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Abstract

This capstone thesis explores the broad ways in which the expressive arts therapies can be applied with a community focus. Particular attention is paid to the community-centered goals and the role of performance in social circus as they relate to the current practice and goals of community music therapy. Through an exploration of social circus models, the connection between social circus and therapeutic theater is described, and emerging literature that links the two is analyzed. The field of community music therapy is explored, as are its theoretical similarities to social circus. The current limitations on research of mixed-modality practices which include music are examined. To attempt to fill this gap, research on these distinct but related fields is synthesized to survey the potential ways in which community music therapy and social circus practices could be linked for future exploration. This exploration of the literature lifts out three main themes relevant to social circus and community music therapy practices as potential mechanisms for positive change: trust, safe risk-taking, and social connection. As research continues in this field, further study could benefit from a focus on the roles these constructs play in successful outcomes for community-based circus and music methodologies.

Expressive Arts, Social Circus, and Community Music Therapy:

A Literature Review

The term circus, originally referring to the circular shape of the venues in which early circus performances took place, has conveyed a wide range of meanings throughout time. From the circus of Roman gladiators, to the early equestrian circus performances in Britain, to the later inclusion of pantomime, sleight-of-hand, and acrobatic performances, the term "circus" has grown to include a wide range of disciplines in the 250 years of modern circus performance (Mercadal, 2018). As this field of expression has developed across time, circus at present has become a multimodal discipline that incorporates a wide variety of physical and aesthetic components, with contemporary circus moving away from the novelty of trained animals and "freak shows," to an exploration of the narrative and lyrically expressive capabilities of the art form (Leroux, 2014). As the umbrella of "circus" has grown and developed, so too has its reach across cultures.

While the history of Western circus is largely one of folk and family tradition, the past few decades have seen an ever-increasing number of circus schools that have made education in circus arts more available to the general public (Beete, 2015). With this shift has come the development of "social circus," which refers to the application of circus arts to engage communities and enact social change. From the early days of Dr. Reginald Bolton's "circus in a suitcase," to Cirque du Soleil's Cirque du Monde community outreach branch, to the Mini Mobile Circus for Children in Afghanistan, social circus has grown and been adapted to a variety of cultures and contexts over the past four decades (Cadwell, 2018; Spiegel, Breilh, Campaña, Marcuse, & Yassi, 2015). While the approaches and contexts of different social circus groups and interventions vary across the globe, all share a common set of goals: to empower their

participants, build self-esteem and positive emotion-management skills, and create healthier communities through social engagement and connection.

While these methods vary, the focus on community involvement, engagement, and presentations liken social circus to the practice of applied theater (Cadwell, 2018). Applied theater can be described as "practices with an explicit pedagogical, social, political or therapeutic aim that take place in educational, community, activist or health care contexts" (Freeman, 2014). In this practice of applied theater there is a specific focus on the use of theater and performance by and for a specific population. For example, in a 2019 study by Smeta, Rousseauc, Stalpaertb, and De Haene, Syrian refugees participated in weekly theater workshops, creating and performing their experiences as refugees for one another through a variety of creative activities. In this, the act of not only creative exploration but creative performance is key: the creative exploration and self-expression of each individual is not only done for the sake of that individual, but to engage and inform their community. Within this model, the traditional roles of "performer" and "audience" are blurred, and participants exist in either role at different times in the process.

This lack of distinction between audience and performer is markedly similar to the format taken by many community music therapy (CoMT) practices. While it is difficult to create a singular and absolute definition of the practice of community music therapy, it can be characterized by its focus on music used within the context of communities and draws upon music's historical role as a social process (Mitchell, 2019). Within the tradition of music as participatory performance, it is a goal for as many participants as possible to engage in the act of music making together, regardless of musical background or perceived musicianship. This can happen in sequential formats, such as in the "coffee house" model of audience members turn-

taking to share music (Mitchell, 2019), in collaborative performances such as group drumming (Stone, 2005) or performances that include populations with disabilities and formally trained music students (Tiszai, 2016). In pursuing a community-focused methodology, CoMT allows for participants to benefit not only on an individual level from music interventions, but also on a wider social level, building and facilitating social engagement and connection between participants.

Within this, music therapy, defined by Bruscia (1991) as "an interpersonal process in which the therapist uses music and all of its facets—physical, emotional, mental, social, aesthetic, and spiritual—to help clients improve, restore or maintain health" (p. 5). has the potential to promote the experience and communication of emotion within a supportive social environment between the facilitator and group members. Because of the many facets that make up musical expression, music therapy also integrates social development with both gross and fine motor skill development, all of which can contribute to the goals of social circus while harnessing musical strengths (Williams, 2018).

