached and did his best to ignore him. About 20 minutes later, it was Elijah’s turn to sing and he chose as his song “Say A Little Prayer”. The structure of this song is such that there are breaks between the lines of the verse which lend themselves naturally to some kind of “fill”. The following description is based both on my fieldnotes made after the session and on my index of the session:

Verse 1: Elijah’s singing is lugubrious – deep and slow – and quite erratic in terms of its tempo, so the lengths of his breaks are unpredictable and sometimes quite a lot longer than might be expected in a strict realisation of the song. This seems to be enabling Tim to find a “way in” to Elijah’s performance by filling the gaps with a sort of descant warble. Oddly, it seems to fit. Tim isn’t actually restricting his singing to the gaps (it’s more or less continuous) but the fact that Elijah is singing directly into a microphone and Tim isn’t means that the effect – particularly, I guess, to Elijah – is one of Tim fitting into his gaps.

Chorus 1: The chorus is much more continuous, so I don't think Elijah's aware of Tim here – but Tim is still singing.

Verse 2: The other members are beginning to grasp what's happening and they're demonstrating an appreciation of the "fit": I can hear comments like "Jesus, he's good" and "Who'd have thought it?" People are specifically acknowledging the artistry of Tim's contribution to the song. I have no idea whether or to what extent Tim is aware of this feedback – he seems entirely engrossed in his singing.

Chorus 2: Tim's singing pauses – maybe he's aware that he can't be heard when there are no breaks.

Verse 3: I'd almost forgotten that this is a short verse which leads into a repeating coda – but the gaps are back. Tim starts making his way from his standing position near the piano towards Elijah. Elijah's gaze is on the words in the song file and he doesn't notice Tim approaching him at first. He looks up as Tim is about an arm's length away. The words are "I'm in love with you ... Answer my prayer babe". Tim reaches out to Elijah and just touches his hair, lightly and gently. There's a hush as the song dies away and I can see that people are watching – probably for Elijah's reaction. Elijah puts out one arm and partially envelops Tim for a moment.

The "magic" is broken when somebody wolf-whistles. Elijah withdraws his arm and Tim looks down before moving away.

The group continued, but later in the day I tried to gather people's reactions to this unexpected happening. I asked Tim if he remembered that moment when Elijah had put his arm around him – Tim made an animated little jiggle and covered his face with his arm whilst giggling, which gave me an impression of excitement or perhaps embarrassment. Elijah by this stage had regained his customary demeanour and initially shrugged off my enquiry:

Elijah: Don't know what you mean. I don't remember nothing.

Simon: When Tim came right up to you and you ..

Elijah: Yeah well, he's a brother innit.

Elijah appeared embarrassed to be reminded of what had happened (indeed, of his own action in demonstrating affection to Tim) and interjected verbally to prevent me naming it. Initially denying memory of it, he passed it off as justified because Tim was also of Caribbean origin. This suggested to me that Elijah remembered it very well and was embarrassed by having allowed this display of affection in a place where he generally cultivates a gruff, unapproachable image, suggesting that his guard was somehow lowered by his experience of a sense of a connection with Tim which was engendered musically.

The implications of “intimacy”

In considering these events and the qualities of interaction experienced and described, I have struggled to identify the term which would best allow me to “get at” the central phenomenon. After much deliberation I have chosen to use the term “intimacy” here to refer to these observations and experiences of intra-musical closeness. This is because their acuity seems greater than that conveyed simply by “closeness”. I am not arguing for a binary division between the two concepts, since they can evidently sit together well, but I feel a need for a term which is sufficiently capacious to convey something of the “shock” which Kerry experienced in our singing together. Closeness can be comfortable or uncomfortable, but intimacy as I am using it here can be more forceful than this, and may even be shocking or violent. Elijah was caught off-guard by his intimacy with Tim, and there was a marked difference in the degree and quality of closeness experienced by Elijah (and perhaps by Tim) with the group as a whole, and the intimacy that was demonstrated between them. Kerry nearly didn't return to music therapy because of the strength of her experience of intimacy with me. The language of Carmel's description of “intertwining” with me is clearly comparable to sexual description and her experience was clearly rather shocking for her given her initial reservations about working in the same room as a man.

In choosing to use the word “intimacy” for these reasons I am following the lead of several other authors who have considered the relationship between the terms “intimacy” and “closeness”. Whilst some end up using them interchangeably, others associate “intimacy” with a greater degree of intensity than “closeness” (Marks & Floyd 1996), and it is this tack that I am taking here in order to distinguish this experience from what informants frequently described as “closeness” or “togetherness” or “joined-up-ness” in group music making situations, which seems to describe a general atmosphere or climate (albeit one co-created rather than pre-existing). This is, however, sometimes referred to as “intimacy” in the music therapy literature,

and often ascribed to communal musicking activities, such as drumming together (e.g. Bensimon *et al* 2008). I will consider this kind of experience of “joined-up-ness” in group situations within the next chapter on “conviviality”.

Sociological considerations of intimacy

In the sociological literature in particular, the word “intimacy” is often used more or less synonymously (and sometimes euphemistically so) with “sexual relationship”, which is not my intended implication here. For example, much of the most prominent work in recent years on “intimacy” within UK sociology comes from Giddens (1991, 1992), who argues that in Western society intimacy is becoming the pursuit of the “pure relationship”, with profound consequences for the relationship between gender and society. This is inextricably linked to his notion of “plastic sexuality” (Giddens 1992). However, this view has been critiqued (Jamieson 1999: 477) as overly rooted in a therapy culture (Furedi 2003) in the sense that it is based on a tendency to individualise the personal whilst neglecting social (and sociological) contexts, realities, problems and explanations. For Jamieson, Giddens’ portrayal of intimacy confines itself to what she terms “disclosing intimacy”, an aspect of intimacy privileged within European and North American discourses (and very much within these *discourses* rather than necessarily within the observable realities of these cultures), whereas intimacy remains a “multi-dimensional” field and something that requires “creative energy” and action rather than “constant mutual exploration of each other’s selves”. For Jamieson, then, intimacy is not synonymous with sexuality, although it remains a significant aspect of sexuality. Crucially, it requires active work and energy in order to overcome social odds. For Jamieson, these odds have primarily to do with the disparity of gender relations, but taken outside of the sexual relationship, work is also required for the cultivation and sustaining of intimacy to overcome the social challenge of the isolation associated with illness and economic deprivation. I am not suggesting that the kinds of encounters I have described here amount to nascent sexual relationships (although such relationships can and do occur between members of Way Ahead) but rather that these sometimes fleeting experiences are in themselves experiences of intimacy, and that this may be contributory to an ecology which promotes well-being, particularly for people for whom such opportunities may be limited by their life situations, and in particular their mental illness.

Intimacy as a bedrock for life

Successful experiences of secure attachment founded on intimacy in early life (between infant and primary caregiver(s)) are fairly non-controversially regarded as a force for good and as something that acts in the direction of health and happiness via the capacity for intimacy on both dyadic and social levels in later life. Developmental psychologists have studied the interactions between infants and their primary carers in great detail, including through the use of multi-angle video recording, and their resultant descriptions of these inter-affective encounters are often couched in musical terms with mention of attunement, of melody, of contour, of flow, of rhythm, of phrase, of turn-taking and of timing. This relatively recent empirical evidence has been seized upon by music therapists as justificatory of the logic of using music therapy as a form of treatment in a variety of contexts. Trevarthen, a leading researcher in this field, has himself championed music therapy because of the evident similarity (observed at audible and visible micro-level) between the ways in which a mother might successfully attend to her baby and the ways in which a music therapist might attend to a client (Trevarthen & Malloch 2000). Ultimately, for Trevarthen, the aim of such responsive, interactive attention is to plant within the child a sense of being valued (Trevarthen 1993) – a sense which will stand the child in good stead as they encounter the challenges of development in a sometimes less than sympathetic environment. It is easy to see how this is seen as significant within psychoanalytic approaches to therapy:

Interpersonal relationships are the ultimate source of happiness or misery; love has the potential to generate intense pleasure and fulfilment or produce considerable pain and suffering. Our basic sense of self is formed originally in a relationship constellation that predisposes our attitudes toward ourselves, others, and the world at large. Our feelings about life are developed in the context of a close attachment with a parent, parents, or other significant people in the early years. Research studies have shown that these early attachments create feelings of wholeness and security or states of anxiety and insecurity that can persist for a lifetime (Ainsworth, 1989; Bowlby, 1988; Fonagy, 1998, Fonagy et al., 1995; Main, Kaplan & Cassidy, 1985). Although other issues cause us concern – crime, poverty, war, the existential issues of aloneness and death – we seem to experience the most distress and turmoil in relation to the difficulties we encounter in our personal interactions. Indeed, dissatisfaction or rejection in a relationship is perhaps the most common reason people enter psychotherapy.

(Firestone and Catlett 1999: 13)

Thus, psychoanalytic commentators suggest, our earliest experiences of attachment form not only our emergent sense of self, but thereby also our capacity for positive subsequent experiences of intimacy.

Intimacy implicated in psychiatric pathology & diagnosis

Intimacy is a familiar concept within psychiatry, most particularly as an area of potential dysfunction. Indeed, failure to function “normally” in the area of intimacy may be considered pathological in itself from a psychiatric perspective. It is notable that the biggest growth area in psychiatric diagnosis in recent years – the so-called “personality disorders” – are generally concerned in some way with a failure of intimacy, whether this be a failure to experience it, a need to sabotage it or an apparent inability to manage without its relentless pursuit²². Furthermore, other diagnostic categories such as eating disorders and addictions are widely viewed as being at root problems of intimacy or of the regulation of desire for intimacy. Adding to this the ever-broadening range of social “problems” that are considered to be legitimate grounds for psychiatric intervention, such as relationship breakdowns, it is clear that intimacy is indeed a concept of considerable currency within psychiatric services.

Intimacy as an area of controversy in psychoanalysis & psychodynamic approaches to psychotherapy

Intimacy is an area of controversy within psychoanalytic approaches to psychotherapy, and might reasonably be described as one of the traditional fault lines (both theoretically and practically) between classical psychoanalysis and traditions more influenced by humanistic psychology and/or empiricism.

In practical terms, classical psychoanalysis is usually conducted in such a way as to avoid as far as possible specific personal intimacy between analyst and analysand. The analysand lies on a couch, thus rendering the analyst invisible during sessions: this permits the cultivation of transference and counter-transference dynamics which have to do with the client’s earlier and formative relationships in life, not with the analyst as a real person. This is clearly therefore not an overt attempt to foster intimacy in the consulting room. Theoretically, psychoanalysis

²² A detailed analysis of the implication of failures in the capacity for intimacy across the gamut of personality disorders is provided from a psychiatric perspective by McGraw (2010: 392-398).

locates difficulties in sense of self and consequently in the forging and conducting of satisfying relationships less in failures in early attachment and more in failures in separation from that attachment. Psychoanalysts routinely talk of the “merged” state of mother and infant as something primitive which has to be grown out of, or escaped via the process of separation. It is in our experience of this separation process, it is argued, that our capacity for forming relationships is forged (along with our psychopathologies which temper this). And the driving force in this, according to the classical position, is not environment or experience, but rather fantasy. As a doyenne of classical analysis describes it:

Psychoanalysis is Freud’s discovery of what goes on in the imagination ... It has no concern with anything else, it is not concerned with the real world... It is concerned simply and solely with the imaginings of the childish mind.

Riviere (1936: 89), quoted in Holmes (1996: 41)

Thus classical psychoanalysis has tended to devote itself to exploring the nature of a person’s separation process, and in particular the fantasy world considered to underpin this, rather than engaging with or attempting to remedy their experience of attachment or intimacy *per se*.

This stance has been subject to a number of challenges over the intervening decades. It will suffice here to consider three principal areas of challenge, and then to assess the contemporary state of the art. Firstly, the emergence of the humanistic approach to therapy, also known as counselling, and usually attributed above all to Carl Rogers, brought with it a rejection of the psychoanalytic emphasis on the primacy of infant fantasy in favour of a greater consideration of the “here and now”. No longer was the therapist to be a remote, austere, out-of-sight figure of (male) authority – instead Rogers’ followers sat alongside their clients, and considered the actual (rather than counter-transferential) nature of their relationship with the client. The phrase “unconditional positive regard” (usually attributed to Carl Rogers) was coined to describe the ideal state of this relationship, emphasising the importance of giving clients an experience of warmth, value and genuine attention, and has been the focus of withering disdain from psychoanalysis ever since. Nevertheless, the idea of “intimacy” being part of “therapy” has proved a culturally powerful one, and features particularly heavily in both critiques of psychotherapy and calls for reform and re-description of psychotherapy itself (e.g. Feasey 2005).

The second area of challenge arose within psychoanalysis itself, and particular the British “independent” school associated with object relations and attachment studies. John Bowlby was an eminent psychoanalyst and himself an analysand of Riviere (quoted above). He was troubled by the Freudian lack of concern with environment (Holmes 1996, Chapter 2) and sought to combine a psychoanalytic approach with empirical studies of children’s development, focusing particularly on their earliest experiences of attachment. His multiple publications in this field, both within psychoanalysis (e.g. 1958) and those aimed more at educating the general public (e.g. 1969) led to what is generally termed “attachment theory”, which has exerted considerable influence in the conduct of psychoanalytically-influenced psychotherapy, particularly in the UK, ever since.

The third area of pertinent challenge has to do with the growth of attention paid within psychoanalytic and psychotherapeutic circles to the quality of experience in the present moment. This can be argued to descend to some extent from Bowlby’s work and in particular Bion’s “alpha function” (1978), wherein the quality of the interaction between mother and infant is what is understood to make possible the transition from preconception to conception. Thus thought becomes possible: this capacity for thought “as me” is what Gallwey (1991) calls “psychopoesis” – the process of distilling experience into a growing and cohering sense of self. This is what enables us to “be” fully in the present moment as a person, to experience relationship which permits simultaneous attachment and separation, to experience distress without either being destroyed by it or addicted to it, to be fully “in the world”.

Perhaps the pre-eminent proponent of the “present moment” perspective in psychotherapy is Daniel Stern, who journeyed from an immersion in attachment theory (1977), describing mother-infant attunement in terms of dance (1985) to a means of making use of this understanding in therapeutic practice, which has been much influenced by his experience of dance itself (2004) and which is highly centred on experiences of self and self-in-relation-to-other in the present moment – in many ways quite a shift from psychotherapy’s accustomed focus on the past (i.e. childhood). Allied (and intrinsic) to this shift of temporal focus is a concern that psychotherapy should be able something more to its clients than the interpretation which is generally assumed to be its primary mechanism. In a landmark article in the conservative *International Journal of Psycho-Analysis*, Stern and his colleagues under the name of The Process of Change Study Group (1998) set out a clear manifesto:

It is by now generally accepted that something more than interpretation is necessary to bring about therapeutic change. Using an approach based on

recent studies of mother-infant interaction and non-linear dynamic systems and their relation to theories of mind, the authors propose that the something more resides in interactional intersubjective process that give rise to what they will call 'implicit relational knowledge'.

(The Process of Change Study Group 1998: 903)

Such phraseology is a direct link to work being conducted beyond psychotherapy on intimacy. For example, Jamieson emphasises that intimacy is not simply an aspect of sexual relationships, but rather has to do with our relationships with "significant others" and is ultimately founded on the way in which we share knowledge about ourselves and allow ourselves to be known. Intimacy implies a relationship within which someone has privileged knowledge about us, knowledge which is not just cognitive in nature (and may not be verbally conveyed at all) but has to do with trust and faith. This is echoed by Carter & Carter (2010), who, in focusing on intimacy within marital couples, focus on its basis in the trust required for and burnished in the experience of emotional risk-taking. This notion of "risk-taking" also links to the social capital perspective to be discussed later and provides a construct of use in examining musical interaction.

Music as a technology of intimacy

A social constructionist view allows for the understanding that people are not simply victims of their pathology, but take actively contribute to their own experiences of health and relating – and intimacy is clearly implicated here. A key strand of the "music in everyday life project" entails consideration of ways in which people make active use of music in order to order their sense of self, their environments and their relationships in order to achieve or recollect experiences of intimacy. DeNora (1999) outlines how music can be actively used (in the form of "self-programming") to call to mind past experiences of intimacy or people with whom intimacy was experienced (whether this is in a sexual sense or not). Likewise, our experiences of intimacy shade our experiences of music and may affect our subsequent musical practices. This is not a one-way street of cause leading to effect: neither will one song or piece of music "work the same" for everyone since the "effect" is mediated not only by past experience but also by the ongoing construction of self as a reflexive project (Giddens 1991). Music can be used as a means of self-relocation to a time, place or relationship that is missed, imagined or desired. Whilst this can clearly be understood as a potentially empowering possibility and as a

means of healthy self-regulation, in extreme cases it could nevertheless be considered to be self-delusional to an extent that might provoke interest from psychiatrists.

Atkinson (2006: 37) points out the relative neglect by sociology of “high art” (in favour of, for example, studies of popular music and mundane practices). He also critiques sociology’s focus on “performance” (in the sense of Goffmanesque performativity as an aspect of the way daily life is managed) at the expense of artistic performance as a specific genre of event (pp. 41-42). Likewise, it might reasonably be argued, the sociology of music (even the more “production”-oriented end of it) tends to focus on the “consumption” of musical products which somebody else has originally produced. Thus considerable attention is paid to how someone might make active use of a particular recorded song or genre in their ongoing construction of self-identity, or in self-regulation, or in consciously managing the “stage” of an interaction, but far less attention is paid to the actual production of that music in the first place. The reasons for this may be multiple: most obviously, whilst sociologists have ready access to people who can share their experiences of their use of pre-existing music in interviews or within observations (since this is seen as an activity of everyday life), it is much harder to get access to the event of music being originally made. Another reason may have to do with the tools required for analysis: whilst sociologists are well used to interviewing and observing people and drawing out meaning from the data, they are less accustomed to handling musical data and observing points of interest within it. Because of this, the “production” approach, so skilled at reframing what has traditionally been viewed as “consumption” as active and constructive, still tends to view musical material as inert stuff which comes alive in the act of being made use of in the course of everyday life. But of course music does get actively created by people – whether in the form of composition, or performance, or recording, or dissemination. Prominent ethnographies of the production of music in this sense – e.g. Cottrell on professional music-making in London (2004), Atkinson (2006) on the workings of a professional opera company or Bates (2008) and Jones (2012) on the work that goes on within recording studios – tend to focus primarily on interactions which are essential to the production, but which are not necessarily musical in themselves. This is clearly of great value, but what of the interactions that are experienced intra-musically? To some extent it is of course a fallacy to think of interaction as either intra- or extra-musical: in many senses all interactions can be understood to have musical aspects to them, and it would be a foolhardy task to attempt to separate the musical from the non-musical. But there is a kind of interaction that can be understood as primarily musical in nature, and I suspect that this is less often described or examined because it is hard to “get at”. This is also the kind of interaction I have described in this chapter.

Returning to the focus at hand – that of intimacy – might it be possible to learn something about how music affords experiences of intimacy which are not simply associated with the use of pre-existing music, but which have to do with the in-the-moment making of music between two or more people by making use of detailed analysis of recordings (as I have done in the case of Kerry), or of participants’ accounts set alongside one’s own experience of such musicking (as in the case of Carmel) or using traditional ethnographic techniques of participation observation but with particular awareness of the musical material involved (as is here the case with Tom and Elijah)? Given the emphasis placed on intimacy within the rhetoric around diagnosis and treatment of mental illness and within therapy more generally, the experiences of intimacy occurring within music therapy in places like Way Ahead seem to be matters of importance whose explication might in itself act as an alternative form of supporting evidence for music therapy within community mental healthcare settings.

Such a stance is thoroughly sociological and may be understood to follow in the critical trajectory established by Adorno and developed by DeNora (2003) in the sense that it strives to go beyond what music “represents” or “conveys” (DeNora 2003: 15) in search of a more thorough analysis of “the organisation of music itself, its composition and its praxis” (Atkinson 2006: 38).

Chapter Six

Conviviality

One of the most striking ways in which music was an observable aspect of life at Way Ahead was in connection with social occasions, whether these were planned or spontaneous. I was often asked (as the music therapist) to take some sort of responsibility for the music for planned events (a barbecue in the summer, a Christmas dinner in December, an awards ceremony for volunteers in the autumn) and music was explicitly regarded by the staff as key to these events' success. It seems that music's role in "getting the party started and pulling the punters in" (as one worker described it) was well recognised. In practice, however, music can mean different things to different people and what one group of people consider appropriate music for an event may be considered quite wrong by another. There are also the issues of how music not only helps to make an event happen but becomes a constituent part of it, and how music interacts with other recognised essential ingredients of events. This chapter describes several events in order to consider aspects of music's work in helping to establish a sense of what I have chosen to term conviviality, sometimes in the face of considerable adversity. I am distinguishing this from intimacy in terms of the numbers of people involved (more than might be the case with intimacy) and in terms of the nature of experience (perhaps less intense than might be the case with intimacy but nevertheless striking to the extent that it gets acted on and remarked on and to varying degrees remembered). It encompasses what some informants referred to as "community spirit", "feeling together" and "partying". After detailed consideration of each event, I will reflect on music's role in the creation of conviviality and the ways in which this might be considered to be of value within the context of Way Ahead.

Event One – At the smoking table

An important part of my shift of role from music therapist to ethnographer was the increased time I spent sitting outside at the smokers' table. With just a collapsible umbrella for shelter, it was often very cold but smoking was not allowed inside, so smokers had no choice but to

come outside. Just over half of the regular membership smoked (well above the national average) so even in winter the table was often crowded. This was a place of much banter, of sharing of jokes and stories and of showing off. It was also a place where music was much discussed, whether in the form of arguments over who was the best soul / R'n'B / reggae / funk singer or as reactions to music that had been made in the "karaoke group" or which was on the radio in the kitchen. It was also a place where, although it was markedly not a "therapy area" – and in fact was a place for retreating from or even hiding from organised activity of any sort – music-making could and did arise spontaneously.

