An Historical Study of the First Year of the Canadian Association of Music Therapists

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A Thesis

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts

Concordia University

Montréal, Québec, Canada

April 15, 2019

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This research was supported by the Social Sciences and Humanities Research Council of Canada.

Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
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CONCORDIA UNIVERSITY

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Entitled: An Historical Study of the First Year of the Canadian Association of Music Therapists

and submitted in partial fulfillment of the requirements for the degree of

Master of Arts (Creative Arts Therapies, Music Therapy Option)

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ABSTRACT

An Historical Study of the First Year of the Canadian Association of Music Therapists

Daniel Kruger

This study presents a historical narrative of the inaugural year (1974/75) of the Canadian Association of Music Therapists (CAMT). The purpose of the study was to examine music therapists' lived experiences of the first year of the CAMT concomitantly with primary source documents published between the first two CAMT conferences (August 3, 1974 and May 2, 1975, respectively). The primary research question was: What are the experiences of music therapists who were involved in the CAMT during its inaugural year? The secondary research question was: How do primary source historical documents from the first year of the CAMT relate to the experiences of the participants? I combined phenomenological and historical methodologies in this qualitative interview study. I interviewed three Canadian music therapists who were active during 1974/75. The experiences they shared in their interviews were related to primary source historical documents the researcher obtained from the CAMT historical archives. Three primary themes emerged from the data analysis: "developing identity," "defining music therapy/music therapist," and "emerging alternative profession." This study offers information about significant conflicts, issues, and developments in the early CAMT that was previously missing from the historical literature on Canadian music therapy.

ACKNOWLEDGEMENTS

I owe the completion of this project to countless others. Thank you to my friends, family, and classmates for listening to me think and complain out loud on more than your fair share of occasions. Special thanks to Linda and Charles Kruger, Karen Martin, Agnes Eby, Erin Purdon, Leah Martin, and Murphy Law for your irreplaceable guidance throughout this process. Each of your interest in and influence on this research motivated me to complete it more than you know.

Thank you to each of my classmates! Andrew Dudley, Bing-Yi Pan, Caro Dupont, Cordon Purcell, Daniel Bevan-Baker, Kimiko Suzuki, Liz French, Marie-Fatima Rudolf, Marie-Pierre Labelle, Nadia Delisle, and Shalini Persaud. I am honoured to know each of you. I think fondly of the music, hangs, and jokes we shared together during our time at Concordia. Thank you especially to Andy MacDonald. Your friendship, humour, prompt completion of your own thesis, and sick riffs were all invaluable motivators throughout this process.

Thank you to the Concordia music therapy faculty: Laurel Young, Sandi Curtis, Sarah Millis, Nicola Oddy, Deborah Seabrook, and Jessica Ford. Thank you for offering your knowledge, wisdom, and guidance throughout my studies. Special thanks to my supervisor, Guylaine Vaillancourt, who helped me through several obstacles that I did not think I could traverse. I appreciate immensely that you had faith in me to be independent in my work and thinking.

Finally, thank you to the musicians, music therapists, and listeners who have helped me discover many sounds of music.

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Chapter 1. Introduction

Music therapy is quickly evolving in Canada. Since the Canadian Association of Music Therapists (CAMT)[1] formed in 1974, its membership has increased from 63–the approximate number of people who attended the inaugural CAMT conference–to 1039 as of 2018 (Sharpe, 1977; P. Lansbergen, personal communication, September 18, 2018). Canadian music therapists have used eclectic and diverse clinical approaches ranging from humanistic, behavioural, psychodynamic, and psychoeducational models since the CAMT's inception (Moffitt, 1993). More recently, the popularity of models like the Bonny Method of Guided Imagery in Music, Neurologic Music Therapy, and music therapy in the Neonatal Intensive Care Unit have contributed to an expanding clinical landscape in Canada (de L'Étoile & LaGasse, 2013; The academy of neurologic therapy, 2016). There is also a trend toward using evidence-based practice in music therapy (Baker, 2015). Efforts to regulate music therapists under provincial regulatory counsellor colleges are gathering momentum, particularly in BC, Ontario, and Québec (Summers, 2019). As provincial regulation becomes more common, the regulatory responsibilities of the provincial and federal professional associations–like the CAMT–will also evolve.

As new developments propel the evolution of the profession's identity, knowledge of and reflection on the history of Canadian music therapy might provide a referent foundation by which Canadian music therapists can contextualize and evaluate future decisions and changes. Not enough research is devoted to the history of Canadian music therapy to offer such a foundation. I share Solomon and Davis' (2016) belief that historical study can productively provoke reflection on collective identity and promote the healthy evolution of the music therapy profession. It is vital that we examine the history of Canadian music therapy to better elucidate our collective professional identity as it evolves rapidly.

Recent research examines collective identity in Canadian music therapy, a particularly pertinent topic during this time of transition (Curtis, 2015; Dibble, 2010). I approached this research assuming that a strong sense of collective identity can help communities evolve in a self-critical and self-aware fashion. Collective identity is an admittedly abstract and elusive

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[1] The CAMT was originally named the Canadian Music Therapy Association (CMTA). For the sake of simplicity, it is referred to by its current name, the "Canadian Association of Music Therapists" throughout this study.

concept, especially when the collective in question represents a relatively new profession in a geographically vast and culturally diverse country that regulates healthcare at the provincial/territorial level and not federally. For the purpose of this research, Ruud's (1997) definition of *identity* served as the basis for both *collective* and *professional* identity. Ruud defines identity as "consciousness about 'being the same,' the experience of continuity and about being uniquely different from others" (1997, p. 5). In this study, "being the same" or "uniquely different" describes the relationship between Canadian music therapy and global music therapy, other professions, and other therapeutic modalities.

This research aims to deepen Canadian music therapists' self-knowledge and the Canadian public's knowledge of music therapy through historical inquiry. The inaugural year of the CAMT in 1974/75 is the focus of the investigation. I interviewed Canadian music therapists who were active in the music therapy community between the dates of August 3rd 1974 and May 2nd 1975, which is the time period between the opening day of the inaugural CAMT conference and the opening day of the second annual CAMT conference (See Appendix A1-A3). The primary research question was: What are the experiences of music therapists who were involved in the CAMT during its inaugural year? A subsidiary research question was: How does primary source historical information from the first year of the CAMT relate to the experiences of music therapists?

I am a graduate student of music therapy in Montréal, Québec, at the time of writing. My first two years of music therapy studies were fast-paced and full of new information. I often felt as though I was learning an inordinate amount of information about a community of which I was not a part, but in which I was meant to participate. This feeling left me with a desire to better understand the community I was entering. I spoke with experienced music therapists about their perspectives on the history of their discipline and the state of modern Canadian music therapy. The recurring themes of these conversations were confusing: The rapid changes in Canadian music therapy today are polarizing, welcome, unwelcome, discouraging, and encouraging all at once. Several music therapists were concerned that current changes in the profession might compromise the identity of Canadian music therapy. As a new, curious music therapy student I would then invite a description of Canadian music therapy identity, which inevitably proved to be a challenge to offer. I began to reflect on this elusive description in connection with my own desire to understand the music therapy community, a process that was

the genesis of this research project. After identifying a gap in the historical literature of music therapy in Canada, I took a leap of faith that an effort to fill this gap could help Canadian music therapists reflect on their collective identity, evolve while remaining self-critical and self-aware, and help me feel more connected to the music therapy community I have recently entered.

Chapter 2. Literature Review

A comprehensive study of the history of music therapy would require a scope spanning millennia. Communities from all over the world have used the health benefits of music intentionally for centuries (Davis & Hadley, 2015). Indigenous people of North America maintain diverse, longstanding practices in which music is used therapeutically, developed long before European contact (Davis & Hadley, 2015). Many ancient literate traditions, including those in China, India, and the Middle East have documented practices for the therapeutic use of music (Horden, 2000). The term "music therapy," however, usually denotes a professionalization of the therapeutic use of music that is important to acknowledge for this study. Although the profession of music therapy was built on decades of work by pioneering music therapists in Canada, the United States, England, and elsewhere, it owes a much larger debt to communities around the world who have, over millennia, illuminated myriad physical, spiritual, and emotional gifts of music by discovering new ways to make it.

As a novice scholar and music therapist, I chose not to undertake a research project that considers millennia of global history. The formation of the Canadian Association of Music Therapists (CAMT) in 1974 and the subsequent creation of music therapy as a profession signify an important point in the history of the therapeutic use of music in Canada. Therefore, for the purpose of this study, the creation of the CAMT and the ensuing professionalization of the term "music therapy" is the starting point of the investigation. The literature I examined highlights documented knowledge and study of the professional music therapy community in Canada. I suggest the reader keep in mind the many voices left out of this discussion. The value of this historical narrative is tied to their eventual inclusion.

History of Music Therapy

According to Solomon and Heller (1982), "[if] knowledge about music therapy is important, so too must historical research in music therapy be important" (p. 166). Considering the omnipresence of music in human communities, and that music has been used for health purposes for thousands of years, it is surprising that the history of music therapy remains an understudied topic (Davis & Hadley, 2015; Solomon & Davis, 2016). Further, academics from outside the discipline have criticized the existing historical literature for having an agenda to legitimize current music therapy practice through historical research (Ruud, 2000). Gouk's

(2000) theory that the purpose of historical research has traditionally been to "hold up individuals, groups, or nations as examples to propagate moral and religious values" (p. 5) offers an explanation for this criticism, with a caveat that the values in question may also be clinical and professional. Solomon and Heller (1982) suggest that a more desirable purpose of historical research of music therapy is to better understand, rather than justify, the present by studying the past.

There is not yet enough historical literature of limited scope to support comprehensive, large-scale studies of the history of music therapy (Heller, 2000; Solomon & Davis, 2016; Solomon & Heller, 1982). Historical studies of limited scope–for example, a short time frame, important person, event, or organization–will be referred to as "monographs" hereinafter (Monograph, 2017). Fortunately, there has been a recent groundswell of published historical monographs on music therapy (Bibb, 2013; Davis, 2012; Garrido & Davidson, 2013; Im & Lee, 2017; Intveen & Edwards, 2012; Reschke-Hernandez, 2011). A particular point of interest in the recent research is the history of the professional development and reputation of music therapy (Kim, 2009; Moore, 2015; Register, 2013). The music therapy community will be prepared to produce comprehensive historical studies if new monographs with diverse methodologies and foci are published at the rate they have been for the last decade.

Many of the early historical monographs on North American music therapy are doctoral dissertations published in the United States (Boxberger, 1963; Davis, 1985; Shreve, 1977; Solomon, 1984). There were four doctoral dissertations written on the history of American music therapy between 1900 and 1980, and six masters and doctoral theses between 1990 and 2012 (Flores, 2013; Preston & Humphreys, 2007). All ten theses were published in the United States, the majority of them focused on the history of music therapy in America, and two of the four dissertations published between 1900 and 1989 examined the history of the National Association of Music Therapy, the American equivalent of the CAMT (Boxberger, 1963; Solomon, 1984). No dissertations or theses were published on the history of music therapy in Canada between 1900-2012. The ratio between historical dissertations on music education versus the history of music therapy was 907:6 during the 20th Century (Preston & Humphreys, 2007). Graduate study focused on the history of Canadian music therapy would help address the current lack of monographs available, which would in turn help the discipline prepare to produce larger-scale historical research.

History of Music Therapy in Canada

There are few published monographs on the history of Canadian music therapy. The majority of the literature available is autobiographical material written by prominent music therapists and historical research conducted by music therapists with firsthand experience of the subject in question. The only exception I found is a biographical chapter about the life of music therapy pioneer Norma Sharpe, published in a series about the lives of prominent music therapists (Im & Lee, 2017). The principle author, Hye-Jin Im, produced this study as a graduate student of music therapy at Wilfrid Laurier University, and I obtained an expanded, unpublished version of this chapter from WLU. The principal source for Im's (2015) research is primary source material Norma Sharpe donated to WLU, including personal correspondence, case studies, clinical notes, and archival material related to Sharpe's work with the CAMT. Sharpe's clinical notes and case studies emphasize her educative goals in therapy (Im, 2015). For example, she often instructed her clients in playing instruments and pre-composed pieces during therapy. In one clinical note, Sharpe mentions giving a client chocolate as a reward for musical progress (Im, 2015). Sharpe's music therapy philosophy and practice were clearly influenced by music education theory and Gaston's "music *in* therapy" approach, which prioritizes behavioural modification. She was not, however, a blind follower of behavioural theory. She had difficulty balancing her priorities between measurable, behaviour-oriented goals and intangible outcomes of therapy like increased self-awareness, confidence, and emotional well-being (Im, 2015). Sharpe struggled to have her employer recognize music therapy as a therapeutic medium distinct from recreational therapy, to receive a comparable salary to other therapists, and for the freedom to budget and plan her program independently (Im, 2015). Sharpe's conflict with her employer offers a partial explanation for her resignation from St. Thomas Hospital in 1975 and her ensuing dedication to form a music therapy association to advocate for music therapy as a profession. Im's (2015) study is the only one of its kind: a historical research project on Canadian music therapy written without firsthand knowledge of the subject. Her paper allows the reader to understand Sharpe, a pioneer of Canadian music therapy, as a three-dimensional person, and offers important illustrations of relevant issues of her time. More historical monographs of this kind would help Canadian music therapists deepen our understanding of the profession's history.

Therèse Pageau was another key figure in early Canadian music therapy. Pageau, along with Norma Sharpe and Fran Herman, developed the first music therapy programs in Canada during the early 1950s (Green, Charbonneau, & Gordon, 2014). Pageau was the first French-Canadian music therapist, and was active from the fifties through the seventies in Montréal (Vaillancourt, 2017). There is no literature that focuses primarily on Pageau's work and life. A monograph about Therèse Pageau, such as the one Im and Lee (2017) produced about Norma Sharpe, would be a valuable addition to the historical literature on Canadian music therapy.

The three-volume series "The Lives of Music Therapists: Profiles in Creativity," offers several autobiographical chapters written by prominent Canadian music therapists and pioneers (Mahoney, 2017; Mahoney, 2018; Moreno, 2017). Of particular relevance are chapters by Fran Herman and Nancy McMaster, who were active music therapists during the CAMT's inaugural year in 1974/75 (Herman, 2017; McMaster, 2017). These chapters, along with Im and Lee's (2017) chapter about Norma Sharpe, contain historical information from which we can begin to identify common characteristics among early Canadian music therapists. For example, Herman, Sharpe, and McMaster were all classically trained pianists who decided for various reasons not to pursue careers in performance, and all three worked with children in their early work (Herman, 2017; Im & Lee, 2017; McMaster, 2017).

Fran Herman (2017) offers particularly detailed descriptions of the intentions and effects of her early interventions for children with muscular dystrophy, cerebral palsy, and asthma. The chapters about McMaster and Sharpe discuss the importance of expanding the recognition and availability of music therapy services during the 70's, and highlight the urgency with which music therapists advocated for the development of Canadian music therapy training programs at the time (Im & Lee, 2017; McMaster, 2017). Such autobiographical material is considered primary source historical information as long as the author has direct knowledge or experience of the subject in question (Solomon & Davis, 2016). The historical literature on Canadian music therapy would be more complete if these primary source studies were accompanied by secondary source historical research, such as Im's (2015) study on the life of Norma Sharpe.