With these clear parallels in both process and goals, it would seem that the practice of social circus is amenable to, if not already an extension of, the wider field of expressive arts therapies in general, and thus community music therapy specifically. However, in spite of their close similarities, there is very little literature in circus research that discusses expressive arts therapies aside from brief allusions to their shared goals. There is similarly a small, though recently growing, amount of literature in the field of expressive arts therapies that explores the utilization of circus arts disciplines.

This thesis will draw the connection between these disparate fields through a deeper exploration of the community practices already in place in the work of drama and music therapy.

In connecting these practices to the existing literature on circus arts and social circus, a proposal will be made for a possible integration in the practice of community music therapy and social circus.

Literature Review

To identify research relevant to the topic of this paper, searches were conducted through databases available through Lesley University's library portal, as well as publicly accessible search portals. The search terms included various combinations of "social circus," "community circus," "youth circus," "outreach circus," "circus arts therapy," "clowning," "expressive arts therapy," "arts therapies," "applied theater," "playback theater," "outreach theater," "drama therapy," "music therapy," "community music therapy," "dance therapy," "movement therapy," and "therapy" both in groups and as solitary search terms. Much of the research included in this thesis consists of quantitative and qualitative research on social circus interventions, as well as comparable approaches in the field of the expressive arts therapies. Dissertations and theses from expressive arts programs are included as well. There are also inclusions of relevant primary sources, such as social circus training manuals, published interviews from experts in the fields of circus and social circus, and reference to materials published by social circus organizations. Inclusion criteria for this literature review is greater than typical, due to the relatively young field of study on social circus and the limited amount of literature that directly links social circus and expressive arts therapies.

Social Circus

Definition and Goals

For the sake of this literature review, the practices that are sometimes regionally described as "outreach circus," "youth circus," or "community circus" will all be referred to as part of the umbrella of social circus. Social circus is an emerging field in which the application of circus arts activities is employed in contexts of social intervention. The social-projects branch of Cirque du Soleil, called Cirque du Monde, is the largest social circus program in the world with programs running in over 80 countries internationally. Cirque du Monde defines social circus in their training materials as "an innovative social intervention approach based on the circus arts [which] targets various at-risk groups living in precarious personal and social situations, including street or detained youth and women survivors of violence" (Cirque du Soleil, 2013, p. 28). The manual further states, "the primary goal is not to learn the circus arts, but rather to assist with participants' personal and social development by nurturing their self-esteem and trust in others, as well as by helping them to acquire social skills, become active citizens, express their creativity and realize their potential" (Cirque du Soleil, 2013, p. 28). This intentional practice clearly differentiates social circus from the realms of professional and recreational circus training, in which, while participants may benefit from physical activity and a sense of mastery, the goal is the direct pursuit of learning discipline-specific circus skills as opposed to the individual's personal growth.

Examples of Social Circus

In a 2017 article by Spiegel and Parent, the effects of four social circus programs on marginalized youth in Quebec are examined using a mixed-methods design. The programs

studied were all Cirque du Monde affiliated groups, and followed the ethos set by the Cirque du Monde training program. The research project consisted of questionnaires which measured constructs of personal growth and social inclusion, observation of sessions at the four sites, interviews with participants, instructors, community workers, and coordinators, an in-depth ethnography at the Montreal site, and focus groups at the three other programs. While detailed demographics were not gathered for all participants, the population was generally described as, "youth with mental or physical health issues, drug use, and even some who don't necessarily have family or drug use issues, but who feel they do not fit within society" (Spiegel & Parent, 2017). More than a third of participants neither had their own housing nor lived with families, and were living in government provided care, staying with friends, or in shelters and on the street. Questionnaire results showed significant improvement in both personal growth and social inclusion scales, which were shown to be positively correlated. Moreover, the qualitative data gathered corroborated these quantitative results, with three primary themes emerging. Participants attributed positive personal transformation, which they identified as a result of discipline, creative expression, physicality, and playfulness that was inherent in their circus participation, and included re-learning relational patterns, gaining the ability to take on and manage responsibilities, and reduced drug consumption. Participants also indicated the creation of community as a major impact of their participation in social circus, with 85.1% of respondents scoring significantly higher scores on social inclusion. Many interviewees felt so strongly about their newfound community that their fellow participants were often described as "family," and instructors likened to "parents," which is of particular note considering the percentage of the population served that had little to no support from their families. An instructor interviewed stated that, "many people who were extremely introverted, extremely isolated, succeeded in

developing bonds and a network in the community," citing this as the greatest success of social circus programs (Spiegel & Parent, 2017, p. 8). Lastly, the interviewees indicated increased horizons for future development, with themes of "motivation to accomplish something" and adding "meaning to their lives" as primary developments. After involvement in social circus, many students who had dropped out of school re-enrolled in classes, and a significant reduction in respondents who indicated neither having nor wanting a job. The scope and results of this article demonstrate not just the measurable impact of social circus intervention, but also the means through which it is achieved. Among the vehicles for change identified was the entrusting of participants safety to one another.

