






Perspectives on Musical Care Throughout the Life Course: Introducing the Musical Care International Network

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Abstract

In this paper we report on the inaugural meetings of the Musical Care International Network held online in 2022. The term “musical care” is defined by Spiro and Sanfilippo (2022) as “the role of music—music listening as well as music-making—in supporting any aspect of people’s developmental or health needs” (pp. 2–3). Musical care takes varied forms in different cultural contexts and involves people from different disciplines and areas of expertise. Therefore, the Musical Care International Network takes an interdisciplinary and international approach and aims to better reflect the disciplinary, geographic, and cultural diversity relevant to musical care. Forty-two delegates participated in 5 inaugural meetings over 2 days, representing 24 countries and numerous disciplines and areas of practice. Based on the meetings, the aims of this paper are to (1) better understand the diverse practices, applications, contexts, and impacts of musical care around the globe and (2) introduce the Musical Care International Network. Transcriptions of the recordings, alongside notes taken by the hosts, were used to summarise the conversations. The discussions developed ideas in three areas: (a) musical care as context-dependent and social, (b) musical care’s position within the broader research and practice context, and (c) debates about the impact of and evidence for musical care. We can conclude that musical care refers to context-dependent and social phenomena. The term musical care was seen as useful in talking across boundaries while not minimizing individual disciplinary and professional expertise. The use of the term was seen to help balance the importance and place of multiple disciplines, with a role to play in the development of a collective identity. This collective identity was seen as important in advocacy and in helping to shape policy. The paper closes with proposed future directions for the network and its emerging mission statement.

Keywords

Care, cultural, interdisciplinary, international, life course, music, musical care, network

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Music can be used to provide care for people throughout their lives, responding to people’s health, educational, spiritual, and social needs. The term “musical care” is defined as the role of music—music listening as well as music-making—in supporting any aspect of people’s developmental or health needs: for example, physical and mental health, cognitive and behavioral development, and interpersonal relationships (Spiro & Sanfilippo, 2022). Other related terms—such as music and health, music medicine, music therapy, and community music—describe practices and groups of practices. Musical care’s deliberate wide scope and broad definition encompasses varied musical practices and goes beyond bounded health settings and practices to refer to the wider idea of care.

The emerging, negotiated concept of musical care involves people from many different disciplines, and areas of expertise and thus many professions, disciplines, and personal experiences are relevant. While the boundaries between professional and disciplinary knowledge are useful, they may also be limiting and come with challenges (Liberati et al., 2016; Sims et al., 2015). Acknowledging that the term is new and relevant to such a wide range of

contexts and perspectives, this paper considers the usefulness of this term further and takes a closer look at each part of the term individually.

Furthermore, taking an interdisciplinary approach that brings together practitioners’ experience with perspectives gained through research (such as carried out in music psychology, music neuroscience, or ethnomusicology) can help address broad and multi-faceted concepts of musical care. This broadening out may also shape choices about what kinds of music practices and research are seen as worthy of attention, study, and support (Spiro et al., 2022b) as well as highlighting the need for systems that support the development of pathways to different forms of musical care practices.

To truly understand musical care, an interdisciplinary approach is needed. Existing research has not adequately explored the diverse forms of musical care that exist across different geographic and cultural areas, and understanding of musical care is further hampered by limited exchange of research findings across disciplinary areas. There is a pressing need for exchange of knowledge across different disciplinary, geographic, and cultural

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boundaries. This exchange can ensure that practice, research, and theory are informed by available evidence and are sensitive to cultural, racial, and gendered differences in the way musical care is practiced and understood in particular sociocultural, geographical, or “place based” contexts. This is important because the ways in which musical care is developed, practiced, and understood may change based on where it occurs. The book *Collaborative Insights: Interdisciplinary Perspectives on Musical Care Throughout the Life Course* (Spiro & Sanfilippo, 2022), in its explicit interdisciplinary approach, took a step towards a more holistic understanding of musical care throughout our lives. Most of the authors of the book came from primarily English-speaking countries and discussed research and practice within these settings. In the synthesis chapter of the book, the authors called for a more global understanding of musical care (Spiro et al., 2022b). Therefore, for the development of a network, we brought together professionals from around the world and across disciplines to join in meetings about musical care with the aim of creating a network to better reflect the geographic and cultural diversity relevant to musical care.

