**The Music Therapist in School as *Outsider***

*Abstract:*

*This essay examines the institutional commonalities between several schools in which I have worked as a music therapist, illustrating how thinking about my role as an outsider has informed my therapeutic approach. I refer to the broader concept of the* outsider *as it relates to both fictional and historical figures and in particular to Sherly Williams' article 'The therapist as outsider: the truth of the stranger' (1999) in which she compares the therapist to the archetypal figures of the fool and the seer. Finally I link these ideas to Winnicott's concept of play, presenting the music therapist's role in school as an advocate for fostering creative impulses, which can at times be at odds with (or perhaps complementary to) the central educational aims of the school.*

Keywords: outsider, play, schools, splitting, vertex.

**The music therapist in school**

Being a music therapist in a school can be difficult. Notwithstanding the advantages that school work can provide (Karkou 2009)[1], communicating the raisons d'être of music therapy to overworked teachers, trying to integrate socially, setting up a working system of referral and assessment and so on, can be a slow process. Keeping the sessions safe from intrusions, timetable clashes, not to mention client ambivalence, also presents challenges. This essay is the beginning of an attempt to make sense of this. I write as a therapist who is part of an NHS team, which gives me a strong sense of professional identity outside the school environment. This working structure means that I tend to be in a single school for no more than one day per week, sometimes just half a day, which presents challenges therapists more established within one school might not experience. While the advantages of being identified as part of the school team, working from the inside, may be self-evident, I will be exploring whether the isolation one can experience as an outsider, while being difficult to manage at times, can have positive impacts on the clinical work.

I was at a multi-disciplinary meeting in a secondary school. The SENCo (special educational needs co-ordinator) was present, along with a CAMHS (Child and Adolescent Mental Health Services) family therapist, the head of counselling, a speech and language therapist, the head of inclusion and an educational psychologist. The purpose was to discuss strategies for increasing awareness of mental health and other AEN (additional educational needs) issues amongst the teaching staff. This was in order to make our jobs easier and thereby help the children we are working with to access therapies more effectively. At one point there was a discussion about presenting at a staff training day and the head of inclusion talked about the difficulty of fitting this in when we are up against 'the gods of education and learning'. The obvious reply to this, which was stated during the discussion, is that without good mental health, students find learning difficult, so it is in the teachers' interests, as well as the students', to support the therapists working in school as this will contribute to better academic results. Furthermore, if the psychological well-being of the students is

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[1] "[In education] difficulties can be identified early and can be addressed before it becomes necessary to resort to the aid of specialized services outside the school environment. In all cases it is possible that arts therapists can play a valuable role." (p. 14)

generally a high priority this also ought to lead to a happier, more settled school environment which should benefit the education of *all* students. This discussion underlined a fundamental difference between therapists and teachers, which may partly stem from their trainings, but is also linked to their professional priorities.

Good mental health is a worthwhile goal, of course, whether or not it has any educational impact. If the 'gods of education and learning' really are dominant in a school, then part of a therapist's job is to hold onto an alternative viewpoint. In one sense this is straightforward. We are advocates for a different agenda, and are performing an important role in helping the school with its holistic responsibilities, perhaps even reminding them, to coin a phrase, that 'every child matters'. I would suggest that it goes deeper than this, that there may be an element of denial in schools, borne by necessity, and that therapists can embody something *other*, which teachers, with academic targets to meet, might not have space to think about. This is not intended to be a criticism of the teaching profession. Winnicott points out that "no one wants a teacher to take up a therapeutic attitude towards pupils. Pupils are not patients. At least, they are not patients in relation to the teacher while they are being taught" (1964 p. 203). Teachers have an important job to do which is quite different from that of therapists.

**An alternative point of view**

Sometimes my role can involve allowing things to happen in therapy which might not be accepted in the classroom. Values such as respect, politeness and discouragement of bad language may be central to a school's ethos. These values can mask underlying feelings and could indeed be part of an institution's necessary defence mechanisms.

**Vignette 1**

John is 9 years old and attends an SEBD (social, emotional and behavioural difficulties) school in London. He has lived in the UK all his life, but his mother is still seeking leave to remain in the UK. They live in deprived circumstances. At times they have felt threatened, such as when they were living in a hostel and did not feel secure in their room. John's mother has been subject to stress over a sustained period of time and she suffers from depression. Her relationship with John's father has been sporadic. The family lives in a one-bedroom flat and John rarely gets exercise. He is full of energy. The ethos of the school is primarily behavioural with the aim of encouraging the children back into mainstream education. There is an emphasis on them making the 'right choices', showing them that behaviour has consequences, good and bad. John has a tendency to make a scapegoat out of certain adults in the school, making life difficult for the particular person he has singled out.