Mechanisms of Change: Trust, Risk-Taking and Social Engagement in Social Circus

The construct of "trusting oneself, trusting others and, in turn, being trusted" in the context of social circus is further explored by Cadwell (2018). In his research, he discusses the importance of risk-assessment and -taking in the experience of children as a necessary exploration for personal development, with a lack of understanding of risk leading to negative impacts in a person's adult life. While exploration of risk is an important factor in childhood development, finding ways to encourage children to work with risk without putting a child in harm's way can be challenging. Circus, however, provides a unique opportunity for children to experience safe exploration of risk--and in this practice trust. For instance, "participants have to trust that the equipment is safe, that they will not be hurt when they fall, that when they fall they will not be ridiculed and that falling, or at least dropping a prop, is normal, natural and expected" (Cadwell, 2018, p. 26). In this, participants must demonstrate both physical as well as emotional trust.

The importance of and development of trust can be seen in social circus programming worldwide. For instance, in a paper discussing the implementation and development of the national social circus program, "Sonrie Ecuador," two case examples are provided. In one example, a participant who had been sexually abused by a male relative was initially unable to participate in exercises that were inherently physical or creative due to her learned distrust towards male instructors and participants. After just three months of continued participation in social circus, after being given the opportunity through safe risk taking to test and explore the boundaries of her trust, this participant was able to fully participate in these activities without reservation. A second example discusses the case of a boy who had been regularly physically abused by his father. In much the same way as the first case, through the development of trust with the social circus community, he came to describe them as his "circus family," which is a statement that appeared often in the research of this article (Spiegel, Breilh, Campana, Marcuse, & Yassi, 2015). This concept of a "circus family" is notable for two reasons: first, its prominence in the literature, marking it is a nearly universal experience for social circus participants, and second, as a clear indication of the strength of social bonds that form within social circus interventions.

This focus on trust and social connection is paralleled in the work of Cirqiniq, a social circus program that provides services to 14 rural Inuit communities in Nunavik, the northernmost third of the province of Quebec. The development and practice of trust is a primary goal of Cirqiniq, fostered through games and movement activities that require trust and cooperation between participants (Lavers & Burtt, 2016). Children within this community face many challenges: more than half of children live in a home where at least one person has an alcohol problem, reported rates of rape are 37 times higher in Nunavik than in the south, and youth

suicide rates are ten times higher. Because of the high rates of trauma, many participants suffer

from a wide variety of mental health symptoms, and have difficulty trusting others to form

relationships. In the Cirqiniq model, all lessons are planned with a focus on a larger life lesson,

for instance "standing in a pyramid with others standing on your shoulders and legs is a physical

skill, but it is also a life skill – learning to trust others, showing how trust goes two ways, to trust

others you have to allow them to trust you" (Lavers & Burtt, 2016, p. 137). Other social circus

programs extend this trust even further, by making space for the inclusion of a community

performance aspect in addition to the closed activities that make up their programming

structures.

Performance in Social Circus

A notable example of a performance-focused social circus model is that of the Mobile Mini

Circus for Children (MMCC), which operates in communities across Afghanistan. The MMCC

has multiple operations across the country, including three day traveling workshops, all of which

culminate in a performance that includes both MMCC facilitators in educational content and

participants in the workshop demonstrating newly learned skills (Mason, 2018). In the MMCC

ideology, these presentations have two purposes. The first, is to disseminate knowledge through

performances on public health topics, such as land-mine safety or the importance of

vaccinations. The second is to promote peace by engaging the community as a whole. In this,

students are encouraged to perform for their families, schools, or communities to create a shared

experience of art and enjoyment. By taking the initiative to perform in these moments of "circus

bravery," the MMCC believes that a child participant can help build a sense of pride in their

community and in themselves, a direct benefit to demonstrating their trust both in their own

bodies and in taking the safe risk of performing. This community performance component allows

participants to practice and demonstrate both their learned circus abilities as well as the skills of trust, risk taking, and social engagement that make up this model of social circus.