I'm sitting at the smokers' table. It's breezy and trying to rain so we're all huddling under the umbrella. There are nine of us: the majority men, as usual. Most people are smoking, but nobody seems in a hurry to leave as soon as their cigarette is finished. They linger, wanting to be part of what is going on here. For now, this is the social hub of Way Ahead. At least three conversations are going on simultaneously: the loudest involves Victor, who is bragging about his latest woman. Nobody takes this very seriously: Victor is always claiming to have landed a new catch, and people react by teasing him. George draws everybody's attention by shouting across the table:

George: *Hey boys, have you heard? Victor's got a new woman!*

Victor: *Yeah but this time it's different.*

George: *Why's that then: she got three heads instead of two?*

Victor: *Nah, she wants to marry me.*

Mary: *Marry you? She a nutter, one of us?*

Victor: *Nah, man. She's sweet. The best. And she got taste.*

George: *You hear that: Vic's getting married!*

At this point Steve, who has been uninvolved up to this point suddenly breaks into song: "He's getting married in the morning!" (the song from My Fair Lady). As he sings he slaps the table in front of him (initially upsetting an ashtray, which draws mild reproach) and others seem drawn into his humorous energy. George holds a pair of imaginary braces as he sways from side to side in time and pretends to join in with Steve's singing. This provokes laughter from the other end of the table: Phil jumps to his feet and starts marching in time to the song, both singing the words

with Steve and adding little ornaments (as if played by a fife ion a marching band) between the lines. It's all suddenly turning into music: it occurs to me that my accordion is sitting in an open case just a few yards away in the drop-in. I rush inside and re-appear a few moments later as I am still putting it on. I find the key and start adding an oom-pah accompaniment. The combined effect of the sung melody, the interspersed ornaments, the percussive slapping on the table and the marching and swaying resembles a makeshift band and I can see that even those who are not immediately participating are fully attentive. More people start joining in the singing and people also emerge from the drop-in to see what is going on. Suddenly it seems that a spontaneous music session is underway. We do several verses plus an improvised middle section to showcase the marching and the swaying, but as I give it a dramatic ending on the accordion (slowing down and using full chords using the keyboard instead of just the oom-pahs for which I need only the buttons) I can see that people don't want it to end. Before I've even finished the final chord, someone who has come from the drop-in shouts out "Roll out the Barrel!" and there's a cheer of support. So we launch into another song – and in the end we spend about 20 minutes singing old-time pub favourites. By the end, and despite the weather, the vast majority of people present at Way Ahead (including several staff from the office upstairs as well as members who were certainly culturally unfamiliar with the songs) are gathered around the smokers' table and participating in one way or another. Comments afterwards indicate something of the value attached to such an eruption of shared singing and movement:

Man, I'm done in. In a good way, though, you know?

It's like the old days.

People don't do that any more, do they?

That squeezebox ain't half loud!

Bloody hell. You'll play anywhere, won't you?

This last comment, addressed to me, perhaps reflects the way in which the participational geography of Way Ahead had been reconfigured by the eruption of musicking. The smoking table was in many respects a place to avoid engagement, a place to hang out without being expected to do anything active, and definitely a place where staff were unlikely to be. Yet by the end of our impromptu session, that had been turned on its head. The smoking table was

now Way Ahead's hub of activity – but it was activity on the terms of those who had initially started and joined in with the singing. Likewise, the division between members and staff (and indeed between the predominantly white and Caribbean members who frequented the smoking table and those who didn't) had to a notable extent been broken down. Music had been able spontaneously to deliver exactly the kind of breaking down of barriers and inclusivity which Way Ahead struggles to deliver through planned activities and co-ordinated initiatives. In a somewhat anarchic way music had offered an experience of togetherness, one that was talked about for the rest of the day, and referred to again on future occasions.

Event Two – Music and crisps

Another regular aspect of music's role in creating a sense of conviviality at Way Ahead concerns its interaction with another regular ingredient of conviviality: food and drink. The lunchtime "karaoke" group was started as a response to people coming in for food. An issue of immediate practical concern was that lunch was not always ready at the same time every week – in practice it could be ready at any time between 12 and 1, so there were often people hanging around the drop-in area waiting to eat. This period of waiting was often characterised either by fractious interactions as people focused primarily on feeling hungry and impatient for food (and sometimes expressing this forcefully) or by people simply waiting in an isolated way – slumped on the sofas watching the large television, for example, without any interaction with others. The group was therefore started very pragmatically as a way of engaging people in something regular and interactive at a time when the very opposite was tending to happen. The idea was that there would be music and then food: in this sense, therefore, music and food were set up to have separate but complementary roles.

On this occasion, however, through the actions of a group member, boundaries become blurred and the two not only exist together but influence each other:

I'm running around as usual at this time, trying to get all the equipment ready for the "karaoke" group. There are piles of song books and files of lyrics to be carried across from the "music room". There are also instruments to be brought for those who prefer to play along, and the PA system has to be hauled over too. It's big and heavy and a couple of its wheels have fallen off, so setting up takes quite a while and acts as a sort of introduction to the group: my presence is signalled some 15 minutes before we can actually make a start as I go backwards and forwards, fetching and carrying. People use this time to ready themselves – some by making

a cup of tea or coffee at the table in the corner of the room and bringing it over to the sofas where the group happens, some by starting to talk about music (usually in connection with what's on the television – generally either a UK MTV-style channel or one of the Indian or Bengali film or pop channels).

Part of the setting up process is unpacking the PA system and assembling it. There are two large loudspeakers, each of which has a stand stowed in the carrying case. Sometimes I don't bother to unstow the stands, instead positioning the loudspeakers on chairs which form part of the square of sofas. But this week, since I am not running as late as sometimes, I decide to spend an extra couple of minutes unpacking the stands and putting the loudspeakers up properly. Seeing this, Dwayne comes up to me and validates my extra effort:

Yeah man, put them on the stands. Makes it real, like a proper gig in a pub.....

I am reminded that whatever internalised models of group interaction I may be bringing from my music therapy training, or from my musical or personal background, for many service users (although not all) the pub is the archetypal group setting. It is where people come together, it is where people get involved in active music-making, and it is where people eat and drink together. This is an especially powerful archetype in this area amongst white and African-Caribbean residents despite the fact that demographic shifts are resulting in pubs closing in vast numbers. Add to this the fact that most of the service users of Way Ahead are financially dependent on Disability Living Allowance and it is clear that they do not have regular access to what they think of as the social norm of the pub – and to some extent they look to this group to take its place. In some ways it is very different. The most immediately obvious difference is that no alcohol is permitted on the premises. Some users identify this difference as what makes it less than (and less good than) a pub for them. As Henry, a white man in his fifties, frequently tells me:

You got me that pint yet? You get me that pint and I'll sing you a song.

Hence Henry attributes his refusal to attend in a formally recognisable way (although he sometimes wanders in and starts participating from the sidelines) to the fact that I am not supplying an ingredient which he considers intrinsic to the experience he perceives me to be attempting to recreate.

Nevertheless, tea and coffee are freely available (at no cost) and form a key part of the “drop-in experience” at mental health resource centres up and down the country. A waist-height fridge sits by the door to the courtyard and holds milk (although the daily 4-pint plastic bottle is usually finished by lunchtime). Teabags, coffee powder and sugar are in bowls on a table next to the fridge. The kitchen worker sets this up each morning, but chaos quickly ensues and the table is often overflowing with split water and the sugar bowl empty by the time I’m setting up for the group. Despite the mess, the fridge and the table together create something of an impression of “homeliness”: unusually within mental health services, you don’t need to ask anyone, you just help yourself. In the group I find myself encouraging people to get themselves a tea or coffee, especially when they have just arrived or are hovering on the edges. It’s a way of offering hospitality and hence welcoming people in. It’s also gives them a reason to sit on the sofas and participate in what is going on. This too reminds me of a pub – a group of people is already at a table when a latecomer arrives. They are verbally (and sometimes physically) welcomed by people they know at the table, told to go and get a drink and then come and join the group. This is “pub socialising”.

Not only has the pub traditionally played an iconic part in the lives of white (and more recently African-Caribbean) people, but also it is the one place where people expect to experience participatory music-making. Many people here refer to the stereotypical pub piano:

Play “Roll out the barrel”! Might make the tea taste more like ale!

They do that in the films, you know – drink tea and pretend it’s beer.

But the pub piano has now all but disappeared and in its place is the ubiquitous karaoke night. Most of the pubs which still survive in this area boost their takings by hosting at least one karaoke night a week, and some have them most nights. Most of the white and African-Caribbean people here are familiar with karaoke as a form of entertainment, and several have taken active part in pub karaoke. Elsa once had her picture in a local paper when she won a karaoke contest and this is a source of great pride to her. This group is generally referred to as “karaoke” by most of its participants and my role is likened to that of a karaoke machine, as evidenced by this joint explanation of how the group works given to someone attending for the first time:

Claude: You choose the lyrics you like from this book here ...

Elsa: See, they’re all in here.

Claude: Then you tell him which one you're doing and he plays the music on the old Joanna...

Elsa: And you sing through the mike.

Claude: Yeah, then it's someone else's go.

The use of rhyming slang to refer to the piano as “the old Joanna” is another means of linking what we are doing to traditional pub culture, and perhaps also of demonstrating the speaker’s credentials as an authentic “geezer”. I remember being partly delighted by this explanation – they seemed to think I could play absolutely anything, which of course isn’t true – but also slightly miffed – did they really think it was that simple? I was aware that I did a lot of things “behind the scenes” both at the time, in the music (in terms of the way I play, which is much more accommodating than any karaoke machine!) and not at the time, not in the music (in terms of constantly revamping and sometimes completely reprinting the files of lyrics as well as all the setting up and putting away). It seems I have multiple roles in this dramaturgy.

As I am putting the speakers on stands and wiring them up to the amplifier, I look up when I hear a collective “Ooh!” Jeff, one of the regular group members, has produced from his rucksack several large multipacks of crisps in various flavours. This is quite a treat: the low-cost lunch is provided in the cafe at lunchtime, but apart from this there is rarely any “extra” food here, and certainly not for free. My first reaction is one of concern that he has spent a lot of his money – but I can see from looking at him that he is delighted to have elicited such a reaction from his peers. He explains that he picked them up from a market on the way in – “I got a deal”: again, he is taking the opportunity to present himself as a “proper” (and hence healthy) “geezer” – this is the kind of wheeler-dealing talk that is expected from white men around here, although it is more usually applied to cars than to crisps.

He tears open the multipacks so that the individual packets of crisps spill out onto the table. He grabs a pack and thrusts it towards me – “That’s for you mate – you need something inside you with all that playing to do”. I hesitate for a moment – unease with such things was drilled into me as part of my training as a music therapist and my psychoanalytic supervisor’s voice echoes through my head with words like “boundaries” and “feeding”. Despite such reverberations I take the packet of crisps, explaining that I will eat it a bit later, so that I don’t get the

grease all over the piano keys. He seems happy with this authentically musical explanation, and I realise that I really am quite hungry already! But another reason for not eating them now is that I know that news of the unexpected arrival of free food will travel fast and draw people in: I don't want to lose the moment to "grab" them!

Sure enough, within moments there are people at the door – including people who never usually come and sing! Nobody stands on ceremony here – they all dive in, anxious to get their share of the spoils. And yet a certain propriety is discernible: whilst one or two do grab a bag and go, the fact that the preparations for music are already underway seems to create a sense that the food belongs to the musical occasion. This makes it harder for people simply to grab and go: having secured their bag, several people hang around as if not wanting to be seen to be leaving with indecent haste. There is space on the sofas still and some people collapse onto them. Nobody opens their bag and leaves it open on the table: that would be to invite sharing! Better to sit down, thus creating a lap which doubles as a clearly private and non-invade-able table. And sitting down needs somewhere to sit – hence the sudden popularity of the sofas. All the while, Jeff is holding court – inviting people in, encouraging them to help themselves. These are his crisps, this is his moment.

Whilst people eat, there is a different kind of energy about the place. Often in this group, even if some people are listening, others cut across the singing as if they weren't aware of it, pursuing the small matters which make up the pattern of life here – finding out who can "lend" them a cigarette, demanding to know when lunch will be served, and so on. And yet now, there is an unusual attentiveness. Marti is singing "Honky Tonk Woman" – one of his favourites. He often chooses a song like this to start the group off – high tempo and loud, it seems to enable him to establish his identity as well as his clear musical preferences. I guess he also knows that it goes down well with most people here and adds to his reputation as someone who "knows how to sing". I try to match the quality of his singing in my accompaniment – energetic and rocky. As he finishes, he receives the customary applause, including from people who have crisps in their hands and in their mouths. Usually at this point there would be a rush for the mike – "My turn", "Oy, over here", and so on. But people are still busy eating crisps, and I feel less pressure than is often the case. It gives me just that bit of extra time to survey the scene (which I can do whilst playing but it's not the same) and make a judgement

as to who to offer the mike to next. I choose to bring in a young Bengali woman whose name I don't know - she is hovering around the edge of the group, not yet sitting on the sofas. Shyly, she accepts the opportunity to sing, and does so still standing outside the square of the sofas.

The group seems more respectful than usual of this (often a Bengali song this early can provoke people to get up and leave or to murmur protests – more of this shortly), and I put this down to being occupied with the crisps. But I am surprised by the warmth of the applause at the end and also by the fact that Jeff offers her a bag of crisps as some kind of reward. Unbeknownst to the rest of us, he has held back a few packets from the devouring hordes: this provokes protests from others who feel they have been deprived of all that was on offer, but also lends him a sort of self-appointed power within the group. I am reminded of the traditional patriarch at the dinner table who maintains order not least because it is he who has brought the food to the table.

As I think this over, Jeff has exchanged the bag of crisps for the microphone, and is now giving the microphone to another group member. Possession of the microphone means that this is someone's "turn" and so Jeff really is taking over my role as "MC". He hands the mike to Lou, who requests a Carole King song – "Will You Love Me Tomorrow?" This is a reliable and predictable part of her usual repertoire, as known to all the regulars, so in effect Jeff is using the crisps as a lever in exerting his own song choice. Once Lou has finished, I jump in quickly to take charge of the microphone once more and counterbalance Jeff's new-found power. However, I am aware that this group session feels different because of Jeff's crisps, and that he has therefore in some sense earned some "pecking rights". It feels right to let this happen to some extent, but I don't want it to become exclusionary to others who might not fit his preferred programme.

The group proceeds much as usual, but there is no doubt that the crisps have helped to create a session with a more excited initial atmosphere than usual (because having crisps makes it a "special occasion"), which is better attended from the start than usual (because people have been drawn in by the food) and which is less pressured than usual (because people's rush to secure "their turn" has been damped down by their eating). Perhaps also in purely practical terms it has taken the edge of people's hunger so that they are not waiting so anxiously to rush

off to lunch as soon as it is served: it seems reasonable that this should exert a direct influence on both individual and general affects.

Crisps are of course archetypal pub food – Jeff's choice of foodstuff chimes perfectly with the notion of this group as a sort of musically constructed pub. Dwayne acknowledges this as the group is coming to a close. Grinning widely, he points to a poster on the wall by the tea and coffee table and says:

Only other time we get stuff to eat is with that lot, and that's just f**king bits of apple. Crisps and rock'n'roll man! All I need now is drugs and sex!

The poster is part of a Department of Health and NHS public awareness campaign pointing out the importance of healthy eating (see Figure Nine). From time to time a healthy eating group is put on and seeks to draw people in with free “healthy” food –i.e. fruit and vegetables. This, it seems, does not impress Dwayne and he seems to be revelling in the fact that we have done something “naughty”.

“Going to the pub”, whilst a valued activity for many people, is not encouraged by public health experts or by government. In nutritional terms, alcohol is definitely unhealthy and crisps are not much better. Nevertheless, “going to the pub” remains for many people a means of accessing social connectedness, not least through building up social capital which may be bridging as well as bonding (Putnam 2000), and this is certainly an important means of maintaining mental well-being. People who find themselves taken into the mental health system – never in accordance with their intention and often against their will – frequently find themselves bombarded by advice on “healthy living” – whether it is to do with healthy eating, dental care or keeping oneself occupied by volunteering. Non-compliance with such advice is liable to be interpreted as self-neglect, lack of insight or deliberate non-engagement (all of which can themselves be regarded as symptoms of mental illness). Whereas most people outside the mental health system can take a night off from “good behaviour” and go to the pub, this isn't an option available to many of these service users, partly for economic reasons and partly because pubs can be challenging places to be when you are mentally unwell.














		
1 medium apple	2 broccoli florets	2 halves of canned peaches
		
1 handful of grapes	1 medium banana	3 heaped tablespoons of peas
		
1 medium glass of orange juice	7 strawberries	3 whole dried apricots
		
Just Eat More (fruit & veg)	3 heaped tablespoons of cooked kidney beans	16 okra
www.doh.gov.uk/fiveaday		

Figure Nine – NHS poster promoting health eating, as displayed on the wall of the drop-in at Way Ahead

Likewise there are few opportunities to be rebellious within the mental health setting – but it seems that Jeff has provided one. Perhaps this kind of musically constructed group can permit members a degree of latitude (including the freedom to be expressively rebellious without being pathologised) which is rare in such a place and yet indigenous to social music-making. In a parallel sense, Jeff has also taken an opportunity to wrest some control for himself by means of crisps. I asked him afterwards why he had brought crisps in that day: he said that he had thought it would be “a nice thing to do”. When I asked him what he thought might happen as a result of bringing in the crisps, he reiterated that it was a nice thing to do, as if at pains to avoid any sense of attempted manipulation or seizure of power. But at the end of the day, as I was leaving, Jeff caught my arm and commented conspiratorially, “It worked well with the crisps, didn’t it?” Perhaps after all on some level Jeff did indeed bring the crisps for a reason – a reason that was craftfully accomplished and with it brought an experience of conviviality for all. In a sense what he did was contribute to the doing of what Callon (1986: 207-208) terms *interessement*: the crisps ease the process of people “buying in” to their roles within the music making – roles which were sustained for significantly longer than the consumption of the crisps.

Also noteworthy here is the happenstance-ness of it all. Quite apart from the obvious participation of singing a song, people also seem to find their way into musical participation on their own terms and in their own ways “around the edges”. For Jeff it was via buying crisps on the way on. For others their active engagement was facilitated by the fact that it took some time for me to set things up – that 15 minutes of to-ing and fro-ing (which I tended to think of as a frustrating waste of time since I wasn’t actually doing anything musically) was actually a window within which people settled into a musical configuration, beginning to claim territory (both physically on the sofas and temporally and culturally in terms of “singing slots”), and to interact with me in ways that influenced the way the group happened (e.g. Dwayne’s comment about putting the speakers up properly). Whereas professional rhetoric emphasises the orderliness and planned-ness of all things music therapy, these observations suggest that there is nevertheless value in the “messiness” at the edges of planned events. Likewise, it would be considered highly improper for people to eat or drink within consensus music therapy sessions – mirroring the norms of psychoanalysis and psychoanalytic psychotherapy where attending to such “lower level” needs is perhaps seen as incompatible with the cultivation of this “special relationship”: eating and drinking with someone or even in their presence perhaps implies an ease or a familiarity that is deemed to be inappropriate and unproductive.

Event Three – Humour to the rescue

The “pub” frame considered above contains a certain cultural specificity: the pub may be a welcoming concept for some, but it is certainly not for others. Most pubs in this area are still very much male-dominated, and despite this being an Asian part of town they are almost entirely non-Asian (most Asian people here are Muslims and alcohol is regarded as “haram” by all facets of Islam, as is music by some²³). Conviviality has at its root the notion of “living with”, and living with others can at times be fraught with difficulties. Given its size and unpredictability, it is perhaps unsurprising that these difficulties arose most frequently in the “karaoke” sessions and that they did so as clashes of musical taste, particularly between people of radically different backgrounds who therefore had very different musical heritages, and in fact whose musics did not overlap at all in any way that I could perceive.

The pre-lunch “Come and Sing” group is busy today – of late there’s been quite a contingent of Bengali men and today they have arrived early, taking up two of the four sofas. They are a mixed bunch: a young man is quite formally dressed in a tieless suit that has seen better days, two older men are casually dressed in tracksuits and hoodies, both with matching white trainers, whilst two others wear traditional dress, their flowing white robes filling any remaining space on the sofas so that nobody can easily join them. They greet me in chorus as I enter the room carrying files full of sheet music to Western songs they do not know at all and it strikes me that they are staking a claim not only to the seating but also to the group more generally. I’ve been increasingly aware of this over the past few weeks, and of the difficulty it poses for me. I’m a white middle-class musician: like many white middle-class musicians, my familiar repertoire embraces many forms of not-white-in-origin musics which have been to some extent or other subsumed into the European mainstream: I can play a passable reggae, and I know how to accompany a North African rap. But Bengali music is something else altogether. When these men sing it is hard for me to find the pulse, let alone a harmonic structure. I feel de-skilled and question my reason for being there at all.

I put down the files of sheet music by the piano and make a return trip to the individual music therapy room, this time returning with my arms full of percussion instruments. As soon as I enter, Yusuf (one of the older men in hoodies) makes a move for the darabuka²⁴. As I leave once again to fetch the PA, I can hear his

²³ Within many traditions of Islam, music is seen as *haram* (unholy or harmful) and therefore singing might well be regarded as a behaviour which is not only unholy but actually harmful to a person’s wellbeing.

²⁴ The darabuka is a metallic goblet drum common in Turkey and the Middle East.

insistent but unsteady beat ringing out around the buildings. On my return, the five Bengali men are singing to (or perhaps around) the drum beat – it's a song they clearly all know well but which I do not recognise at all, nor can I understand the words. The group has started early – without me, and with a very different kind of music. It has also started without most of its regular attendees: they are still hanging around outside in the courtyard. I can see one or two of them casting glances in our direction: one comes in but goes out again as soon as he hears the Bengali singing. There is muttering and head shaking: displeasure is being forcefully expressed.

I feel torn: on the one hand, I am delighted that the Bengali men seem to have taken to this group so eagerly and are willing to contribute so enthusiastically. On the other, I am dismayed that "my" regular participants are now voting with their feet in reaction to this development and staying outside. What am I to do? Should I stay with the Bengali men and accord the people outside the freedom to decide for themselves whether to come in or not? Or should I leave the Bengali men to it (they clearly don't need me musically) and go outside to try to persuade people to come in?

I feel that it would be rude to walk out on the Bengali men before we've even started: I take a headless tambourine (which I consider to be appropriate as I have heard them playing it to their songs on previous occasions), sit on one of the unfilled sofas and join in, tentatively at first. I still can't work out whether Yusuf's beating of the darabuka is really the beat of the song – I take a safe option and play a slower beat which could encompass all sorts of micro-adjustments within it. At the end of the song, as is our tradition, there is applause – the five men seem genuinely very pleased with their playing and singing! I ask what the song was about: the question is translated for those whose English is weak, and Khaled (who seems to be the protagonist of the singing) becomes very animated: Ashif (in flowing robes) interprets for him. This, they declare, is a traditional song which tells a story of unrequited love – the man is singing to his love, but it transpires that this love is in fact the place of his birth. "Next", announces Yusuf, "we will sing a religious song".