In music therapy sessions John brings a lot of his pent-up energy into the room, and part of the process involves negotiating the extent to which he can have things his way. On several occasions he has told me that he "never wants to come back to music therapy", when I have failed to comply with his wishes. At times he has been able, through the musical/therapeutic process to incorporate seemingly negative feelings into a creative act. He often improvises raps, and on one occasion he rapped about ways in which he is 'naughty' in school. My position as an outsider allowed, perhaps gave permission for, John to adopt this view of himself. He could examine his

behaviour through my eyes and ears, presenting it in a dramatic context. This was both a sublimation of his chaotic tendencies and a means of containing them. It showed the potential for music therapy to allow John to acknowledge, even celebrate, his chaotic side. I would suggest that this might not be possible in school outside therapy. The client begins to realise that they less likely to 'get into trouble' with the therapist than with their teachers, that the confidential nature of therapy allows them to say and do things that might not be permitted in other school contexts. They can openly criticise adults, or complain about school without a more positive viewpoint being necessarily presented as an alternative. They can possibly swear, or make a lot of noise. Their music can be unfocused, meandering, tuneless or aimless, in contrast to what might be encouraged, perhaps, in school music lessons.

Jan Hall (2011), writing about combining the roles of music therapist and teacher, states that "I am sure many staff have winced at times when seemingly erratic and unbridled noise is coming from my room during therapy sessions. It is therefore an advantage to be a music teacher as well so that staff can see and hear me working in a traditional way too" (p. 78). Certainly where one is an outsider in a school the danger of paranoid feelings about the perception of therapy needs to be acknowledged, at least by the therapist. At John's school there is generally a good understanding of the different roles that therapists and teachers have. I have regularly discussed John's therapy with certain key members of staff, and the value of therapy for him as somewhere where he can express himself in ways that he cannot in the classroom is recognised. I also have termly meetings with his mother to discuss his progress in school and at home, and I seek feedback from staff who work closely with him, such as his class teacher, in order to keep up to date with any challenges he might be dealing with. The 'otherness' of the therapeutic space thus has a function within the institution which is acknowledged, or at least tolerated, by most school staff.

**The *outsider* in music and psychotherapy**

Sherly Williams (1999) has examined the psychotherapist's role as outsider. She points out that the therapist is necessarily a person outside the day to day life of the person in therapy and that this separateness is an integral part of the work. She draws parallels with outsiders in society, those people who may be mistrusted, but who are also useful because fears can be projected on to them. She cites the examples of the fool on the one hand, and the seer on the other. "Both fool and seer seem willing to accept the pain of being an outsider as the price to be paid for vision. Their chief role is to speak the unpretentious and simple, if uncomfortable, truth that is being ignored by king and court. Their joy comes from speaking the folly of the unexpected that dislodges, temporarily, the rational ego" (p. 8). Williams also cites Bion's concept of *vertex*, the therapist's adopting of an alternative *point of view*, which can alter the client's perspective of themselves, as with John's rap. Colin Wilson (1987) writes that "an 'Outsider' is simply a person who experiences a conflict between the demands of society and his deepest inner impulses". Camus says of his novel *L'Etranger*, "…the hero is condemned because he doesn't play the game. In this sense, he is an outsider to the society in which he lives, wandering on the fringe, on the outskirts of life… he refuses to lie. Lying is not only saying what isn't true. It is also, in fact especially, saying more than is true and, in the case of the human heart, saying more than one feels" (Camus 1962, p. 209). The word 'outsider', significantly, can describe both ourselves and our clients. If we were working with Meursault then we would accept

and validate the reality of his feelings, or more pertinently the absence of the 'right sort' of feelings.

The term 'outsider' can also have somewhat exotic, even glamorous connotations. We think perhaps of Robin Hood, of revolutionary figures like Che Guevara, or the character of Omar in *The Wire*, the outsider being a figure who goes against the grain, who is not afraid to state, or stand up for, what they see as the truth, no matter how unpopular or risky. I suspect that many creative therapists are drawn to this idea. We are interested in what lies beneath the surface, in hidden truth. Furthermore musicians often exist around the edges of society. No matter how famous or accepted one becomes they never quite make it into the upper strata, or if they do (pick an aging rock star) we might feel they have lost something essential. Music is able to contain something of the unknowable and possibly the unacceptable in human nature. It has long been a channel for outsiders, both individuals such as Beethoven (Wilson 1987), Syd Barrett or Ornette Coleman, and for alienated groups expressing themselves through genres such as bebop, punk, hip hop or, perhaps the main source of all these, the blues. Cobbett (2009) has written about the use of the rap sub-genre 'grime' by some of his adolescent clients because of its culture of "empowerment and giving a voice to the voiceless" (p. 18). What we do in music therapy sessions is often akin to *free improvisation*, a relatively recent phenomenon in the context of musical history which lies well outside the cultural mainstream (Bailey).