Drama Therapy

Definition and Goals

This concept of a concluding performance is not entirely unique to the practice of social circus, and is to some extent a matter of debate within the field of drama therapy. Drama therapy, referring to the practice of dramatic techniques applied with the intention of therapeutic goals, is a field within the expressive arts therapies. While different organizations and approaches have their own specific definitions, the field of drama therapy can be generally described as following a few core beliefs. Firstly, that drama is a necessary part of human life and is inherent in our creative processes across time and culture, and secondly, that participating in drama allows people to connect to their unconscious and emotional processes (Jones, 2007). However, the context in which this drama should take place is less universally agreed on by practitioners of drama therapy.

Therapeutic Performance

While there are many theories and approaches within the field of drama therapy, the inclusion of therapeutic performance is not unfamiliar. Though many iterations of drama therapy are carried out in 1:1 or small group settings, in which privacy and the importance of safe space are key, some drama therapists broaden the scope of techniques to include members of the wider community. While some therapists maintain that it is the process of therapy that is most important, and that a focus on turning therapy into a final product of consumable aesthetic art can take away the power of the process, others state that performance can be both a final

representation of healing as well as a vehicle for healing to occur (Reclam, 2018). This inclusion of theatrical performance is reflected in many forms of drama therapy under many different titles, including but not limited to playback theater, applied theater, community theater, or applied drama, each of which have their own variations in goals, focus, and approach. However, for the purposes of this thesis, all of these forms will be discussed in terms of their inclusion of therapeutic performance.

One example of therapeutic performance can be found in life story performance, as exemplified in an article by Novy (2018). In this example, life review with a dementia patient in an adult day program was expanded to create a performance of an important moment in this patient's life. In the creation process, a drama therapist gathered information to create a script, and enlisted the participation of the patient's peers in the program as well as other program staff for the performance. This collaborative creation process and performance was witnessed by a number of program attendees, staff, and family members. By providing a highly visual and interactive depiction of the patient's life story, not only were her peers able to be engaged in the process despite a variety of cognitive impairments, but the patient herself was able to see her story expressed and celebrated by her community in spite of her worsening aphasia. As a result, she was able to make meaningful social engagement with the people in her community in a way that she would be unable to without the inclusion of this concluding performance in her treatment.

In another example of therapeutic performance is the model used in playback theater, in which a group of trained performers act out a story told by an audience/community member. For example, in a 2017 article the performances done by a group of psychotherapists and performers in the effort of reducing mental health stigma are relayed (Yotis, Theocharopoulos, Fragiadaki,

& Begioglou, 2017). Performed in psychiatric settings, mental health conferences, and in conjunction with the "Greek Anti-Stigma Programme" of the World Psychiatric Association, these dramatists played, in real time, the stories they were told by people living with psychiatric diagnoses, their family members, and professionals in the mental health field. The article details four such examples; that of an in-patient psychiatric client with disorganized speech patterns, a fragmented re-telling of a conversation by a person diagnosed with schizophrenia, a personal story from a man with both a physical disability and clinical depression, and a story from a psychotherapist about her unconscious stigmatization of a client. While the story content and theatrical techniques used to present them varied widely, in each case, the participants were highly engaged and reported positive comments about the performances given. Furthermore, they (and other participants) were approached at the end of the performances by members of the audience. The authors concluded that "contact and correct information given about people with psychiatric disorders are the main means but which to confront and alter stigma, these performances seemed to work across those two levels" (Yotis, et al., 2017). By creating the opportunity through this public expression, a meaningful dialogue was able to open between the community members across roles (patient, professional, family member) and allowed for participants to engage in new ways with one another.

A third example of therapeutic performance involves both a trained professional in the performance, improvising in the moment, but the inclusion of community members in the act of improvising: medical clowning. In a 2011 article, Pendzik and Raviv discuss the shared history of clowning and drama therapy, and interpret four case studies of medical clowning in an Israeli hospital through the lens of drama therapy theory. In each example, including a young girl who visited the hospital for regular injections, a group of children whose bus had been partly

damaged in the explosion of a rocket, a 7 year old amputee from Gaza, and four children in a

pediatric ward, the medical clown, "Professor Doctor: Head of the Department," interacts with

the patients, the staff, and the environment of the hospital in an unending role of dramatic play.

In this, the community with which he interacts is inherently part of the drama, as he approaches

the entirety of the world around him through a lens of the imaginary. By managing a balance of

ritual and risk, creating an emerging narrative that differs from the expected interpretation, non-

verbal expressions, and creation of shared experiences, Professor Doctor transitions the

population he works with from their role as patient to another role entirely unexpected. While the

article does acknowledge that drama therapy and medical clowning are distinct fields in terms of

certification and theoretical foundations, it is a profession that fits within proposed definitions of

therapeutic theater.