This song is slower and less melodically flamboyant. But it is in some ways easier for me to find a way into: it feels as though it has a repetitive three-chord harmony

*implicit within it. At the end of the song, Abdul says "It's good song. From Allah".
The others nod sagely in agreement.*

*At this point I explain that I am going to pop outside for a few moments to see if I
can bring anyone in. Yusuf is optimistic about my chances: "Tell them it's very nice
music". Ashif is more realistic: "They no like". Externally I agree with Yusuf:
internally I think Ashif is right.*

*Outside people are resistant. Some people are evasive about why they aren't
coming in as they usually do - "No, mate, not today. Not in the mood." Others are
more explicit: "What, with them lot?"*

I often found myself sitting in groups of people where considerable outrage was being expressed about provision for other ethnic groups. In particular, those who gathered around the smoking table in the courtyard were prone to expressing a sense of being excluded. There are two general drop-in days per week, and on the other days the facilities are used by specifically ethnically-focused groups – a Somali group, for example, as well as a Bengali group and a Vietnamese group. These groups are provided by the institution in response to funding initiatives designed to address the specific mental health needs of particular ethnic communities. In order to satisfy the conditions of their funding arrangements, they are ethnically exclusive. Consequently I have heard many comments along the lines of "there's nothing for us English people, and in our own country too". I discern a hierarchy of "acceptedness": broadly speaking, white people and people of Caribbean origin seem more or less to accept each other as peers, but they see African members of recent immigrant communities (particularly Somalis) as less acceptable and Asian members much less so. This is perhaps due to the length of time each community has been visibly present: it also has something to do with the extent of people's fluency (and willingness to communicate) in English. These are issues to do with Way Ahead as an organisation, but they are also more generally local, urban, national and even international issues. And they are not clear-cut: some individual people have evidently "earned" their way to acceptance by the "drop-in crowd" despite their ethnic origin. It seems to help if you can speak English, smoke (or at least spend time at the smoking table outside) and tell pun-based jokes (the older and cornier the better).

*So here I stand, feeling that I have just crossed to the other side of an
irreconcilable divide. Not for the first time, I am struck by the inanity of the
idealised view of music as "a universal language" or as something that "hath
charms to soothe the savage breast". Here music is accentuating difference,
making one group of people feel actively excluded by the other, to the extent of*

arousing feelings of enmity in the process. Furthermore, this is a reminder that music and music-making cannot be considered in isolation from their contexts – it is the hours I have spent sitting around this place observing and listening to people, my history within mental health services, my familiarity with this part of town and my general interest in and awareness of things political as well as my musical sensibilities that make me aware of just what a hole I am now in.

Turning to go back inside to the Bengali men, I leave with what I hope is a cheery invitation to “come in whenever you fancy it”. Inside, the men are still singing, and I take up the headless tambourine again. As the next song finishes, however, the door is thrown open and Carl bursts in.

Carl is a physically imposing Caribbean man with a very loud voice (it is a standing joke amongst the regulars that he doesn’t need the microphone). He is one of the “drop-in crowd” and a regular in the group: although he routinely declines my invitations to come and sing with the group as it is starting, almost invariably he will burst in singing at some point as though he is unable to hold it in any longer. Today is no exception: perhaps deliberately seizing the opportunity presented by the applause at the end of the previous song, he thrusts the door open in front of him and announces his presence with his voice.

Carl has a rather idiosyncratic way of singing: he seems to have internalised several “old skool” songs as well as elements of soul and reggae. These get merged and developed in different ways each time he sings. Nevertheless, I know his style well and I am able to pick up his general sense of harmonic direction as well as the drift of his melody very quickly. I swiftly move to the piano and respond to him as if he were taking his allocated turn. I even call out his name as if announcing his turn, despite the fact that he has already started. I’m trying to legitimate this interruption and turn it into participation, not only on Carl’s part but potentially on the part of the others outside too.

He’s up for this: he looks directly at me and directs his singing towards me. His words are generally along the lines of “Yeah, baby...” and this, coupled with the eye contact, makes it feel very personal – almost invasive, in fact. It feels as though he is piercing the Bengali group both with his determined attention on me and with the sheer volume of his voice.

“Nice one Carl” – I hear Nathan shout from outside. Nathan is always supportive of Carl and seems genuinely to love hearing him sing. This time, however, it could also be taken as a cheering on of Carl’s (witting or unwitting) cutting across the Bengali men. Carl’s way of merging aspects of many songs together means it’s never entirely clear when he’s going to end. He’s enjoying being centre-stage though, and he is doing what I couldn’t – drawing in the courtyard brigade. They whoop at key moments and one or two clap along. The Bengali men meanwhile are sitting quietly, watching Carl. As more people enter Carl begins to “play the room”, making eye contact not only with me, and not only with his supporters, but with some of the Bengali men too. I see Yusuf smile back at Carl – and Carl locks onto him. As he sings of his “lurv” he outstretches his arms to Yusuf and there is a comedy moment that seems to break the ice. Yusuf reaches back towards Carl and a ripple of laughter goes around many of those present, including some of the Bengali men. I am still accompanying Carl at the piano, structuring him to some extent and helping him to hold it together, but simultaneously I am aware that I am observing Carl’s craft in using cheesy music and comical gestures to unite the group, whether this is his intention or not. By the end of his turn, most of the courtyard brigade are indoors, hovering around the sofas, with a couple actually seated. Newcomers and those long seated alike applaud Carl: I seize the opportunity to “line up” a number of turns, alternating Western and Bengali songs. Reassured that their turn is coming, most of the newcomers settle down and the group is suddenly a whole lot bigger...

This event is a reminder that music is no panacea for social division, however sentimentally it is sometimes regarded as such. Music can be made use of in the cultivation of conflict (Grant *et al* 2010) and the sense of division already present was initially exacerbated, not ameliorated, by the singing. And if anyone is demonstrably intervening here to alter the sense of conflict, it is not me but Carl, using a rapid but complex mixture of gesture, humour and voice. I try to knit things together on a musical level but on a personal level Carl has taken the initiative. From a music therapy perspective, Carl’s use of humour is particularly interesting here: therapy in general has a complex relationship with humour, and its attitude towards humour might be summed up as “suspicious” following Freud’s pathologisation of humour (1928). Likewise the physicality of gesture is rarely considered even though its use in creating a sense of conviviality (or otherwise) has been ethnographically established (Laurier & Philo 2006).

Event Four – “Medina”

The next event also comes from the “karaoke” group but on another occasion:

It’s about 12:40 and the group is in full-swing. Seven people are sitting on the sofas, indicating their commitment to participation, and a number of people are on the fringes, drifting in and out of participation. An element of competition for slots is emerging. I am having to police things fairly energetically, assuring people that their next turn will come whilst also proactively mixing the song styles so that nobody feels alienated for too long. Hakim arrived about 15 minutes ago and has been waiting patiently to sing ever since. I didn’t recognise him at first: he came for the first time a couple of weeks ago, when he surprised everyone with the strength and clarity of his voice as he sang what sounded to me like Bollywood songs. He is a very dark skinned North African Muslim. This time he is almost covered up from view: he is wearing a white shawl wrapped tightly around himself which also obscures his chin, a huge pair of sunglasses (even though it is cold and cloudy outside) and a red bandana. This seems a surreal combination and as I look at him sitting on the sofa I find myself wondering about his state of mind. In my experience people often start making use of Way Ahead as their mental state starts to deteriorate, whether consciously or otherwise: is this style of dress indicative of this? I wonder how he will participate and whether the group will be able to cope with it.

His first turn is routine: he sings strongly a song which is repetitive enough for me to catch the feel of it. The only word I recognise is “Medina”: on the basis of this I assume that he is singing a religious song. Unusually, it seems to fall into an asymmetric 9/8 pattern, made up of 4+3+2, with the word “Medina” always falling at the start of the bar:



Figure Ten:
Hakim’s pattern

Despite the complex 9/8 metre, its repetitive nature makes it easy for others to follow, and several people (including the Bengali men) are ready and able to join in on percussion instruments. His turn lasts about the same length of time as any

other song so far, although as he finishes he explains in broken English that he has truncated it:

H: Very short.

S: *That was a very short song?*

H: Very short now. Usually it very long. Take one hour. I make short for now..

It strikes me that this man, about whose mental health I was concerned because of his style of dress, has done something quite evidently skilful in terms of both interacting with the group and managing the group: he has chosen to sing a song (or perhaps to sing in a manner) which was both distinctively “his” and yet accessible to others, he has judged the length of it accurately in terms of people’s tolerance, and he has obviated his judgement by his comments at the end, thus drawing explicit appreciation. I am impressed.

Lunch is almost ready and when it is, a number of people move from the sofas into the cafe in order to eat – some of these are replaced by newcomers. As a consequence Hakim’s next turn comes sooner than I had expected and also there is a substantially new audience. Hakim takes the microphone and pauses, as if contemplating on what to sing. Then he starts: and it is the same song as before., but not quite. This time it is clearly in 4/4: the asymmetry has been dropped and I grab the djembe to drum along, aiming to highlight both the difference from last time and the accessibility of it. Hakim has simplified the song further: now every bar starts with “Medina” and is followed symmetrically by the English word for a member of his family.

Behind Hakim’s sofa, sitting on a plastic chair near the kettle, is Thomas – a young white man who has recently walked in. He suddenly becomes highly animated, raising an arm to punch the air and shout “Oy” in each bar – and I realise that he has latched onto a sort of implicit “rave” feel in this song, with this result:



Thomas's enthusiasm is all the more striking as, to the best of my knowledge, he has never met Hakim before. This seems to be an utterly "in the moment" response to a musical quality of Hakim's singing. Hakim seems emboldened by this: his singing gets louder and even slightly faster. He too starts using his arms – at first he is gesturing, pointing to members of the group as he sings "mother", "father", "brother", "sister" etc; later this arm movement itself seems to become part of the musical expressivity as both arms flail rhythmically rather than pointing out anyone in particular. The group is energised: almost everyone is doing something active and people come in both from outside and from the café next door to witness this sudden outburst of high-energy, high-volume music-making. And this time he is not cutting it short: he seems to be loving the attention but also perhaps getting caught into the repetitive, possibly even self-stimulatory, pattern of physical movement. His entire being seems locked into the song and after a few minutes I begin to wonder how it is ever going to end. Although most people are hooked into participation, two or three are exchanging glances which I know indicate a frustration that it is still going on. Using gesture (circling my hand to indicate "let's wind it up"), I indicate explicitly to my student (who is valiantly trying to accompany us on the piano, although the general volume level renders her for the most part inaudible) that we need to try to bring this to a close: she and I together use all sorts of musical "tricks" to try to indicate an ending- slowing down, approaching perfect cadences over dominant pedals, using tremolo, trying to make eye contact with Hakim: it seems that everyone is picking this up except Hakim. In the end I actually start to sing with him, slowing the words down so that he feels the pull. An ending is achieved and is followed by tumultuous applause from all present. It's a reward not just for his singing, but for his evident utter commitment to his performance, and perhaps also for his willingness to alter his singing to make it more accessible. Applause at the end of a song is usually routine and polite: here it is heartfelt and sustained. People shout out comments like

“Cool, man!” and “Brilliant!” As the noise dies down, Hakim rises imperiously from the sofa, gathers his shawl around him and walks out, not only of the drop-in area, but of Way Ahead. It seems he has done what he came to do.

“What am I doing?” – therapeutic strategies observed

Listening back to recordings of sessions afforded me another perspective on what I had been doing in sessions, and I found this particularly useful in the “karaoke” group, even though the nature of the group and the acoustics of the room meant that little other than the piano was often audible. Often I heard myself doing things (using musical strategies etc) which seemed to make sense but which I did not remember, and of which I had perhaps also been unaware at the time. If this is true of me, then perhaps it is also true of the others present. Certainly this would account for what often seemed an inability on the part of members to describe what they had been doing musically beyond an affective response. Ethnographically, I was keen to use this as another form of observation to set alongside my observations of others and their own accounts in interviews.

Holding this group together was invariably challenging. I wanted to offer each person a safe and satisfying experience of presenting themselves musically. I also wanted to provide a space which made possible meaningful contact between groups of people who might otherwise at best avoid each other. I found myself intervening in unorthodox ways. It was little problem for me to accompany Abba at the piano: it was more of a stretch (but still manageable) for me to drum with a Bengali song. In accompanying I found myself concerned not only to support the person singing but also to catch and hold the attention, involvement and tolerance of others who might otherwise wander off, start chatting or perhaps even deliberately undermine the singing. This occasionally led me to make some odd musical choices – drumming on tabla to a pop song, or playing a slightly schmaltzy (but heavily adapted) walking bass on the piano to a Bengali song – treading a fine line between preserving its musical character and communicating its lyricism to others. I worried that this risked what some might experience as cultural vandalism but it seemed to be do-able, and it seemed to work. I also discovered that when I found the tonal centre of a Bengali song, I could often add a chordal pattern based around a I-IV alternation²⁵, with chromatic alterations where necessary. V rarely seemed to fit, but II did sometimes. I really noticed that once I added something which for “Western” people feels harmonically recognisable to a Bengali or Sylheti song on the piano, these same

²⁵ In accordance with the general practice amongst musicians, Roman numerals are here used to refer to chords built upon the corresponding degree of the scale – I is the tonic, V the dominant etc.

“Western” people were much more likely to be drawn into it, and less likely to walk away. I felt I was somehow mediating the musics: I made each song sound less unfamiliar by furnishing it with features that sounded familiar. Was this justified? Was I spoiling it for the singers?

Non-musically too, I found myself acting forcefully to hold the group together. Everyone wanted to sing and at times there was a real battle for the microphone: it seemed to be my role to ensure that everyone’s voice was heard and supported as far as possible, both musically and socially. On busy days I built up an informal waiting list of who would sing after whom – a process familiar to those used to hanging out in local pubs that host karaoke nights. It seemed to reassure everyone that there would be another chance to sing. I tried to model musical involvement in and respect for all musics. I verbally reacted to music and tried to encourage the group to engage with each other’s musics. At times it felt edgy – there were moments when it felt as though confrontation was only just steered around, and then soon afterwards moments when there seemed to be a real sharing and acknowledgement of each other’s musics. The magical, transformative moments came when, despite themselves, group members found themselves (sometimes I think even unawares) drawn into musics that they would not consider theirs, or when somebody initiated something musical which either actively integrated elements of different musics or invited someone else to join with another music.

Extracts from interviews with Yusuf and Marge

In the “Come and Sing” lunchtime group, a group of elderly Bengali men (including Yusuf) sit quietly waiting for their turn to sing, looking slightly unsettled as a large white man belts out a Metallica number. When one of them takes the microphone and launches into a Bengali song, I hear disapproving mutterings from some corners: other people choose this moment to go to the toilet or make a cup of tea. As the song finishes, Marge, a white woman who is still sitting pipes up: “Why can’t you sing it in English?”

As her favoured material for singing is her own poems (which she brings in notebooks to the group sessions), I point out that the sound of the words is part of the music: her songs wouldn’t sound right sung in Bengali or Sylheti. This may sound like a convincing argument to me, but she’s not impressed. “It’s not proper music, though, is it?”

In this section I draw on separate interviews conducted with two service users who have featured in the events described above. Their comments are used to cast light on specific issues already raised.

Yusuf (who features in Event Three above) is in his fifties and describes himself as Bengali. English is very much a second language for him and at times he seems to struggle in it. I offered to arrange for a translator for the purposes of the interview but he emphatically declined the offer, insisting he could do it in English “no problem”.

Marge is also in her 50s but was born and bred “around the corner”. She often makes comments in the group along the lines of “Why can’t you sing it in English?” but nevertheless continues to attend regularly.

The comments of each are presented side by side, to aid the reader in comparing their perspectives. Mostly verbatim material is presented, with explanatory summary passages where necessary.

On religious music

Yusuf is explaining that he does not sing at home:

S: What, your family doesn't like it?

Y: **No.**

S: Oh dear. Why not?

Y: **Er.. they like nashid, you know.**

S: They like...

Y: **They like nashid. Islamic... Islamic music.**

S: Oh I see. Nashid, it's called?

Y: **Yes.**

S: Is that like the call to prayer?

Y: **It's er like singing but it's called nashid.**

S: Oh I see, so no instruments?

Y: **No instruments.**

S: And so just the religious singing?

Y: **Yeah.**

M: **I don't like it when they sing all that religious stuff. It's not right, you know? I mean, this is supposed to be a Christian country and they should respect that.**

.....

M: **I try and sing it for everyone. I sing it for them.**

S: And don't you feel that they sing for you?

M: **Them? No, never. They just do their own stuff. Heathen religious stuff. And it goes on for hours and hours and hours. They never want no one else to have a turn. It's all about them.**

S: So their songs seem to last too long for you?

M: **Yeah – they never seem to end. Selfish, isn't it? ... And it's not even in English. It's weird religious music. Makes me feel weird.**

S: Weird how?

M: **Well, you know. All these bombings and that. And then they come here and sing that stuff.**

.....

S: Tell me about the songs you like to sing.

M: **Well, you know what they are. I like the church songs. Proper English church songs. Like "Morning has Broken" and "Amazing Grace". Nice songs. About nice things.**

It seems ironic that Marge characterises Yusuf's singing and that of his Bengali friends as religious, whereas for him Way Ahead clearly provides a place where he is allowed to sing non-religious songs and an escape from the religious regime at home. I often ask people what their songs are about if I can't understand the words, and I know that most of his songs are in fact

not religious: sometimes they may tell a story about an imam, for example, but they are not religious in the sense that Marge implies. Furthermore Marge acknowledges that Christian religious songs are important for her (and indeed she often sings those that she mentions): for her, though, these are not “religious”. “Religious” seems therefore to be a marker of an otherness into which further otherness can be read: thus Bengali songs remind Marge of recent terrorist events.

Yet Yusuf’s Islamic identity is also important to him: when he leaves he often explains that he is going to the Mosque, or to pray. I am reminded of Stokes’ observation (1994: 6) that music can offer people a way of carrying off an identity – passing, as Garfinkel might say – which they cannot access via the complexities of other modalities such as language or politics.

On the range of music sung

S: What... What What makes you like a song?

Y: Er, I ... I like to sing a love song, folk song, traditional song, er... *Bahali* song, *Vinisanageet*, er... *Nisrugeti*, er... *Poligeti* – those sort of music.

S: And film songs?

Y: Film songs, yes.

S: Film songs as well, yes.

Y: Yeah, film songs as well.

S: Tell me about the songs you like to sing.

M: Well, you know what they are. I like the church songs. Proper English church songs. Like “Morning has Broken” and “Amazing Grace”. Nice songs. About nice things.

S: Like “Bright Eyes”?

....

M: Yeah, it reminds me of when my boy was little. He liked it a lot.

S: What else?

M: Well I like the old-time stuff, you know. The pearly kings’ and queens’ music. The pub songs. The songs we used to sing in the old days. And some of the pop stuff, you know, like the Beatles and that. Abba. Anything with a nice tune to it really.

It is striking that both Yusuf and Marge articulate considerable breadth to their musical choices. This is probably not evident to each other on the basis of what they hear in the group. I am culturally familiar with Marge's songs, but Yusuf's songs I know only from his performances of them. I suspect that each of them hears the other as musically monotonous.

On the biographical significance of music sung

S: So where did you learn to sing...
Where did you learn all this music?

Y: **I learned from the tape.**

S: From tapes? That you listened to
at home?

Y: **Yeah.**

S: I see. When you were a child?

Y: **No.**

S: Oh really? So how old were you
when you started listening to tapes?

Y: **Um, about 13 year age.**

S: 13? Ah, so when you were a
teenager?

Y: **Yeah.**

S: Right.. And did you listen with
friends or on your own?

Y: **I listened to my own.**

S: On your own?

Y: **Yeah.**

S: And now you've learned a lot!

Y: **Yeah.**

M: *(After singing "Bright Eyes")* **Yeah, that's a
proper lovely song, don't you think?**

S: Yes, it is lovely. And it means a lot to you, I
think.

M: **Yeah, it reminds me of when my boy was
little. He liked it a lot.**

S: What else do you like?

M: **Well I like the old-time stuff, you know. The
pearly kings' and queens' music. The pub
songs. The songs we used to sing in the old
days. And some of the pop stuff, you know,
like the Beatles and that. Abba. Anything
with a nice tune to it really.**

S: And how did you learn these songs?

M: **At home, I suppose. Off the radio
sometimes, listening with my mum and
dad. And at school. And at Sunday School.
We used to have to all line up and sing
proper in Sunday School. There was a nice
lady used to play the piano like you do.
They don't do that no more.**

Despite the apparent contrast between their choice of songs and repertoires, both Yusuf and Marge refer to the biographical significances of their songs. For Marge it has to do with “better times” and happy memories of being with her son (with whom she now has very little contact – a matter of evident deep regret for her). There is therefore a sense in which singing these songs constitutes a kind of self-comforting reverie for Marge. For Yusuf it is a coming of age tale: as a teenager he clearly discovered in music something that helped him to delineate himself from other family members. Even now, it seems, his singing is frowned upon at home and perhaps associated with his mental illness. It seems that coming to Way Ahead to sing his songs is an important part of self-care for him.

Both Yusuf and Marge refer to learning the songs from reproductions – from cassette tapes in Yusuf’s case, and from the radio in Marge’s case. This is an unexpected commonality for me, and once again shows how the roles played by very different musics in different people’s lives may nevertheless be surprisingly comparable.

On fair division of time

S: So tell me, when you come to the group...

Y: **Yes.**

S: ... over there, erm, what... cos sometimes there's lots of your music and sometimes there's lots of people and there's not much time for one person to sing.

Y: **Yeah.**

S: And how do you find that?

Y: **Alright. (subdued)**

S: It's alright?

Y: **Yes.**

S: Sometimes I think you want to sing more.

Y: **Yeah.**

S: Would you like to sing more?

Y: **Yeah (laughs). Yeah!**

S: Yes... And do you mind that it's other kinds of music ... it's like ... pop music and things like that?

Y: **No, I don't mind.**

S: You don't mind?

Y: **No.**

S: Really?

Y: **Really (laughs again). It's OK. Really I want sing, but it's OK.**

M: **I dunno much about singing, but it's supposed to be good, innit? I mean, when I sing my stuff I take it seriously and all, and I mean what I sing, but I try and sing it for everyone. I sing it for them.**

S: And don't you feel that they sing for you?

M: **Them? No, never. They just do their own stuff. Heathen religious stuff. And it goes on for hours and hours and hours. They never want no one else to have a turn. It's all about them.**

S: So their songs seem to last too long for you?

M: **Yeah – they never seem to end. Selfish, isn't it? Don't you think so?**

S: Well, maybe their songs seem to go on longer because they sound unfamiliar?

M: **Yeah but how am I supposed to enjoy something I don't know? And it's not even in English. It's weird religious music. Makes me feel weird.**

Yusuf is unfailingly polite and clearly doesn't wish to offend. But when I press him it is clear that he would like to spend more time singing and less time listening to other kinds of music. This he says whilst laughing, as if being apologetic for it. This tallies with what I observe in the group: when someone else is singing a Bengali song, Yusuf will invariably either join in vocally or else play a drum or the headless tambourine, often with a serene smile on his face. When English songs are being sung, although he is willing to play along, he seems to become fidgety and often seems to be on tenterhooks waiting for the song to end so that he will not miss the chance to go next. He often physically moves to get the microphone when an English song ends, but not when a Bengali song ends. In this sense, time does seem to go more slowly for him during the unfamiliar songs. In contrast, Marge is "full-frontal" in her attacks: she attributes selfishness to the Bengali men because they seem to sing for so long: for her this is deliberate and premeditated and tied up with a much broader hostility. She explicitly accuses them of going on "for hours and hours and hours".