It was difficult to develop music therapy in Canada from the 50s to the 70s because of how few practicing music therapists there were, and how spread out and isolated they were across Canada's vast geography (Buchanan, 2009). Canadian music therapists still identify

isolation due to geography as a problem today, but are now able to communicate more efficiently and easily than in the 1950s-70s (Gross & Young, 2014). The distance between music therapists at the time also contributed to the development of many unique approaches to the practice (Buchanan, 2009). Canadian music therapists trained in diverse traditions and countries before the formation of a music therapy training program at Capilano University in 1976 (Howard, 2009). This diversity likely contributed to an inclusive clinical culture in Canada. However, it also created challenges in negotiating the values and priorities of the CAMT in its early years (Howard, 2009). For example, one of the most important tasks of the early CAMT was to balance and reconcile the values of English-Canadian and French-Canadian music therapists (Howard, 2009). Corneille's (2008) study of the history of music therapy education in Québec offers a rare glimpse into its distinct historical narrative. She relied on firsthand knowledge of the subject to provide most of the content and corroborated her knowledge with secondary source research (Corneille, 2008). Corneille's (2008) article offers valuable primary source information to the literature and highlights the French-Canadian voice in the historical narrative.

History of the CAMT

Research on the history of the CAMT is limited. All three published articles on the subject were written by current or past presidents of the association: Valerie Ivy (1983) offered a chapter about the association's first decade during her tenure as president, Norma Sharpe (1977) wrote an overview of the CAMT's first three years while she was president, and Doreen Alexander (1993) followed with an article about the association's first twenty years after she finished her tenure. All three documents are primary source studies written by music therapists with intimate knowledge of the CAMT's early years. Historical literature about an association that is produced by that association, however, should be read with Gouk's (2000) aforementioned theory about the traditional purpose of historical research in mind. Indeed, all three authors were transparent about their desire to see the CAMT grow in influence and size. Their historical accounts focus on the progress of the association, contributions of its members, and obstacles to its success (Alexander, 1993; Ivy, 1983; Sharpe, 1977). The authors' shared insider position allows them to offer detailed timelines of important events, relevant statistics, and descriptions of pertinent issues that create a unique record of the inner workings of the

early CAMT. The primary source information these presidents provide serve as excellent starting points for further research on the CAMT by researchers with less vested interest and involvement in the association. At the time of writing I do not have an official affiliation with the CAMT outside of my accreditation as an MTA. My supervisor Guylaine Vaillancourt, however, is a past president of the CAMT. Although primary source information is crucial to historical research, it must be corroborated and supplemented by secondary sources in order to create a complete historical narrative (Solomon & Davis, 2016).

The CAMT's principle objectives during its first three years were to improve the recognition of music therapy in Canada, promote the establishment of university music therapy programs in Canada, support the formation of provincial chapters of music therapy associations, and to offer a resource to music therapists, educators, students, and the public for acquiring information about music therapy (Sharpe, 1977). In 1977, the association gained the status of an official corporation and received a "letters patent," necessitating a more detailed list of aims (Ivy, 1983). The new set of goals for the CAMT included the promotion of music therapy research, education, and clinical work, as well as to provide a central body to inform and guide both the public and music therapists on music therapy practice, education, employment, and accreditation (Alexander, 1993).

The challenge of finding adequate funding for music therapy job creation, publication, and general operation of the association has remained constant throughout the history of the CAMT (Alexander, 1993; Buchanan, 2009). At times, funding was so limited that music therapists needed to personally hold volumes of the CAMT journal past the targeted publish date until the association acquired enough funding to print them (Ivy, 1983). The CAMT served as the primary fundraising agency for music therapy in Canada until Fran Herman, Colleen Purdon, Bernadette Kutarna, Doug Ramsay, and Susan Summers collaborated to form The Canadian Music Therapy Trust Fund in 1994, which continues to serve as one of the principle funding agencies at the time of writing (Kirkland, 2007; C. Purdon, personal interview, October 10, 2017). Considering the financial, geographical, and professional challenges faced by early music therapists in Canada, it is no wonder that documentation of the history of the CAMT was not a priority. As the profession grows and evolves, it is important that researchers take the opportunity to document the past while many of the pioneering figures of the early CAMT are with us. Awareness of the challenges, stories, and theories of the past

should only help Canadian music therapists move into the future with a more grounded sense of direction and identity.

History of the Inaugural CAMT Conference

Before acquiring archival material from the CAMT, I was able to find only one published article that focuses solely on the first CAMT conference. The author of the article, Norma Sharpe (1977), was the principle organizer of the conference and the founder of the CAMT. Sharpe's (1977) article is only one page long and focuses primarily on logistical information and statistics related to the conference. She published a second article that I discovered during the data analysis phase of this study in the *Canadian Music Therapy Journal* issue from the summer of 1974. This short piece is an advertisement for the upcoming conference, and was used as primary source historical information in this study.

The conference was held on the weekend of August 3-4, 1974 at the St. Thomas Psychiatric Hospital in Ontario, and was organized primarily to unify Canadians who were involved in music therapy (Sharpe, 1977). Sharpe (1977) recorded 63 attendees and delegates who came from many Canadian provinces between B.C. and Nova Scotia. The entry-level CAMT membership fee at the time was $20, while students paid $2. Sharpe (1977) also included the original goals of the CAMT, information about the association's mailing list, the original constitution of the association, and brief descriptions of the significant issues and presentation topics at the conference. There is no research at the time of writing that communicates qualitative information about the conference. Qualitative information from those with direct knowledge of the conference would enhance the music therapy community's knowledge of the conference.

There are no detailed records of proceedings for the first five CAMT conferences because proceedings were not recorded or published until Fran Herman organized the annual "Conference Proceedings" publication in 1979 (Ivy, 1983). Bill Shugar (1978) wrote an article that summarizes the proceedings of the fourth CAMT conference. No such article, however, exists for the other conferences during the association's first five years.

Two attendees of the inaugural conference wrote about it as an incidental topic, offering data and descriptions of the event that add to the information in Sharpe's aforementioned piece (Ivy, 1983; Shugar, 2009). The conference's title was "Music Therapy: An Idea Whose Time

Has Come" (Ivy, 1983). Delegates drafted a constitution for the association, the first board of directors, and organized committees and important tasks to promote the association's development (Ivy, 1983). The principle goals for the association drafted in the original constitution were to improve music therapists' status in their places of employment, develop and assess university music therapy courses in Canada, support the creation of provincial music therapy associations, and to be a central resource to music therapists, educators, students, and the public for music therapy information (Sharpe, 1977). The conference's banquet consisted of a Kentucky Fried Chicken dinner on the lawn of the St. Thomas Psychiatric Hospital while Norma Sharpe provided musical accompaniment on a pedal-organ (Shugar, 2009). There is no literature that provides detailed information about the conference's material, relevant philosophical conflicts or trends, significant presentations, salient ideas about the development of music therapy, or other meals shared by those who attended the conference. Opportunities to interview those with firsthand knowledge of the inaugural CAMT conference will only decrease as time goes on, increasing the scarcity of such information and the difficulty of obtaining it.

Canadian Music Therapy Identity

Solomon and Davis (2016) believe that the study of music therapy history holds the potential to "increase [music therapists'] collective sense of identity and purpose and to ensure our future and the continued progress and evolution of our discipline" (p. 2442). If this is true, further study of Canadian music therapy history would buttress the literature examining collective identity among Canadian music therapists. Dibble's (2010) unpublished Master's thesis cited "commonality" and "diversity" as the two most salient characteristics of Canadian music therapy identity after she conducted open-ended interviews with nine Canadian music therapists. Dibble's (2010) thesis is the only literature available that examines Canadian music therapy identity as its primary focus. Curtis' (2015) survey study, however, also identifies diversity as an important component of Canadian music therapy identity in comparison to that in the United States. Diversity is commonly identified as a crucial characteristic of Canadian music therapy identity in the literature (Gross & Young, 2014; Howard, 2009; Moffitt, 1993). The myriad of approaches to music therapy in Canada is represented through the varied training, experiences, and backgrounds of pioneering music therapists and the original

members of the CAMT (Alexander, 1993; Sharpe, 1977). The original mailing list for the CAMT was composed of a mixed group of professionals including deans of university music faculties, music educators, heads of music conservatories, medical directors, and hospital administrators (Sharpe, 1977). There were eleven graduates of college or university music therapy programs practicing in Canada in 1977, all of whom were trained in England or the United States (Sharpe, 1977). The breadth of training styles amongst Canadian music therapy pioneers and the wide variety of professionals involved in the early CAMT likely contributed to the emergence of diversity as a crucial characteristic of Canadian music therapy identity. More research is needed on Canadian music therapy identity before theories emerge through which we can interpret and evaluate future research.

Canadian music therapists tend to emphasize humanistic and holistic approaches amongst the many accepted models of practice (Curtis, 2015; Herman & Munro, 1983; Moffitt, 1993; Munro, 1977). More recently, however, neuroscience-based approaches to rehabilitative music therapy are more widely taught and used, particularly in Toronto (The academy of neurologic therapy, 2016; University of Toronto, 2016). What does this development mean for Canadian music therapy when humanistic and holistic approaches have been paramount traditionally? Have Canadian music therapists successfully incorporated practices of such distinctly different priorities before? If so, how did they do it? These questions are pertinent for the Canadian music therapy community today, but there is no published historical research at the time of writing that addresses these questions. Further study of the history of music therapy in Canada would contribute to answering them.

Summary

This review is a summary of historical literature on the history of Canadian music therapy as a profession, beginning with the formation of the CAMT in 1974. The profession of Canadian music therapy was built on diverse cultural practices from Europe, the United States, Canadian indigenous communities, and Canadian settlers. Each of these cultures influenced the development of music therapy as a profession. The details and history of their influence, however, falls outside the focus of this review. The inaugural CAMT conference in 1974 is a logical beginning for a history of professional music therapy in Canada, and it is the starting point of this literature review.

There are not enough published historical monographs to support large scope, comprehensive historical research on the history of Canadian music therapy. The existing literature is written exclusively by music therapists, primarily those who have direct knowledge of and experience with the topic of their research. Consequently, the majority of historical literature on Canadian music therapy is primary source research. The historical narrative would be enriched by secondary source research. As the primary and secondary source research on Canadian music therapy history expands, larger scale works on the subject will become possible.

The historical study of Canadian music therapy can help us reflect on our identity as professionals, providing a deeper self-awareness that can only aid us as we negotiate important transitions in the practice, profession, and discipline of music therapy. What better place to start such study than the first year of the first national association of Canadian music therapy? We can begin to create a historical narrative by combining information from primary source historical documents and music therapists' experiences who participated in the CAMT in 1974-75.

Chapter 3. Methodology

Participants

I conducted semi-structured, open-ended qualitative interviews with three music therapists who were active in the music therapy community during 1974-75: Colleen Purdon, Susan Munro, and Bernadette Kutarna. Each participant agreed to have her name published in this study (See Appendix B1-B4). All study participants are current or former music therapists to provide a manageable scope for the research and to provide a more focused historical narrative than I would have produced by examining multiple professionals' views. Examining outside professionals' perspectives on Canadian music therapy is a potential area for future inquiry that lies outside this project. I assume that reflecting on the identity and history of Canadian music therapy should begin by studying the narratives that Canadian music therapists create themselves.

The eligible pool of participants shifted midway through this study because of a change in the primary research question. My initial study examined the inaugural CAMT conference in August of 1974. Originally, the participants were attendees of the conference who were practicing music therapists or involved in the Canadian music therapy community at the time of the conference. I was only able to recruit one eligible participants for this study, the first interviewee, Colleen Purdon. I interviewed her before I changed my primary research question. The material of her interview, however, was congruous with the revised research question, so I included her interview in this study.

I expanded the inclusion criteria when the focus of the study shifted to include the entire first year of CAMT history. My final inclusion criteria were active, English-speaking music therapists during the CAMT's inaugural year. Because the Canadian music therapy accreditation, MTA (Music Therapist Accredited), did not exist until 1979, I needed to create my own definition of "active music therapist" for this study. If a potential participant fit any of the following criteria between the dates of August 3rd 1974 and May 2nd 1975, I considered her to be an active music therapist:

1. S/he had received music therapy training
2. S/he was doing work that s/he and others in the music therapy community considered music therapy

3. S/he was a student of music therapy

I also required that participants eventually practiced music therapy in Canada as an MTA. I included this criterion because I thought participants with a longstanding and involved role in the Canadian music therapy community would provide rich and detailed historical narratives in their interviews. It also felt important to interview people involved in the community for a long time before examining the perspectives of those who were peripherally involved.

After receiving my initial approval from the Concordia University Human Research Ethics Committee (UHREC), I recruited participants by compiling a list of names and phone numbers of attendees of the inaugural conference, which I obtained from the archives at the CAMT in London, Ontario. I used the CAMT online directory to obtain e-mail addresses for attendees on the list. I received responses from three eligible participants, one of whom was able to participate in the study by agreeing to be interviewed. Because I did not feel that one interviewee was enough for the study, I decided to expand the focus of my research question.

I reapplied to UHREC and received ethics approval a second time after changing my primary research question. With my adjusted inclusion criteria, I was able to recruit two additional participants through snowball sampling. I spoke with my research supervisor, Dr. Guylaine Vaillancourt, for suggestions of music therapists who were active during 1974-75 who might be interested in participating. I contacted two eligible participants, both of whom were suggested by Dr. Vaillancourt, and one of whom agreed to participate by being interviewed. I was referred to the final participant through another music therapist who decided to not participate after being invited. Each participant received an electronic invitation to participate including a description of the study (See Appendix C). Each participant signed an informed consent agreement (See Appendix B1-B4) and agreed to have their names used in this study. I think the inclusion of the participants' names makes their historical narratives more transparent and human, allowing the reader to populate the historical narrative with identifiable people instead of nameless participants. Further, attaching names to the participants' historical narratives makes it abundantly clear that the perspectives in this study should not be generalized as the perspectives of all Canadian music therapists, but are uniquely the experiences of Susan Munro, Colleen Purdon, and Bernadette Kutarna.

I decided that three is an appropriate number of interviews for this study because it is my first interview study, and I wanted to ensure that the data I collected would be manageable. Also, the semi-structured qualitative interviews I conducted contained complex and rich information about interviewees' personal experiences (Brinkmann, 2013). As noted, I did not intend to use this information to create generalizable conclusions about the history of Canadian music therapy, but to examine the historical narratives of the participants through their experiences. This approach fits into a phenomenological research design, and three participants is a sufficient number for such a study (Jackson, 2016).

Design

This study is grounded in phenomenological theory and assumptions. Phenomenological design requires the researcher to describe the lived experiences of a phenomenon according to people who have experienced it (Cresswell, 2014). Because this is a historical study, the phenomenon in question is an historical era. In this sense, my study diverts from traditional phenomenological inquiry in that I did not restrict the phenomena participants chose to describe during the interviews. Instead, I restricted the time period in which those phenomena took place. My intention was to make it possible for participants to comment on any number of relevant phenomena that I may not have considered. My assumption that examining participants' experiences of a historical time period is a useful way to produce historical knowledge is inspired by a phenomenological approach to qualitative research (Jackson, 2016).

After I had several informal conversations with music therapists and consulted the existing literature on Canadian music therapy history I was left with the impression that 1974-75 was a significant time in Canadian music therapy history. My conversations indicated that a phenomenological study of music therapists' experiences of this time period would likely uncover meaning and knowledge that would be useful for the community. According to phenomenological theory, qualitative information of a phenomenon based on people's experience is a precursor to scientific knowledge (Merleau-Ponty, 1945). Consequently, if people do not derive meaning from an experience, there is no point in examining that experience scientifically (Brinkmann, 2013). I do not, however, intend this study to serve as a precursor to scientific study of music therapy history. In accordance with phenomenological

theory, I believe that the systematic study of peoples' experiences of a phenomenon is a valuable endeavor in and of itself (Jackson, 2016).

Interviews were open-ended, and focused on individuals' lived experiences of the first year of the CAMT. My approach to the interviews was phenomenological in that I focused on *how* participants experienced the inaugural year of the CAMT rather than *why* they experienced what they did (Brinkmann, 2013). Phenomenological study attempts to uncover meaning in a phenomenon by documenting experiences rather than explaining them (Brinkmann, 2013). I compiled information about subjects' experiences from the interviews that I analyzed for meaning later. My choice to collect multiple individuals' experiences and to interpret them independently in order to extract meaning is reflective of an empirical approach to phenomenology (Jackson, 2016).