Community Music Therapy

Historical Context of Community Music Therapy

While this paper has already discussed the basic definition of music therapy, it is useful

to discuss the progression of the field as a modern practice. In his foreword to the 2004 text

Community Music Therapy, Even Ruud provides a broad summary on the progression of music

therapy from its initiation as a professional field in the mid-1900s. By his telling, music therapy

started within the context of academic institutions. This affiliation with academia immediately

lent music therapy to the application of the existing science paradigm. It became a tool to be

studied and observed within the contexts of clinical trials, and as such became chained to the

"music therapy room," with little connection to the world outside. In this paradigm, there was

little, if any, consideration of systemic, social, or cultural context within these interactions.

This insulation of the field of music therapy can be likened to the same process that music making has undergone over the last few centuries. Beginning in the early 1700s, music making, which is widely regarded by ethnographers to be a fundamental aspect of human cultures across time, began shifting away from its roots in community and towards that of an aesthetic art. As music became relegated to conservatories (or, a modern equivalent, recording studios), it lost the connection it once had in everyday life. It is in this same vein that music therapy was relegated only to closed spaces, and as such all the founding literature and theoretical approaches were focused on this same ideology of music as an exclusive process (Ruud, 2004). It is only at the beginning of this century that these paradigms began to be challenged by formalized exploration of what has come to be known as community music therapy (CoMT).

Defining Community Music Therapy

In contrast to the pre-existing conventions of music therapy to work with and enact change within the context of private individual or small group settings, CoMT seeks instead to engage with the larger system at hand (Ruud, 2004). It applies established music therapy concepts to a larger scope of practice, looking at social connections and systemic interventions to help and empower communities in addition to individual clients. By extending the realm of music therapy outside of the music room and into hospital hallways, village centers, art galleries, churches, and performance stages, CoMT is able to enact changes at the mezzo in addition to the micro level (Pavlicevik & Ansdell, 2004). There is not one single definition or form which CoMT must take, but rather it exists as a flexible term, able to morph to meet the needs of varied and culturally unique communities. Additionally, it does not seek to abolish more established

conventional practices, but instead to exist alongside the more traditional private music spaces we have explored.

Benefits of Community Music Therapy

As the definition and application of CoMT are flexible, each program can have its own structure, theoretical approach, and goals as are relevant to the community being served. To understand the utility of this community-minded approach, we can look at the example of MusicWorks' Lavender Hill project (Fouche & Stevens, 2018). MusicWorks is a non-profit organisation for music therapy services based in Cape Town, South Africa. The neighborhood of Lavender Hill, one of the areas to which black residents were forcibly moved during Apartheid, remains a central location of gang activity, with exposure to violence and drug use a part of the daily life for residents. The MusicWorks program in this location utilizes multiple different aspects in their programming to meet the needs of the local school with which they are partnered. "Gumboot Dance Workshops," a rhythm and movement - based program, is offered to all grade four students both within school and in after school programs. In grade five, students have the opportunity to participate in small group music therapy sessions by referral from staff and families. Following Grade five, students are welcome to participate in marimba workshops that continue through the end of their schooling. These programs all include live performance as a component. Additionally, MusicWorks offers teacher workshops, to help educators manage emotions and prevent burnout when working with such a high need population for whom positive school relationships are sometimes the only stable relationships in their lives. These programs are not necessarily pre-existing MusicWorks models that have been brought to a "community in need." Rather, they are programs that have been co-created with a community

already filled with creative, resilient, and resourceful members to better meet the needs of their

youth.

A notable component of their model is that all music therapy programming is run by both

white, female music therapists and with black, male, local musicians. While traditional music

therapy models in the West must be run solely by credentialed professionals, this choice in

approach serves many purposes. First, it allows for a culturally conscious approach to

programming, where residents of the community with lived experience have a say in creating

CoMT that adequately addresses the needs of the population in ways with which they will

connect. Second, it models for students in a neighborhood hit hardest by the aftereffects of

Apartheid that respectful and mutual working relationships can exists between people of

different races. Lastly, it provides children the opportunity to form a positive relationship with

male adult role models within a community where over 60% of youth do not live with a

biological father in their home.