My own observations are that, although some songs are longer than others, there is no significant difference in the average length of Bengali and English songs sung in the group.

On my attempts to “bridge the gap”

S: OK. And what about, for example, when you sing, and sometimes I try and play the piano with it. How do you find that?

Y: **Fine.**

S: Is it alright?

Y: **Yeah.**

S: Because sometimes I think maybe I spoil it.

Y: **Uh?**

S: Does it not make... does it not ..erm.. damage the music sometimes?

Y: **No, no. I like it. It's nice, doing together.**

S: What about the things I do with you: how do you feel about that?

M: **Like what things?**

S: Like the way I play the piano or the drums or the violin or whatever.

M: **Ah, that's lovely. You're really good, you are.**

S: But do I play what you want me to play? I mean, they're your poems – do you have a way in your head that they should sound?

M: **No. Not really. Maybe sometimes.**

S: And what if what I play is different from that?

M: **Well, it doesn't matter really. Cos it's different doing it with someone than just hearing it in your head. Makes it real. And you really listen to me. It makes it into something new.**

S: New - in a good way?

M: **Yeah! In a good way. Like it's special cos it's you and me. I like it. It's exciting. That's why I come!** (Laughs).

Both Yusuf and Marge identify “doing together” with me as a key ingredient for them. This suggests an element of intimacy even here in the public space of the singing group. And although I worry that my ways of accompanying might be inappropriate (because I am attempting to bridge the gap by accompanying in a way that is accessible to all in the group), this is not picked up at all by either interviewee. Of course, Yusuf in particular may simply have been being polite, but I was convinced by his body language and his emphasis that he was making a real point here. It seems that both of them value opportunities for active participation over musical authenticity, however much I might worry about it, and that it is this that leads to a sense of conviviality, aided by gesture and humour and food and drink. It also suggests that the technical manipulations (potential spoilsings) of music that I make in order to enable diverse musics to co-exist are an important part of what I have to bring to Way Ahead.

Closing thoughts

Conviviality seems important at Way Ahead – many of its members could be described as “socially excluded” in one or more senses. A psychiatric diagnosis is itself socially exclusionary and social exclusion is recognised as rendering people more vulnerable to mental illness (Social Exclusion Unit 2004). In addition the limitations imposed by psychiatric pathology make it hard to engage readily in the kinds of interactions that lead to experiences of conviviality or community. And on top of this, the city outside the gates of Way Ahead can be an alienating environment characterised by conflict and threat in which experiences of conviviality are hard to find. Furthermore, the members of Way ahead are mostly economically impoverished and have little access to the cultural and social highlights that some might associate with the city. Such experiences suggest a role for music therapy in social capital generation – and this will be explored in the next chapter.

Music isn’t just a stimulus that leads to the response of conviviality: it is itself a means of being convivial which it structures and contains people’s capacity for and experience of conviviality. It perhaps also makes conviviality more tenable for those for whom it usually presents difficulties or in challenging circumstances because its structure means that it will have a clear end. A song not only draws people into it but is unlikely to last more than a few minutes.

Music is also a way in which the challenges of conviviality can be negotiated and the wheels of social interaction oiled. Much literature on community and mental wellbeing (including some of that which addresses the interface of music and mental wellbeing) seems to convey a

somewhat simplistic view of conviviality. Conviviality, like intimacy, can be challenging and has to be worked at. Music seems to be one way of getting that work done.

Chapter Seven

Reflections on the data

1. Music therapy as musical (and para-musical) accompaniment from backstage to frontstage (and back again)

In presenting data in three broad categories – self awareness and identity, intimacy and conviviality – I have already begun to trace something of a spectrum of work which recalls Ansdell's (2002) continuum of Community Music Therapy practice. This emphasises that music therapy can encompass not only one-to-one work and small closed groups but also larger open groups and even performative modes, allowing for clients to move along the continuum in either direction as their life situations dictate. What is interesting for me on the basis of the data presented here are the ways in which people move along the continuum, and the ways in which they may dip in and out of the continuum. In particular the moving along the continuum can be conceived of as making use of differing opportunities for the presentation of self.

Goffman (1971) outlines the notion of back and front areas: in the front area the self is presented for public consumption whereas in the back area a certain protection from the public can be assumed: like a rehearsal space, it is here that work can be done on the presentation, either alone or in the presence of trusted others. As Atkinson points out (2006: 41-42), the notion of performance is so associated in sociology with Goffman's work that it is necessary to point out that he is here talking not about "performance" in the staged performing arts sense, but about the performance of self in the course of everyday life. Yet at Way Ahead something in between sometimes happens: people who traverse between the "music room" (for individual sessions) and the drop-in (for public sessions) do quite literally work on their performances. Marti provides a clear example of this. After some time he eventually became able to use the rehearsal potential of his individual sessions and, once settled in each week, allowed himself to "deconstruct" his songs, working to improve them but also being much more open to my suggestions and alternatives than I had initially imagined possible. He makes clear that this is important to him for his own satisfaction and self-regard, but it is also clear that his ability to "wow the crowd" in the drop-in matters to him too. He has taken on the role of "starter" of this group and he visibly thrives on the positive feedback he receives from people in this role. This in turn softens his complaining and makes him easier to

be with, thus transforming other people's reactions to him as well as easing the atmosphere more generally.

But Marti doesn't do this alone. Much of what I do with him privately in the music room I am also doing with him in the public setting of the drop-in. I talk differently in the two places: privately I challenge him and publicly I melt into the background, apparently just attending to the practicalities around playing (getting the right sheet music, moving the piano, getting others to listen etc). But musically there is a marked consistency. In particular the techniques I use to accompany him are largely the same. I am very aware of his tendency to cut short rests between lines or verses and I am ready to cut short the music so that what he does "sounds right". Likewise, whenever he adds an extra beat or part of a beat, or shortens a bar, I am ready to adapt. Sometimes he shifts key suddenly in the middle of a song – this is much more challenging, but on the whole I manage to find his new key quickly and smooth over the gap. In addition, there are certain songs where I know his tendencies and I can play in such a way as to help him "get it right", as in "One Day I'll Fly Away" – as the refrain returns, I change the piano part substantially, employing a dominant pedal²⁷ to anchor him in the original key. And then there are all the para-musical things that I do – I am very aware of my whole body willing him to hit the right note, or to wait until the right moment to come in, especially at big cadences where "getting it wrong" would be really noticeable (even for people who wouldn't be able to say why it was noticeable) and constitute a "failure": my hands are engaged on the piano keyboard, but my eyes and my head and even my breathing all seek to guide Marti to the right moment and the right note. In the music room he tends to acknowledge this and often meets my eyes, sometimes grinning or even laughing at what he sees as my ridiculousness: in the drop-in he is more restrained, more concerned with presenting himself to the audience as the hard-man rock singer he wants to be seen as. But he does make an effort to stand where he can see me, and he makes an effort to include me in the applause at the end. Sometimes people in the "karaoke" group also laugh at the extent to which I am bodily animated when doing this sort of accompanying: but this seems to permit them too to become more animated, as if I were modelling musical involvement for them.

Other people are less literally performative but Goffman's back and front areas are still clearly visible. Kerry's work is of a different kind: we don't talk about different ways of realising songs: our talk is much more about how it feels. For Kerry the fact that she experiences things beyond her control is scary and even alarming: this is only possible in the backstage area. It is made

²⁷ A dominant pedal is the sustained and usually prominent use of the fifth degree of the scale in the bass: coupled with an appropriate harmonic progression, this helps to provide a sense of inevitability about the impending return to the tonic (the first degree or "home note" of the key).

possible to some degree of course by our relationship – it is no surprise that it took so many sessions before she was ready to “open up” in the singing in the way that she did and there needed to be a degree of hard-won trust before she could start to sing. But it is also made possible by music’s apparent (and perhaps disingenuous) innocence – it’s just music, after all, and (surely) therefore “safe”. In this musical-social atmosphere of safety, therefore, Kerry is prepared to take risks which would be unthinkable for her in the front area, where control is so important to her. In the back area she can experiment with intimacy in a way that is safe enough to endure, yet acute enough to flee from and alluring enough to want to return to. Unlike Marti, Kerry chooses not to avail herself of the drop-in: it is not a culture in which she feels comfortable. Her frontstage is “out there” in the world outside Way Ahead: she rehearses intimacy with me courtesy of the music (without even realising it at first) and then goes out with this experience so that she can add affective intimacy to her cultural (or rather relational) toolkit (after Swidler 1986).

2. Music therapy as musical work – the offering of music’s affordances

My use of the dominant pedal with Marti is a very basic and elemental example of a musical affordance: it is this sense of musical inevitability that enables him to stay in key. This relationship between tonic and dominant is a property of the tonal system, and indeed the basis of much of the theory of Western musicology, most notably as epitomised in the Schenkerian system of analysis (Cook 2007).

Likewise with Kerry my use of a repeating harmonic pattern which simply rocks between a tonic chord and a rich slightly dissonant chord which “needs” to return to the tonic is self-sustaining. This is not music which either of us has magically invested with particular emotional properties: rather it has to do with the intrinsic properties of music itself. Music is not simply sound – it has a (non-lexical) grammar and therefore internal forces of “push” and “pull” or “stay” and “move” (as described in great detail by Zuckerkandl 1956: 364-365). My two-chord accompaniment with Kerry feels very stable and trustworthy. A pattern is established and maintained. It is possible to speculate wildly as to why this pattern feels so secure – from a psychoanalytic perspective it might be compared to the rocking of the maternal reverie, or even to the alternation from one breast to another. But such thoughts were not part of my experience of working with Kerry, nor were they a part of her reported experience of it or of my observations of her participation with me in it. Rather it seems to be the properties and

implications of the music itself which enabled what happened to happen. An important point here is that the offering of these affordances does not just happen automatically. Rather these are the means by which the therapist sculpts and develops the client's involvement in, commitment to and hence experience of not only the music being made, but also of themselves musically – whether or not either or both of them are aware of this happening at the time.

It is perhaps worth wondering why music therapy as a profession is so reluctant to describe its work as fundamentally musical. Just as Bittner's characterisation of police work as underpinned by the potential use of force may have seemed to some a slight on the police (aligning police work with unskilled thuggery etc.) so describing music therapy as fundamentally musical might be seen by some as lowering its status in comparison to its recent claims of medical and psychotherapeutic standing. Just as force is commonly assumed to lack thought, so music is assumed to lack any dimension beyond the sonic or stylistic. However, as can be seen from the ways in which people extend the musicality of music beyond sessions, music can also be understood as a dimension of everyday interaction, including aspects of self awareness, intimacy and conviviality. Therefore to characterise music therapy as fundamentally musical is not in any way to restrict its relevance to people's broader lives, but rather, to permit a focus on the prosodic detail of how those lives are lived, experienced and made sense of .

3. The connection of musical and para-musical elements

This is not to suggest that music is a magic elixir, various versions of which can be bottled and dispensed as required. Music doesn't live in a glass jar, or in a blister pack. Rather it is an aspect of human interaction, with all the embroiling in the complexities of life that this implies. The bringing of crisps to the "karaoke" group impacted significantly on how that session worked itself out. The way people use space whilst engaged in music is inseparable from their engagement with the music itself. Thus sofa territory is claimed and ceded in the "karaoke" group, and people are called out of the drop-in into the courtyard when the "I'm Getting Married in the Morning" gets going. Likewise the setting out of instruments in the music room has an impact on how people move around the room and hence interact musically.

Another key para-musical element is that of relationship – the relationships that exist and develop between group members or fellow music-makers, as well as the relationship between therapist and client(s). The issue of relationship has become used as the crux of proclaimed

differences between apparently conflicting approaches to music therapy. Psychoanalytic and psychodynamic approaches are portrayed as valuing relationship as the heart of therapy: the playing of music is simply one of many possible ways of developing a relationship whilst also furnishing symbolic material for exploration which is informed by the therapist's awareness and interpretation of transference and counter-transference relationship dynamics. In this sense the music is simply a means to a non-musical end. Music therapists who are uncomfortable with this approach sometimes even avoid using the word "relationship" altogether because of its connotations within psychodynamic approaches to therapy, preferring the term "relatedness" to emphasise its time-limitedness to the duration of and its location within the experience of co-musicking (e.g. Verney & Ansdell 2010: 69) . This term is also used by existential psychotherapists for similar reasons and Cohn (1997: 13) explicitly links this to the notion of intersubjectivity.

It is evident that in the example of Kerry some aspects of the relatedness encountered in co-musicking are indeed specific to that co-musicking and therefore also to the timescale of that co-musicking. The specific intra-musical affordances of the way we improvise together cannot continue beyond the musicking and the active "doing" of intimacy therefore comes to an end with the improvisation. However, the sensation that results is not forgotten: indeed, it is this which evidently troubles Kerry to the extent of keeping her away from the subsequent sessions, and she talks explicitly about her feelings of ambivalence which have arisen within the improvisation. As she says, "Something happened inside the music. I don't know what it was."

In this way then, the affordances of music, actively offered within the relatedness of improvisation, have the capacity to configure relationship beyond improvisation. This mechanism would also seem to account for the ways in which people are seen to "walk taller" after improvising, and for the ways in which people's interactions after the "karaoke" group are more "musical" than before. People carry with them an experience, a memory or a sensation and this seems to inform what they do next and how they do it.

4. Thinking about social capital in relation to music therapy²⁸

Another way of approaching this phenomenon is perhaps in terms of social capital theory. This exists in multiple forms and variants, including major contributions from Bourdieu (e.g.

²⁸ Parts of this section have previously appeared in an article addressing the relevance of social capital theory to music therapy practice which appeared in the *Nordic Journal of Music Therapy* (Procter 2011)

Bourdieu & Wacquant 1992: 119), who describes the deliberate accrual of individual advantage through the cultivation of obligational ties at the cost of others; Coleman (e.g. 1990: 334), who emphasises the unintentional generation of community-level resilience stemming from extended social networks as a means of ameliorating social disparity, and more recently Putnam (2000), who focuses on “connections among individuals social networks and the norms of reciprocity and trustworthiness that arise from them” (p. 19). Much work has been done recently at policy level in terms of evaluating the usefulness of social capital in areas such as health, education and law and order (e.g. Halpern 2005) but, as Hooghe and Stoller (2003: 7-8) observe, the means by which social capital gets generated are still unclear. What does seem clear is that social capital is often generated as a by-product of social activities which have intrinsic aims (i.e. they are done for their own sake rather than expressly for the generation of social capital): Putnam’s research group, for example, emphasises the usefulness of music and the arts as well as sports participation in the generation of social capital (Saguaro Seminar on Civic Engagement 2000; Putnam 2001; Putnam & Feldstein 2003: 55-74). As a strategic rhetoric, social capital theory has been much invoked by proponents of the funding of music services, especially community music (e.g. Dowling 2008), and it has been pointed out that detailed ethnographic accounts have much to offer in exploring to what extent such claims might be justified and by what means (Procter 2011: 247).

Putnam’s work on reciprocity and trustworthiness is founded on risk – and in particular the notion that risk needs to be met with a response which is considered reciprocal. In this manner, argues Putnam, trust is engendered and this produces benefits both for the individual whose risk has been shown to be a safe investment and for society more generally as generalised trust levels are raised. In musical terms, this process can be seen when somebody takes a “musical risk” (which might take the form of initiating a new motif or changing something that is already established, or of launching a new activity, or committing to a new degree of engagement, for example by singing).

But such risks and their reciprocations do not come “out of the blue” in music: rather they take place within and get prepared by the musical context. And musical context, as noted above, brings with it musical norms. For example, as described in Chapter Four, first Pete’s eyes lift to meet mine when I introduce a waltz feel and then he varies his playing. This tips us into a new phase of tempo change and ultimately laughter and interpersonal contact. Although this is part of what I observed in this specific instance, it is also something I recognise as a frequent occurrence in music therapy. The introduction or establishment of a recognisable “feel” (which may be a style, an idiom, a rhythmic pattern or anything along these lines) brings with it a perceived (although not necessarily specifically recognised, acknowledged or discussed) sense

of “knowing where we are”: Mark may not have been able to name it as a waltz and he almost certainly wouldn’t have been able to discuss it analytically, and yet he “gets” it and he “knows” it. This is a direct analogy with Putnam’s social conception of norms: people at a bowling alley share norms of behaviour because those norms are socially constructed and thus socially shared: people making music together (whether as therapy or not) are often able to do so because they share culturally constructed musical norms. Mark and I shared an implicit knowledge of what “should” come next – and that shared norm enabled us to anticipate, predict, delay and fulfil the expectations, with all the fun and laughter that ensued. The musical norm of “waltz” did not dictate our musical interaction: rather it afforded us a framework within which to interact, to perceive our interaction, and to add this to our accrued experiences of interactions characterised by trust, ability and enjoyment – in turn preparing us to risk trusting another person another time.

Similarly, when Steve starts singing “I’m getting married in the morning” at the smoker’s table, the familiar song structure offers people ways into participation – in other words, it offers familiar materials that they are able to respond to in different ways. So whilst George moves in a dramatic and humorous way, Phil sings and elaborates. And something along the same lines happens even without a song, when there is a sense of groove in an improvisation, or when an instrumental section develops out of a familiar song in the “karaoke” group. Music gets us into this groove and helps us to stay there longer than might otherwise be possible (Stige 2002b, Aigen 2002, Keil 2004). It’s the kind of “groovological” good feeling about being with others that makes taking the necessary risks feel worth it. There is a tangible sense of “us”. This is what the member is missing who comments “People don’t do that any more, do they?”

Performance offers another level of risk and reciprocation: that of the vulnerability of the performer (founded on the possibility of loss of face) and the acknowledgement of the audience. It seems that one of the reasons why Marti is so committed to the work we do together in rehearsing and finding other ways of doing songs is that this kind of acknowledgement is highly meaningful for him. A similar tale (although expressed and realised rather differently) comes from Phil’s account of his route towards a fulfilling life via the cultivation of performance. But both Marti and Phil need accompanying: this accompanying is not merely the playing of the appropriate notes at the appropriate times – again it encompasses both musical and non-musical elements. The musical flexibility of accompaniment described above is clearly important, but so are the non-musical (or perhaps more correctly less obviously musical) elements of accompaniment. I make sure the practicalities are as they need to be: with Marti these include fading into the background at the appropriate moments, and with Phil they include going to the pub with him to do the gigs

and even buying him a beer. Another aspect of performance is its very differentness from routine interaction: it allows people to “go beyond” what is “usually” possible for them in a manner reminiscent of Vygotsky’s Zone of Proximal Development (Vygotsky 1978). This concept has been applied both to music therapy (e.g. Ansdell 2005) and to some non-mainstream forms of psychotherapy, e.g. that practised at the East Side Institute (Holzman 1999). People experience being responded to differently when they perform (“I didn’t know he could do that”) and this change of attitude can have lasting impacts on how people relate to each other and their experiences of self in relation to others.

Kerry’s risk of singing, and of exposing herself to the further risks of relating and intimacy, are met with a “safe” reciprocation. It seems clear from her comments in retrospect that part of this safety does indeed have to do with traditional therapeutic notions of boundaries (e.g. Gray 1994) – I am her therapist, not her lover, and my reciprocation is safe precisely because it is boundaried by music.

But is this virtuous musical cycle of risk and reciprocation really constitutive of social capital? Music is, of course, a social act, but there are many other social acts which don’t seem to generate this cycle in quite the same way. Does it matter that it is *music* that people are engaged in, or could it just as well be anything else? Is there something distinctive about the capital that is generated within music-making in music therapy? And is there something distinctive about the way that this capital is generated that makes it more or less accessible to people in particular life situations?

If the cycle is indeed to be a cycle, it requires people to ‘throw themselves into’ it at some point. This presupposes firstly that they possess the necessary skills and capacity to do so, and secondly that they are not inhibited from doing so by overwhelming previous experience of risk being unreciprocated and hence dangerous. It might well be assumed that people with experience of mental illness and treatment within the psychiatric system would be more likely not to meet these presuppositions than members of the population at large. It therefore seems significant, given the work observed at Way Ahead, that musicking does not simply leave people alone to throw themselves into the cycle. Instead, it actively supports them in a number of ways:

Firstly, according to Putnam, risk and reciprocation are guided and made safe by social norms. In musicking, these norms are culturally constructed, whether or not they can be articulated by the people making use of them, and examples of this have been furnished in abundance.

Secondly, musical structure acts as a physical framework for participation. Musical elements, including pulse, rhythm, melody, harmony and phrasing, offer a moment-by-moment scaffolding on which people can found their own embodied musical participation (Davidson & Correia 2002, Davidson 2005). They can participate minimally or maximally, and this eases both entry into participation in the first place and subsequent possibilities for risk and reciprocation. Once engaged, people report their “whole selves” being drawn into participation and responded to. There is no natural dividing line between music and movement: bodily movement plays a significant part in many of the examples above, perhaps most obviously in the instances of Hakim and Joy. In Joy’s case, this integration itself aids her ongoing participation and enables her to feel positively responded to – in musicking, each of us gives visual as well as aural cues, and can not only hear and feel but see others responding to us. Interactive musicking is also replete with opportunities for “fresh starts” (e.g. the adjustments I keep making for Marti) comparable to those which Harris *et al* (1999b) report as being so valuable for women living with chronic depression.

Thirdly, musical participation offers new experiences of time and hence of “being together”. Once engaged in musical participation, people find themselves somehow strangely able to play and to respond to others. In particular, they experience a new relationship with time – no longer are they based in clock time, but in the dynamic, relational time of the music of the group. This is describable in terms of the use of musical elements – people talk of being swept along by the ebb and flow of expectations provoked and / or fulfilled, harmonically, melodically and rhythmically. They talk of being at one with others, of being “part of” the music. They express clearly genuine surprise (sometimes week after week) that the session has flown by so quickly and wish for it to continue. This kind of in-musicking experience of time has often been equated with the ancient Greek concept of Kairos – ‘allowing both moments of timelessness as well as ... ‘being-together-in-time’ (Ansdell & Pavlicevic 2005). Kairos is the basis of Keil’s “groove” (1994), Pena’s “duende” (Bailey 1992: 63) and, from a social perspective at least, Csikszentmihalyi’s “flow” (1975): the transcendent experience of being remarkably attuned with others within musicking in ways that make people feel that the group is more than the sum of its parts, that musical-social participation is a source of joy and personal fulfilment. This transcendence of time seems key especially to the experiences of intimacy: Kerry and I are in opera time: we live the harmonic rhythm. And Elijah and Tim seem almost caught into a mutual reverie by the way the song structures their mutual participation and mutual regard.