This study is most reflective of empirical phenomenology because I did not intend that the themes I derived from the data could be considered generalizable across Canadian music therapists' experiences of the CAMT's inaugural year. If I had analyzed the data with this intention my study would align with essential phenomenology. I also decided not to prioritize the bracketing of my own personal beliefs or assumptions about the time period before I analyzed the data because I was a novice music therapist with little existing knowledge or ideas about Canadian music therapy history when I started this project. Consequently, I assumed that focusing on extracting meaning from the data rather than on bracketing my biases would be a more fruitful approach. My decision not to emphasize the bracketing process of personal beliefs and biases is also reflective of empirical phenomenology, as opposed to styles that spend significant energy on the bracketing process, such as reductive phenomenology (Jackson, 2016). Bracketing, however, is an essential step in the phenomenological process, and I sought to reflect and communicate the existing ideas and biases I had that may have affected this research in the "Epoché/Situatedness" section of this chapter.

I also used a historical approach for this study through my use of primary source historical documents as data. The use and analysis of existing data to study a historical time period is a key component of the historical research design (Wheeler & Bruscia, 2016). I obtained primary source historical documents from the CAMT archives to supplement and enrich the data I collected from the qualitative interviews. My combination of data creation–conducting qualitative interviews–and analysis of existing data–primary source documents–

departs from the traditional historical design, which would focus solely on analyzing existing data to create new historical knowledge (Wheeler & Bruscia, 2016). This study combines phenomenological and historical research designs to study a historical time period.

Epistemology

Historical research is the systematic study of evidence of the past (Solomon & Davis, 2016). In accordance with historical methodology, I made the assumption that the systematic study of the past is a useful method for producing knowledge of the past. I do not, however, consider the production of objective historical knowledge an achievable goal. I approached this study with the belief that objective historical knowledge exists only at the collective level of human experience, and is inaccessible to individuals. Objective historical knowledge must account for the complete experiences of each person involved in the history in question. My definition of objective historical knowledge would require the creation of a complete, all-encompassing historical narrative. I believe that the information required to assemble such a narrative exists only as the sum of collective lived experience. The systematic study of history allows readers to access a valuable, yet miniscule, portion of a complete historical narrative. In short, incomplete historical knowledge is inherently subjective, while complete historical knowledge is objective. I am assuming it is impossible to assemble a complete historical narrative. Therefore, all historical knowledge that we access as individuals is subjective. My epistemological stance on historical knowledge is inspired by the following phenomenological position:

> [People] learn about and come to understand ourselves and the world in which we live through active experiences of being in conscious relationship, and multiple perspectives make these relationships richer, more complex, and more reflective of the true nature of the phenomenon. (Jackson, 2016, "Epistemological Foundations," par. 4)

If we apply this theory to the way people understand history we might conclude that the inclusion of multiple perspectives in a historical narrative makes it a closer reflection of "the true nature" of history. However, I do not believe that more perspectives equal more *true*. If that were the case, a study with the perspectives of three participants and a researcher would be so trivial it would not be worth doing. On the contrary, I believe it is essential to represent experiential historical perspectives in depth, with as much detail as possible. I believe the detailed examination of the participants' lived experience of the CAMT's inaugural year will

contribute to the creation of historical knowledge that is closer to the "true nature" of that historical time period.

The focus on these three music therapists' experiences necessitates the exclusion of other perspectives that would have coloured the narrative differently. I assume that the representative imbalance created by highlighting certain parts of a historical narrative while excluding others is an acceptable problem if the alternative is to leave history unexamined. As the historical literature on Canadian music therapy expands, it is imperative that researchers think carefully and critically about whose narratives they examine and why.

Brinkmann (2013) distinguishes between two key schools of thought in qualitative interviews with regard to the nature of the interview: interview as social practice and interview as research instrument. Researchers who locate themselves on the "social practice" side of the continuum come from a constructionist epistemology, and would analyze the *way in which* participants communicate their experiences more than *what* participants communicate (Brinkmann, 2013). Further, constructionist interviewers are active participants in the interviews, and collaboratively create meaning from the material with the participant. I locate myself on the "interview as research instrument" side of the continuum, which is inspired from phenomenological philosophy. My focus was on analyzing *what* the participants said, and on trying to extract meaning by interpreting their experiences. Therefore, in accordance with the phenomenological school of thought, I conducted interviews passively. I felt that, as a novice research interviewer, I would conduct the best interviews by minimizing my role and allowing as much space as possible for the interviewees to communicate their experiences. The passive, less involved role I took is another key component of the phenomenological approach to qualitative interviewing (Brinkmann, 2013).

I used primary source documents as an instrument to compare and contrast information in the interviews. This sort of information validation is an important component of both the phenomenological approach to qualitative interviewing and to historical methodology (Brinkmann, 2013; Solomon & Davis, 2016).

Epoché and Situatedness

Epoché, referred to as "bracketing" in phenomenology, is the process by which the researcher reflects on, communicates, and sets aside preconceived ideas and biases that may

affect the research process (Jackson, 2016). As a part of my bracketing process I will situate myself, the participants, and the relationship between us in the context of this study. I should note that I prioritize being transparent about my biases and assumptions more than eliminating their effect on the research. My hope is that the inevitable effect my biases have on the research are obvious and valuable components of the study.

I began this project expecting to produce knowledge of the many conflicts and challenges of the CAMT's inaugural year. After having several informal conversations with music therapists who were active in the 1970s, my impression was that the early history of the CAMT was rife with personal, professional, philosophical, and financial challenges. My curiosity was piqued, so I read what limited literature I could find on this history. I was struck that the conflicts I heard about in my informal conversations were rarely, if ever, mentioned in the literature. The published historical narrative of Canadian music therapy is positive, proud, and congratulatory of the many accomplishments and developments of Canadian music therapists. I was amazed how far the profession has come since its official inception in 1974, and by the creative and life-changing programs music therapists developed during those early years. At the same time, there was an information gap between the history I was reading and the history I heard about in conversation. As a result, I became excited about the prospect of documenting a crucial component of early Canadian music therapy history: the many conflicts and challenges that came with building a new therapeutic profession, discipline, and practice.

As I continued my research, I realized I would not be able to interview some of the music therapists with whom I had spoken about the early CAMT. Consequently, I might not be able to document what initially drew me to the topic, which prompted reflection on my expectations for the interviews, the reasons for my interest in the topic, and necessary adjustments to my approach in order to control the effect that my expectations may have on the research. I did not want to impose my own curiosities or other music therapists' experiences on the experiences of the participants.

I amended questions that explicitly addressed conflicts and challenges. For example, I replaced the words "conflict" and "challenge" with "issues" in one of the prepared interview questions. Admittedly, when participants brought up conflicts or challenges independently I often pursued this material more vigorously than I might have other material. I believe this tendency affected the results of the study. Although I could have focused on bracketing my

own curiosity, the published historical narrative of the CAMT is missing this information, and I approached the study with the assumption that conflicts and challenges are an essential element of an honest historical narrative. Therefore, I made the decision to pursue such topics if they were raised by the participants. My motivation for taking this approach is both academic and personal.

Being a male in a female-dominated profession contributed to my desire to focus on the conflictual aspects of the CAMT's history. I have often tried to identify and emphasize stereotypically masculine elements of music therapy since I began studying it. Although I do not consider my general disposition or values to be stereotypically masculine, I gravitate toward discussions and material that emphasize philosophical conflicts in the discipline, therapeutic power relationships, and scientific theories about the effectiveness of music therapy. I consider these points of emphasis to be crucial components of learning a therapeutic medium, however, my interest in them is partially motivated by a desire to identify myself as a male in the context of a majority-female profession.

The primary research question for this study is not about the ways music therapists experienced conflict during the inaugural year of the CAMT. My intention is to examine music therapists' general experiences of the CAMT in 1974/75. Therefore, it was important to prevent my personal curiosity from unduly shaping the participants' narratives. To help avoid this, I reflected on the situatedness of the participants in relation to the study, my situatedness in relation to the participants, and the way these relationships might change the research.

I imagine the inaugural year of the CAMT was an exciting time for the participants. The CAMT's formation offered official recognition for music therapy as a profession, gave music therapists a central body through which they could unite, and offered an opportunity for women to participate in a profession that was developed and controlled primarily by women. Surely such opportunities were much harder to find in the 1970s than today. Each participant had long careers as music therapists in Canada after the inception of the CAMT. Bernadette Kutarna continues to practice music therapy in Saskatchewan at the time of writing while Susan Munro and Colleen Purdon have retired as music therapists. I asked Bernadette, Colleen, and Susan to reflect on the history of an organization of which they were a part, and thanks to which they were able to develop long and successful careers. They subsequently remained involved in the music therapy community for decades, and the CAMT continues to be a growing and

successful organization, and thus I imagined the participants would have a sense of pride and ownership in the history of the CAMT. As a new music therapist familiarizing myself with the culture and history of the profession, I have less of a personal investment in the history of music therapy than in the future of the profession. This is an important dissonance between my relationship and the participants' relationship to the research topic: I am examining this historical narrative as a basis from which to develop my *future* professional identity, while this historical narrative is an integral part of each participants' *existing* professional and existential identity. I am studying the past through the eyes of those who lived it with the hope of identifying a place for myself in the ongoing narrative. My desire to relate to the historical narrative of music therapy is another reason I am curious about stereotypically masculine elements of the subject.

Data Collection Procedures and Materials

I conducted open-ended, semi-structured qualitative interviews to gather participants' perspectives and experiences of the first CAMT conference (See Appendix D). They were provided an invitation letter that outlined the intent of the research, the requirements of participation, and a description of informed consent prior to the interview (See Appendix C). Interviews lasted between fifty-five and sixty-five minutes. Because of geographical and technological challenges, each interview was recorded with different technology. Colleen Purdon's interview was recorded in person at her home using a microphone and a laptop computer. Bernadette Kutarna's interview was conducted by telephone and recorded onto a laptop computer. Susan Munro's interview was conducted over video chat and recorded onto a laptop computer. Recordings of each interview were stored in a password-protected folder of my password-protected laptop computer. Interviews were also backed up on a password-protected external hard drive.

I transcribed each interview in a minimally reconstructive style, where the scribe cleans up messy or confusing utterances and eliminates non-verbal words for legibility and comprehension (Brinkmann, 2013). After transcribing the interviews, I asked the participants if they wanted to review or change anything about the scripts. Only one participant elected to review and change her interview. Her desired changes had to do only with the spelling of names and institutions.

I made two trips to the CAMT archives in London to collect primary source historical documents. During my first trip my primary research question was focused on the inaugural CAMT conference in 1974. I made a second trip to the archives after I changed the primary research question to focus on the inaugural year of the CAMT. During both trips I copied, saved, and collected primary source documents including newspaper articles, journals, photographs, personal correspondences, conference proceedings, official CAMT materials, and other primary source documents that I felt were relevant to the first year of the CAMT.

Data Analysis

My data analysis procedures were based on the basic steps of phenomenological data analysis as described in Jackson's (2016) chapter on phenomenological inquiry methodology in music therapy research. My inclusion of primary source documents as a secondary data source was inspired by historical methodology as described in Solomon and Davis' (2016) chapter on historical research in music therapy.

I began my analysis procedure by listening to the audio recordings of each interview, one by one, while I read along with the printed transcript. While I listened to each interview I highlighted what I interpreted to be significant statements. My criteria for identifying a significant statement were:

1. The statement relates to the primary research question,
2. The statement provides unique information in the context of the interview,
3. The statement summarizes recurring information,
4. The participant identifies the statement as significant, and
5. The statement changed the way I think about the primary research question.

The first criterion needed to be met in order for a statement to be highlighted as significant. At least one of criteria 2-5 needed to be met subsequently.

After identifying significant statements in each interview, I listened to and read each interview a second time. During the second stage, I highlighted any additional significant statements according to the same five criteria, and eliminated any that did not meet my criteria on second inspection. After having reviewed each interview a second time, I assigned "preliminary codes" to the statements. The codes were short phrases or titles that sorted the significant statements into thematic groups. I was influenced by Brinkmann's (2013) point that

analysis procedures of qualitative interviews often over-emphasizes coherent information that fits cleanly into easily organized thematic groups. In order to avoid this tendency, I attempted to identify both material that connected between interviews as well as dissonant and contradictory material.

During the third stage I culled the typed transcriptions of each interview, eliminating any parts of the transcript that I did not believe were relevant, were redundant, or that I would have to use too many assumptions or inferences to use. I left myself open to identifying any additional significant statements in the non-highlighted data, however, I did not find any during this stage of analysis.

My fourth stage consisted of data-driven coding, through which I formed thematic categories from the significant statements after analyzing the material (Brinkmann, 2013). I chose to perform data-driven coding instead of "concept-driven" coding–which creates categories before analyzing the data and fits material into these categories–because I wanted to prioritize aspects of the historical narrative that the participants' communicated rather than my own curiosities about the history. I performed coding by colour-grouping the significant statements into three thematic categories.

The next stage of analysis incorporated the primary source historical materials I acquired from the CAMT archives. I amassed a large collection of documents from the archives, therefore, in order to ensure the data was manageable, I only analyzed documents that were published between the dates of August 3, 1974, the opening day of the first CAMT conference, and May 2, 1975, the opening day of the second annual CAMT conference in Winnipeg (See Appendix A1-A3). I decided to make an exception by including the Vol. 2, No. 2 issue of the "Canadian Music Therapy Journal" that was published immediately before the inaugural conference in the summer of 1974, and with material related directly to the first CAMT conference and containing several articles that deal with important clinical issues of the time period. I likely missed relevant material in the documents published outside of these dates. However, I could not reasonably analyze all of them with the time I had available. Using the thematic categories I developed during the fourth stage of analysis, I looked for information in the primary source documents related to the themes I created from the participants' experiences. I also culled the primary source documents during this stage by eliminating any documents that were not relevant. Pre-culling, I had a set of fifty-six documents published

between August 3, 1974 and May 2, 1975 to analyze. I considered each article in a journal issue to be one document, while I counted the editorial, acknowledgements, puzzles, and other peripheral material in the issue to be a separate document. If a photo was attached to a newspaper article I considered the photo and article to be one document. Other primary source material included official newsletters, conference proceedings, personal notes and records of CAMT organizers, official CAMT correspondences, advertisements for events, press photographs, etc. I culled all documents that were not relevant to one of the three principle themes. Post-culling, twenty-two of the original fifty-six documents remained. Not all of the remaining twenty-two were mentioned in the study. I asked myself the following questions before culling a primary source document:

1. Was my impression of the participants' significant statements enforced or changed as a result of reviewing this document?
2. Do I think the participants would have thought this document is relevant to include in relation to the significant statements and/or themes?
3. Did this document confirm, add to, or contradict any of the significant statements or themes?

If the answer to all three of these questions was "no," I culled the document. I grouped those that remained with the significant interview statements into the existing thematic categories.

I chose to analyze the primary source documents after the interviews because I wanted to prioritize the experiential, qualitative historical knowledge of the participants in accordance with phenomenological theory (Brinkmann, 2013). Further, according Solomon and Davis' (2016) definition of primary source historical information, whenever a participant commented on an aspect of CAMT history of which they were a part, that statement is considered primary source historical information. Therefore, I prioritized primary source information from the interviews rather than published information in the prescribed time period. I do not believe either source of data is necessarily more or less objective. However, I did have a higher level of confidence that I would produce interesting, new, and detailed research if I emphasized the data from the interviews more than the primary source material.

My sixth and final stage of data analysis is called "horizontalization" (Jackson, 2016). This stage required me to consider the grouped data, and to reflect on the general "horizon" of

the collection of data. The purpose of this step is to elucidate the “essence” of the phenomenon according to my data analysis, the participants’ responses, and the primary source historical documents. I journaled about any additional insights I gained from this reflection, and prepared to write the results with these insights in mind.