While this partnership involves a collection of different unique programs, some of which

more closely align with traditionally developed music therapy models, there are numerous

reasons why their community-based focus better lends itself to the population it serves. For one,

in communities with lower economic resources and heavy gang presence, a sense of social

support and belonging is often met by allegiance to the local gang (Fouche & Stevens, 2018). By

creating programming that is open to all students rather than smaller private groups, MusicWorks

is able to better establish strong social connections between students of the school as well as the

staff who participate. Additionally, in the unique political environment of post-Apartheid South

Africa, partnerships between black community members and white "professionals" serve to

expose students to positive relational models, as well as offer students the opportunity to

participate in collaborative social engagements which, due to historical segregation, they otherwise would not have the chance. Moreover, by looking at the systemic problems faced within the school, namely teacher burnout in a context where students rely on their teachers for far more than just educational resources, the totality of programs offered is better able to meet the needs of students by expanding their focus beyond just looking at the students as individuals. Lastly, by including opportunities for performance, the program engages not just members within the school, but the wider community around students. While these performances may be small moments, they allows the students and their school to display for their community the relationships they have developed and the skills they have learned in one area in which they are flourishing. For a population who face numerous daily adversities, a community-wide celebration of achievement is a moment of empowerment where they otherwise have few opportunities.

Community Music Therapy and the Expressive Arts

Music and Movement: Limitations of Research

In the search for literature including both "music therapy" and multiple search terms for dance movement therapy, there were very few articles that discussed interventions combining the modalities. In fact, there were very few articles that included more than one modality as a key word, and in those that did a large majority were literature reviews that explored the efficacy of expressive arts therapies in general. It appears that even with the expansion in scope of practice that has occurred over the last two decades, the research of music therapy remains largely focused on the application of more traditional music therapy models. While lived experience as a student of music therapy would seem to imply that music therapy often incorporates or is incorporated into other modalities, this is not well reflected in the literature. These findings are

corroborated in a 2019 dissertation detailing a pilot study that explores the combination of music and dance movement therapy for dementia patients (Lyons, 2019). Despite their thesis focusing on the connection between these modalities, their literature review did not include a single article with a mixed-modality approach because of this gap in literature.

In this pilot study, the two modalities were combined due to the many similarities in their application to work with dementia patients. The literature of both modalities used musical cues and bodily expression to generate and regulate arousal, work within the context of non-verbal improvisation to express the self, and use of rhythm to help stimulate, engage and structure communication (Lyons, 2019). Furthermore, therapeutic techniques such as mirroring and embodied interaction are included in both forms of therapy. The findings of this pilot study indicated that this joint approach allowed patients to work through negative feelings, was engaging for participants, provided joy, strengthened peer support, and helped participants rediscover their skills and potential in movement and musical expression (Lyons, 2019).

Music and Therapeutic Drama

There is some existing research on interventions that combine music and drama therapy. One such study is of an intergenerational, mixed-modality intervention conducted in an Israeli nursing home in conjunction with drama students from a local performing arts university. The study sought to lay the foundation for a music and drama-based intervention approach for patients with dementia. In light of research on the benefits of intergenerational contact with the elderly, this study bolstered their study by including participants from a wider community than most similar interventions in nursing homes. As a result, after two consecutive 10-week groups the researchers found that both the inclusion of two arts-based therapies and the inclusion of participants from outside of the nursing home served to support residents' active engagement and

expand their emotional and creative expression (Dassa & Harel, 2019). By drawing upon a larger population and diversifying the approaches used, the residents were able to be supported in ways that music or drama alone could not have matched.

In a contrasting example, a music and therapeutic theater-based program in Brazil came about not through the intentional joining of the modalities, but rather because of a therapist's willingness to follow his clients where they led him. In a regular, weekly group therapy setting for adolescents with Autism Spectrum Disorders, theatrical themes of characters, costumes, puppets, and songs and lyrics relating to these characters repeatedly surfaced (Brandalise, 2015). Rather than shy away from these theatrical elements, Brandalise encouraged his clients, and after some time they came to have a complete musical, with puppets, costumes, props, and scripted songs at the ready. While Brandalise was initially hesitant to share work created in the context of music therapy, at the clients' requests this was performed for their parents and families. However, after creating another musical the following year, the participants attracted a larger audience, and at his patients' request the performance was shared publicly. With this, the "music therapy room" that Brandalise had initially considered by necessity to be a closed and contained space expanded to reach and impact the wider community. This shift in approach allowed for an expansion of therapeutic goals to benefit participants, which include the promotion of feelings of accomplishment and satisfaction, providing relatives in the audience with personal engagement with the performers, promotion of social inclusion through activism and participation, as well as social integration between clients, professionals, parents, relatives, and the public. The article concludes, "I believe that the most important message of this article is the need to apply music therapy in as broad a manner as possible in the treatment of clients whose worlds are limited by certain conditions… The clinical practice of music therapy can be conducted in a broad manner

by combining understanding of human nature, music, and creativity with that of history, culture, context, and ethics" (Brandalise, 2015, p. 7).