Fourthly, according to the theory of “communicative musicality” we are hard-wired for musical participation. Music doesn’t just simply engage us “from cold”. As infants we interact musically long before we interact verbally, and this is no longer understood as something that parents teach their babies, but as something in which babies equally provoke their parents to engage with them. This “communicative musicality” (Trevarthen & Malloch 2000; Trevarthen 2002, 2003) equips us with musicality (our use of musical elements in embodied form) as the primary means of social communication and interaction throughout our lives. Trevarthen’s work, much quoted in the music therapy literature, thus offers a fundamentally musical nexus of biological and social perspectives. By extension, our capacity for interactional synchrony (Condon & Ogston 1966) is likewise a key aspect of health. Perhaps the most striking demonstration of this here is that of Tim, whose functioning in some ways is quite “young”: he displays quite immediate inter-modal infant-like responses (shown in the way that he seems not to fully distinguish the tactile from the musical or the personal, for example). But in other respects this is also what Kerry is rediscovering and what Joy is doing too.

So there is certainly something distinctive about the opportunities for social engagement that musicing offers, for example within music therapy. But is what this yields truly social capital? While musicing is inherently social, it does not cover the full gamut of social interaction. Can we really claim, for example, that because someone is able to join a music therapy group they are more likely to trust their neighbour, to beat their cancer into remission or to boost their educational attainments? Perhaps an honest answer would be “indirectly”. There clearly is a form of capital generation going on in musicing. Within a detailed index of a session, it is possible to identify how and when group members take risks, how they experience reciprocation, and how this leads to a kairotic experience of altered time and altered roles and relationships within the group.

After sessions, I sometimes saw the lasting social effects of the musical interaction that had just taken place (e.g. after the “karaoke” session described in Chapter Three). What people had achieved in the group’s musicing did lead to a gradual but real change in how they were able to be with others outside the group. This surely is the notion of repairing communicative musicality suggested by Ansdell and Pavlicevic (2005: 201). I saw people beginning to be able to make eye contact with others over food, or managing not to interrupt others continually, or staying in a situation that becomes difficult. This social risk in turn provokes social reciprocation from others and over lunch social capital in the orthodox sense is surely in generation. What has happened musically is a necessary stage before: the capital generated in what Pavlicevic and Ansdell (2008) call “collaborative musicing” feeds into repairing

communicative musicality to an extent where people are then equipped for the sort of social capital generation described in the mainstream literature. For this reason, I have proposed the notion of musical capital (Procter 2004) – a capital that is proto-social in nature but operates through the repair of communicative musicality.

The idea of proto-social capital, and music's role in fostering it, resonates with work on how the roots necessary for social capital are cultivated:

Those who have not experienced supportive relationships in childhood are less likely to be able to make such relationships in adulthood; they are therefore disabled in terms of both giving and receiving social capital from other members of the community and as a result their health suffers ... Parent-child relationships may therefore play a part in the social capital agenda and interventions to improve such relationships represent a potentially valuable approach to improving both health and social capital.

(Stewart-Brown *et al* 2002: 46)

Music therapy, therefore, is perhaps ideally placed both to intervene in the parent-child relationship in order to promote the acquisition of proto-social capital via the development of communicative musicality and to repair communicative musicality which either was never developed in childhood relationships or has been damaged by subsequent life experience.

If musicking is in and of itself reparative in the sense that it promotes the generation of musical capital, then why not simply encourage musicians to get people making music together? Surely then the innate advantages of music-making would flow naturally? For most people, this would indeed be enough. Contemporary Western societies have inadequate access to music-making opportunities: these are lost opportunities for social capital generation (Saguaro Seminar on Civic Engagement 2000). Yet most people have sufficient communicative musicality to appropriate the affordances that any available music-making opportunities offer (DeNora 2003).

But some people are not able to take up musical opportunities, either of participation in the first place, or of risk and reciprocation thereafter. They cannot catch the 'hooks' of culture in general or of musical structure moment-by-moment. Kairotic experience of groove, duende or flow is thus denied them. This in turn restricts the availability of opportunities to experience

themselves as a part of the social world, to participate in it and hence to generate social capital, cutting them off from reparative opportunities for health and wellbeing.

The role of the music therapist is to work with people to foster communicative musicality (and its correlates beyond music-making) with the people who stand to benefit most from successful experience of musicking with others, but whose compromised communicative musicality stands them in the least good stead to do so. Many of the members of Way Ahead are good examples – their communicative musicality evidently compromised by various combinations of disability, illness, trauma, deprivation or social exclusion. Such people need a far clearer musical framework than most, far more safety for risk-taking than most, far more demonstrative reciprocation than most. This demands of the music therapist not only an understanding of why this journey may be difficult but also a thoroughly developed musical craft, first in careful listening and responding to people, and then in guiding and accompanying them on this journey.

5. Music therapy as cultural practice – the music therapist as “skilled facilitator”

Social capital is understood to contribute not only to individual wellbeing but also to smooth and healthy functioning at communal and even societal levels (Halpern 2005). On the basis of the observations made at Way Ahead, perhaps one way in which it achieves this is by cultivating music as a cultural practice, both for individuals and more broadly for the communities of which they (and the music therapy) are part.

Carmel describes music therapy as like taking a regular vitamin pill in the sense that it “does you good” for some time after taking it and also compares it to yoga in the sense that it is something that has to be done regularly in order to derive benefit. You need to build up your “music muscle”. This suggests that music therapy can be seen as a matter of discipline not only for the professional but also for the client – as a sort of jointly cultivated cultural practice. In turn this recasts the role of music therapist away from the post-Freudian paternal figure of wisdom and authority which seems to underlie not only professional assumptions but also more general societal constructs of therapy, and towards more of a skilled facilitator role – more like a yoga instructor than an analyst. This poses a radical challenge to much contemporary music therapy literature which seeks to represent music therapy as “scientific”, as proven by the RCT and systematic reviews or meta-analyses of RCTs. Coupled with

increasing reliance on neuro-scientific claims about music and the brain, music is represented as a kind of drug and music therapy as its informed administration. In this view, music therapists are like pharmacists, dispensing proven musical formulations to those whose pathology fits the proven remit for each treatment. It is not necessary for a pharmacist to have experience of taking the medications they dispense since the medication's effect is not mediated by the pharmacist.

The "skilled facilitator" view, however, allows room for the significance of the para-musical, as observed above. It is a means of seeing and acknowledging the multi-dimensional nature of the therapist's expertise. As with yoga, the music therapist needs to have an appreciation and understanding of what music can afford in each circumstance, and in reality this is most likely to be predicated on personal experience of music's affordances. Nor is this "purely" musical; as the descriptions of practice in previous chapters demonstrate, the doing of music therapy is multi-faceted. The music therapist, even if they consider themselves to be working "purely" musically, is in fact using gesture, space, timing and myriad other kinds of social work, all of which serve to permit music's affordances to be within reach of appropriation. Thus, the packing of instruments in the cupboard, the distribution of instruments in the room, the setting up of speakers for the "karaoke" group, the management of demands for turns and the running to get the accordion to support singing at the smokers' table is all part of the work of the music therapist. Furthermore, the work described at Way Ahead could be viewed as a kind of curatorship of music within the organisation and in this sense the nurturing of a culture of music for all within it.

6. Music as an alibi and companion for non-conformity

A significant feature of music as observed here is that, unlike many other organised activities within Way Ahead, it does not need members to assemble in a designated place so that the activity can begin. Whilst this is theoretically what happens with the "karaoke" group, in fact the music itself calls people into engagement once it is already underway. Similarly, music erupts in unexpected places and at unexpected moments – as seen, for example, in the sudden appearance of "I'm getting married in the morning" at the smokers' table which not only relocated the focus of activity around those who had previously removed themselves from organised activity, but also drew others from the drop-in and the offices to join in this spontaneous event. In this way, music subverts ways in which people align themselves with activities and with engagement, both with each other and with the organisation as a whole.

This is reminiscent of the relationship proposed by Nordoff and Robbins between participation and resistiveness (Nordoff & Robbins 1977: 177-189) whereby resistiveness is reframed as a mode of action holding the potential for participation. The offering of music's affordances is a way in which this can be accomplished, and it therefore seems sensible to suggest that the role of the music therapist is to maximise the offering of these affordances.

7. Music therapy as varying forms of musical work – is it really all about improvisation?

It is striking from the descriptions of practice that music therapy as encountered at Way Ahead does not take a single form. The forms that it does take can be characterised as forms of musical work: improvisation, rehearsal, learning of material, exploration of ways of singing a song, recording, performance, composition, verbal reflection and so on. It seems that different people come to music therapy with different hopes and expectations and with different cultural associations with music. It may also be that the same person may stand to benefit from different modes of musical work at different times – for example, Carmel who goes against the expectation of the therapist by bringing her recorder and wanting to improvise rather than working on the vocal material they had been rehearsing in the previous sessions.

Perhaps therefore it is worth thinking about “music therapy work” (to adapt Bittner’s phrase) as highly varied – indeed much more varied than even music therapists generally allow – but generally characterised by the use of music (analogously to Bittner’s concept of the police’s use of force). It seems from observations of practice that this variety is key to the generalisable value of music therapy within the institution. The reasons for this seem clear: composition, improvisation and performance all offer certain kinds of affordance and in order to be able to offer this full range of affordances, a full range of modes of musical work is called for. In the UK, professional rhetoric and publications privilege improvisation; it is often suggested that “clinical improvisation” is a musical analogy of Freudian free association (e.g. Odell-Miller, 2001; Darnley-Smith & Patey, 2003). Siegal (1984, cited in Penfield, 2001) makes the same claim for the improvisation that occurs within Dance Movement Therapy, and Austin (1998) develops the idea further into her concept of “Free Associative Singing”. Therefore, the claim goes, improvisation opens up access to the client’s unconscious, lending music therapy legitimacy as a psychoanalytic therapy. It’s an intriguing claim, and a professionally convenient one. However, there are at least three clear differences between verbal free association and musical improvisation:

- Firstly, words carry semantic meaning in a way that musical sounds generally don't: words are freely associated on the basis of semantic meaning and the analyst's resulting route to the unconscious is a semantic one. Free association conducted purely on the basis of how words sound would seem quite odd in a psychoanalytic context – it would probably be viewed as avoidant or schizophrenic if not downright deviant – yet this is essentially how musical improvisation develops.
- Secondly, the ways in which the two happen are likely to be different. Verbal free association usually takes the form of exchanges: first the analysand speaks, then the analyst. Or there may be long stretches where the analyst says nothing, leaving the analysand to his or her self-exploration. But generally, only one of them can be speaking at once. In music, on the other hand, it is much more likely that the two (or more) people will be making sounds at the same time. Certainly my observations at Way Ahead yielded few sustained examples of entirely strict turn-taking in music. This different sense of turn-taking makes for a very different kind of relating, even if verbal free association were to be considered in purely prosodic terms.
- Thirdly, people who make use of music therapy at Way Ahead make clear that their reasons for doing so have less to do with “getting better” using improvisation as a means of doing so than it has to do with the music-making itself: a finding echoed by Ansdell and Meehan (2010). Improvisation can thus be seen not simply as a means to an end but as both the means and the end, subverting the medical “diagnosis / treatment / cure” progression. Many clients describe improvising as “exciting” or “fun” – a significant achievement in itself for someone who is depressed, for example – whilst others talk of being “drawn in” by the making of music itself even if at first they were uncertain or simply “not in the mood”. Music inhabits familiar structures (or, in musical terms, “form”) within which we can find ourselves surprisingly able to do things which outside music seem impossible (Ansdell 2005). This is not magic: it is phenomenologically attributable to the structures of music with which, even if we cannot describe them verbally, we feel ourselves familiar. And finally, there is the role of the aesthetic: the way in which an improvisation between two (or more) people unfolds may well have less to do with individuals' unconscious processes than to do with a shared sense of aesthetic. This is an emergent aesthetic, and one to whose emergence the

participant actively contributes, thus bringing potential for satisfaction – again, no mean feat for someone whose “mental illness” may render both a sense of agency and a sense of satisfaction elusive commodities. There is a link here with Willis’ (1990) notion of “grounded aesthetics” with its recognition of the role of individual artistry in the production of culture.

So why might improvisation have been awarded this apparently special place amongst potential musical interaction modalities within music therapy? Perhaps improvisation can be seen as a means of claiming “distinction” as part of what Bourdieu (1984: 479) calls the ‘classification struggle’, historically and currently. In this view it acts rhetorically to formulate historical distinction between pre-modernity and the modern age, as well as professionally to distinguish the profession which emphasises it so much (music therapy) from those related areas of work which do not emphasise it to the same extent (e.g. “community music” or “music and health”) or “amateurs”. In this sense, improvisation may have become music therapy’s calling card.

Moore (1992) points out that only relatively recently have improvisation and “classical” music been considered mutually exclusive (given the importance of extemporisation as part of classical practice until the mid-nineteenth century), and Nettl (1974) regards improvisation as an aspect of classical performance (essentially viewing improvisation as analogous to interpretation). Yet most literature on musical improvisation focuses on its “otherness” from musical activity based on pre-composed material and tends to invest it with a certain cachet.

This duality is most apparent in literature which pits “jazz” against “classical” music (as if these constituted the polarities of human musical activity). Nooshin (2003), pointing out Western musicology’s historical dismissal of improvised non-Western musics as “primitive”, links this to Foucault’s (1977) work on power relations and fields of knowledge. But the postmodern turn has positioned improvisation (particularly the western manifestation of improvisation which occurs in jazz) as a means of “going beyond” classical music’s apparent mere replaying of the same notes (Goldstein 2008). Improvisation is fêted as integrating otherwise disparate musical disciplines (Sarath 1993), and in a hierarchy of improvisatory forms of music-making, “classical” music comes firmly at the bottom, with various forms of jazz occupying the higher positions (Zack 2000).

Part of jazz’s perceived supremacy may be attributable to its gendered perception as masculine (McKeage 2004, Wehr-Flowers 2006): improvisation is lauded as “true creativity” (Barker 2002) and “authentic” (Goldstein 2008). Jazz is painted as inherently eclectic (Sarath 1993) and because of this intrinsically American (Goldstein 2008). It is portrayed as other-

worldly, as a means of transcending constraints (Goldstein 2008) and accorded inherent meaning which borders on the inherently therapeutic (Della Pietra & Shehan Campbell 1995).

I do not mean to question the value of improvisation within music therapy: indeed it seems to have a very important role in delivering the affordances of music. It is able, in flexible and continually context-responsive ways, to offer experience of form and structure, ebb and flow. It affords access to aesthetic self-experience and satisfaction, as well as to altered self-presentation and social interaction. This is particularly pertinent at Way Ahead because mental illness hampers people's opportunities for exactly this kind of experience. Indeed it might even be argued that improvisation has the potential to appropriate certain aspects of mental illness in the service of a person's experience of wellness. Joy (who proclaimed "I ain't doin' none of that sh*t") could be described as highly disinhibited: however, this disinhibition (in many ways a significant handicap in life) facilitates her taking up of the offer of improvisation. Many "sane" people would shy away from such activity, or attempt to talk their way out of it: Joy, on the other hand dives straight in. Marge's poetry writing appears obsessive to others, but her commitment to her poetry has eased her way into improvisation and her active musical engagement facilitates a changed responsiveness both to her within the music (i.e. to "me, musically") and between her and the other people present: they are able to perceive her as genuinely creative and give her feedback on the basis of this to which she in turn can re-adjust her presentation of self. Engagement in shared music making seems to make the differences between people less obvious, or at least less immediately problematic. In a sense then, it offers a sort of temporary relational transfiguration – as demonstrated by the encounter between Tim and Elijah during "I Say A Little Prayer" (see Chapter Five).

Improvisation offers people an experience of being able to influence what happens in real time: group improvisation adds to this a high degree of collectivity. Improvisation can also be heard as bridging the gap between "music" and "not music". Whilst some people come wanting to sing songs, for others who find this daunting, embarrassing or simply not possible due to their mental states, improvisation offers a way in. As with Joy, improvisation can be woven around something that is happening separately, whether or not it is intended as "music", thus weaving it into becoming part of the music. Likewise, improvisation can act as a funnelling back into "not music": Joy emerges at the other end of her singing as someone in some way different, surrounded by people who have witnessed this difference and will acknowledge and acclaim it as well as supporting its extrapolation beyond the music.

But perhaps the real question in relation to music therapy is whether it is actually necessary – or indeed possible – to distinguish absolutely between improvisation and non-improvisation.

Certainly in reviewing the instances of improvisation observed at Way Ahead, it is hard to say categorically where each improvisation starts and stops. Does it start at the moment where both therapist and client are first playing? Does it start when one first listens to the others' playing? Or does it start when one attends musically to the other's movements, speech or breathing? Arnason (2003: 133) proposes that music therapists should work with an "improvisational attitude". Indeed, it might make sense for music therapists to attempt to cultivate an attitude that is at once improvisational, compositional and performative. It seems reasonable to suggest that all three of these could be facets of all of the musicking described at Way Ahead.

8. Whose craft?

A consistent theme worthy of remark throughout the work observed at Way Ahead is the degree to which "clients" seem somehow to "know" what to do. This is not to suggest that they could describe technically, or recount afterwards in any factual detail what happened – indeed, many made clear that they had no idea what had happened other than at the level of affective, physical or emotional reaction. However, it is striking how even people who are supposedly in a state where meaningful interaction with others is severely impeded by their mental illness and where the observing of social norms has been impeded by disinhibition, mania or depression are able to "play their part" (literally) in a song or an improvisation. Partly of course this is because the expectations are different to those applied to conventional musical performance on a stage: at Way Ahead, if the song is sung differently than the usual version, then that's the way it is today. But this is not the whole story.

It seems clear, listening back to the recordings of the various musical events, that even people in quite extreme states have some sense of musical orientation. Joy has a sense of timing. Kerry knows when it is time for her solo. Marti (mostly) picks up on my cues. These are in a sense social capacities, but they seem to be working at a level markedly beyond these people's general social capacities. Why is this?

The answer surely lies once again in music's affordances and the capacity for our presentations of self to be effectively configured by our engagement in music. Again, this is not an automatic or magical process: these affordances need to be brought within reach and my proposal is that doing this is at the heart of the music therapist's craft – the essence of what a music therapist has to offer in a place like Way Ahead.

However, it also serves as a reminder that, even in work with musically untrained clients, the therapist does not have a monopoly on craft. A real danger of seeing music therapy as a straightforward treatment to be applied to people who are in some way “defective” in order to help remedy the defect is that it neglects the evident potential that clients have for craftful participation and interaction.

9. Conclusion: ethnography speaks to music therapy

As explained at the outset, I chose to conduct this study as an ethnography because there seemed to be such a good “fit” between the practice of music therapy and the values and demands of ethnography. This has proved to be indeed the case. But more importantly, detailed ethnographic observation of mundane music therapy practice reveals aspects of that practice and potential links to bodies of theory which pose challenges to mundane music therapy discourse as well as to formalised mechanisms for regulating and researching music therapy. These have above all to do with the musical nature of music therapy, the apparent intertwining of musical and para-musical aspects within a musical-social whole, and the ways in which music therapy as cultural (or non-cultural) practice gets thought about. In the final chapter I now turn my attention to these, hoping to speak in practical terms from ethnography to music therapy.

Chapter Eight

Complexifying music therapy

1. The need for complexification

The title of this chapter will be perturbing to some: the point of research, I have been told by music therapist researchers, is to make music therapy clear – in particular to make clear the ways things are best done, and to “prove” the efficacy of doing things in that way. Neither of these research objectives were my aims to start with – nor do I now find myself in a place to deliver them.

Rather my aim has been to reach a more complex but empirically underpinned understanding of what goes on under the banner of music therapy, one guided by detailed participant observation and informed by social theory. I have specifically set out to investigate music therapy as a social-musical phenomenon and this has led me to reflect on music therapy as it occurs at Way Ahead in the manner conveyed in the previous chapter.

At this point, I wish to re-connect some of this thinking back to music therapy itself in order to complexify some of the rather tidy assumptions and assertions frequently associated with music therapy in the literature, in regulation and in research. This chapter is therefore addressed in large measure to music therapists and those concerned with thinking about music therapy. In particular I hope to articulate some findings from this project which will be of relevance to thinking about the training of music therapists.

2. Bittner – music as the force of music therapy

The comparison between the conception of music therapy work as highly varied but fundamentally based on the use of music and Bittner’s portrayal of police work as highly varied but fundamentally based on the possibility of recourse to force has already been explored together with some speculation as to why this might be an unpalatable formulation for some within the profession of music therapy. If it is to be taken seriously, however, it demands considerable thought and further empirical research into the ways in which music gets used in the configuration, organisation and flow of everyday life and in particular ways in which music

oils the wheels of successful, healthy, social interaction. The equation of music with force is a powerful one; rather than viewing music as primarily symbolic or as a gateway to other forms of interaction, seeing (and talking about) music as the source of the power of music therapy work could have profound implications for the ways in which music therapy is thought about both within the profession and beyond. At the very least it implies considerable responsibility for how music is used within music therapy, and in particular for ensuring that it is used as effectively as possible (whatever that may mean in any given situation).

This power therefore stems from the affordances of music as observed in the data chapters and it seems logical that a music therapy training should convey not only an intellectual appreciation of music's affordances but also a practical capacity to recognise what might be of use in any given situation and to be able to offer this musically in the moment. This suggests of course that the music therapist should be musically skilled (and all UK music therapy training courses would say that they recruit musically skilled students) but crucially also that they have an appreciation for themselves based on their own musical experience of what these affordances offer both in terms of musical experience and more broadly.

3. A taxonomy of skills?

At a crude level, it would seem possible to create a taxonomy of music therapy skills – not with any ambition of completeness or exclusion but simply in order to highlight for music therapists the range of musical possibilities within which the work of music therapy can be done. This would be multi-levelled.

At the highest level this taxonomy would feature broad categorisations of types of musical work recognisable to any musician, including, for example, songwriting, rehearsal, performance, accompanying and improvising. It would also include those less immediately obvious musical skills which are nevertheless essential to permitting music to happen – for example, the organising of large groups of people into a singing group or the seizing of opportunities for singing as they arise in social contexts. Substantial bodies of knowledge exist in relation to most of these and each is also an area of practical skill; there is no reason why a music therapist should be expected to have any less skill in any of these areas than any other musician working in these areas.

At the next level, there would be consideration of sub-skills within the broad categories which are of particular relevance to music therapy work although perhaps not universally relevant to

all musicians working within each broad area. So, for example, an accompanist working with professional *lieder* singers might have a somewhat different focus in accompanying than a music therapist accompanying a service user singing “Proud Mary”. Broadly speaking, the accompanying skill is recognisably the same, but the degree to which each might need to vary their playing and the extent to which they might need to accommodate unexpected changes on the singer’s part might be very different. In addition, for a music therapist, the sub-skills may well overlap between categories – so, for example, the accompanying of a song might well require aspects of improvisation. Indeed, at times the extent to which the singer is singing the original song or improvising may be unclear.

Below this would be a focus on micro-skills which are the elemental means by which music therapists make music’s most basic affordances available to their clients. These are the skills which need to be provided in the moment and which can “tip” somebody’s musical involvement and experience one way or another. Examples of this observed here include the use of dominant pedals and the dramatic indication of an imminent ending.