Chapter 4. Results

Introduction

I identified the following themes from the participants' experiences of the CAMT's first year: developing identity, defining music therapy/music therapist, and the emergence of an alternative profession. I chose to begin each section of this chapter with interview quotes in order to prioritize the words and perspectives of the participants. I included quotes and information from primary source documents when relevant. I also chose to include several sub-themes that were not identified directly by the participants, but that I found curiously unsaid. The three themes are not easily separable. They offer a Gestalt of my interpretations of the participants' experiences as they relate to the primary source material.

Transcription/Quote Legend:

***Italics*:** Signify a verbal emphasis, usually manifesting as an increase in volume or pitch of the speaker's voice.

. . . Ellipses: Signify that there is omitted material between the beginning and end of the ellipses.

[Square Brackets]: Indicate that I chose to replace a non-descriptive word such as "it" "that" or "this" with a descriptive word or phrase to provide context to the question or response. They could also indicate that I inserted a word where there was not one previously in order to make a sentence easier to understand.

~ Tildes: Indicate a pause in the speaker's speech of between roughly 1-2 seconds. A double tilde "~ ~" indicates a longer pause of roughly three seconds or more.

>> Double Arrows: Indicate that the following material was taken from a part of the interview at least one paragraph after the previous material.

Developing Identity

> Daniel: Could you speak a bit about how [the music-centered vs. psychology-centered debate] affected the development of music therapy in Canada?
>
> Susan: You know, it's very hard when you say 'music therapy in Canada.' When you look at it from today's perspective, I think 'music therapy in Canada' only happened much later than 74'. I would say it became more Canadian when BC [Capilano] had their program, and then it became a bit more Canadian as we moved the conference

> from place to place. . . And if you look at Canada and music therapy now, it has its own face in each province. Vancouver isn't Montréal. You know, you live in Montréal. It's a totally different atmosphere from Ontario. The institutions work differently. I worked in both institutions, in the English-speaking and French-speaking ones. It's like two different worlds. (S. Munro, personal interview, April 23, 2018)

Susan's point illustrates the reason I named this theme "Developing Identity" instead of "Establishing Identity." There were no English music therapy courses in Canada in 1974/75. English-speaking students needed to travel to the United States or the United Kingdom in order to receive formal training. It is clear from all three participants' interviews that the programs in the UK and US had distinct identities that taught Canadian students diverse and often contrasting views of music therapy that they introduced to Canada upon returning. Susan also suggested that an identity for Canadian music therapy could not be established before conferences were held in multiple provinces, signifying the importance of distinct provincial philosophies in forming the national identity. Before returning to provincial identities and diverse training programs, I will highlight two significant debates that appeared crucial in forming the basis of a national identity for Canadian music therapy.

Behavioural psychology vs. humanism, psychology-centered vs. music-centered

> Daniel: So [behavioural psychology] was a prevalent thing at the conference?
>
> Colleen: Oh yeah, that was *the* mainstream, behavioural therapy, in the 70s. It was all about rewards . . . In the Canadian scene it was not so much [about] that, but certainly it was present. It was more like people like Fran Herman who were very expressive, fun, creative, and child-focused. Music was being used there to inspire and to engage and to support the . . . goals that they were looking for from these children. . . So those were all ideas that were presented . . . but that was one of the things from the conference that struck me, was that there were all these different ways that music was being used . . . (C. Purdon, personal interview, October 10, 2017)

One reason Colleen's experience of the inaugural conference is unique is that she was brand new to music therapy at the time (C. Purdon, personal interview, October 10, 2017). She did, however, have three years of experience volunteering and working in a psychiatric hospital where she offered music and music programming to patients, indicating the likely source of her knowledge of "mainstream" psychology. Her observation that the Canadian music therapy scene was distinct from popular behaviouralism suggests the preliminary form of a Canadian identity was already visible, even to a newcomer. Although it was clear to Colleen that Fran

Herman's emphasis on expression, fun, creativity, and the inspiring qualities of music were more common than behavioural ideals, Herman's approach was not universally accepted.

> Colleen: Well, [the variety of approaches] was very confusing for someone like me who didn't know anything. It was a bit like a smorgasbord! (Laughs) There's a lot of stuff on the table but ~ there is kind of a red thread. Like, it's all food, well, it's all music.
>
> >> Daniel: Was that smorgasbord harmonious? Was it all working together?
>
> Colleen: No. No, it wasn't harmonious and it certainly wasn't working together. There was a lot of competition and ~ because it was a small field there was a lot of "this is better than others." You know, that jockeying, in a way. I never felt that so much at the conference because I was too naïve to really see most of that stuff, but it was clear that there were very clear positions on types of music, like recorded music, or live music, or what instruments [should be used]. People had very set ideas about some of this stuff that were not generally shared . . . not everybody said 'oh, *everybody* should use recorded music at some point or another.' There were some people who would *never* use recorded music.
>
> >> Daniel: So, you came into this place where there were these competing ideas.
>
> Colleen: Yeah. And I don't know anything about any of it.
>
> Daniel: And it was all brand new.
>
> Colleen: Yeah . . . Fran [Herman], doing the work that she did with the kids, I think she used recorded music . . . and it worked perfectly, so ~ I could never figure out why people get dogmatic about this stuff. Even at that time it was like ~ Come *on*. (C. Purdon, personal interview, October 10, 2017)

Colleen highlighted the debate between using recorded or live music in therapy here, however, I had the impression from each participant that it was common to encounter dogmatic attitudes around contentious issues of many kinds during this time period. Unfortunately, the presence of dogmatic belief surrounding subjective, often instinctual philosophy does not make the early history of Canadian music therapy unique. The participants' identification of "diversity" as a crucial component of Canadian music therapy identity, however, suggests the result of the tension in early Canadian music therapy was indeed unique. There was no "winner" of the debate–at least in the sense that one side was discredited or eliminated–nor a coup within the community, both of which are more traditional results of dogmatic debate. Instead, a level of acceptance, respect, and mutual admiration between contrasting approaches resulted from the early tension.

> Daniel: What do you think contributed to that diverse culture being fostered?

> Bernadette: I think it has to do with the debate turning into dialogue and the dialogue continuing. People really wanted the profession to move forward. . . Canadian music therapists brought people who had differing perspectives on music therapy to conferences, and we all listened to them. And it's like, 'Oh yeah!' You know? 'There's something there,' and, 'Oh, I think I could use that particular model.' Or, you know, 'You've given me some ideas to work with this individual, or that particular group,' and 'yeah, that might be a new perspective.' I think [the diverse culture] comes from that, you know? Ah, and during those early years there was lots and lots and lots of that. (B. Kutarna, personal interview, April 16, 2018)

I am not certain what the final word "that" refers to here, but the context suggests Bernadette observed many discussions in the form of healthy exchanges of ideas instead of debate. I believe there is an important subtext in her comment that I may not have identified without having off-the-record discussions with music therapists about the inaugural CAMT conference. My impression is that debate was often approached combatively during the CAMT's first year. Conflicting philosophies and therapists were often treated as threats to each other rather than mutually augmentative. Combative debate is not a negative process, however, it is not productive when little is known about either side of the argument. Music therapy was a nascent profession during 1974/75, therefore, the evolution from combative–or, as Colleen might put it, "dogmatic"–debate to healthy dialogue might have allowed the myriad of new ideas about music therapy to breathe enough that they were eventually understood, accepted, and respected within the community.

> Susan: When [music therapists] mentioned a name you always had the feeling they were talking about enemies. And with Fran [Herman] we started to say, 'Where can we work together?' And I think that that was the basic tenor we set at the time. And then [we] started to work together. (S. Munro, personal interview, April 23, 2018)

As a diverse landscape of approaches to music therapy began to develop in Canada, common priorities also emerged amongst Canadian music therapists.

> Daniel: Could you describe some of the most important issues professionally and clinically at the time?
>
> Susan: In that first year I think a lot of discussions went on with the approaches . . . do you go from a psychologically-based approach, or do you go from a musically-based approach? I think we had a lot of discussions [about] that . . . That's where we struggled to say 'What is it for Canadians?' 'What do we want in Canada as a philosophy?' . . . That's where we decided early on that music's at the center. The person's in the center. >> I think if I look at the development of CAMT, [the] CAMT has kept a line all along: music-centered, but with [a] very strong theoretical background. Psychology is important too, but the key issue is: 'Where's the music in the person?' . . . And most of

> what I read in the journals stay to that philosophy: The music issues are the key issues because it's *music* therapy. That's what differentiates us from other therapies is *music*. . . [Music] still comes down to the center. Where's the connection between the music and the person? (S. Munro, personal interview, April 23, 2018)

I assume the journals Susan referred to in this passage are the early CAMT journals, two of which I analyzed as primary source material–Vol. 2 no. 2, 1974 and Vol. 3 no. 1, 1975[2]–. V22 contains an interesting juxtaposition of articles that illuminates the music-centered/psychology-centered issue that Susan described. The second article of the issue is entitled "Music in music therapy, introduction of thesis" by a music therapy student who is named both Anne Alexander and Anna Alexander in different sections of the journal. Alexander's (1974) article makes the case that music *in* therapy is a more effective approach than music *as* therapy.

> I cannot view music as the therapy, per se, for the music is essentially the basic 'tool' of the therapist within a therapy, especially within behaviouristic modalities. It appears to me that the important question to ask is not 'How does music therapy bring about desirable changes in behaviour?' but 'How do the roles of music within, for example, a behavior modification treatment modality affect behavior and why?' (Alexander, 1974, p. 7)

An article written by Fran Herman–who was Frances Korsen at the time–immediately follows Alexander's article in juxtaposition. Korsen's (1974) article describes her work with children living with muscular dystrophy in an institution named "The Home for Incurable Children." The four therapeutic goals for Korsen's program were as follows:

> 1. To encourage the child to express himself through music and to provide him with mental stimulation
> 2. To reduce the child's isolation and to give him a sense of group participation and a feeling of achievement (which is difficult for children who lead such confined and dependent lives).
> 3. To help the child develop his latent potentialities and to broaden his creative experiences.
> 4. To promote function wherever possible in the hope of counteracting atrophy from [muscle] disuse. (Korsen, 1974, p. 10)

I would encourage the reader to re-read each of these goals with the following question in mind: Can this goal be achieved by musicking–a borrowed term from ethnomusicologist Christopher Small–, or does it require something *external* from the music to be realized? A

[2] Herein referred to as V22 and V31, respectively.

music-centered therapist would likely answer that each goal can be achieved through musicking, while a behavioural therapist would need to observe a behaviour *outside* of the music that indicates the client has achieved the goals. Alexander's music *in* therapy offers clients the opportunity to transform maladaptive or unhealthy behaviours through music. Korsen's music *as* therapy emphasizes the creative, existential value of musicking.

> For these children, music with its ever-varying appeal to the imagination can provide the imagery and emotional release that they will need when the power of motion is completely gone. I believe that they need music more, not less, than other children, and that the seed planted in music classes is one that will bear a harvest in the last stages of their lives. (Korsen, 1974, p. 13)

Alexander's use of the word "tool" in her quoted passage highlights an important distinction between music-centered and psychology-centered approaches: she approaches music and its elements as a means to an end, while the music *as* therapy approach considers musicking an end in itself. This distinction connects the two debates after which this sub-section is named. Behavioural psychology and psychology-centered approaches consider music a tool whereas humanistic and music-centered approaches consider music an end. "For by regarding music as a tool, rather than a therapy, one can devise as many roles of music as one's imagination will allow to deal with a wide range of behaviours" (Alexander, 1974, pg. 7) Therefore, a therapist working from a behavioural approach might not consider a session successful during which a cathartic improvisation took place if said improvisation did not bring about a desired change in the client's behaviour. It appears to me that the humanistic/music-centered approach would consider the experience of engaging in a cathartic improvisation a worthwhile therapeutic objective in itself. According to all three interview participants, the emphasis on humanistic and music-centered approaches was a distinctly Canadian characteristic that appears to be a key component of the early development of Canadian music therapy identity.

Diversity

> Bernadette: At that time, the orientation at Michigan State University was behaviourally oriented. . . In retrospect, I think that people in Canada immediately began to develop music therapy in different ways. We had Carolyn Kenny and Nancy McMaster here . . .You know, Carolyn and Nancy didn't do their training in behavior-oriented models. Nancy's was Nordoff-Robbins, [and] I think Carolyn had some Nordoff-Robbins influence but she developed her own "Field of Play" model pretty early on. So, the way

> music therapy developed in Canada was different than certainly my training at Michigan State University. >> [Kenny and McMaster's] training was different. What they were speaking about was different because they were using ~~ I don't know if they used the term 'humanistic perspectives,' but certainly, from a model perspective, their model was improvisatory. The model that I learned was more concrete. That was what they taught at Michigan State University at that time. There was no such thing as improvisation. Never heard of the word when I was in that class. (B. Kutarna, personal interview, April 16, 2018)

Canadians had two options in 1974 if they wanted to become an accredited music therapist: train in the United States or England. Barbara Smuckler, an active music therapist in Ontario at the time, detailed the available training options in a report about the state of music therapy in Ontario in January, 1975 (See Appendix E3-E4). According to Smuckler, students could obtain a music therapy or music education degree in the United States, a "Licentiate in Music Therapy" in England, or, if students needed to remain in Canada, they could take a music degree with additional psychology and education work or vice versa (See Appendix E3). This third option did not permit the student to be licensed as a music therapist. Colleen and Susan both elected to study at the Guildhall School of Music in London under Juliette Alvin (C. Purdon, personal interview, October 10, 2017; S. Munro, personal interview, April 23, 2018). Bernadette, as she mentioned, chose to complete an NAMT (National Association of Music Therapy)-approved training in the United States.

The difference between NAMT-approved trainings in the US and the program at the Guildhall School of Music in England mirrors the previously discussed distinction between behavioural/psychology-based models and humanistic/music-centered models.

> Susan: I trained in England. The English training was much more musically, person-based, Nordoff and Robbins[-based]. And then the others, we had [name removed], [they were] an NAMT-trained person. And in discussions [they] brought in issues where we thought "yeah, that's important, but the other" . . . English-training was very much based on improvisation. NAMT, I don't think they ever talked about improvisation. (laughs) You know, so it was quite fundamental in that sense. (S. Munro, personal interview, April 23, 2018)

> Bernadette: [Music therapists] did internships in different parts of the world, and Canadian music therapists were involved in international organizations in music therapy, and they brought those conversations back to Canada and to conferences. . . Canadian music therapists brought people who had differing perspectives on music therapy to conferences, and we all listened to them. (B. Kutarna, personal interview, April 16, 2018)

Susan gave an example of an NAMT-trained individual who offered a different perspective to discussions from those trained in England. Bernadette appeared to share Susan's experience that various perspectives from various international programs met in Canada where they were discussed and debated.

V22 contains an article by Leonard Schoenberger and Charles Braswell, both active music therapists and members of the NAMT in 1974/75, that describes the requirements of an NAMT program at the time (National Association for Music Therapy Inc., 1975; Schoenberger & Braswell, 1974). Students took 160 hours of courses in music, psychology, sociology, English, the biological sciences, and statistics. Electives in research and the computer sciences were available as well. After finishing their coursework, students completed a mandatory, six-month clinical internship in an NAMT-approved psychiatric hospital. Each student's supervisor had to be an NAMT-approved music therapist. For example, Bernadette was able to complete her internship at the Douglas Hospital in Montréal under Canadian music therapy pioneer Bill Shugar, who was an active member of the NAMT during 1974/75 (National Association for Music Therapy Inc., 1975; B. Kutarna, personal interview, April 16, 2018). I was not able to find as detailed a list of requirements for the program at the Guildhall School of Music. Susan and Colleen both described it as improvisation-based, heavily influenced by the Nordoff-Robbins method, and they said it was not required to do an internship in a psychiatric hospital (S. Munro, personal interview, April 23, 2018; C. Purdon, personal interview, October 10, 2017). The distinction between a school requiring students to intern in a hospital and having flexible internship settings is significant, and will be attended to in the following section. I imagine that the diverse, outside training that early Canadian music therapists underwent primed Canada to become a hub for the interaction of diverse perspectives on music therapy. The meeting of such diverse perspectives appears to have been the starting point for the identity of Canadian music therapy to develop.