Community Music Therapy and Social Circus

There is no existing literature on interventions that combine social circus practices with community music therapy. However, the flexible and broad possibilities for their application to meet the needs of varied populations is well documented within existing literature. While there is limited research regarding the application of community music therapy practices to other modalities, the research that does exist is both positive and promising, and needs to be further explored. Due to the theatrical and movement-focused nature of modern circus, it stands to reason that community music therapy practices could easily be applied to the structure of existing social circus models, including those that emphasize the benefits of performance. Although the history of music therapy shies away from performance, recent findings seem to support its potential to add to the therapeutic impact of CoMT interventions when used in the appropriate contexts.

The compatibility of mixed music and circus community-based programming can perhaps be seen most clearly in the skills they foster for participants. The themes of trust, risk-taking, and social engagement appeared throughout the literature of both disciplines as core components of programming, both on the part of participants and facilitators, in programs and therapeutic settings across the globe. While traditional models of music therapy work to achieve goals within a narrow range of settings, a broader community of people can benefit by more varied therapeutic approaches, as is seen within mixed music and theater or movement methodologies. The literature shows that the variability of forms which CoMT can take is as wide as the populations that it serves, therefore, an increased bank of methodologies with shared

goals and processes would only allow for the practice to better reach and serve these different populations.

Discussion

This literature review looks at the existing literature on community - based practices across the expressive arts therapies, including CoMT, therapeutic performance in theater, and community models of DMT. In addition, the field of social circus is explored in relation to these more well established therapeutic practices. Although the literature on these practices is limited, their commonalities and divergences have begun to be illuminated through early mixed-modality practices. Figure 1, while not exhaustive, displays some of the themes and practices around which these four distinct fields converge, as well as where they retain their distinctions. It conveys, in broad strokes, the current themes found in the literature on these disparate fields.
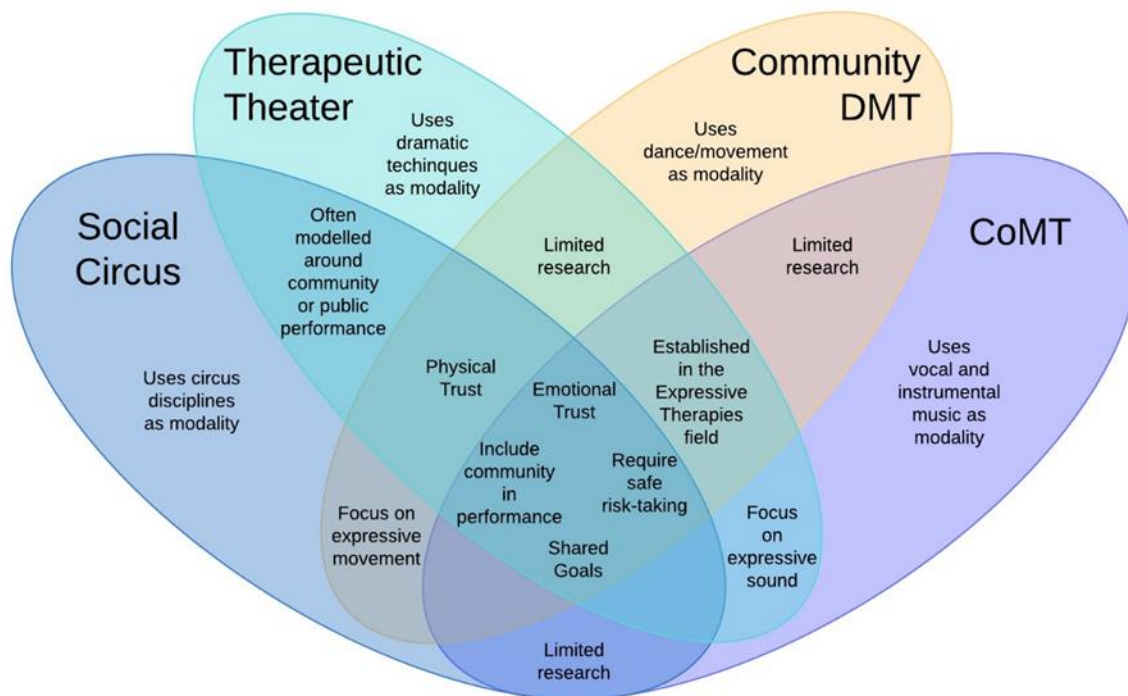