Coming back to the outsider within the context of an institution, there may be a danger of splitting, in that it would be tempting to present the therapist as a 'loner-hero', battling on the clients' behalf against the 'uncaring' establishment. This would be to misunderstand the value of collaborative working. The presence of the outsider can have an important function for the institution itself, just as the court-jester has a role to play in the court. When I am working in schools I try to integrate myself as much as possible. I recognise that I am part of a larger team with whom I have a symbiotic, if problematic, relationship. Without fostering positive professional relationships with those people with whom I can share information about my clients, who make sure that I have a space to work, and allow me to promote the role of music therapy within the school, I will not be able to do the job effectively. Also, I could not expect to further the cause of a therapeutic approach without showing equal respect for the teachers' professional stance. To repeat Winnicott's statement, "pupils are not patients" (1964), but the boundaries which teachers keep in place are a part of what allows me to work therapeutically. Often teachers are fully conscious of this difference and we are able to work together to use it to good effect.

**A collaborative approach**

**Vignette 2**

The group (secondary mainstream – ASD group) had a new member, Mike, who was finding it difficult to settle in. In his first session he left after just a few minutes. After he had gone the other group members reflected on their own ASD diagnoses. One said, 'I'm ASD too but I'm not as autistic as him'. In the next session Mike was able to stay for longer but complained at times about the amount of noise in the room and eventually left early because he was finding it hard to tolerate this. After he had gone one person recalled him shouting 'It's too loud' and imitated it. The others joined in,

until the whole group was shouting together. It was important to be aware of the danger of scapegoating the 'difficult' group member, to encourage awareness of this possibility. But whereas a teacher might need to discourage this sort of behaviour, the therapist can allow it up to a point. The feelings of wanting to push the difficult person out can be acknowledged and examined. The outsider nature of the group members within the wider context of the school can also be accepted and validated.

I had a discussion with the teacher who works most closely with Mike in which she acknowledged that the staff in the DSP (designated special provision) spend a lot of time and energy accommodating his rigidity. We decided together that the role of music therapy would be to provide an alternative model, in which he is given more choice, the freedom to leave the session early for example, but also without the reward system that sustains him through the day. This particular teacher saw the complementary potential of this approach. A year later, after various ups and downs, he was still a regular attendee at the group. This example is supported by Twyford, who quotes a teacher saying "It is in the overlap where disciplines meet that practitioners really begin to be creative. The needs of children with complex difficulties deserve to be addressed from every angle. When a child's skills are so fragile and so few, it is vital that every detail is observed and supported. Joint working sheds light and offers solutions from different but complementary perspectives" (2008 p. 60). In other words, the difficulties experienced by the 'outsider therapist' may be strengths in disguise.

**The danger of collusion: a balancing act**

I have used various strategies to promote understanding of a therapeutic approach in school. Some of these are day-to-day, such as having frequent informal discussions with members of staff who work closely with my clients, or making sure that I write my reports in language that is free from specialised therapeutic terminology. I have also delivered workshops to staff, introducing them to music therapy in practice, whenever the opportunity has arisen, and sought feedback from the staff on their experiences of these sessions. Finding a common language for discussing students' well-being is very important. However despite these efforts there are occasions when a culture clash can emerge. In a staff meeting one teacher said that he never feels angry with any of the students, no matter what they do, because "kids are just kids". Instead, he said, he is more likely to feel angry with colleagues if they behave unprofessionally. Perhaps I could have suggested that he might have been projecting his angry feelings towards the children onto his colleagues, but I chose to hold on to this thought. I may have been wrong in this interpretation, but more importantly he was entitled to his professional stance and it was not my job to intervene at that moment.

Furthermore, working in schools one is invited, as it were, to take the side of the teachers and the institution. One is asked to take on those children who are not managing well. Often the reasons for referral are primarily behavioural. Of course we hope that there is an understanding in the school of the idea that difficult behaviour has an underlying cause, and that therapy may help to tackle the root of the behaviour, but alongside this there may be an expectation – 'fix this kid'. On the one hand, it is important to hold on to this idea, to accept the starting point, but on the other, we have to bracket this and take the child as they are, as they present to us in the here-and-

now. In order to do this it is crucial not to collude with the institutional fantasy – *there is something wrong with this child which the therapist will cure*. We also have to hold the possibility that the young person's perspective is equally valid, that they are sane and the institution is mad, so to speak. Perhaps the *outsider* is a person who forms a bridge between the acceptable and the unacceptable. Going back to Williams' analogy, the fool can ridicule the king while still being part of the court. There is an understanding that he can say or notice that which others cannot.