Defining Music Therapy/Music Therapist

> Bernadette: I remember conversations about "Oh, that's not music therapy and this *is*." Even then, I thought "Hey, just a minute. There are so many different ways of using music to create change and possibilities for change in individuals. . . [There was the idea of] *clinical* music therapy. "Oh, what you do is not music therapy, but working in a hospital was." Those were the clinical issues I think ~ What people defined as clinical

> music therapy and what people thought music therapy was. There were lots of conversations about that. >>
> Daniel: Could you describe some of the contrasting definitions that were going around?
> Bernadette: Well . . . doing performances as music therapy . . . Lots of people said, “Oh that’s not music therapy. Music therapy is *this*: blah, blah, blah, blah.” [Music therapy] had to do with sitting down with an individual and using music specifically for interventions and things like that. And, of course Fran [Herman] was one of the *biggest* ones who did performances. . . her models of integration of the creative arts, of using performances and having people involved were so clearly music therapy to me, and yet there was a whole whack of discussion because it didn’t look *clinical*. . . there was *a lot* of conversation about, “what was music therapy?” And one of the stark conversations I remember often hearing and listening to was a difference in opinion that clinical music therapy was music therapy, and that music therapy that involved performance and community kinds of things was not. (B. Kutarna, personal interview, April 16, 2018)

I am familiar with this debate in modern music therapy discussions, however, my experience of this discussion is distinct from Bernadette’s experience in the 1970s. Modern discussion seems less concerned with determining whether or not performance-based musical activity *can* be music therapy than defining the boundaries in which it *is* music therapy. Forgoing a nuanced discussion of this issue, the facile answer to this question today is: performance is music therapy when an accredited music therapist includes performance as part of a therapeutic treatment plan with a person or group with whom s/he shares a client-therapist relationship. This answer was not available to music therapists in 1974/75 because there was no Canadian music therapy accreditation, Canadian training programs, nor a clear definition of scope of practice from the CAMT. The definition of a client-therapist relationship and the role of a music therapist was not as clear as it is today. I wonder if those who subscribed to the “clinical music therapy is the only music therapy” position that Bernadette described were choosing to define music therapy by its setting and level of isolation from the community because they found precious little to define it otherwise?

Music therapy was a nascent profession which was in the early stages of developing an identity during the CAMT’s inaugural year. Ruud’s (1997) definition of identity emphasizes the importance of a community feeling “uniquely different from others” (p.5). My sense is that music therapists of the early CAMT had particular trouble forging a “uniquely different” identity from two already-established musical disciplines: performance–as mentioned by Bernadette–and education. The clearest way to distinguish music therapy from performance is surely to eliminate the possibility of performance in treatment. Separating music therapy from

music education is a subtler task. One might start by ensuring that music therapy takes place in a setting–a hospital, for example–where healing is the official priority rather than education. Bernadette was not the only participant who was aware of the blurred lines between music therapy, performance, and education at that time.

> Daniel: It's interesting that Elaine Brubacher, who presented at the conference, was in the list of active music therapists [in 1975], but she did music education. . . were music educators considered music therapists?
> Colleen: Well, everybody was. There was no accreditation. Anybody could call themselves a music therapist. So, if you were doing music education, and doing it in a setting where you're working with say, handicapped kids, then you were a music therapist. (C. Purdon, personal interview, October 10, 2017)

The list of Canadian music therapists I refer to in the question offers insight into the developing definition of "music therapist" in 1974/75 (See Appendix F). The list, published by the CAMT in 1975, contains 31 names divided into nine categories: psychiatric patients, children, retarded, deaf, blind, Orff, ETM (Education Through Music), "dance therapy and creative movement," and CAMT.[3] Therapists under categories organized by population appear to have been practicing something resembling a modern definition of music therapy. My reasoning is that I recognize many of the names in these categories from the music therapy literature, I do not recognize any of the other names, and the population-divided categories contain several music therapists who are mentioned in this study.[4] The Orff and ETM categories are music education methods while "dance therapy and creative movement" is a creative arts modality distinct from music therapy. Lois Birkenshaw, the only name under the "Orff" category, was an Orff music specialist with the Toronto Board of Education in 1974, and was hired by Norma Sharpe to offer two workshops in the fall of 1974 on using Orff methods with "handicapped children" (See Appendix G**)**. The Orff workshop also included a presentation by a music educator on a method called "Education Through Music," another category on the "Music therapists in Canada" list. The inclusion of music educators who worked with handicapped children on the list of Canadian music therapists–albeit at the

[3] Norma Sharpe is the only person in this category because she had retired as a practicing music therapist to focus on her work as president of the CAMT.

[4] Susan Munro, Fran Herman, Nancy McMaster, Carolyn Kenny, Barbara Smuckler, Valerie Ivy, and Bill Shugar, are on this list and have been mentioned in this study.

bottom–suggests that the difference between a music therapist and a music educator was not yet clear in 1975.

A 1975 newsletter published by the "Ontario Music Therapy Association" (OMTA) summarized a panel discussion the association hosted to discuss the difference between music therapy and music education (See Appendix H). The report does not offer details of the discussion, however, the general conclusion the panel came to was that "it is not what you do but why you do it." Their conclusion signifies the beginning of a more nuanced definition of music therapy than the black and white definition of clinical music therapy Bernadette described earlier. The editor of the newsletter encourages readers to offer input "regarding this somewhat controversial topic" and suggests that the following panel will focus on the difference between a music therapist's and a music educator's intentions.

> Colleen: I didn't really know what music therapy was, so how could I know about being a music therapist? I just knew that I had worked for years with music and people and really liked it, and it wasn't education. I wasn't teaching them how to play the guitar, although I did sometimes teach people to play some chords or whatever, you know? So, it was ~ it was *different*, but I didn't really know what the difference was. (C. Purdon, personal interview, October 10, 2017)

Colleen was describing work she did at a psychiatric hospital in Kingston before she attended the inaugural CAMT conference and was exposed to music therapy. The indescribable difference between her work at the hospital and music education mirrors the professional debate going on in the OMTA at the time. Colleen concluded, just as the OMTA did, that the distinction between music education and music therapy is in the intention behind the music.

> Daniel: Do you remember what some of the ideas [you took from the inaugural CAMT conference] were?
> Colleen: Being more intentional. Absolutely. It's not just about entertaining, or filling a space on the calendar, or in the day, you know? A sing-song is not just a sing-song. There's more to it . . . You can almost do the same program, but you're doing it in a different way. You're looking for different things. . . I remember thinking about *thinking* about what we were doing with people. Before [the conference] it was more like you're just thinking about what *you're* doing. You know, how many people [in the session], how long's [the session] going to take, how long is that song, and what are we going to do next, 'oh we did that last week.' ~ [Before the conference,] it was more focused on *us* or on the *mechanics* of the thing. (C. Purdon, personal interview, October 10, 2017)

Colleen seems to have described the difference between when a leader focuses on the ways in which s/he carries out a program versus the ways in which the program affects the

participants. Surely both foci are necessary and interconnected. My interpretation of Colleen's statement is that music therapists must seriously consider the effect music will have on participants before engaging them. Susan Munro articulated a similar idea here:

> Susan: You meet the individual and go from there. I think that [attitude] has staid, as far as I'm concerned, in Canada. The music therapist is not the most important person in the room. I often had great problems with [ideas like], "It's about what *I* can do!" Well, yes, [the music therapist will] have skills and things, but how can [the music therapist] fit those skills into the child and the situation? Follow Fran Herman's work, you'll see [this approach] there. She had a vision of what's possible with a child. (S. Munro, personal interview, April 23, 2018)

The participants and primary source information communicate that the definition of "music therapy" and "music therapist" were unsettled during the CAMT's first year. At the time, it was clear there was a difference between music therapists' and music educators' intentions, that clinical music therapy was distinct from music therapy that involved performance and the community, and that a music therapist must reflect carefully on the effect music has on his/her clients.

Emergence of an Alternative Profession

> Colleen: At that time [music therapy] was so ~ *new*. . . what was most important for me is that this is a *profession*. . . There are people out there figuring this out and *have* figured a lot out, and they are doing [music therapy work] in a more methodical way, and there's a body of knowledge. And for me that was a new idea . . . And then going to the conference, and that in Canada there was a group of people who were coming together to form an association to make it a reality; that was pretty impressive for me. It gave some legitimacy to this whole thing, and it was something you could attach yourself to. . . If you're not sure what you want to do and you find this new idea of working with people with music, it feels a lot safer, or more credible, if there's a bunch of other people who are thinking about this and already doing it. And there was enough of them coming together that they were forming a Canadian Association for Music Therapy. So that was great . . . I knew that that was something I could belong to, and I could be a part of, and that there were people who knew a whole lot more than I did who could be colleagues. (C. Purdon, personal interview, October 10, 2017)

If Colleen had heard of music therapy one year before she did–the summer of 73' instead of 74'–there would have been no music therapy conference to attend and no national association to belong to. Music therapy provided a new and exciting professional option to Colleen. The CAMT's formation at the inaugural conference offered security and legitimacy in pursuing something that was virtually unknown at the time. Colleen's statement suggests that

the CAMT's formation and the first conference provided a significant boost in the public profile of music therapy in Canada. Canadian university campuses seemed to be particularly aware of the developments in the world of Canadian music therapy. Colleen heard about the inaugural conference from a co-worker and friend of hers, who heard about it on campus at the University of Western while studying music education (C. Purdon, personal interview, October 10, 2017). Dr. Paul Green, chairman of the Music Education Department at Western University at the time, was on the list of attendees for the first CAMT conference and was involved in developing a four-year music therapy undergraduate program at Western University in the 1970s (Canadian Music Therapy Association, 1974; See Appendix E4). I imagine his presence at the University of Western meant that many students, including Colleen's co-worker, heard about music therapy for the first time. Bernadette also heard about music therapy through her university.

> Bernadette: So, I was in third year university at that time, and looking at what to do in my life with music. And a professor of mine . . . She was a voice teacher at the University of Regina, and had gone to that first conference in St. Thomas, Ontario. I think I discovered something called music therapy on some chart somewhere of careers in music at the university ~ And she called me [from the conference] to excitedly tell me about music therapy. . . She talked for a good hour about what she had heard and what was going on, and I think that's when I decided that I would pursue music therapy. >>
> Daniel: OK, interesting. And were you aware of the CAMT at that time?
> Bernadette: No, I wasn't aware of any association until this professor went to the conference. I couldn't tell you any details about it, but my impression at that time was that it was important to be involved with the national body because we didn't have any provincial [associations] that time . . . the Music Therapy Association of Saskatchewan was formed much, much later (B. Kutarna, personal interview, April 16, 2018)

The professor Bernadette referred to here is vocal professor Dr. Shirley Sproule, who was elected Second Vice President of the CAMT at the inaugural conference (See Appendix I3). It appears that Dr. Sproule and Dr. Green's dual involvement with university music programs and the CAMT was helpful in spreading the word about music therapy to students who might consider it as a career path. Music therapy offered an alternative career to the traditional musical professions of performer and educator.

> Colleen: I had done three years of a music education program and then travelled. One of the reasons I travelled was because I really wasn't sure what I wanted to *do* with music. I was not a performer, I had never been a performer or a composer, so education was what was left. I liked teaching, but I just wasn't sure if it was for me . . . and I heard

> about this conference coming up in music therapy through my friend who worked with me. . . She was a music student at Western . . . and she was also like me, wondering about whether she was going to be a teacher or what else she could do. (C. Purdon, personal interview, October 10, 2017)

> Daniel: Do you remember during your conversation with this professor if there was anything in particular that inspired you about music therapy that made you want to pursue it?
> Bernadette: I think it had to do with ~~ I knew I couldn't be a teacher ~ Yeah. After the conversation with the professor I was in third year university. I went into music education first and changed to performance because teaching didn't appeal to me. It still doesn't. (B. Kutarna, personal interview, April 16, 2018)

Music therapy offered Colleen and Bernadette a third option for a musical career outside of education or performance. When I analyzed Colleen and Bernadette's responses I wondered if their expanding career options might reflect the larger effect of the second-wave women's movement in Canada during the 1960s and 70s. I was, however, surprised that none of the participants said it was significant for them that music therapy was a profession developed and led by women. I had an interesting interaction with Colleen while she looked over the proceedings of the CAMT's inaugural conference during our interview that sparked my curiosity about the connection between music therapy's development in the 70s and second-wave feminism. As we read a page that detailed logistical information about the conference, I chuckled when I saw an advertisement for babysitters (See Appendix I2).

> Daniel: Babysitters on request (laughs).
> Colleen: Which is good!
> Daniel: Yeah. ~ That's great. (C. Purdon, personal interview, October 10, 2017)

The tone of Colleen's voice in this interaction sounded surprised. I assume she was surprised I would find such an advertisement novel. Unfortunately, this genre of advertisement was not commonplace during the 1970s, as the work environment for women rarely offered support for child care, and was often bellicose to such concerns. Further, at that time it was common for women to withdraw from the workforce when they were married, or after their first pregnancy (Robbins, Luxton, Eichler, & Descarries, 2008). With this context in mind, it is not surprising that it was obvious to Colleen that babysitters needed to be available for attendees of a conference who were majority women, and who were trying to build a brand-new profession. It is also not surprising that Bernadette noted a sign that music therapists were

able to balance family and career.

> Bernadette: I remember music therapists bringing their *babies*! Their babies were part of the conferences and the board meetings and stuff like that. After Carolyn [Kenny's] kids were born, she would bring these infants along with her, you know? (B. Kutarna, personal interview, April 16, 2018)

One of the crucial characteristics of the second-wave women's movement of the 60s and 70s was the transformation of the typical educational and professional paths women took (Adamson, Briskin, & McPhail, 1988). The 1960s and 70s saw a massive increase in the percentage of Canadian women in the workforce, including a 70% spike between 1965 and 1975 (Robbins et al., 2008). It was common, however, for women to withdraw from the workforce after being married or having their first child. Carolyn Kenny offered Bernadette an example of someone who was able to balance work and family as a music therapist.

Women's labour was concentrated in the service sector–healthcare, education, maintenance– during the 60s and 70s. In 1971 64.2% of working women were limited to just twenty professions. Among these, teacher and nurse were the only examples of respected professions in which employees had significant responsibility and upward mobility (Robbins et al., 2008). I imagine this context made music therapy–a profession that has similarities to both educator and nurse–an attractive new professional option for women to pursue. I should stress again that none of the participants mentioned the significance of the second-wave women's movement as context to the CAMT's inaugural year. Both Colleen and Bernadette, however, observed characteristics of music therapists that, from my vantage point, seem closely connected to the changing professional environment for women in the 1970s.

> Colleen: And Norma [Sharpe]! I said she was flamboyant, well, she was a real mover and shaker to get things organized. She just got it happening . . . I don't know how you describe her. She was just very, very *individual*. I don't think she had a husband, or children, or anything like that. Her life was *this*. She really got things going. (C. Purdon, personal interview, October 10, 2017)

I imagine that young women finishing university music programs benefitted from seeing a new profession develop that was led primarily by women, in which women could participate whether or not they had families, and in which childcare was already considered a legitimate concern for those hoping to participate. Therefore, an unsaid subtext within the context of the interviews seems to be the significance of the second-wave women's movement

as context for the CAMT's inaugural year.