Figure 1. *Core Components of Social Circus and EATs in the Literature*

However, this literature review does not seek just to explore where the EATs and social

circus compare to one another, but to look at how their interrelation can inform and broaden

therapeutic practice in CoMT. In this, a new theoretical model through which to view CoMT

practice can be proposed. Primary to this model is the idea of adaptability. As explored in the

literature, a successful CoMT program does not have an "ideal" model, and is certainly not

standardized. It can incorporate local musicians to address social challenges (Fouche & Stevens,

2018), cue bodily expression in dementia patients (Lyons, 2019), or culminate in a public puppet

musical performed by autistic patients (Brandalise, 2015). In each example explored within this

literature review, the goals, model, and practice of CoMT was specially chosen to meet the needs

and skills of the given community. Therefore, to better meet the needs of varied populations a

music therapist must be willing to trust their community to explore and find methodologies that

will best benefit them, requiring an openness of mind and practical technique. It is for this reason

that social circus can better inform CoMT practice. As it intersects with all the EATs and draws

upon a vast and varied history and set of modalities, an integrated social circus and CoMT

practice can allow a program to respond to its participants in hugely varied and adaptable ways.

Transferring Findings into a Theoretical Model of Practice

This integrated model is presented in Figure 2, which, rather than exploring the differences

between modalities as is done in Figure 1, instead includes social circus practices to broaden the

possibilities of CoMT, thereby condensing the content of Figure 1 under a single umbrella.
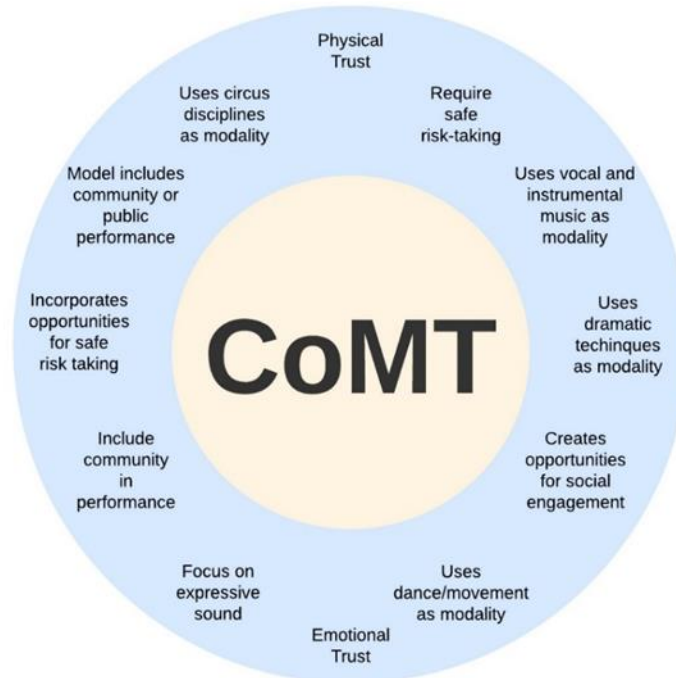
Figure 2. *Social Circus Integrated CoMT Methodologies*

While the literature on both CoMT and social circus is limited, their common qualitive themes can be seen within the literature that does currently exist. This thesis has grounded the community-focus of social circus work within the context of CoMT as a possible field of literature. The many ways in which social circus can be adapted and applied across a wide range of cultures, populations, and needs has been grounded in this recent field of research, demonstrating its ability to empower existing CoMT practices to effectively reach wider communities.

As part of this expansion of the expressive arts therapies into community based practice, the role and benefits of performance have been explored in numerous case studies across modalities. While traditionally these therapies take place within a closed context, allowing for privacy and emotional safety, this is not the only place in which clients are able to benefit from

the arts. Through performance components in both expressive arts therapies and social circus frameworks, the literature has uncovered benefits in individuals' sense of self-worth, accomplishment, and pride, as well as fostering of community engagement and strengthened social bonds. This therapeutic application of performance is historically more present in therapeutic theater, but can be extended across the expressive therapies continuum.

Due to their interrelatedness and the ease in which different modalities can adapt similar therapeutic techniques, in conjunction with their often - shared goals, it follows that mixed-modality treatments could benefit a wider range of people, or more deeply benefit those who access them. However, there appears to be little formal research available that engages with both music and another modality, especially in regards to CoMT specifically. This gap in the literature is an area for much necessary future research. Due to the inherently intermodal nature of circus arts, and the shared goals and models between social circus and the expressive arts therapies, the inclusion of social circus into CoMT research can greatly expand the opportunity for research.

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In the judgment of the following signatory this thesis meets the academic standards that
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