Several challenges can stand in the way of interdisciplinary and international collaboration (see for example, Hook & Davis, 2019; MacLeod, 2018; Powell et al., 1999; Spiro et al., 2022b; Tsirir et al., 2016). One challenge is

connected to the interpretation of terms (Spiro & Schober, 2014) and differences in language (Boroditsky, 2006). Other challenges include differences in the understanding of the purpose of the research (see for example, King et al., 2008; Nyström et al., 2018), in what type of evidence constitutes trustworthy conclusions (as discussed in Bindler et al., 2012; Petticrew & Roberts, 2003; Robertson et al., 2004), and which methodological approaches are suitable (Hesse-Biber, 2016; Spiro et al., 2022b). Taken together, these challenges can be seen as connected to culture and context as well as underlying perspectives, ideologies, and beliefs about musical care research and practice. Nevertheless, it is possible for researchers from different disciplines to find themselves more closely aligned with each other than with others in their individual disciplines (Spiro & Schober, 2014). Further considerations for interdisciplinary work have been observed by Osbeck and Nersessian (2017), which can arise from issues connected to “epistemic identity” with implications for social and personal dynamics that enable interdisciplinary research (p. 228). In this view, epistemic identity can seep across disciplines and affect collaboration in ways that are difficult to anticipate. This in turn necessitates awareness of our own and others’ epistemic identities as well as the development of flexibility in these to facilitate better collaborative processes and perspectives. Therefore, interdisciplinary work and international perspectives, notwithstanding the challenges, seem particularly suited to addressing the multiplicity of questions relating to the multifaceted phenomenon of musical care.

Table 1. Countries of residence represented by network members, as described by network members.

Country	Number of network members
Australia	6
Austria	1
Brazil	2
Canada	2
Chile and France	1
Colombia	1
Denmark	1
Finland	1
France	1
Germany	1
Israel	2
Italy	1
Mexico	1
New Zealand	3
Occupied lands (Israel)	1
Portugal	1
Russia	1
South Africa	2
Sweden and France	1
Switzerland	1
The Netherlands	1
Türkiye	1
United Kingdom	9
United States of America	9
United States of America and New Zealand	1
Information not provided	2

The Inaugural Musical Care International Network Meetings

On January 18th and 21st, 2022, BM, KRMS, and NS hosted the inaugural online meetings of the Musical Care International Network. Researchers and practitioners were invited through emails and online advertisements using personal networks and professional associations, prioritizing those from beyond the cultural and geographic focus of the *Collaborative Insights* book (Australia, Finland, Israel, the United Kingdom (UK), and the United States of America (USA)). Desktop searches were carried out to identify potential delegates, and they were sent invitation emails. The events were also publicized on social media. The meetings brought together practitioners and researchers from around the world who work in numerous practices and disciplines related to musical care. These included anthropology, arts and health, Black studies (Black feminist thought), community music, musicology, economics, ethnomusicology, geography, health sciences, music education, music therapy, music and science, sociology, and sound studies. Through group discussion, the objectives for these first meetings were to (1) introduce members to each other, (2) explore international perspectives on what musical care can look like and what it can be for, and (3) develop the goals and mission for the network.

In total 54 people signed up to the network from 24 countries (Table 1). Of these, 45 attended the meetings. Many were both practitioners and researchers. In preparation for the meetings, delegates were asked to provide their biographies and areas of work using an online survey in Qualtrics. The organizers compiled this information into a booklet, which represents the numerous disciplines and areas of practice (Spiro et al., 2022a). The booklet also includes an introduction to the network, the working definition of musical care, and a plan for the meetings.

Five, 3-hour long meetings were held, each with a different subgroup of no more than 12 members of the network, allowing for different time zones and small group discussion. Each discussant attended one of the meetings, and different organizers led different meetings depending on time zones. The meetings were held in English despite the multilingual composition of the network. The agenda for the meetings included four core guiding themes relating to musical care as well as questions about the development of the network. During the meetings, the organizers facilitated discussion by posing key questions that had already been presented in the booklet. The key questions were:

Based on your own work and experience:

1. What is musical care to you?
2. What are musical care practices? Who do they involve?
3. What can musical care do? What kinds of outcomes can it have? Is there evidence for that?
4. Where does musical care sit within the wider cultural landscape?

Aims

The aims of the paper are to (1) better understand the diverse practices, applications, contexts, and impacts of musical care around the globe and (2) introduce the Musical Care International Network. To do this, transcriptions of the recordings from the meetings and notes taken by the hosts were compiled. BM and GPR then summarized the key ideas across all the meetings in connection with the key questions. They grouped these across three key areas: (a) musical care as a context dependent, social phenomenon; (b) where musical care sits within the wider research and practice context; and (c) debates concerning its impact and evidence. Working from these key areas, the paper ends with a brief overview of future directions for international musical care work in general and the next steps for the Musical Care International Network. BM, GPR, KRMS, and NS prepared this manuscript with input from the other discussants,¹ who are listed as co-authors in alphabetical order.

Musical Care as Context-Dependent and Social

Discussions in the meetings revealed areas of shared understanding as well as differences in the way musical care can be understood across disciplines and areas of practice. Overall, “musical care” was viewed as a productive conceptual framing that could facilitate knowledge exchange between disciplinary, cultural, and geographic areas that are seldom brought together yet have some shared priorities. Following exploration of definitions of terms, discussions included recognition of the importance of developing an understanding of the way musical practices sit within their particular cultural, political, and social contexts. Thus, four interconnected areas were discussed: (1) definitions of terms; (2) cultural context in understanding musical care; (3) understanding musical care as influenced by political, educational, and health systems; and (4) considering the social nature of musical care.