Chapter 5: Discussion

The purpose of this study was to examine the inaugural year of the Canadian Association of Music Therapists in 1974/75 through the experiences of music therapists who were active during that time period. The participants' interviews combined with the primary source material I analyzed led me to identify the following three themes for the CAMT's inaugural year: developing identity, defining music therapy/music therapist, and the emergence of an alternative profession. The identity of Canadian music therapy was developing through discussion and debate about behavioural psychology, humanistic approaches to therapy, and whether music or psychology should be the central focus of music therapy in Canada. The most prominent characteristic of early Canadian music therapy identity was the diversity of approaches accepted in the country. Music therapists were also working to separate the scope of practice for music therapists from that of a music educator or performer during the inaugural year. Music therapy offered a new professional option to music students and musicians looking for a career outside of education or performance. Music therapy was given legitimacy as a profession through the formation of the Canadian Association for Music Therapists at the inaugural conference in 1974. Finally, the increased presence of women in the workforce and evolving cultural attitudes towards women's labour during the second-wave women's movement appears to have been a necessary and significant context for the development of music therapy as a profession in Canada.

This Study's Place Within the Literature

This study is the first research project on Canadian music therapy history that makes use of both qualitative interviews and primary source historical data. My place as a music therapy student and new music therapist–accredited for two years at the time of writing–offer me enough lived experience with the discipline that I feel familiar enough with it to research it, however, my limited amount of time in and knowledge of the community gives me fresh eyes through which I can observe its history. This is significant because the existing historical literature on the CAMT has been written by "insiders," often former or current presidents of the CAMT. This study is just the second research project on Canadian music therapy history written by someone without firsthand experience of the historical subject in question. The first study of this kind was a biographical chapter about Norma Sharpe (Im & Lee, 2017). There are

published interviews with prominent Canadian music therapists that offer valuable historical material, however, none that systematically study the history using research methodology.

The qualitative interview design of this study allowed for an examination of relevant professional, philosophical, and clinical issues during the CAMT's first year. Such an examination of a short period of time in Canadian music therapy history does not yet exist in the literature. Historical literature on the CAMT has not described the controversial issues of the early CAMT in as much detail as the participants in this study did. For example, it is already documented that early Canadian music therapists took diverse training programs outside of Canada, that this diversity of training resulted in difficult philosophical negotiations, and that these negotiations eventually resulted in a diverse culture being fostered in the music therapy community (Howard, 2009). This is the first study to document these early phenomena in detail, including experiential accounts of music therapists who experienced it, and archival material that augments their accounts.

Diversity is a common theme when describing the identity of Canadian music therapy (Curtis, 2015; Dibble, 2010). The results of this study buttress this theory, and help explain the historical root of such diversity. I think it would be interesting for future research to examine the narrative of diversity in Canadian music therapy through a critical lens. I imagine that this identity is partially inspired by the common national narrative of Canada as a diverse, cultural "mosaic." As accepted as this simplified narrative of Canada is, I imagine there is more nuance to be discovered in the quality and nature of Canadian music therapy's diversity.

Implications

The themes identified from the interviews describe issues in the music therapy community that still exist, transformed, in modern Canadian music therapy. As a music therapy student, I partook in many class discussions, assignments, and informal conversations about the merits, differences, and uses for "evidence-based" music therapy practices and those based on experiential evidence. Discussions in the 1970s about the merits of behavioural and humanist approaches to music therapy seem to mirror modern discussions about evidence-based practice. Both discussions suggest a dichotomy between approaches to music therapy: those which we know work objectively versus those which we *believe* work subjectively. Such a dichotomy reflects hackneyed arguments in the age-old debate between science and religion. While the

presence of such a debate is not interesting on its own, the diverse clinical culture that emerged as a result, and the way in which dogmatic debate transformed into constructive dialogue positions the Canadian music therapy community as a model for approaching discussion of the differences and interconnectedness of subjective and objective knowledge.

The struggle to define "music therapy" and "music therapist" during the CAMT's inaugural year continues, in a different form, today. My impression is that modern Canadian music therapists struggle to proliferate the definition of music therapy into public consciousness rather than to create a definition of their own. I do not mean to suggest that facile definitions of "music therapy" or "music therapist" are available, even to the most seasoned clinician. Bruscia's (2014) book "Defining Music Therapy" is in its third edition because this discussion remains relevant within the music therapy community as well. The 1974 panel the OMTA hosted on the difference between music therapy and education, Colleen's memory of her difficulty articulating the difference between her work and music education, and the presence of music educators on the CAMT's list of active music therapists in 1975 suggest that the difficulty in defining the profession was more internal in 1974/75 than it is today. The good news for music therapists is that the modern challenge of communicating our role to the public signifies progress from the challenges of the 1970s. The bad news is that there are significantly more members of the public than there are music therapists.

The emergence of music therapy as a new professional option outside of music education and music performance can help modern music therapists frame their history in a number of new ways. First, the continued challenge of defining music therapy and communicating its definition could partially be explained by the fact that music therapy closely resembles two age-old practices that carry deep cultural associations: musical performance and music education. Similarly, both "music" and "therapy" conjure immediate, specific associations for Canadians, even if a comprehensive definition of either term is elusive. The historical context this study offers suggests that the music therapy community needs only time and a continued focus on offering music therapy services to the public in order to proliferate understanding of the profession. With time and experience, music therapists of the 1970s were able to move past their initial struggle to separate themselves from musical performers and educators. With time and experience, the Canadian public will build up cultural associations

with the term "music therapy" that will negate the necessity for music therapists to offer "elevator pitch" definitions each time they name their vocation.

Limitations

I encountered significant obstacles while performing this study, some of which caused limitations to the research. Of the three interview participants, only two were approached with the final research question in mind. Colleen Purdon interviewed for my original study that focused on the CAMT's inaugural conference in St. Thomas, Ontario, 1974. Although her interview proved equally valuable to the other participants', my questions to her were much more focused than with the other two participants, which likely limited the extent to which she felt able to comment on her experience of music therapy in Canada during the CAMT's first year.

Susan and Bernadette's interviews, while officially focused on the CAMT's inaugural year, contained a significant amount of material that was more generally about the early CAMT. Consequently, it was not always clear if they were commenting specifically on the date range of the study: August 3rd 1974–the opening day of the first CAMT conference–to May 2nd 1975–the opening day of the second CAMT conference–. The use of primary source material published within the chosen date range helped to delimit the historical time period, and also to confirm that the participants' experiences were indeed relevant during that date range. Having said that, if an experienced qualitative interviewer approached these same three participants with the same research question and a clearer strategy on how to focus the discussion within the date range, the results would be more reliable and likely richer.

The reason I changed the primary research question after interviewing Colleen Purdon is that I was not able to find other willing participants who met the original inclusion criteria. I was able, however, to have several informal conversations about the inaugural CAMT conference before the research process began. These conversations coloured my image of the early CAMT, and they inspired me to examine some of the controversial and conflictual aspects of the history. For example, on pg. 30, I ask Colleen if the "smorgasbord" of clinical approaches present in Canada were "all working together?" Questions of this nature contained a hidden agenda: to have participants comment on the conflictual aspects of the history that peaked my interest during informal conversations about the early CAMT. I do not, however,

believe that my interest in this area of the history is the sole reason each participant commented on conflicts, debates, and controversial topics during this time period. I observed that music therapists who participated in the early CAMT are abundantly aware of this aspect of its history even though it has remained unexamined in the literature thus far.

As a novice researcher with limited knowledge and experience with qualitative interview methodology, I found it difficult to remain consistent to the phenomenological/historical research methodologies that I chose. My tendency was to treat participants' responses as verifiable facts that I could corroborate with primary source historical material. I had to remind myself frequently that I committed to prioritize the value of the participants' experiences in and of themselves rather than the extent to which their experiences were "true." It was a challenge for me to treat their historical narratives as subjective parts of a larger, objective narrative.

Finally, one of the limitations I found in the existing historical literature on Canadian music therapy is that it is mostly written by those with vested interest and longstanding involvement in the community. I was hoping that my nascent involvement in the community would allow me to approach this research with a less biased lens, and with some semblance of an outsider's perspective. I found myself, however, thinking often about how my music therapy colleagues and professors would receive this research. While I do not consider this a limitation in itself, I believe my motive to offer valuable research that is well-received by the Canadian music therapy community limited the amount to which I dove into some of the more controversial and sensitive topics discussed during the interviews. My initial intention was to write research that could be enjoyed by the music therapy community and public alike. While I hope this research is accessible to the public, I certainly wrote it with the Canadian music therapy community in mind as the primary audience.

Recommendations for Future Research

The connection between the CAMT's inception and the second-wave women's movement in Canada appears to be a significant relationship that warrants further study. I find it curious this connection was not mentioned by the participants, nor has it been discussed in the literature to my knowledge. Music therapy is a profession developed and led by women since the CAMT's inception in 1974. The CAMT seems to have developed at least in part

because of the cultural climate created by second-wave feminism in the 1960s and 1970s. The ways in which this context has affected the community's development and its modern characteristics seems a worthwhile topic for future work.

I found a lot of valuable material that could be used as the basis for future historical research projects during my time searching through primary source documents in the CAMT archives. There is ample primary source material available about the development of the first university music therapy programs, the establishment of a music therapy accreditation, and on many of the CAMT's annual conferences. I included several primary source documents published by the Ontario Music Therapy Association in this study, however, a more focused historical project on any of the provincial associations would be invaluable in helping music therapists understand the distinct identities that each province offers the national music therapy community.

One issue that was discussed in the interviews that I decided not to address in depth was the challenge between English-speaking music therapists and French-speaking music therapists during the early years of the CAMT. The political climate in Canada at the time was surely a principal factor in creating this tension. I think that this issue, if approached sensitively, would be a fascinating and illuminating topic of future historical research. I did not consider the information I had available, my knowledge of the subject, nor the scope of the project adequate to tackle this issue with grace or precision. A place to start future research on French-English relations in Canadian music therapy history might be the common English-Canadian narrative about the first university music therapy program in Canada. The literature routinely identifies Capilano's program as the first university music therapy training program in Canada (Alexander, 1993; Howard, 2009; Ivy, 1983; Moffitt, 1993). A French article about the history of music therapy education in Québec, however, states that UQAM (L'Université du Québec à Montréal) began offering a music therapy specialization as part of their music education bachelor's degree in September 1975, one year before Capilano's program opened. While the definition of "first music therapy training program" may come down to semantics in this case, the inclusion of UQAM's role in the development of early music therapy education in Canada would offer a necessary and overdue addition to the common historical narrative.

Conclusion

This study identified three significant themes in music therapists' experiences of the CAMT's inaugural year in 1974/75: developing identity, defining music therapy and music therapist, and the emergence of an alternative profession. The primary source historical documents included in the study augmented information related to each theme. The development of a collective identity for Canadian music therapy was characterized by debates around the validity of behavioural and humanistic philosophies of music therapy, psychology-centered and music-centered approaches, and the beginnings of a diverse clinical culture that uses and accepts myriad approaches. The primary challenge in defining "music therapy" and "music therapist" at the time was to separate music therapy from music education and performance. Music therapy provided an alternative profession for musicians who were not interested in pursuing a career in performance or education. Finally, music therapy developed in the context of the second-wave women's movement in Canada, offering an alternative profession that was developed and led primarily by women. The historical narrative offered in this study should help music therapists and the Canadian public understand the history and identity of the profession. This study represents a small, yet valuable, portion of the larger historical narrative of the therapeutic use of music in Canada. The value of this study will increase as future research highlights unexamined voices of the narrative.

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Appendices

Appendix A1

Article by Norma Sharpe in Vol. 3, Issue No. 1 of the *Canadian Music Therapy Journal,* 1975

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CANADIAN MUSIC THERAPY ASSOCIATION

Norma Sharpe B.A., R.M.T.

The Canadian Music Therapy Association is now an established entity. The first national Conference held at St.Thomas Psychiatric Hospital, St.Thomas, Ontario, on August 3-4, 1974, marked a milestone in the history of music therapy in Canada.

A program of papers, workshops and video presentations was offerred to the 60 delegates (including 20 music students) from seven of the ten provinces, extending from British Columbia to the Maritimes. The value of the Conference was evident in the cross-country representation; the calibre of presentations by experienced, knowledgeable and dedicated therapists in the field of mental health; the discussions and questionings; the personal and professional contacts made; and the establishment of an Executive, Committee Chairpersons and Constitution.

Delegates commented on "an exciting, informative and friendly Conference.....both relaxing and stimulating....... spiritually rewarding.......a high degree of professionalism ......an auspicious start toward a successful future."

Papers were presented on these topics: A Music Socializing Group for Regressed Chronic patients (Bonnie Wright, St.Thomas Psychiatric Hospital); Music Therapy and Education Program (Nyall Ross, Manitoba School for Retardates, Portage La Prairie, Man.); Participation House for Cerebral Palsy Adults (Dr. Norm Forman, Canadian Mental Health Association, Toronto, Ont.); Music Therapy and the Deaf (Dr. Ann Kennedy, Interprovincial School, Amherst, Nova Scotia); Music Therapy and the Blind (Joyce Davids, Jericho Hill School, Vancouver, B.C.); Music as Communication in a Psychogeriatric Setting (Dr. H.F. Reichenfeld, Stratford, Ont.); Music Activities with Retardates (Andrew Porto, Alberta School Hospital, Red Deer, Alta.); Special Case Studies--Retardate, Suicidal and Catatonic Schizophrenic Patients (Bruce Mills, Abbie J. Lane Memorial Hospital, Halifax, Nova Scotia).

Demonstrations on relaxation techniques used on the addiction and psychogeriatric units were given by Charlotte Leddy, physiotherapist, S.T.P.H., St.Thomas; and on a two-string guitar adapted for therapy with retardates, by Mary Lean Saminski, Durham Regional Centre, Whitby, Ontario.

Appendix A2

Article by Norma Sharpe in Vol. 3, Issue No. 1 of the *Canadian Music Therapy Journal*, 1975

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Delegates participated in Workshops on Dance and Movement Therapy (Joanne Berry, Dance Therapy Student, York University, Downsview, Ont.); Use of Orff with the Handicapped (Lois Birkenshaw, Board of Education, Toronto, Ont.); E.T.M.-Education Through Music); Elaine Brubacher, Children's Psychiatric Research Institute, London, Ont.).

Video presentations pictured Music for the Handicapped Child (Frances Herman, Ontario Crippled Children's Centre, Toronto, Ont.); Creative Music, and Hand-made Instruments (Margaret Galloway, Institute for Child Study, Toronto, Ont.); Music Therapy Pilot Project (William Shugar, Douglas Hospital, Montreal, Que.); Music Techniques with Retardates (William Loosemore, Oxford Regional Centre, Woodstock, Ont.)

A Constitution was accepted by consensus, subject to amendment at the next Conference. Of major importance is the improvement in professional status, through changes in job specifications and salaries, and recognition by other disciplines; the establishment of University courses, undergraduate and graduate, in music therapy; and the sponsoring of provincial music therapy associations.

The Association Executive follows: President: Norma Sharpe, St.Thomas Psychiatric Hospital, St.Thomas, Ont.; First Vice-President: Hugh Pearson, Society for Emotionally Disturbed Children, Montreal, Quebec; Second Vice-President: Dr. Shirley Sproule, Faculty of Music, University of Regina, Sask,; Third Vice-President: Marjorie Burnett, Creative Arts Studio, London, Ontario; Secretary-Treasurer: William Loosemore, Oxford Regional Centre, Woodstock, Ontario.