4. Accompanying clients from backstage to frontstage (and back again): the question of boundaries

As noted in the previous chapter, one of the services that music therapy can perform for people is to accompany them between backstage and frontstage. It goes without saying that such work is a privilege, particularly as it requires the therapist to be admitted to areas of a client’s life that they may be unwilling to share more publicly for a variety of reasons. Such accompanying can take many forms: it includes musical accompaniment in the traditional sense, but it will also require of the therapist a willingness to adapt their way of working and their preconceptions about what music therapy is to the situation of each individual person. It may well mean allowing the client to lead the way in choosing what work gets done backstage so that their presentation of self frontstage can be practised and developed. Many traditional approaches to therapy confine their attention exclusively to the backstage: it is assumed that the client will venture onto the frontstage alone. This is undoubtedly true in some cases – Kerry didn’t need my help to go frontstage but others, particularly those who, like Marti, found music itself to be a means of presenting themselves frontstage did indeed need support and practical assistance in “passing” in the Garfinkelian sense. It is an unusual property of music that it can be both a means of therapy and a means of presenting oneself frontstage; surely therefore, it must be at least within the therapist’s range of possibilities that they accompany

their clients in whatever form that accompaniment may need to take. For some it will mean radical questioning of professionally propagated norms, and on occasion this may result (as it did for me, finding myself drinking beer in the pub with Phil) finding oneself in a situation which one's colleagues might query.

The consensus model of music therapy as delineated by Ansdell (2002) places great emphasis on the maintenance of firm boundaries in respect of time, place and relationship. This concept, borrowed from psychoanalytic psychotherapy, is intended to ensure effectiveness within psychotherapy by promoting fantasy on the client's part and ensuring maximal opportunities for projection, transference and counter-transference. Thus it would be considered not only inappropriate but actually anti-therapeutic for a therapist to associate with their client beyond the time of their session, outside the place of their session or to indulge in the kind of revelations about self that naturally arise in the context of a social relationship. This clearly raises some practical problems in the context of a setting such as Way Ahead.

However, it would be erroneous to surmise that the music therapy described here is boundary-less. As a music therapist becoming an ethnographer, I was acutely aware of the different informational demands being made of me by the members of Way Ahead. As a music therapist, almost all of my "out of session" interactions with members had in some way or other to do with attempts to cultivate a musical ethos within Way Ahead. This might mean taking musical opportunities that arose unexpectedly (as happened at the smoker's table) but it might also mean engaging in conversations about music on the television or generally facilitating social interaction. As an ethnographer, on the other hand, there were demands that I should "buy my way in" by revealing something of my identity beyond that of music therapist.

This leads me to propose that music does itself provide a boundary and that this boundary is a powerful one which can offer just as much safety and protection to clients as the psychoanalytic formulation of boundaries which restricts time, place and association. Of all the work presented here, it is that with Kerry which most clearly needed to be conducted in a way which assured her of her safety and of the limits of what could happen in the therapeutic relationship. What happened (as has been described and analysed) clearly furnished her with an intense musical experience and as such, an intense experience of relating with me within the music. However, there was never any question that this intensity of relationship would be expected of her outside our music. There was a clear sense that a different set of possibilities applied within music than outside it. Perhaps this notion of the musical boundary can be a useful heuristic for music therapists seeking to work more broadly than the consensus model

dictates but who are concerned that doing so might leave their clients open to feelings of insecurity or even exploitation.

5. Clients' capacity for craft and the valuing of their resources

Applying Willis' (1990) principle of "grounded aesthetics" to the practice of music therapy, particularly in the light of the evidence seen in this project of clients' sometimes almost uncanny capacity for contributing creatively to musical interaction, it seems important for music therapists to be mindful at all times of the capacities that their clients bring. These capacities may of course include musical tastes, training or aptitude, but they will also include readiness to appropriate the affordances that the therapist is able to make available.

Mainstream therapeutic culture, influenced by the medical model, tends to characterise its clients in terms of their inabilities and hence, their lack of capacity. As has been demonstrated, engagement in shared music making offers the prospect of temporary relational transfiguration. It also has the capacity to re-contextualise aspects of illness or disability as part of a health aesthetic – for example when somebody in a disinhibited or manic state participates in a way which promotes the involvement of others.

This perspective chimes closely with the work of Rolvsjord (2010), whose resource-oriented discourse has argued strongly for recognition of ways in which clients make active contributions to music therapy and emphasise the value of the therapist first making themselves aware of the client's strength and not just their needs. The implication of this is that the client will be able to lead the therapist in some respects, just as it is possible to observe clients sharing the initiative with therapists in music making within music therapy.

6. Improvisational attitude

Arnason's (2003) concept of an improvisational attitude seems valuable, particularly since it has the potential to liberate music therapists from thinking of improvisation as the only means of delivering music therapy. A well known song can be sung in many different ways and therefore will need to be accompanied with flexibility and readiness to change in many respects at any time. Other forms of musical work also have much to offer within music therapy and perhaps too much of a focus on improvisation *per se* in music therapy discourse draws attention away from the potential value of other modes of musical interaction (for

example, performance, songwriting, rehearsing and teaching), thus limiting the scope of music therapy practice in ways which constrict clients' access to music's affordances.

Furthermore, an appreciation at elemental level of the value of musical affordances and the possibility of the therapist offering these to clients calls into question the association of improvisation with free association. There are significant differences between the two (see Chapter Seven), and continuing to promote this conception of improvisation as the primary reason for using it within music therapy, as well as being a marker of professional prestige, may also be considered to distract attention from the nitty-gritty of musical work that is required in order to make music's affordances available to clients.

7. Regulation

Music therapy in the UK is regulated by the Health and Care Professions Council (HCPC) and, as such, is subject to the same regulatory regime as many other paramedical and care professions. Underlying this regime are certain assumptions about the nature of paramedical work, and although these are rarely considered within music therapy as anything other than a straightforward professional requirement, the findings of this study suggest that music therapy's relationship with this regulatory regime may be rather more complex than is usually considered to be the case. For example, the HCPC has "Standards of conduct, performance and ethics" (HPC 2008) which apply to all registrants regardless of their profession. They are presumably intended to be simply a baseline of acceptable behaviour and as such do not set out to provoke controversy. So, for example, the first standard (of fourteen) is "You must act in the best interests of service users", which it would be hard for anyone to dispute (although of course what actually constitutes a service user's best interests may be a matter for debate and may not accord with the perspective held by the service user themselves). However, some of the standards might be considered to present dilemmas for music therapists who see their work as a cultural undertaking or who are working in pursuit of social capital.

For example, Standard 9 states "You must get informed consent to give treatment (except in an emergency)". But when is a music therapist "giving treatment"? Presumably this is the case in an individual session which is part of a two-year course of individual music therapy. But what about an impromptu sing-along in a drop-in venue? If people are listening on the fringes, are they being treated or not? The notion of informed consent is also potentially problematic here: people who choose to engage in music therapy may have little or no prior awareness of music therapy and would therefore certainly not be in position to give informed consent to

this kind of treatment in the strict sense. Music therapists often engage clients by “drawing them in musically”. Whilst some music therapy discourse has adopted “treatment” as a construct, particularly within the case study as an oeuvre, and within the RCT as a research genre, in many respects this sits uncomfortably with the nature of music itself.

Likewise Standard 10 states “You must keep accurate records”. Again, this begs the question as to what constitutes accuracy in record-keeping. Expectations in regard to record-keeping vary enormously from place to place: at Way Ahead minimal records are kept, and there has traditionally been an emphasis on workers NOT compiling files on members because of the very factors associated with such record keeping identified by Goffman in relation to total institutions. Nevertheless many trainings and music therapists take this to mean that an NHS-style medical style of record keeping is compulsory regardless of environment. And “accuracy” implies that there is a universally shared perception of what is significant.

Regulatory standards are underpinned by assumptions about the nature of the work being regulated which may not correspond to the ways in which that work can be observed being done. It is perhaps inevitable that such a “rub” exists in any regulatory framework, and necessary that a certain amount of (more or less non-explicit) accommodation gets performed on either side of the regulatory relationship, but this should not mean that music therapists simply accept the regulatory rhetoric as definitional in relation to their own profession and practice. Indeed, much useful thinking and debate could ensue from an attempt to set the realities of contextualised practice as observed via ethnographic research alongside the institutionalised demands of the regulatory body.

8. Social, cultural or clinical?

For the same reasons that music therapy’s relationship with regulatory rules is complex and needs mediation (which is generally done quietly so as to avoid any suggestion either of unprofessional practice or of music therapy not fitting the paramedical mould) the nature of music therapy’s apparent claim to be a “clinical intervention” seems ripe for complexification. It seems clear that music therapy as practised at Way Ahead bears little resemblance to a medical practice, instead placing greater emphasis on social factors (for example, the cultivation of social capital) and indeed can be portrayed as a cultural practice. Whilst the profession of music therapy may be reluctant to be compared to yoga teaching, preferring to be associated with doctors and psychotherapists, who (it is imagined at least) cure their

patients with precision on demand. Nevertheless, music therapists may have a rather different role to play for their clients.

Whilst the popular notion of “clinical” has to do with dispassionately implementing the knowledge and technology required to cure, in fact the sociological literature emphasises the cultivation of the “clinical gaze”. Those learning to practise medicine and related disciplines do not simply accumulate knowledge which is then regurgitated rather, they are inculcated by more experienced people into “how to see” and in conjunction with this, how to talk about (and thus construct) the “facts” of a medical case (Atkinson 1995: 5). Perhaps, therefore, there is a case for thinking of music therapy’s claim to be “clinical” in a comparable way. Above all, would-be music therapists need to learn not only to listen to their clients, both in music and outside it, but to cultivate an ability to hear what is happening at micro level within musical interaction. In this way, it might be possible for music therapists to become highly conscious of the affordances that music can usefully offer to particular clients and to develop strategies for making these affordances available. Maybe there is also an opportunity to reclaim the word “clinical”, and to invest it anew with social, cultural and craft-filled perspectives.

The development of such an “aural gaze” could also be usefully extended to conceptions of music therapy research. It is unlikely that the demand for evidence emanating from a balance-sheet approach to public service provision in search of potential cuts will recede in the foreseeable future and therefore there will continue to be a need for music therapists to conduct and collate RCTs and the like. However, it needs to be recognised that this “black box” approach, whilst meeting rhetorical demands, does little to help music therapists or those who have any kind of stake in music therapy to gain better understandings of the ways in which music can be of use to people in challenging life situations. For this, an attention to detail and a concern for the qualities of moment-by-moment musical interaction are required: ethnography, it seems, has much to offer.

9. Researching music therapy

This project is unusual in music therapy as an ethnography of a music therapist’s own work. Although determinedly not auto-ethnographic it has nevertheless suffered from some restrictions which stem from the fact that the researcher has been aiming to observe himself as part of the milieu. This has been aided by the use of audio recording at times but there have been many occasions when I would have liked to have been another person in order to observe more accurately and in greater detail my interactions (musical, verbal, physical etc.)

with others. It would be interesting to compare the findings of this project with those resulting from a more traditional ethnography of music therapy where the researcher arrives in the field as a stranger observing cultural practices which are well established between others. However, there have also been significant benefits to this arrangement; in particular, the degree to which I was able to be privy to conversations and exchanges which might not have been conducted in front of a stranger and of course my pre-existing presence in the music therapy room.

Nevertheless, this project has demonstrated that ethnography has a significant contribution to make to an appreciation of what happens under the banner of music therapy within a setting. In this way it complements the dominant research tradition of quantitative experimental designs, particularly the RCT. Instead of focusing on only highly controlled sessions subject to experimental conditions (which may look very different to routine practice) it is able to examine in some detail the nature of the interactions that go on between people throughout the day and across space which have in some way to do with music therapy. In particular, by focusing on the minutiae of musical interaction, as well as broader forms, it can cast light on ways in which music's affordances get offered and appropriated in real-life situations and account for the ways in which people seem to be able to carry these experiences forward. Conversely, it also confirms music therapy's potential as a laboratory within which the doing of musical work and the negotiation of musical roles can be observed happening on a daily basis thus offering something of real substance to the sociology of music.

References

- Aasgaard, T.A. (2000) 'A suspiciously cheerful lady: a study of a song's life in the paediatric oncology ward and beyond'. *British Journal of Music Therapy* 14(2): 70-83
- Aasgaard, T. (2004) 'A pied piper among white coats and infusion pumps: community music therapy in a paediatric hospital setting'. In M. Pavlicevic & G. Ansdell (eds) *Community Music Therapy*. London: Jessica Kingsley Publishers
- Aigen, K. (1991) 'The roots of music therapy: towards an indigenous research paradigm'. Doctoral dissertation: New York University. Dissertation Abstracts International, 52(6), 1933A UMI Dissertation Publishing, Order # 9134717.
- Aigen, K. (1998) *Paths of Development in Nordoff-Robbins Music Therapy*. Gilsum, NH: Barcelona Publishers
- Aigen, K. (1999) 'The true nature of music-centred music therapy theory'. *British Journal of Music Therapy* 13(2): 77-82
- Aigen, K. (2002) *Playin' in the Band: A Qualitative Study of Popular Music Styles as Clinical Improvisation*. New York: Nordoff-Robbins Center for Music Therapy, New York University
- Aigen, K. (2005) *Music-Centered Music Therapy*. Gilsum, NH: Barcelona Publishers
- Ainsworth, M. (1989) 'Attachments beyond infancy'. *The American Psychologist* 44(4): 709-716
- Aldridge, D. (1996) *Music Therapy Research and Practice in Medicine: From Out of the Silence*. London: Jessica Kingsley Publishers
- Aldridge, D. (ed.) (2005) *Case Study Designs in Music Therapy*. London: Jessica Kingsley Publishers
- Aldridge, D. & Verney, R. (1988) 'Creative music therapy in a hospital setting'. *British Journal of Music Therapy* 2 (2): 14-17
- Alvin, J. (1975) *Music Therapy*. London: John Clare Books

- Ansdell (1995) *Music for Life*. London: Jessica Kingsley Publishers
- Ansdell, G. (1999) 'Challenging premises'. *British Journal of Music Therapy* 13(2): 72-76
- Ansdell, G. (2001) 'Musicology: Misunderstood guest at the music therapy feast?' In D. Aldridge, G. di Franco, E. Ruud & T. Wigram (eds) *Music Therapy in Europe*. Rome: ISMEZ/Onlus
- Ansdell, G. (2002) 'Community Music Therapy and The Winds of Change – A Discussion Paper'. In C. Kenny & B. Stige (eds) *Contemporary Voices in Music Therapy: Communication, Culture and Community*. Oslo: Unipub forlag.
- Ansdell, G.(2005) 'Being who you aren't, doing what you can't: Community Music Therapy and the paradoxes of performance'. *Voices: A World Forum for Music Therapy* 5(3). Available online at <https://normt.uib.no/index.php/voices/article/view/229/173>
- Ansdell, G. & Meehan, J. (2010) 'Some light at the end of the tunnel'. *Music and Medicine* 2: 29-40
- Ansdell, G. & Pavlicevic, M. (2005) 'Musical companionship, musical community: Music therapy and the process and value of musical communication'. In D. Miell, R. MacDonald & D. Hargreaves (eds) *Musical Communication* (pp. 193–213). Oxford: Oxford University Press
- Ansdell, G. and Pavlicevic, M. (2008) Responding to the challenge: Converting boundaries into borders? A response to Alison Barrington's article 'Challenging the Profession'. *British Journal of Music Therapy* 22(2): 73-7
- Ansdell, G.; Pavlicevic, M & Procter, S. (2004) *Presenting the Evidence: A Guide for Music Therapists Responding to the Demands of Clinical Effectiveness and Evidence-Based Practice* (1st edition). London: Nordoff-Robbins Music Therapy Centre
- Arnason, C. (2003). Music therapists' listening perspectives in improvisational music therapy: a qualitative interview study. *Nordic Journal of Music Therapy*, 12, 124-138. doi: 10.1080/08098130309478083
- Atkinson, P. (1992) *Understanding Ethnographic Texts*. London: Sage
- Atkinson, P. (1995) *Medical Talk, Medical Work*. London: Sage

- Atkinson, P. (1999) Review of 'Auto/ethnography: rewriting the self and the social' by D. Reed-Danahay. *The Journal of the Royal Anthropological Institute* 5(1): 152-153
- Atkinson, P. (2006) *Everyday Arias: An Operatic Ethnography*. Lanham, MD: AltaMira Press
- Atkinson, P. (2009) *Ethics and ethnography*. *21st Century Society* 4(1): 17-30
- Atkinson, P.; Delamont, S. & Housley, W. (2008) *Contours of Culture: Complex Ethnography and the Ethnography of Complexity*. Lanham, MD: AltaMira Press
- Austin, D. (1998) 'When the psyche sings: transference and countertransference in improvised singing with individual adults'. In K.E. Bruscia (ed.) *The Dynamics of Music Psychotherapy*. Gilsum, NH: Barcelona Publishers
- Bailey, D. (1992) *Improvisation: Its Nature and Practice in Music* (2nd edition). London: The British Library National Sound Archive
- Baker, F. & Tamplin, J. (2006) *Music Therapy Methods in Neurorehabilitation: A Clinician's Manual*. London: Jessica Kingsley Publishers
- Baker, F. & Wigram, T. (eds) (2005) *Songwriting: Methods, Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students*. London: Jessica Kingsley Publishers
- Barrington, K.A. (2005) *Music Therapy: A Study in Professionalisation*. Unpublished PhD thesis; University of Durham
- Barrington, A. (2008) 'Challenging the profession'. *British Journal of Music Therapy* 22(2): 65-72
- Bates, E. (2008) *Social Interactions, Musical Arrangement, and the Production of Digital Audio in Istanbul Recording Studios*. Ph.D. Dissertation (Ethnomusicology), University of California at Berkeley.
- Batt-Rawden, K.B., Trythall, S. & DeNora, T. (2007) 'Health Musicking as Cultural Inclusion'. In: J. Edwards (ed.). *Music: Promoting Health and Creating Community in Healthcare*. Cambridge: Cambridge Scholars Press
- Becker, H.S. (1963). *Outsiders: Studies in the Sociology of Deviance*. Glencoe: Free Press
- Becker, H.S. (1967) 'Whose side are we on?' *Social Problems* 14(3): 239-247

- Bensimon, M.; Amir, D. & Wolf, Y. (2008) 'Drumming through trauma: Music therapy with post-traumatic soldiers'. *The Arts in Psychotherapy* 35: 34-48
- Benson, P. & O'Neill, K.L. (2007) 'Facing Risk: Levinas, Ethnography, and Ethics'. *Anthropology of Consciousness* 18(2): 29-55
- Berger, H.M. (2008) 'Phenomenology and the ethnography of popular music: ethnomusicology at the juncture of cultural studies and folklore'. In G. Barz & T.J. Cooley (eds) *Shadows in the Field: New Perspectives for Fieldwork in Ethnomusicology*. New York: Oxford University Press
- Berkaak, O.A. & Ruud, E. (1994) *Sunwheels, Fortellinger om et rockeband*. Oslo: Universitetsfolaget
- Bion, W. (1978) *Second Thoughts*. London: Heineman
- Bittner, E. (1972) *The Functions of the Police in Modern Society: A Review of Background Factors, Current Practices, and Possible Role Models*. Washington: National Institute of Mental Health
- Black, N. (1996) 'Why we need observational studies to evaluate the effectiveness of health care'. *British Medical Journal* 312: 1215-1218
- Bloor, M. (2001) 'The Ethnography of Health and Medicine'. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland & L. Lofland (eds) *Handbook of Ethnography*. London: Sage
- Bourdieu, P. & Wacquant, L. (1992) *An Invitation to Reflexive Sociology*. Oxford: Polity Press
- Bourdieu, P. (1984) *Distinction: A Social Critique of the Judgement of Taste*. London: Routledge
- Bourgois, P. (1990) 'Confronting Anthropological Ethics: Ethnographic Lessons from Central America'. *Journal of Peace Research* 27(1): 43-54
- Bowlby, J. (1958) 'The nature of the child's tie to his mother'. *International Journal of Psycho-Analysis* 39: 350-373
- Bowlby, J. (1969) *Attachment*. London: Penguin
- Bowlby, J. (1988) *A Secure Base: Parent-Child Attachment and Healthy Human Development*. New York: Basic Books.