**Vignette 3**

I worked with Callum, an 11 year old boy at a special school with an ASD diagnosis, for almost two years. He had a tendency towards outbursts of anger which could include violence towards other children and objects in the room. He was also very musically creative, something noticed by the teaching staff. He often used music therapy for long improvised songs which had a free association quality. On occasion he would express anger towards me. This was triggered, for example, when I came to collect him from class and he was at the computer. In the classroom he was clearly resistant, kicking things and saying "I don't want to go with Luke". Once in the session he was able to reflect on this and eventually to get back into his creative space, although this time there was also a need for music of a more aimless and defensive quality. The following week, when he had another outburst in the classroom, I tried staying with it for a moment, asking what he was doing on the computer, trying to give him space to make the transition. His class teacher intervened, simply saying "You're going with Luke now Callum. That's what's happening," cutting his protest dead. Later I spoke to the teacher, suggesting that I might try to get to the classroom earlier next time, to give Callum time to adjust. I explained that Callum had been cross with me for interrupting. The teacher's response was "I don't want him to be cross with you because it's important that he enjoys his session". This was supportive of him of course, but I also thought that I should point out that Callum being cross with me was ok, particularly as he had been able to manage his feelings in the session.

Here again we can understand the teacher's desire to foster 'good behaviour'. Attached to this is a fantasy about the purpose and intention of therapy, that it is something that should always be positive and even enjoyable – 'It's important that he enjoys his session'. As the therapist it was necessary for me to hold onto the reality, that part of the process of moving from the classroom environment into the therapy room was the experience of feelings of anger and frustration, and that those feelings could be directed towards me and managed safely. The teacher, perhaps representing the general ethos of the school, was trying to draw a firm boundary but in the process avoiding some important emotions. It could be argued that the creativity so evident in the client's music therapy sessions was also presenting itself here, and that picking and choosing which bits of it we would like to see should not be our prerogative. This perspective creates a dissonance when it meets the behavioural approach of the school. It is also possible that Callum's resistance to coming along had the function of keeping his session private, that he needed this moment of difficulty in order to effect his own transition into a different frame of mind. In suggesting to the teacher that we might tolerate Callum's anger up to a point I was attempting to build a bridge between the tightly structured classroom and the potential space of therapy. Colluding with the

teacher's fantasy would have denied Callum the opportunity to express his real emotions.

**Conclusion**

The vignettes above have illustrated how music therapy can provide the opportunity for the clients to see themselves from another perspective, to explore feelings about others which might be deemed 'unacceptable', or to express negative emotions in a safe way. What these examples have in common is the suspension of moral judgement on the part of the therapist and the acceptance of the clients in the here-and-now. This Rogerian stance can clash with the prescriptive approach common in schools, but it is a useful discord that can lead to constructive dialogue between the therapist and the institution, with the young person's well-being as the focus. I would suggest that being conscious of this reality of this can be helpful. As a therapist within a school I try to become part of the institution, but to some extent I am bound to fail, and this failure is therapeutically useful.

In discussing the position of *outsider* for the music therapist, I am writing about a subjective experience, encapsulated in certain key moments. For example: the moment when I go to collect a child from class and the teacher makes a joke, in front of the child, about how I can "keep them all day" if I want to, or the time when a teacher beckons me over for a quiet word and explains that the student I am seeing has been misbehaving, and "Could you talk to them about it in your session please", or simply the experience of coming from a challenging therapy session into a staffroom full of strangers. Behind some misunderstandings about creative therapy there may be an unconscious wish that the therapist will be a container not only for the unmanageable parts of the child, but also those of the teacher and by extension, the institution. When someone says "You can keep them", this is a regression to adolescence, and when you regress, you are asking for another to take on the adult role. There is paradox here because in creative therapies we are seeking to bring out the playful child in our clients, to create Winnicott's 'potential space' (1971), encouraging regression in a helpful sense. Play is often not encouraged in the classroom. The early concession to learning through play gives way to tables and desks in Year 1, but the need for play stays with us throughout life. In closing reports I often find myself recommending that "more opportunities for creative expression" are sought for a child, now that therapy has come to an end. Of course in therapy this is *play* in the Winnicottian sense, which does not always mean 'playing nicely'. Being on the outside can enable us to keep this in mind.

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Biog.

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