Committee Chairpersons include: Constitution: Rosella Carew, D'Arcy Place, Cobourg, Ont.; Membership: Bonnie Wright, St.Thomas Psychiatric Hospital, St.Thomas, Ont.; Registration: Therese Pageau, Hospital St. Jean De Dieu, Montreal, Quebec; Accreditation: Prof. Joan Hughes, School of Music, Brandon University, Man.; Research: Dr. Norm Forman, Allied Disciplines Branch, Ontario Department of Health, Toronto, Ont.; Education: Jody Schwindt, Oxford Regional Centre, Woodstock, Ont.; Professional Placement: Prof. Mary Tickner, Faculty of Music, University of B.C., Vancouver, B.C.; Provincial Promotion: Doreen Somerville, Crippled Children's Treatment Centre, London, Ont.; Publicity and Public Relations: Prof. Denise Narcisse-Mair, Music Dept., Queens University, Kingston, Ont.; Archivist: Bruce Mills, Abbie J. Lane Memorial Hospital, Halifax, Nova Scotia.

Appendix A3

Article by Norma Sharpe in Vol. 3, Issue No. 1 of the *Canadian Music Therapy Journal*, 1975

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Editor of the C.M.T.A. Journal (at present semi-annual, and eventually to be quarterly) is Earl Charboneau, Oxford Regional Centre, Woodstock, Ontario.

The next annual Conference of the Canadian Music Therapy Association will be held on the University of Manitoba Campus, Winnipeg, May 2-4, 1975.

Appendix B1

Participants' Consent Form

INFORMATION AND CONSENT FORM

Study Title: A Historical Study of the First Year of the Canadian Association of Music Therapists

Researcher: Daniel Kruger, Master's student in Music Therapy

Researcher's Contact Information:

e-mail: daniel.kruger.music.therapy@gmail.com

telephone: 514-573-2292

Faculty Supervisor: Guylaine Vaillancourt, PhD, Department of Creative Arts Therapies, Music Therapy Faculty

Faculty Supervisor's Contact Information:

mail: 1455 Blv. de Maisonneuve W., VA 271-1
Montréal, QC
H3G 1M8

e-mail: g.vaillancourt@concordia.ca

telephone: 514-848-2424 ext. 5670

Source of funding for the study:

Canada Graduate Scholarships - Master's Program (Social Sciences and Humanities Research Council)

You are being invited to participate in the research study mentioned above. This form provides information about what participating would mean. Please read it carefully before deciding if you want to participate or not. If you need any clarification, or if you want more information, please ask the researcher.

A. PURPOSE

The purpose of the research is to document the lived experiences of Canadian music therapists during the Canadian Association for Music Therapists' inaugural year in 1974. The study aims to increase knowledge of the history of Canadian music therapy and to encourage reflection about the identity of music therapy in Canada. The researcher will create a narrative about the time period with the information gathered from the participants' interviews. The narrative's purpose is to combine the participants' perspectives and to communicate the research results in an accessible way to a wide audience. Consenting participants' interview audio recordings and transcripts will be archived for historical record in order to preserve an individual historical record of each participant without the bias of the researcher.

Appendix B2

Participants' Consent Form

B. PROCEDURES

If you participate, you will be asked to:
- Give a 30-60 minute verbal interview (in person if possible) related to your experience during the CAMT's first year.
- If you would like, review the transcript of your interview after it is completed and provide feedback or suggest necessary adjustments

In total, participating in this study will take approximately 3 hours of your time spread over two months including the interview and possibly to review your transcript.

C. RISKS AND BENEFITS

You might or might not personally benefit from participating in this research.

Potential benefits include:
- An opportunity to share your personal views and experiences of the first year of the CAMT with the Canadian music therapy community. These views might otherwise be undocumented.
- Being reminded of positive memories related to the time period.

You might face certain risks by participating in this research. These risks include:
- Being reminded of possible negative memories related to the time period.
- Psychological or emotional discomfort may result after discussing this time period depending on your relationship to subject matter. In order to limit the effect of this risk, the researcher will not ask participants to discuss any material that they do not wish to discuss.

D. CONFIDENTIALITY

The researcher will gather an audio recording of your interview as well as an electronic transcript of your interview as part of this research.

Only the researcher (Daniel) and the research supervisor (Guylaine) will have access to the audio recordings and transcripts of your interview until the research is published. We will only use the recordings and transcripts for the purposes of this research, which are described on page 1 of this form.

You have the choice as to whether or not you want your name attached to any information you provide in your interview. If you prefer to remain anonymous, that is your right as a participant in this study. If you prefer to remain anonymous, it will not be possible to make a direct link between you and the information you provide in your interview.

Appendix B3

Participants' Consent Form

We will protect the audio recordings and transcripts by storing them in a password protected file on a password protected laptop computer. All recordings and transcripts will also be backed up on a password protected external hard drive.

We intend to publish the results of this research. Please indicate below whether you accept to be identified in the publications:

[ ] I accept that my name and the information I provide appear in publications of the results of the research.

[ ] Please do not publish my name as part of the results of the research.

We believe the recordings and transcripts of your interviews will be valuable historical documents for the music therapy community. Please indicate below whether you accept to have your interview recordings and/or transcripts archived for historical record in addition to its inclusion in this research project. If you indicate that you do not want your recording/transcript to be archived, it will be destroyed by the researcher five years after the end of the study.

[ ] I accept that the audio recording of my interview will be archived for historical record after the completion of the research project.

[ ] I accept that the transcript of my interview will be archived for historical record after the completion of the research project.

[ ] Please do not archive the audio recording or transcript of my interview.

In certain situations, we might be legally required to disclose the information that you provide. This includes situations where you share that you intend to cause serious harm to yourself, others, or any situations of child abuse. If this kind of situation arises, we will disclose the information as required by law, despite what is written in this form.

E. CONDITIONS OF PARTICIPATION

You do not have to participate in this research. It is purely your decision. If you choose to participate, you can stop at any time. You can also ask that your interview not be used for the research after the interview has been conducted and your choice will be respected. If you decide that you don't want us to use your interview, you must tell the researcher before April 20, 2018.

Appendix B4

Participants' Consent Form

There are no negative consequences for not participating, stopping in the middle, withdrawing consent, or asking us not to use your interview.

F. PARTICIPANT'S DECLARATION

I have read and understood this form. I have had the chance to ask questions and any questions have been answered. I agree to participate in this research under the conditions described.

NAME (please print) ____

SIGNATURE ____

DATE ____

If you have questions about the scientific or scholarly aspects of this research, please contact the researcher. Their contact information is on page 1. You may also contact their faculty supervisor.

If you have concerns about ethical issues in this research, please contact the Manager, Research Ethics, Concordia University, 514.848.2424 ex. 7481 or oor.ethics@concordia.ca.

Appendix C

Invitation Letter to Participate

Dear ________________,

This is an invitation to participate in a research study being conducted by Daniel Kruger under the supervision of Dr. Guylaine Vaillancourt at Concordia University. This study is being done in partial fulfillment of the requirements for the Master's program in Music Therapy at Concordia University and has received ethics approval from the University Human Research Ethics Committee (#30008191)]. This study will examine Canadian music therapists' lived experiences of the Canadian Association of Music Therapist's inaugural year in 1974.

The researcher is seeking to interview individuals who:

- Were a practicing music therapist in Canada during the CAMT's inaugural year
- Are English speaking
- Are willing to participate after reviewing and agreeing to this study's Information and Consent document

The purpose of the research is to increase knowledge of the history of Canadian music therapy and to encourage further reflection about the identity of music therapy in Canada. The researcher will create a narrative about the CAMT's inaugural year with information gathered from the participants' interviews. Consenting participants' interview transcripts and audio recordings will be archived for historical record in order to preserve each participant's individual account of the time period.

If you choose to participate and informed consent is received, an interview will be scheduled at a convenient time and location for the researcher and the participant. This interview will take approximately 60 minutes and will be conducted in person or via Skype if necessary. All interviews will be audio recorded.

Participation in this research study is voluntary. Participants will be given the choice of participating anonymously or being identified by name in the research. Participants will also be given the choice to consent for their interviews to be archived for historical record after the research is completed.

If you are interested in participating in this study, please contact Daniel Kruger at daniel.kruger.music.therapy@gmail.com. If you decide to participate, all efforts will be made to arrange a time that suits your availability. Participation will be limited to the first three participants who give informed consent to participate, meet the criteria for inclusion, and complete the interview process (i.e., do not withdraw from the study).

If you have any questions, please do not hesitate to contact me or my supervisor.

Thank you for your time!

Daniel Kruger, MTA, MT-BC

Faculty supervisor:

Guylaine Vaillancourt, MTA, PhD., g.vaillancourt@concordia.ca

Appendix D
Interview Guide

Interview Questions:

1. Can you describe your experience as a music therapist during CAMT's inaugural year in 1974?
2. Do you recall any particularly important events or moments in the year?
3. What were some of the most important issues in the field/profession at the time?
4. Do you have knowledge of the first CAMT conference held in 1974?
5. Can you describe your work during that time period?

Appendix E1
Letter on the state of Music Therapy in Ontario, 1975

THE STATUS OF MUSIC THERAPY IN ONTARIO

BARBARA SNUCKLER
January 1975

Background

Although the situation is changing rapidly, Ontario, in fact all of Canada, is substantially behind many other countries in recognizing Music Therapy as a professional discipline.

As of today, there is no classification for "Music Therapist" in the Ontario Civil Service. This means that music therapists are literally smuggled into the facilities in which we work, under the auspices of other departments. Although I am working as a Music Therapist, my official job title, so far as Toronto is concerned is "Psychometrist." Other music therapists are officially "Recreation Instructor", "Occupational Therapist" and so forth, depending on what is worked out with personnel departments in the various facilities. Not only is this a difficult situation in terms of acquiring budget allowances and staff complements for music therapy, it also means that therapists do not receive salaries consummate with their professional training and experience.

What is Being Done

Up until recently, there have not been enough practicing music therapists in Ontario to expedite any significant changes. The recent surge of interest in music as therapy on the part of rehabilitative facilities has resulted in the following breakthroughs.

1. More music therapists are being hired in school systems, psychiatric hospitals, correctional institutions, facilities for the retarded and facilities for exceptional children.

Appendix E2

Letter on the state of Music Therapy in Ontario, 1975

- 2 -

2. Administrators of various facilities have requested the establishment of a job classification for music therapists, and several hospitals have submitted suggested job specifications in conjunction with their staff therapists. We expect this classification to be established in the near future.

3. The increased number of therapists in this province has made possible the establishment of an Ontario Music Therapy Association. This organization aids practicing music therapists in improving their own programmes, as well as serving as a resource for other disciplines interested in learning more about the use of music in a rehabilitative setting. The Association will also lobby for needed reforms and speak for individuals in the field so far as recommending educational credentials, job specifications and salaries to facilities interested in hiring therapists. We also operate a placement service. Workshops and conferences are scheduled biannually.

Anyone interested in further information regarding the Ontario Music Therapy Association should contact:

Ontario Music Therapy Association
P.O. Box 115
Toronto, Ontario M5N 1A0

4., The <u>Canadian Music Therapy Journal</u> publishes research and articles of interest from Music Therapists across Canada. Subscriptions may be obtained from:

Mr. Earle Charboneau, Editor
Canadian Music Therapy Journal
Oxford Mental Health Centre
Woodstock, Ontario N4S 7X9

Appendix E3

Letter on the state of Music Therapy in Ontario, 1975

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5. A Canadian Music Therapy Association has recently been formed. For further information contact:

Norma Sharpe
Canadian Music Therapy Association
St. Thomas Psychiatric Hospital
St. Thomas, Ontario

OPPORTUNITIES TO TRAIN FOR A CAREER IN MUSIC THERAPY

Background

As of today, an individual desiring to be a Music Therapist must train in England or the United States. There is as yet no institution in Canada offering any University degree or diploma in Music Therapy. Therapists in Ontario usually receive their training in one of the following three ways:

1. They study in the United States and obtain a Music Therapy or Music Education Degree.

2. They study in England and obtain a Licentiate in Music Therapy.

3. They study in Canada and obtain a Music Degree with added psychology and education courses or they obtain a B.A. in psychology, with added music and education course work.

The most unfortunate aspect of this situation is that individuals spending years in training return to Canada only to discover that there are no job specifications for Music Therapists and that they cannot earn salaries commensurate with their credentials and experience.

What is Being Done:

The recent increase in the number of practicing music therapists in Canada has encouraged Canadian

Appendix E4

Letter on the state of Music Therapy in Ontario, 1975

RE: COURSES IN MUSIC THERAPY

The following universities are tentatively considering courses in Music Therapy within the near future (1976-7):

1. Wilfrid Laurier University,
   Music Department,
   62 Bricker Street,
   WATERLOO, Ontario.

   Contact: Dr. Walter Kemp,
   Chairman, Music Department

   One-year Postgraduate Diploma

   Prerequisite: Bachelor of Music, Audition & Interview

2. University of Western Ontario,
   Faculty of Music,
   LONDON, Ontario.

   Contact: Dr. J. Paul Green,
   Chairman, Music Education Department

   Four-year Bachelor of Music Therapy

   Prerequisite: Identical to those for any Bachelor of Music Degree

Individuals desiring to further their education in the field of Music Therapy abroad should direct enquiries to:

The National Association for Music Therapy, Inc.
P.O. Box 610
Lawrence, Kansas

This organization would be happy to forward information regarding music therapy programmes of study in the United States. They also publish the Journal of Music Therapy.

The Guild Hall School of Music and Drama in England offers a Licentiate in Music Therapy.

Appendix E5

Letter on the state of Music Therapy in Ontario, 1975

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To Sum It Up:

Although the situation TODAY is far from ideal, there is cause for optimism. The establishment of job specifications for Music Therapists and the establishment of university programmes will radically improve the status of Music Therapists in Ontario and throughout Canada. While these events are expected to take place in the near future, it is impossible to predict exactly when they will occur.

What Can You Do To Help?

1. Join the Ontario Music Therapy Association and work for these needed reforms.

2. If you are a university student in Canada, request the implementation of music therapy course work, at your institution. If you are not yet enrolled in a university, write to the above facilities and express an interest in entering a music therapy programme. If the demand is great enough, these institutions will establish degree level programmes.

3. If you are a practicing music therapist, work within your facility to request job classifications.

4. If you would like to see music therapy in your facility, urge the addition of a staff music therapist. When more therapists are actually working in the Ontario Civil Service, reform will be inevitable.

Speaking as a music therapist working in Ontario, the situation seems to be improving rapidly. There is a crucial need in this province for trained Music Therapists and as more facilities understand the value of music as a rehabilitative tool, more positions will become available.

To those of you considering a music therapy position in Ontario - take it! The rewards of this job far outweigh the disadvantages, and besides - things are getting better.

Barbara Smuckler, Vice President
Ontario Music Therapy Association
Muskoka Centre, Gravenhurst, Ontario

Appendix F

List of Music Therapists in Canada, 1975

Names censored at request of the board of the CAMT

CANADIAN ASSOCIATION FOR MUSIC THERAPY: CAMT

Canadian Music Therapy Association

MUSIC THERAPISTS IN CANADA 1975

PSYCHIATRIC PATIENTS:

St.Thomas Psychiatric Hospital, St. Thomas, Ont.
Lakeshore Psychiatric Hospital, Toronto, Ont.
Louis H.LaFontaine Hospital, Montreal, Que.
Health Sciences Centre Hospital, Vancouver, B.C.
Alberta (Psych.) Hospital, Edmonton, Alta.

CHILDREN:

Creative Arts Studio #75-825 Dundalk Dr.,London,Ont.
86 Commissioners Rd., London, Ont. (Toronto,Ont./
Crippled Children's Treatment Centre 350 Rumsey Rd./
Ontario Assoc. for Autistic Children Rm.310 @Surrey
Toronto,Ont.
Vancouver Neurological Centre, Burnaby Health Unit,
U.B.C. Research Unit for Exceptional Children
Board of School Commissioners, Sydney, N.S.