- Brewer, J.D. (2000) *Ethnography*. Maidenhead: Open University Press
- Bronfenbrenner, U. (1952) 'Principles of professional ethics: Cornell studies in social growth'. *American Psychologist* 7: 452-455
- Brown, S. (1999) 'Some thoughts on music, therapy, and music therapy'. *British Journal of Music Therapy* 13(2): 63-71
- Bruscia, K.E. (1987) *Improvisational Models of Music Therapy*. Springfield, IL: Charles C Thomas
- Bunt, L. & Hoskyns, S. (2002) *Handbook of Music Therapy*. Hove: Brunner-Routledge
- Bunt, L. (1994) *Music Therapy: An Art Beyond Words*. London: Routledge
- Burns, S.; Harbuz, M.; Hucklebridge, F. & Bunt, L. (2001) 'A pilot study into the therapeutic effects of music therapy at a cancer help center'. *Alternative Therapies in Health and Medicine* 7(1): 48-56
- Callon, M. (1986) 'Some elements of a sociology of translation: domestication of the scallops and the fisherman in St Brieuc Bay'. In K. Knorr-Cetina & A. V. Cicourel (eds.) *Advances in Social Theory and Methodology: Toward an Integration of Micro and Macro-Sociologies*. Boston: Routledge & Kegan Paul, pp. 196-223
- Campbell, M.; Fitzpatrick, R.; Haines, A.; Kinmonth, A.L.; Sandercock, P.; Spiegelhalter, D. & Tyrer, P. (2000) 'Framework for design and evaluation of complex interventions to improve health'. *British Medical Journal* 321: 694-696
- Carter, P. & Carter, D. (2010) 'Emotional Risk-Taking in Marital Relationships: A Phenomenological Approach'. *Journal of Couple & Relationship Therapy* 9:327-343
- Cartwright, N. (2007) 'Are RCTs the gold standard?' *Biosocieties* 2: 11-20
- Cassity, M.D. & Cassity, J.E. (1994) 'Psychiatric music therapy - assessment and treatment in clinical training facilities with adults, adolescents, and children'. *Journal of Music Therapy* 31(1): 2-30
- Catania, J.A.; Lo, B.; Wolf, L.E.; Dolcini, M.M.; Pollack, L.M.; Barker, J.C.; Wertlieb, S. & Henne, J. (2008) 'Survey of U.S. boards that review mental health-related research'. *Journal of Empirical Research on Human Research Ethics: An International Journal* 3(4): 71-79

- Charmaz, K. & Olesen, V. (1997) 'Ethnographic research in medical sociology: its foci and distinctive contributions'. *Sociological Methods & Research* 25(4): 452-494
- Charmaz, K. & Paterniti, D.A. (eds) (1998) *Health, Illness, and Healing: Society, Social Context, and Self: An Anthology*. New York: Oxford University Press
- Charmaz, K. (1991) *Good Days, Bad Days: The Self in Chronic Illness and Time*. Brunswick, NJ: Rutgers University Press
- Charmaz, K. (2004) 'Premises, principles, and practices in qualitative research: revisiting the foundations'. *Qualitative Health Research* 14(7): 976-993
- Choi, B. (1997) 'Professional and patient attitudes about the relevance of music therapy as a treatment modality in NAMT approved psychiatric hospitals'. *Journal of Music Therapy* 34(4): 277-292
- Clark M.E.; Lipe, A.W. & Bilbrey, M. (1998) 'Use of music to decrease aggressive behaviors in people with dementia'. *Journal of Gerontological Nursing* 24(7): 10-17
- Clarke, E.F. (2003) 'Music and psychology'. In M. Clayton, T. Herbert & R. Middleton (eds) *The Cultural Study of Music: A Critical Introduction*. New York: Routledge
- Cohn, H. (1997) *Existential Thought and Therapeutic Practice: An Introduction to Existential Psychotherapy*. London: Sage
- Coleman, J. (1990) *Equality and Achievement in Education*. Boulder, CO: Westview Press
- Coleman, S. (2010) 'On remembering and forgetting in writing and fieldwork'. In P. Collins & A. Gallinat (eds) *The Ethnographic Self as a Resource: Writing Memory and Experience into Ethnography*. New York: Berghahn Books
- Collins, P. (2010) 'The ethnographic self as a resource?' In P. Collins & A. Gallinat (eds) *The Ethnographic Self as a Resource: Writing Memory and Experience into Ethnography*. New York: Berghahn Books
- Compton Dickinson, S.; Odell-Miller, H. & Adlam, J. (2013) *Forensic Music Therapy: A Treatment for Men and Women in Secure Hospital Settings*. London: Jessica Kingsley Publishers

- Condon, W. & Ogston, W. (1966) 'Sound film analysis of normal and pathological behavior patterns'. *Journal of Nervous and Mental Disease* 143: 338-347
- Cook, N. (2007) *The Schenker Project: Culture, Race, and Music Theory in Fin-de-siècle Vienna*. Oxford University Press
- Cottrell, S. (2004) *Professional Music-Making in London: Ethnography and Experience*. Aldershot: Ashgate
- Csikszentmihalyi, M. (1975) *Beyond Boredom and Anxiety*. San Francisco, CA: Jossey-Bass
- Darnley-Smith, R. & Patey, H.M. (2003). *Music Therapy*. London: Sage
- Davidson, J. (2005) 'Bodily communication in musical performance'. In D. Miell, R. MacDonald & D. Hargreaves (eds) *Musical Communication* (pp. 215-238). Oxford: Oxford University Press
- Davidson, J. & Correia, J. (2002) 'Body movement in performance'. In R. Parncutt & G. McPherson (eds) *The Science and Psychology of Music Performance: Creative Strategies for Teaching and Learning* (pp. 237-250). Oxford: Oxford University Press
- Davidson, J.W. (2004) 'What can the social psychology of music offer community music therapy?' In M. Pavlicevic & G. Ansdell (eds) *Community Music Therapy* (pp. 114-128). London: Jessica Kingsley Publishers
- Daykin, N.; McClean, S. & Bunt, L. (2007) 'Creativity, identity and healing: participants' accounts of music therapy in cancer care'. *Health* 11(3): 349-370
- Delamont, S. (2009) 'The only honest thing: autoethnography, reflexivity and small crises in fieldwork'.
- Della Pietra, C. & Shehan Campbell, P. (1995) 'An ethnography of improvisation training in a music methods course'. *Journal of Research in Music Education* 43(2): 112-126
- DeNora, T. (1996) 'From physiology to feminism. Reconfiguring body, gender and expertise in natural fertility control'. *International Sociology* 11(3): 359-383
- DeNora, T. (1999) 'Music as a technology of the self'. *Poetics* 27: 31-56
- DeNora, T. (2000) *Music in Everyday Life*. Cambridge: Cambridge University Press

- DeNora, T. (2003) *After Adorno: Rethinking Music Sociology*. Cambridge: Cambridge University Press
- DeNora, T. (2004) 'Musical practice and social structure: a toolkit'. In E. Clarke & N. Cook (eds) *Empirical Musicology: Aims, Methods, Prospects* (pp. 35-56). Oxford: Oxford University Press
- DeNora, T. (2005) 'The concerto and society'. In S.P.Keefe (ed.) *The Cambridge Companion to the Concerto*. (pp. 19-31). Cambridge: Cambridge University Press
- DeNora, T. (2006) 'Evidence and effectiveness in music therapy: problems, power, possibilities and performances in health contexts (a discussion paper)'. *British Journal of Music Therapy* 20(2): 81-93
- Dent, M. (2003) 'Managing doctors and saving a hospital: irony, rhetoric and actor networks'. *Organization* 10(1): 107-127
- Dowling, M. (2008). Fiddling for outcomes: traditional music, social capital, and arts policy in Northern Ireland. *International Journal of Cultural Policy* 14: 179-194
- Duchen, J. (2012) 'Pierre Boulez: A very modern maestro'. *The Independent* 1st September 2012. Available online at <http://www.independent.co.uk/arts-entertainment/classical/features/pierre-boulez-a-very-modern-maestro-8095947.html>
- Dwyer, K. (1977) 'On the dialogic of field work'. *Dialectical Anthropology* 2: 143-151
- Dwyer, K. (1979) 'The dialogic of ethnology'. *Dialectical Anthropology* 4: 205-224
- Erkillä, J. (2003) Book review of C. Kenny & B. Stige (eds) *Contemporary Voices in Music Therapy: Communication, Culture and Community*. Oslo: Unipubforlag. Available online at http://www.njmt.no/bookreview_2003029.html
- Eschen, J. (ed.) (2002) *Analytical Music Therapy*. London: Jessica Kingsley Publishers
- Etkin, P. (1999) 'The use of creative improvisation and psychodynamic insights in music therapy with an abused child'. In T. Wigram & J. D. Backer (eds) *Clinical Applications of Music Therapy in Developmental Disability, Paediatrics and Neurology*. London: Jessica Kingsley Publishers

- Evans, D. (2003) 'Hierarchy of evidence: A framework for ranking evidence evaluating healthcare interventions'. *Journal of Clinical Nursing* 12: 77-84
- Feasey, D. (2005) *Therapy: Intimacy between Strangers*. Basingstoke: Palgrave Macmillan
- Feld, S. (1981) "'Flow like a waterfall": the metaphors of Kaluli music theory'. In *Yearbook for Traditional Music* 13: 22-47
- Feld, S. (1990) *Sound and Sentiment: Birds Weeping, Poetics and Song in Kaluli Expression*. (2nd edition) Philadelphia, PA: University of Pennsylvania Press
- Fine, G.A. (1993) 'Ten lies of ethnography: moral dilemmas of field research'. *Journal of Contemporary Ethnography* 22: 267-294
- Firestone, R.W. & Catlett, J. (1999) *Fear of Intimacy*. Washington, DC: American Psychological Association
- Fleur-Lobban, C. (1998) 'Ethics'. In H. R. Bernard (ed.) *Handbook of methods in cultural anthropology* (pp. 173-202). Walnut Creek, CA: AltaMira
- Fonagy, P. (1998) 'An attachment theory approach to treatment of the difficult patient'. *Bulletin of the Menninger Clinic* 62: 147-169.
- Fonagy P.; Steele M.; Steele H.; Leigh T.; Kennedy R.; Mattoon G. & Target M. (1995) 'The predictive validity of Mary Main's Adult Attachment Interview: a psychoanalytic and developmental perspective on the transgenerational transmission of attachment and borderline states'. In S. Goldeberg, R. Muir & J. Kerr (eds) *Attachment Theory: Social, Developmental and Clinical Perspectives* (pp. 233-278). Hillsdale, NJ: The Analytic Press
- Foucault, M. (1977) *Discipline and Punish: The Birth of the Prison*. London: Allen Lane
- Foulkes, S.H. (1975) *Group Analytic Psychotherapy, Methods and Principles*. London: Maresfield Library
- Freemantle, N. (2001) 'Interpreting the results of secondary end points and subgroup analyses in clinical trials: should we lock the crazy aunt in the attic?' *British Medical Journal* 322: 989-991
- Freud, S. (1928) 'Humor'. *International Journal of Psychoanalysis* 9: 1-6

- Frith, S. (2003) 'Music and everyday life'. In M. Clayton, T. Herbert & R. Middleton (eds) *The Cultural Study of Music: A Critical Introduction*. New York: Routledge
- Fudge, N.; Wolfe, C. & McKeivitt, C. (2008) 'Assessing the promise of user involvement in health service development: ethnographic study'. *British Medical Journal* 336: 313-317
- Furedi, F. (2003) *Therapy Culture: Cultivating Vulnerability in an Uncertain Age*. London: Routledge
- Gallinat, A. (2010) 'Playing the native card: the anthropologist as informant in Eastern Germany'. In P. Collins & A. Gallinat (eds) *The Ethnographic Self as a Resource: Writing Memory and Experience into Ethnography*. New York: Berghahn Books
- Gallwey, P. (1991) 'Social maladjustment'. In J. Holmes (ed.) *Textbook of Psychotherapy in Psychiatric Practice*. Edinburgh: Churchill-Livingstone
- Garfinkel, H. & Sacks, H. (1970). 'On formal structures of practical actions.' In J.C. McKinney and E.A. Tiryakian (eds.) *Theoretical Sociology*. New York: Appleton-Century-Crofts. Pp. 337-66
- Garfinkel, H. (1991) 'Respecification: evidence for locally produced, naturally accountable phenomena or order, logic, reason, meaning, method etc, in and as of the essential haecceity of immortal ordinary society, (I) – an announcement of studies'. Chapter 2 (pp. 10-19) in Graham Button (ed.) *Ethnomethodology and the Human Sciences*. Cambridge: Cambridge University Press
- Garred, R. (2006) *Music as Therapy: A Dialogical Perspective*. Gilsum, NH: Barcelona Publishers
- Geertz, C. (1988) *Work and Lives: The Anthropologist as Author*. Cambridge: Polity Press
- Geertz, C. (2000) *Available Light: Anthropological Reflections on Philosophical Topics*. Princeton, NJ: Princeton University Press
- Giddens, A. (1991) *Modernity and Self-Identity: Self and Society in the Late Modern Age*. Cambridge, Polity
- Giddens, A. (1992) *The Transformation of Intimacy: Sexuality, Love and Eroticism in Modern Societies*. Cambridge: Polity

- Gilbertson, S. & Aldridge, D. (2008) *Music Therapy and Traumatic Brain Injury: A Light on a Dark Night*. London: Jessica Kingsley Publishers
- Goffman, E. (1961) *Asylums: Essays on the social situation of mental patients and other inmates*. New York: Doubleday
- Goffman, E. (1971) *The Presentation of Self in Everyday Life*. London: Penguin
- Gold, C.; Wigram, T. & Berger, E. (2001) 'The development of a research design to assess the effects of individual music therapy with mentally ill children and adolescents'. *Nordic Journal of Music Therapy* 10(1): 17-29
- Gold, C.; Heldal, T.O.; Dahle, T. & Wigram, T. (2005) 'Music therapy for schizophrenia or schizophrenia-like illnesses'. *Cochrane Database of Systematic Reviews* 2005, Issue 2
- Gold, C.; Wigram, T. & Elefant, C. (2006) 'Music therapy for autistic spectrum disorder'. *Cochrane Database of Systematic Reviews* 2006, Issue 2.
- Gold, C.; Solli, H.P.; Kruger, V. & Lie, S.A. (2009) 'Dose-response relationship in music therapy for people with serious mental disorders: systematic review and meta-analysis'. *Clinical Psychology Review* 29(3): 193-207
- Goldstein, M. (2008) 'Some anecdotal evidence'. *American Music* 26(4): 499-513
- Goodwin, D.; Pope, C.; Mort, M. & Smith, A. (2003) 'Ethics and ethnography: an experiential account'. *Qualitative Health Research* 13: 567-577
- Gouk, P. (ed.) (2000). *Musical Healing in Cultural Contexts*. Aldershot: Ashgate
- Grant, M.J.; Mollemann, R.; Morlandsto, I.; Munz, S. & Nuxoll, C. (2010) 'Music and Conflict: Interdisciplinary Perspectives'. *Interdisciplinary Science Reviews* 35(2): 183-198
- Gray, A. (1994) *An Introduction to the Therapeutic Frame*. London: Routledge
- Grocke, D. & Wigram, T. (2003) *Receptive Methods in Music Therapy: Techniques and Clinical Applications for Music Therapy Clinicians, Educators and Students*. London: Jessica Kingsley Publishers
- Groene, R.W. (1993) 'Effectiveness of music therapy 1:1 intervention with individuals having senile dementia of the Alzheimer's type'. *Journal of Music Therapy* 30(3): 138-157

- Hallam, S. (2001) *The Power of Music*. London: The Performing Rights Society
- Halpern, D. (2005) *Social Capital*. Cambridge: Polity Press
- Hammersley, M. & Atkinson, P. (1995) *Ethnography: Principles in Practice* (2nd edition).
Abingdon: Routledge
- Hanser, S.B. & Thompson, L.W. (1994) 'Effects of a music therapy strategy on depressed older adults'. *Journal of Gerontology* 49(6): 265-269
- Harris, T.; Brown, G. & Robinson, R. (1999) 'Befriending as an intervention for chronic depression among women in an inner city. 2: Role of fresh-start experiences and baseline psychosocial factors in remission from depression'. *British Journal of Psychiatry* 174(3): 225-232
- Hayward, R. (2006) 'Balancing certainty and uncertainty in clinical medicine'. *Developmental Medicine & Child Neurology* 48: 74-77
- Hennion, A. (2001) 'Music lovers: taste as performance'. *Theory, Culture and Society* 18(5): 1-22
- Hennion, A. (2003) 'Music and mediation: toward a new sociology of music'. In M. Clayton, T. Herbert & R. Middleton (eds) *The Cultural Study of Music: A Critical Introduction*. New York: Routledge
- Hibben, J. (ed.) (1999) *Inside Music Therapy: Client Experiences*. Gilsum, NH: Barcelona Publishers
- Hobbs, D. (1988) *Doing the Business*. Oxford: Clarendon Press
- Hochschild, A. R. (1983) *The Managed Heart: The Commercialization of Human Feeling*. Berkeley: University of California Press
- Holck, U. (2007) 'An ethnographic descriptive approach to video microanalysis'. In Wigram, T. & Wosch, *Microanalysis in Music Therapy: Methods, Techniques and Applications for Clinicians, Researchers, Educators and Students*. London: Jessica Kingsley Publishers
- Holman Jones, S. (1998) *Kaleidoscope Notes: Writing Women's Music and Organizational Culture*. Walnut Creek, CA: AltaMira Press

- Holmes, J. (1996) *Attachment, Intimacy, Autonomy. Using Attachment Theory in Adult Psychotherapy*. Northvale, NJ: Jason Aronson Inc.
- Holzman, L. (1999) *Performing Psychology: A Postmodern Culture of the Mind*. London: Routledge
- Hooghe, M. & Stolle, D. (2003) *Generating Social Capital: Civil Society and Institutions in Comparative Perspective*. Basingstoke: Palgrave Macmillan
- Horden, P. (ed.) (2000) *Music as Medicine: The History of Music Therapy since Antiquity*. Aldershot: Ashgate
- HPC (2008) *Standards of Conduct, Performance and Ethics*. London: Health Professions Council
- Irvine, L. (1998) 'Organizational ethics and fieldwork realities: negotiating ethical boundaries in Codependents Anonymous'. In S. Grills (ed.) *Doing Ethnographic Research: Fieldwork Settings*. Thousand Oaks, CA: Sage
- Irwin, K. (2006) 'Into the dark heart of ethnography: the lived ethics and inequality of intimate field relationships'. *Qualitative Sociology* 29: 155-175
- Jamieson, L. (1999) 'Intimacy transformed? A critical look at the 'pure relationship''. *Sociology* 33(3): 477-494
- Jenkins, J.; Felce, D.; Powell, L. and Lunt, B. (1978) *Measuring client engagement in residential settings for the elderly*. Wessex Health Care Evaluation Research Team Research Report No. 120
- Jones, M. (2012) 'Searching for Music Industry: an ethnography of a recording session'. Paper presented at the 7th Annual Ethnography Symposium, University of Liverpool, 30th August 2012
- Keil, C. (1994) 'Motion and feeling through music'. In C. Keil & S. Feld (eds) *Music Grooves* (pp. 53-76). Chicago: University of Chicago Press
- Keil, C. (2004) *Groovology and the Magic of Other People's Music*. Retrieved from <http://www.musicgrooves.org/articles/GroovologyAndMagic.pdf> Keil (1994)

- Kennedy, A. & Grant, A. (1997) 'Subversion of allocation in a randomised controlled trial'. *Controlled Clinical Trials* 18(suppl 3): S77-S78
- Kippax, S. & Van de Ven, P. (1998) 'An epidemic of orthodoxy? Design and methodology in the evaluation of the effectiveness of HIV health promotion'. *Critical Public Health* 8: 371-386
- Kisliuk, M. (1998) *Seize the dance!: BaAka musical life and the ethnography of performance*. New York: Oxford University Press
- Knorr-Cetina, K. & Mulkay, M. (1983) (eds) *Science Observed. Perspectives on the Social Studies of Science*. London: Sage
- Larson, M. (1977) *The Rise of Professionalism: A Sociological Analysis*. California: University of California Press
- Lather, P. (1986) 'Issues of validity in openly ideological research: between a rock and a soft place'. *Interchange* 17(4): 63-84
- Latour, B. (1993) *We Have Never Been Modern*. Translated by Catherine Porter. Cambridge, MA: Harvard University Press
- Latour, B. & Woolgar, S. (1986) *Laboratory Life: The Construction of Scientific Facts*. Chichester, West Sussex: Princeton University Press
- Laurier, E. & Philo, C. (2006) Cold shoulders and napkins handed: gestures of responsibility'. *Transactions of the Institute of British Geographers New Series* 31(2): 193-207
- Layard, R., Clark, D., Bell, S., Knapp, M., Meacher, B., Priebe, S., Turnberg, L., Thornicroft, G., & Wright, B. (2006). *The depression report: a new deal for depression and anxiety disorders*. London: The Centre for Economic Performance's Mental Health Policy Group, London School of Economics. Available online at <http://cep.lse.ac.uk/pubs/download/dp0829.pdf>
- Ledger, A. (2010) 'Exploring multiple identities as a health care ethnographer'. *International Journal of Qualitative Methods* 9(3): 291-304
- Lee, C. (1995) 'The analysis of therapeutic improvisatory music'. In A. Gilroy & C. Lee (eds) *Art and music therapy and research*. London: Routledge

- Lee, C. (1996) *Music at the Edge: the music therapy experiences of a musician with AIDS*. London: Routledge
- Lee, C. (2000) 'A method of analyzing improvisations in music therapy'. *Journal of Music Therapy* 37(2): 147-167
- Leyshon, A., Matless, D. & Revill, G. (ed) (1998) *The Place of Music*. New York: Guilford Press
- Lingard, L.; Garwood, K.; Schryer, C.F. & Spafford, M.M. (2003) 'A certain art of uncertainty: case presentation and the development of professional identity'. *Social Science & Medicine* 56: 603-616
- Loizos, P. (1992) *The Heart Grown Bitter*. Cambridge: Cambridge University Press
- MacPhail, A. (2004) 'Athlete and researcher: undertaking and pursuing an ethnographic study in a sports club'. *Qualitative Research* 4(2): 227-245
- Magee, W. (1988) "'Singing my life, playing my self". Investigating the use of familiar pre-composed music and unfamiliar improvised music in clinical music therapy with individuals with chronic neurological illness'. Unpublished doctoral dissertation. University of Sheffield, UK
- Main, M.; Kaplan, N. & Cassidy, J. (1985) 'Security in infancy, childhood, and adulthood: A move to the level of representation'. In I. Bretherton & E. Waters (eds.) *Growing Points in Attachment Theory and Research. Monographs of the Society for Research in Child Development* 50: 66-106
- Malinowski, B. (1922) *Argonauts of the Western Pacific: An account of native enterprise and adventure in the Archipelagos of Melanesian New Guinea*. London: Routledge and Kegan Paul
- Malloch, S. & Trevarthen, C. (2008) 'Musicality: communicating the vitality and interest of life'. In S. Malloch & C. Trevarthen (eds) *Communicative Musicality: Exploring the Basis for Musical Companionship*, pp. 1-11. Oxford: Oxford University Press.
- Malloch, S. (1999) 'Mothers and infants and communicative musicality'. *Musicae Scientiae*, Special issue, 13-28

- Maratos, A. (2004) 'Whatever next? Community music therapy for the institution'. In M. Pavlicevic & G. Ansdell (eds) *Community Music Therapy*. London: Jessica Kingsley Publishers
- Maratos, A.S.; Gold, C.; Wang, X. & Crawford, M.J. (2008) 'Music therapy for depression'. *Cochrane Database of Systematic Reviews* 2008, Issue 1. Art. No.: CD004517
- Marker, M. (2003) 'Indigenous voice, community, and epistemic violence: the ethnographer's "interests" and what "interests" the ethnographer'. *International Journal of Qualitative Studies in Education* 16(3): 361-375
- Marks, M.R. & Floyd, K. (1996) 'Meanings for closeness and intimacy in friendship'. *Journal of Social and Personal Relationships* 13: 85-107
- Martin, P.J. (2006) *Music and the Sociological Gaze: Art Worlds and Cultural Production*. Manchester: Manchester University Press
- Marzillier, J. & Hall, J. (2009) 'The challenge of the Layard initiative'. *The Psychologist* 22(5): 396-399
- McFerran, K. (2010) *Adolescents, Music and Music Therapy: Methods and Techniques for Clinicians, Educators and Students*. London: Jessica Kingsley Publishers
- McGraw, J.G. (2010) *Intimacy and Aloneness: A Multi-Volume Study in Philosophical Psychology. Volume One: Intimacy and Isolation*. Amsterdam: Rodopi
- McKeage, K.M. (2004) 'Gender and participation in high school and college instrumental jazz ensembles'. *Journal of Research in Music Education* 52(4): 343-356
- McMaster, R. (2008) 'Beware those offering "gold standards": evidence-based medicine and the potential for institutional change in clinical-medical provision'. *Journal of Economic Issues* 42(4): 885-912
- Moore, R. (1992) 'The decline of improvisation in western art music: an interpretation of change'. *International Review of the Aesthetics and Sociology of Music* 23(1): 61-84
- Morrell, K. (2004) 'Analysing Professional Work in the Public Sector: The Case of NHS Nurses'. Business School Research Series Paper 2004:1. Loughborough University. Available online at <http://www.lboro.ac.uk/departments/bs/research/2004-1.pdf>