RETARDED:

START Unit, St. Thomas Psychiatric Hospital,St.Thomas
Oaklands Regional Centre,53 Bond St. Oakville,Ont.
Oxford Regional Centre, Woodstock, Ont.
Developmental Centre, D'Arcy Place,Cobourg,Ont.
Childrens' Services, Douglas Hospital, Montreal Que.
Institut Anbar, 8000 Rue Notre-Dame W.Montreal, Que.
Manitoba School, Portage La Prairie, Man.
5902-60th St. Red Deer, Alta.
226 Brookside Terrace, Edmonton, Alta.
125 Lorne Scots Dr. Milton, Ont. (Developmental Cent

DEAF:

Montreal Oral School for the Deaf Inc. 5000 Iona St.

BLIND:

Box 248 The Pas, Man.

ORFF:

66 Cheltenham, Toronto, Ont.
(school system, hospital, addiction centre).

E.T.M.(Education Through Music):

Southwestern Regional Centre, Cedar Springs, Ont.
Childrens' Psychiatric Research Institute, London,Ont.

DANCE THERAPY AND CREATIVE MOVEMENT:

Creative Helping Lab. 1765 Hollywood Cresc.Victoria,B.C
1429 Dartmouth Rd. Penticton, B.C.
Humber College, Toronto, Ont.
Dance Therapy Dept. York University, Downsview,Ont.

CAMT:

Box 566 Port Stanley, Ont.

Appendix G
Education Through Music/Orff Workshop Advertisement, 1974

E.T.M. & ORFF WORKSHOPS
SAT. OCT. 26 + NOV. 26, 1974
10:00 A.M. — 4:00 P.M.
LOCATION: Y.W.C.A. - ST. THOMAS, ONT.

Education Through Music (E.T.M.)- Developed by the Richards Institute of Music Education and Research, California- A method to interest children and adults in music and to create the foundations for music literacy, expanding to perceptual and social development, movement education, linguistics and communication.

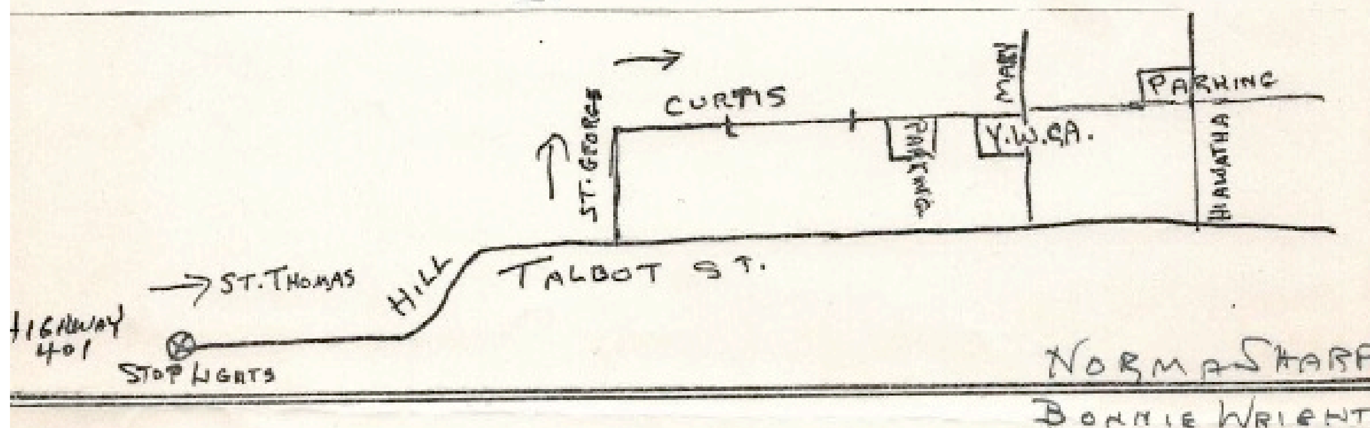
Margaret Wharram: Music Teacher at the Southwestern Regional Centre, Cedar Springs (under the Ontario Ministry of Education) is an instructional staff in E.T.M. for the Richards Institute in Canada and the United States, and has given presentations at the Ontario Hospital School Teachers' Association, annual conventions of the Council for Exceptional Children and the American Association on Mental Deficiency.

Orff- The Orff method treats music as an integrated whole and unifies melody, rhythm, speech and movement. It concentrates on the creative aspect of music-making. Adaptations of this method are beneficial in helping handicapped children and adults to overcome their problems of co-ordination, speech, reading and auditory awareness.

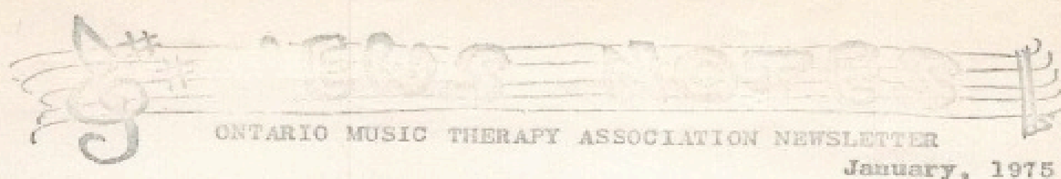
Lois Birkenshaw B.A., A.R.C.T.: Orff specialist with the Toronto Board of Education, working with handicapped children (profoundly deaf, retarded, crippled, emotionally disturbed, neurologically impaired.) Author of "Music for Fun, Music for Learning".

To avail yourself of the opportunity to become acquainted with the theory and participate in the techniques of these highly recommended Methods: Fill out, clip and mail this registration form to:

Norma Sharpe
Music Therapy Supervisor
St. Thomas Psychiatric Hospital
St. Thomas, Ontario   Tel. (519) 631-8510



Appendix H
Ontario Music Therapy Association Newsletter, January 1975



January, 1975

Dear Readers:

Many things have happened since our last newsletter was issued. The Constitution Committee has been meeting regularly and has ratified six articles of the proposed constitution. We are moving slowly, hoping that our results will be well-defined and suited to the purposes and needs of our association. It is hoped that another conference will be held in October '75.

The response to our last conference at the Ontario Crippled Children's Centre in Toronto was very good. Among the speakers were our president, Fran Herman, Bill Loosemore and Jody Schwindt, both of the Oxford Regional Centre, Woodstock, and Margot Bartlett, Professional Director of the Ontario Society for Autistic Children. An afternoon panel discussed the similarities and differences between music therapy and music education. Unfortunately, with little time for discussion, we were unable to hear some of the comments. Anne Malo, mediator of the panel, has drawn up some of the main points resulting from the discussion which you will find printed elsewhere in the newsletter. We would love to hear from you regarding this somewhat controversial topic and may have room for a few letters in our next edition.

I do hope to hear from you regarding the panel discussion, or anything else that may be of interest to our readers. In the meantime, on behalf of all members of the Association executive, I would like to extend the very best of wishes for 1975.

Penny Brooke,
Editor,
O.M.T.A. Newsletter

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PANEL DISCUSSION – OCTOBER 19 CONFERENCE

The topic of the panel discussion was "Music Therapy and Music Education -- is there a difference?". This question has provoked many debates in the past and is bound to be an ever-lasting topic of discussion.

Our panelists, Mr. G. Smale, Ms. E. Hearn, Ms. B. Smuckler and Ms. P. Brooke included two music educators and two music therapists. Throughout the time spent talking with one another it became apparent that therapists and educators in this instance respect one another for their individual work and purpose. Under the heading 'purpose' we found the most important issue. What is the purpose of a music educator and what is the purpose of a music therapist? The panelists agreed that although musical materials may be the same, the purpose for their use and consequent evaluations do differ.

The importance of staff relations also came to the fore. A music educator must be able to work well with educators of other disciplines as well as administrators. Music therapists must also work with administrators and be co-operative with other therapists and work with them toward common goals. Neither a music educator nor a music therapist can work independently in an effective manner.

We discussed music therapy situations and different music education settings noting how they were similar and in what ways they differed.

The 'Special Education' classroom seems to offer an opportunity for a mixture of education and therapy.

We could have continued for hours, but time did not permit. We closed with the launching pad for future discussions: "It is not what you do but why you do it".

Anne E. Malo,
Panel Chairman

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LOGO CONTEST

We need your artistic talent!

The Ontario Music Therapy Association is desperately in need of a logo to be used on all our printed material. So do some doodling! The fruit of your labour may appear in the next copy of the Newsletter!

All entries gratefully received.

MAILING ADDRESS

Please address all comments, inquires or materials to be printed to:

"Newsletter"
Ontario Music Therapy Association,
P.O. Box 115,
Postal Station E,
Toronto, Ontario
M6H, 1A0.

Please notify us if your address has changed or if you know of someone who may be interested in receiving a copy of our Newsletter.

CONFERENCE PAPERS AVAILABLE:

The papers which were presented at the October conference have been printed and bound, and are available to you at the price of $3.25 each. If you would like a personal copy, please detach the "Request for Conference Papers" form at the bottom of this sheet and send it along with your cheque or money order to O.M.T.A.

****

PLACEMENT SERVICE:

O.M.T.A. Placement has resumées from qualified Music Therapists seeking employment and postings of available positions in Ontario. If you are looking for a job or would like to implement a Music Therapy programme at your facility, O.M.T.A. Placement can help.

- Resumées of Professional Music Therapists are available on request.
- Postings of positions are also available; simply indicate the section of Ontario in which you would like to work.

Several extremely qualified individuals are interested in positions in Greater Toronto. For further information contact us.

All inquiries should be directed to:

O.M.T.A. Placement
P.O. Box 115,
Postal Station E,
Toronto, Ontario
M6H, 1A0

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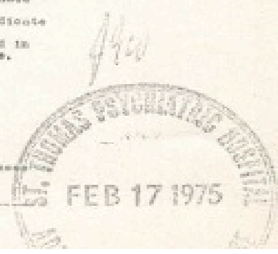
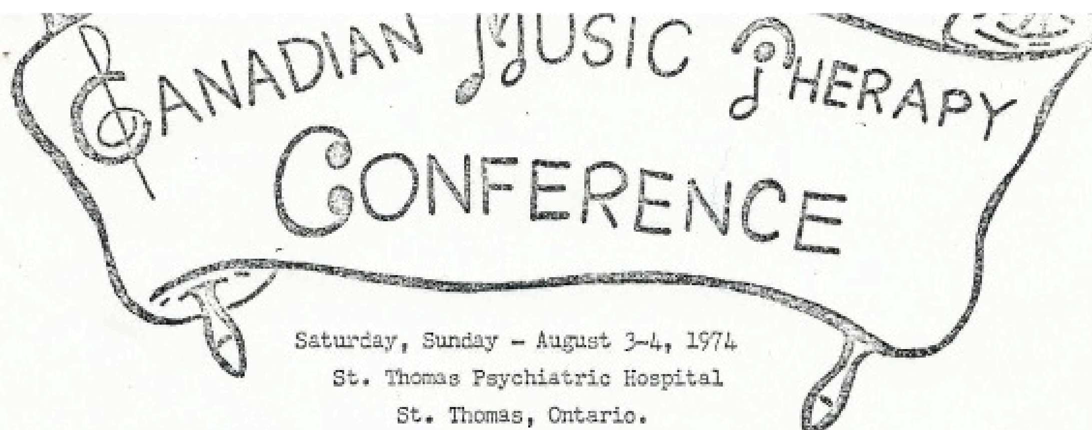

ST. THOMAS PSYCHIATRIC HOSPITAL FEB 17 1975

REQUEST FOR CONFERENCE PAPERS

Appendix I1

Proceedings of the Inaugural CAMT Conference, August 3rd, 1974



ORGANIZATION, CONSTITUTION, PROVINCIAL M.T.A.'S, UNIVERSITIES
SPEAKERS, WORKSHOPS, VIDEO, FILMS ON:

MUSIC THERAPY AND
- BEHAVIOR MODIFICATION
- MENTAL RETARDATION
- CRIPPLED CHILDREN
- ADOLESCENTS
- REGRESSED CHRONICS
- IMPAIRED VISION, HEARING, SPEECH
- DANCE, DRAMA, POETRY
- ORFF
- E.M.T. (EDUCATION THROUGH MUSIC)

....

REGISTRATION
CANADIAN MUSIC THERAPY CONFERENCE

NAME ....

ADDRESS ....

1 DAY: $ 5.00
FEE: $10.00

6:30 p.m.
Chicken Barbeque (Sat. eve.) $1.50
Entertainment & Films.

Cheque or M.O. payable to Canadian Music Therapy Conference

Mail to: Music Therapy Department,
St. Thomas Psychiatric Hospital,
P.O. Box 2004,
St. Thomas, Ontario.

Saturday and Sunday noon meals at Hospital Cafeteria.

Notify if you wish to be met at London Airport ....

Arrival time ....

Appendix I2

Proceedings of the Inaugural CAMT Conference, August 3rd, 1974

Transportation Guide: Friday, August 2, 1974

Air Canada: leave Toronto 3:10, 4:50, 8:20 P.M.
arrive London 3:40, 5:20, 8:50 P.M.

C.N.R. Train: leave Toronto 8:50 A.M., 12:05 P.M.
arrive London 10:40 A.M., 2:25 P.M.

Greyhound Bus: leave London 1:30 P.M., 5:30 P.M.
(1 block from C.N.R. Station). Bus passes Hilltop Motel en route to St. Thomas. Ask driver to stop at Motel.

By car: 401 Highway to Highway 4 cut-off going south to St. Thomas. Hilltop Motel: past Talbotville, on left side of Highway 4 (before reaching St. Thomas). Hospital is 3 miles south of Motel. Take cut-off (right) to Port Stanley on Highway 4.

Hilltop Motel, St. Thomas, Ontario

Manager: Mr. Wayne McKinnon

Rates:				
	1 double	(1 room)	$12.00	(tax .84)
	1 single	" "	10.00	" .70
	2 singles	" "	14.00	" .98
	3 singles	" "	16.00	" 1.12
	2 doubles	" "	18.00	" 1.26

Baby sitters on request.

Reservations in advance by July 1st.

NOTE: Conference will be held in the Staff Residence, across road from Hospital. Parking to right of Residence, or either side of Hospital.

Appendix I3

Proceedings of the Inaugural CAMT Conference, August 3rd, 1974

CANADIAN MUSIC THERAPY ASSOCIATION

1974

EXECUTIVE

PRESIDENT	NORMA SHARPE	ST. THOMAS PSYCHIATRIC HOSP. ST. THOMAS, ONTARIO.
1ST VICE PRESIDENT	HUGH PEARSON	SOCIETY FOR EMOTIONALLY DISTURBED CHILDREN, MONTREAL, QUEBEC.
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3RD VICE PRESIDENT	MARJORIE BURNETT	CREATIVE ARTS STUDIO, LONDON, ONTARIO.
SECRETARY-TREASURER	WILLIAM LOOSEMORE	OXFORD REGIONAL CENTRE, WOODSTOCK, ONTARIO.

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REGISTRATION	THÉRÈSE PAGEAU	HOSPITAL ST. JEAN DE DIEU, MONTREAL, QUEBEC.
ACCREDITATION	JOAN HUGHES	SCHOOL OF MUSIC, BRANDON UNIVERSITY, BRANDON, MANITOBA.
RESEARCH	DR. NORM FORMAN	CANADIAN MENTAL HEALTH ASS TORONTO, ONTARIO.
EDUCATION	JODY SCHWINDT	WOODSTOCK ~~BURLINGTON~~, ONTARIO OXFORD REGIONAL CENTRE
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PUBLICITY & PUBLIC RELATIONS	PROF. DENISE NARCISSE-MAIR	MUSIC DEPARTMENT, QUEEN'S UNIVERSITY, KINGSTON, ONTARIO.
ARCHIVIST	BRUCE MILLS	ABBIE J. LANE HOSPITAL, HALIFAX, NOVA SCOTIA.
[illegible]	[illegible] CHARBONNEAU	OXFORD REGIONAL CENTRE,