- Moss, H. (1999) 'Creating a new music therapy post - an evidence-based research project'. *British Journal of Music Therapy* 13(2): 49-58
- Moss, H. (2003) 'Service evaluation: music therapy and medicine for the elderly' *British Journal of Music Therapy* 17(2): 76-89
- Mössler, K.; Chen, X.; Heldal, T.O. & Gold, C. (2011) 'Music therapy for people with schizophrenia and schizophrenia-like disorders'. *Cochrane Database of Systematic Reviews* 2011, Issue 12. Art. No.: CD004025. DOI: 10.1002/14651858.CD004025.pub3.
- Muir-Cochrane, E.C. (1998) 'The role of the community mental health nurse in the administration of depot neuroleptic medication: Not just the needle nurse!' *International Journal of Nursing Practice* 4: 254-260
- Murphy, E. & Dingwall, R. (2001) 'The ethics of ethnography'. In P. Atkinson, A. Coffey, S. Delamont, J. Lofland & L. Lofland (eds) *Handbook of Ethnography*. London: Sage
- Nettl, B. (1974). 'Thoughts on improvisation: a comparative approach'. *The Musical Quarterly* 60(1): 1-19
- Nickel, K.A.; Hillecke, T.; Oelkers, R.; Resch, F. and Bolay, H.V (2003) 'Music therapy in the treatment of children with migraine'. *Music Therapy Today* 4(4) available online at <http://musictherapyworld.net>
- Nooshin, L. (2003) 'Improvisation as 'other': creativity, knowledge and power: the case of Iranian classical music'. *Journal of the Royal Musical Association* 128(2): 242-296
- Nordoff, P. & Robbins, C. (1971) *Therapy in Music for Handicapped Children*. London: Gollancz
- Nordoff, P. & Robbins, C. (1977) *Creative Music Therapy*. New York: John Day
- Nordoff, P. & Robbins, C. (2007) *Creative Music Therapy: A Guide to Fostering Clinical Musicianship* (second edition). Gilsum, NH: Barcelona Publishers
- Norwegian Television (1971) *Øyvind Kan Slå På Tromme* [Øyvind can Play on the Drum] – documentary film. Oslo: Norwegian Television
- O'Callaghan, C. (2008) 'Lullament: lullaby and lament – therapeutic qualities actualized through music therapy'. *American Journal of Hospice and Palliative Care* 25(2): 93-99

- O'Connor, T.S.; Chow, M.; Payne, G.; Young, J.; Rivera, M.; Meakes, E.; McGregor, L. & Howitt, J. (2010) 'In the beginning: a Canadian ethnographic study on sources and definitions of spiritual reflection used by health care professionals who are not chaplains'. *The Journal of Pastoral Care and Counseling* 64(1): 1-14
- Odell-Miller, H. (1995) 'Approaches to music therapy in psychiatry with specific emphasis upon a research project with the elderly mentally ill'. In T. Wigram, B. Saperston & R. West (eds) *The Art and Science of Music Therapy: A Handbook*. Amsterdam: Harwood Academic Publishers
- Odell-Miller, H. (2001). Music therapy and psychoanalysis. In Y. Searle & I. Streng (Eds.) *Where psychoanalysis meets the arts* (pp. 127-152). London: Karnac.
- Odell-Miller, H. (2009) 'The history and background of supervision in music therapy'. In H. Odell-Miller & E. Richards (eds) *Supervision of Music Therapy: A Theoretical and Practical Handbook*. Hove, East Sussex: Routledge
- Odell-Miller, H., Westacott, M., Hughes, P., Mortlock, D. & Binks, C. (2001) *An investigation into the effectiveness of the arts therapies (art therapy, dramatherapy, music therapy, dance movement therapy) by measuring symptomatic and significant life change for people between the ages of 16-65 with continuing mental health problems*. Unpublished document, Arts Therapies Department, Fulbourn Hospital, Cambridge.
- Parr, H. (1998) 'Mental health, ethnography and the body'. *Arena* 30(1): 28-37
- Pavlicevic, M. (1997) *Music Therapy in Context: Music, Meaning and Relationship*. London: Jessica Kingsley Publishers
- Pavlicevic, M. (1999) 'Thoughts, words and deeds: harmonies and counterpoints in music therapy theory'. *British Journal of Music Therapy* 13(2): 59-62
- Pavlicevic, M. & Ansdell, G. (eds) (2004) *Community Music Therapy*. London: Jessica Kingsley Publishers
- Pavlicevic, M. & Ansdell, G. (2008) 'Between communicative musicality and collaborative musicing: a perspective from community music therapy'. In S. Malloch & C. Trevarthen (eds) *Communicative Musicality* (pp. 357-376). Oxford: Oxford University Press

- Penfield, K. (2001) 'Movement as a way to the unconscious'. In Y. Searle & I. Streng (eds) *Where Psychoanalysis Meets The Arts*. London: Karnac
- Powell, H. (2004) 'A dream wedding: from community music to community music therapy with a community'. In M. Pavlicevic & G. Ansdell (eds) *Community Music Therapy*. London: Jessica Kingsley Publishers
- Powell, H. (2006) 'The voice of experience: evaluation of music therapy with older people, including those with dementia, in community locations'. *British Journal of Music Therapy* 20(2): 109-120
- Priestley, M. (1975) *Music Therapy in Action*. London: Constable
- Priestley, M. (1994) *Essays on Analytical Music Therapy*. Phoenixville, PA: Barcelona Publishers
- Procter, S. (2002) 'Empowering and enabling – music therapy in non-medical mental health provision'. In C. Kenny & B. Stige (eds) *Contemporary Voices in Music Therapy*. Oslo: Unipub
- Procter, S. (2004) 'Playing politics: community music therapy and the therapeutic redistribution of musical capital for mental health'. In M. Pavlicevic & G. Ansdell (eds) *Community Music Therapy* (pp. 214-232). London: Jessica Kingsley Publishers
- Procter, S. (2006) 'What are we playing at? Social capital and music therapy'. In R. Edwards, J. Franklin & J. Holland (eds) *Assessing Social Capital: Concept, Policy and Practice* (pp. 146-162). Newcastle: Cambridge Scholars Press.
- Procter, S. (2008) 'Premising the challenge'. *British Journal of Music Therapy* 22(2): 73-76
- Procter, S. (2011) 'Reparative musicing: thinking on the usefulness of social capital theory within music therapy'. *Nordic Journal of Music Therapy* 20(3): 242-262
- Putnam, R. (2000) *Bowling Alone*. New York: Simon and Schuster
- Putnam, R. (2001) *Sport, Culture and Social Capital*. Lecture delivered to the Institute for Public Policy Research, London on December 12, 2001. Summary retrieved from http://www.ippr.org/uploadedFiles/research/events/Arts_and_Culture/RDP%20on%20sports%20arts%20and%20social%20capital.pdf

- Putnam, R. & Feldstein, L. (2003) *Better Together: Restoring the American Community*. New York: Simon and Schuster.
- Rappaport, J.; Swift, C. & Hess, R. (1984) *Studies in Empowerment: Steps Toward Understanding and Action*. New York: The Haworth Press
- Rapport, N. (1993) *Diverse World Views in an English Village*. Edinburgh: Edinburgh University Press
- Rice, Tim (2008) 'Toward a mediation of field methods and field experience in ethnomusicology'. In G. Barz & T.J. Cooley (eds) *Shadows in the Field: New Perspectives for Fieldwork in Ethnomusicology*. New York: Oxford University Press
- Rice, Tom (2003) 'Soundselves: an acoustemology of sound and self in the Edinburgh Royal Infirmary'. *Anthropology Today* 19(4): 4-9
- Rice, Tom (2008) "'Beautiful murmurs": stethoscopic listening and acoustic objectification'. *Senses and Society* 3(3): 293-306
- Riviere, J. (1936) 'On the genesis of psychical conflict in earliest infancy'. *International Journal of Psycho-Analysis* 17: 265-277
- Robbins, C. (2005) *A Journey into Creative Music Therapy*. Gilsum, NH: Barcelona Publishers
- Rolvsjord, R. (2003) *An Explorative Study of Resource-Oriented Music Therapy in Psychiatry*. Unpublished PhD proposal, University of Aalborg, Denmark
- Rolvsjord, R. (2004) 'Therapy as empowerment: clinical and political implications of empowerment philosophy in mental health practises of music therapy'. *Nordic Journal of Music Therapy* 13(2): 99-111
- Rolvsjord, R. (2006) 'Whose power of music? A discussion on music and power-relations in music therapy'. *British Journal of Music Therapy* 20(1): 5 – 12
- Rolvsjord, R. (2007) *"Blackbirds Singing": Explorations of Resource-Oriented Music Therapy in Mental Health Care*. Unpublished PhD dissertation: Aalborg University, Denmark
- Rolvsjord, R. (2010) *Resource-Oriented Music Therapy in Mental Health Care*. Gilsum, NH: Barcelona Publishers

- Ruttenberg, B.A.; Dratman, M.L.; Franknoi, J. & Wenar, C. (1966) 'An instrument for evaluating autistic children'. *Journal of the American Academy of Child Psychiatry* 5: 453-478
- Ruud, E. (1998) *Music Therapy: Improvisation, Communication and Culture*. Gilsum, NH: Barcelona Publishers
- Ruud, E. (2000) 'Music therapy - history and cultural contexts: two major new texts on music therapy'. *Nordic Journal of Music Therapy* 9(2): 67-76
- Ruud, E. (2005) 'Introduction to Christoph Schwabe: Resource-oriented music therapy - the development of a concept'. *Nordic Journal of Music Therapy* 14(1): 47-48
- Ruud, E. (2008) 'Music in therapy: increasing possibilities for action'. *Music and Arts in Action* 1(1): 46-60
- Ruud, E. (2010) *Music Therapy: A Perspective from the Humanities*. Gilsum, NH: Barcelona Publishers
- Saguaro Seminar on Civic Engagement. (2000). *Better Together: Report of the Saguaro Seminar on Civic Engagement in America*. Cambridge, MA: John F. Kennedy School of Government, Harvard University. Retrieved from <http://www.bettertogether.org/pdfs/FullReportText.pdf>
- Sarath, E.W. (1993) 'Improvisation for global musicianship'. *Music Educators Journal* 80(2): 23-26
- Savage, J. (2000) 'Ethnography and health care'. *British Medical Journal* 321:1400-1402
- Schank, R.C. (1990) *Tell Me A Story: A Look At Real and Artificial Memory*. New York: Scribner's
- Schütz, A. (1964) 'Making music together'. In *Collected Papers Vol. 2*. The Hague: Martinus Nijhoff
- Schulz, K.F. (1996) 'Randomised trials, human nature, and reporting guidelines'. *Lancet* 348: 596-598
- Schwabe, C. (2005) 'Resource-oriented music therapy - the development of a concept'. *Nordic Journal of Music Therapy* 14(1): 49-56
- Scott, M.B. (1968) *The Racing Game*. Chicago: Aldine

- Sells, S.P.; Smith T.E. & Moon, S. (1996) 'An ethnographic study of client and therapist perceptions of therapy effectiveness in a university-based training clinic'. *Journal of Marital and Family Therapy* Jul 1996
- Sells, S.P.; Smith T.E.; Coe, M.J.; Yoshioka, M. & Robbins, J. (1994) 'An ethnography of couple and therapist experiences in reflecting team practice'. *Journal of Marital and Family Therapy* Jul 1994
- Shaw, I. (1996) *Evaluating in Practice*. Aldershot: Ashgate
- Sheaff, R.; Rogers, A.; Pickard, S.; Marshall, M.; Campbell, S.; Sibbald, B.; Halliwell, S. & Roland, M. (2003) 'A subtle governance: 'soft' medical leadership in English primary care'. *Sociology of Health & Illness* 25(5): 408-428
- Siegal, E. (1984) *Dance Movement Therapy: Mirror of Ourselves*. New York: Human Sciences Press
- Simon, S. (2001) 'Is the randomized clinical trial the gold standard of research?' *Journal of Andrology* 22(6): 938-943
- Simpson, F. (2008) *Every Note Counts: The Story of Nordoff-Robbins Music Therapy*. London: James and James
- Small (1998) *Musicking*. Hanover NH: Wesleyan University Press
- Smith D.E. (1987) *The Everyday World as Problematic: A Feminist Sociology*. Toronto: University of Toronto Press
- Smith, D.E. (2005) *Institutional Ethnography: A Sociology for People*. Walnut Creek, CA: Alta Mira Press
- Social Exclusion Unit (2004) *Mental Health and Social Exclusion*. London: Office of the Deputy Prime Minister
- Spickard, J. (1987) Book review of J. Heritage (1984) *Garfinkel and Ethnomethodology* (Cambridge: Polity Press) and H. Garfinkel (1967) *Studies in Ethnomethodology* (Cambridge: Polity Press). *Sociological Analysis* 48(2): 188-190
- Spradley, J.P. (1979) *The Ethnographic Interview*. New York: Holt, Rinehart and Winston

- Spradley, J.P. (1980) *Participant Observation*. New York: Holt, Rinehart and Winston
- Starr, P. (1982) *The Social Transformation of American Medicine*. New York: Basic Books
- Stern, D. (1977) *The First Relationship: Infant and Mother*. Cambridge, MA: Harvard University Press
- Stern, D. (1985) *The Interpersonal World of the Infant*. New York: Basic Books
- Stern, D. (2004) *The Present Moment in Psychotherapy and Everyday Life*. New York: Norton
- Stern, D. (2010) 'The issue of vitality'. *Nordic Journal of Music Therapy* 19(2): 88-102
- Stewart-Brown, S.; Fletcher, L.; Wadsworth, M. & Shaw, R. (2002) *The roots of social capital II. The impact of parent-child relationships on mental and physical health in later life: An analysis of data collected in the three British National Birth Cohort Studies*. Oxford: Health Services Research Unit
- Stige, B. (1993) 'Music therapy as cultural engagement – or: How to change the world – if only a bit'. In *Proceedings of the VIIth World Congress of Music Therapy in Vitoria-Gasteiz, Spain, 19-23.7. 1993*
- Stige, B. (1996a) 'Music, music therapy, and health promotion'. In *Report: International UNESCO Conference, Oslo, September 1995*. Oslo: The Norwegian National Commission for UNESCO
- Stige, B. (1996b). *Music and Social Interaction: Music Therapy Assessment, Intervention, and Evaluation in a Transactional Perspective*. Paper presented at the 8th World Congress of Music Therapy, Hamburg.
- Stige, B. (1998a) 'Perspectives on meaning in music therapy'. *British Journal of Music Therapy* 12(1): 20-28
- Stige, B. (1998b) 'Aesthetic practices in music therapy'. *Nordic Journal of Music Therapy* 7(2): 121-134
- Stige, B. (1999). 'Music therapy as cultural engagement. Or: how to change the world, if only a bit'. In D. Aldridge (ed.) *Music Therapy Info Vol. II* [CD-Rom] Witten: University of Witten-Herdecke

- Stige, B. (2001) 'Writing Music Therapy Clinical Research as Ethnography'. In *Music Therapy in Europe: Proceedings of the Vth European Music Therapy Congress in Castel Dell'Ovo, Napoli, Italy, 20-24.4. 2001*
- Stige, B. (2002) *Culture-Centered Music Therapy*. Gilsum, NH: Barcelona Publishers
- Stige, B. (2003) *Elaborations Toward a Notion of Community Music Therapy*. Oslo: Acta Humaniora
- Stige, B. (2004) 'Community music therapy: culture, care and welfare'. In M. Pavlicevic & G. Ansdell (ed.) *Community Music Therapy*. London: Jessica Kingsley Publishers
- Stige, B. (2005) 'Ethnography and ethnographically informed research'. In B. Wheeler (ed.) *Music Therapy Research* (2nd edition). Gilsum, NH: Barcelona Publishers
- Stige, B.; Ansdell, G.; Elefant, C. & Pavlicevic, M. (2010) *Where Music Helps: Community Music Therapy in Action and Reflection*. Farnham, Surrey: Ashgate
- Stige, B. & Aarø, L. (2012) *Invitation to Community Music Therapy*. New York: Routledge
- Stock, J. (2004) 'Documenting the musical event: observation, participation, representation'. In E.F. Clarke & N. Cook (eds) *Empirical Musicology*. New York: Oxford University Press
- Stock, J. & Chiener, C. (2008) 'Fieldwork at home: European and Asian perspectives'. In G. Barz & T.J. Cooley (eds) *Shadows in the Field: New Perspectives for Fieldwork in Ethnomusicology*. New York: Oxford University Press
- Stokes, M. (ed.) (1994) *Ethnicity, Identity and Place: The Musical Construction of Place*. Oxford: Berg
- Strauss A.L. (1987) *Qualitative analysis for social scientists*. New York: Cambridge University Press
- Strauss A.L. (1991) *Creating Sociological Awareness. Collective Images and Symbolic Representations*. New Brunswick: Transaction Publishers
- Strauss A.L., Fagerhaugh S., Suczek B. & Wiener C. (1997) *Social Organization of Medical Work*. New Brunswick and London: Transaction Publishers

- Streeter, E. (1999) 'Finding a balance between psychological thinking and musical awareness in music therapy theory - a psychoanalytic perspective'. *British Journal of Music Therapy* 13(1): 5-20
- Swidler, A. (1986) 'Culture in action: symbols and strategies'. *American Sociological Review* 51(2): 273-286
- Talwar, N.; Crawford, M.J.; Maratos, A.; Nur, U.; McDermott, O. & Procter, S. (2006) 'Music therapy for in-patients with schizophrenia. Exploratory randomised controlled trial'. *British Journal of Psychiatry* 189: 405-409
- The Process of Change Study Group (1998) 'Non-interpretative mechanisms in psychoanalytic therapy: the 'something more' than interpretation'. *International Journal of Psycho-Analysis* 79: 903-921
- Thorne, M.L. (2002) 'Colonizing the new world of NHS management: the shifting power of professionals'. *Health Services Management Research* 15: 14-26
- Trehub, S. (2003) 'The developmental origins of musicality'. *Nature Neuroscience* 6: 669-673
- Trevarthen, C. (1993) 'The function of emotions in early infant communication and development'. In, J. Nadel and L. Camaioni (eds) *New Perspectives in Early Communicative Development* (pp. 48-81). London: Routledge
- Trevarthen, C. (2002) 'Origins of musical identity: evidence from infancy for musical social awareness'. In R. MacDonald, D. Hargeaves & D. Miell (eds) *Musical Identities* (pp. 21-38). Oxford: Oxford University Press
- Trevarthen, C. (2003) 'Neuroscience and intrinsic psychodynamics: current knowledge and potential for therapy'. In J. Corrigan & H. Wilkinson (eds) *Revolutionary Connections: Psychotherapy and Neuroscience*. London: Karnac Books
- Trevarthen, C. & Malloch, S.N. (2000) 'The dance of well-being: defining the musical therapeutic effect'. *Nordic Journal of Music Therapy* 9(2): 3-17
- Tyler, H. (2000) 'The music therapy profession in modern Britain'. In P. Horden (ed.) *Music as Medicine: The History of Music Therapy Since Antiquity*. Aldershot: Ashgate

- van Maanen, J. (2011) *Tales of the Field: On Writing Ethnography* (2nd edition). London: University of Chicago Press
- Verney, R. & Ansdell, A. (2010) *Conversations on Nordoff-Robbins Music Therapy*. Gilsum, NH: Barcelona Publishers
- Vink, A.; Birks, J.; Bruinsma, M.; Scholten, R. (2003) 'Music therapy for people with dementia'. *Cochrane Database of Systematic Reviews* 2003, Issue 4. Art. No.: CD003477
- Vygotsky, L. S. (1978) 'Interaction between learning and development' (translated by M. Lopez-Morillas). In M. Cole, V. John-Steiner, S. Scribner, & E. Souberman (Eds.), *Mind in society: The development of higher psychological processes* (pp. 79-91). Cambridge, MA: Harvard University Press
- Waller, D. (1999) 'When does an occupational group become a profession? Some issues for the arts therapies'. In L. Kossolapow (ed.) *Abstract Book of the 5th European Arts Therapies Conference*. Münster: Lit Verlag
- Wehr-Flowers, E. (2006) 'Differences between male and female students' confidence, anxiety, and attitude toward learning jazz improvisation'. *Journal of Research in Music Education* 54(4): 337-349
- Wheeler, B. (ed) (2005) *Music Therapy Research* (2nd edition). Gilsum, NH: Barcelona Publishers
- Wieder, D.L. (1974) *Language and Social Reality: The Case of Telling the Convict Code*. The Hague: Mouton
- Wigram, T. (1995) 'A model of assessment and differential diagnosis of handicap in children through the medium of music therapy'. In T. Wigram, B. Saperston & R. West (eds) *The Art and Science of Music Therapy*. Chur, Switzerland: Harwood Academic Publishers
- Wigram, T. (2004) *Improvisation: Methods and Techniques for Music Therapy Clinicians, Educators, and Students*. London: Jessica Kingsley Publishers
- Wigram, T., Pedersen, I.N., Bonde, L.O. (2002) *A Comprehensive Guide to Music Therapy*. London: Jessica Kingsley Publishers
- Willis, P.E. (1990) *Common Culture: Symbolic Work at Play in the Everyday Cultures of the Young*. Boulder, CO: Westview

- Wilson, B.L. & Smith, D.S. (2000) 'Music therapy assessment in school settings: a preliminary investigation'. *Journal of Music Therapy* 37(2): 95-117
- Witz, A. (1992) *Professions and Patriarchy*. London: Routledge
- Wong, D. (2008) 'Moving: from performance to performative ethnography and back again'. In G. Barz & T.J. Cooley (eds) *Shadows in the Field: New Perspectives for Fieldwork in Ethnomusicology*. New York: Oxford University Press
- Wood, S.; Verney, R. & Atkinson, J. (2004) 'From therapy to community: making music in neuro-rehabilitation'. In M. Pavlicevic & G. Ansdell (eds) *Community Music Therapy*. London: Jessica Kingsley Publishers
- Wordsworth, W. (1988) *The Complete Poetical Works*. London: Macmillan
- Wright, P. (1989) *Music Healing*. *Journal of British Music Therapy* 3(1): 22-25
- Yehuda, N. (2002) 'Multicultural encounters in music therapy – a qualitative research'. *Voices: A World Forum for Music Therapy* 2(3). Available online at <https://normt.uib.no/index.php/voices/article/viewArticle/100/77>
- Zack, M. (2000) 'Jazz improvisation and organizing: once more from the top'. *Organization Science* 11(2): 227-234
- Zharinova-Sanderson, O. (2004) 'Promoting integration and socio-cultural change: community music therapy with traumatised refugees in Berlin'. In M. Pavlicevic & G. Ansdell (eds) *Community Music Therapy*. London: Jessica Kingsley Publishers
- Zuckermandl, V. (1956) *Sound and symbol*. New York: Pantheon Books