Definitions of Terms

Defining musical care across different social, cultural, and geographic contexts necessitated consideration of the nature of music and the terms we use to describe it. Discussions included the meaning and associations of the term “musical care” but also interrogation of both words “music” and “care” individually.² Discussions in the meetings included consideration of what counts as music, highlighting examples such as infant-directed speech (Malloch & Trevarthen, 2009) that are not ordinarily defined as “music” yet can be understood as forms of everyday musical care.³ Understandings of music, and the terms used to define it, vary considerably across cultural contexts (Nettl, 2010). Indeed, examples were given of cultural contexts where there may be no direct translation of the term “music,” where sound may be combined with other art forms or defined by the context or function of the activity (Byron, 1995; Merriam, 1964; Trehub et al., 2015; Turino, 2008). It also included settings where skilled facilitation of others’ engagement with sound is more important than a predetermined musical outcome and where non-sonic aspects of music and skillful use of silence are important (Sutton, 2009). Discussants emphasized the way culturally specific understandings of music, such as the notion of music as “sonic entertainment” in Western, Educated, Industrialized, Rich, and Democratic (WEIRD: Henrich et al., 2010) societies, frequently do not align with how musical practices are conceptualized in other cultural contexts (see also Canadian Cultural Society of the Deaf, 2015; Nettl, 2010). Ilari explained that in some cultures “music,” as well as terms describing engagement with it, are polysemic. In Portuguese, there are three verbs that are typically used to designate the act of “playing music.” Play can be used to designate the actions of *tocar* (to touch, to play instruments), *jogar* (as in to play in a game with rules or sports, as well as for the act of throwing),

and *brincar* (as in child's play). Interestingly, in many Brazilian popular and folk practices that involve music, individuals who take part in them are known as "*brincantes*." This includes Brazil's famous carnival (described with the term "*brincar o carnaval*"). The polysemic nature of these terms has implications for how musical care practices are understood and how they sit within a broader cultural landscape.

"Care" was also seen as a term that opened opportunities for shared understandings as well as differences. While some discussants expressed concerns that "care" implied a medicalized practice that may not resonate in all cultural contexts, many still felt that "care" was an inclusive enough term that enabled practitioners in different areas such as music therapy, music education, and community music to speak to one another. Indeed, Ilari provided different definitions of care focusing again on Portuguese. The Oxford Portuguese Dictionary (2015) offers different meanings for the term for care, "*cuidar*," including "ponder," "reflect," "repair," "pay attention to," "do," "to become interested in something," "to become responsible for something or someone," "to assist in a health setting," "to pay attention to oneself," "to conserve, preserve or maintain something," and "to protect oneself." Thus, acts of care may reinforce intrapersonal and interpersonal functions and take place in multiple settings.

While in some cases, terms such as "music" may serve to obscure cultural differences, in other cases terminology may serve to overemphasize differences of culture or discipline and thereby divide areas of research and practice that can benefit from opportunities to exchange knowledge. For example, discussants grappled with questions about why the term "ritual" appeared to be used primarily to describe musical practices in non-WEIRD societies and whether assumptions about cultural difference may impede recognition of common experiences (cf. Brabec de Mori, 2014).⁴ While "musical care" was seen as productive in overcoming unhelpful divisions between areas of research and practice, there was also recognition that the term is not neutral and may also carry culturally-specific assumptions about the nature of music and care.

Furthermore, discussants noted that music associated with care contexts may be less highly esteemed in WEIRD societies, where musical value is frequently defined in terms of artistic innovation or aesthetic significance, technical virtuosity, or commercial success (Elliott & Silverman, 2012; Turino, 2008). That is, because music associated with care is oriented toward supporting social, health, and developmental needs, it may not always align with the criteria for musical "excellence" that apply in other performance settings. For some discussants, notions of "excellence" were seen as an impediment for musical care activities, such as in cases where pursuit of the highest levels of achievement occur at the expense of physical, emotional, or mental health (Leech-Wilkinson, 2018). Others advocated for a continued emphasis on high quality musical experiences as a primary goal, perhaps reflecting

speculation that, even at an evolutionary level, quality of musical activity was associated with the quality and cohesion of societal groups (Cross & Morley, 2010; Morley, 2013; Patel, 2023). This relates to broader differences in conceptualizing music (i.e., as a means to an end or as an outcome in itself) that correspond to disciplinary differences discussed further below in the section on positioning musical care.

This kind of contextual understanding is also necessary for identifying (and mitigating) potential negative consequences of musical experiences and musical care. While discussions highlighted the growing evidence base for the benefits of musical care, potential negative effects of musical experiences were also identified. For example, discussants noted the challenges, such as performance anxiety, frequently experienced by individuals undertaking musical performance training and careers (Kenny, 2010; Nicholson et al., 2015; Zhukov, 2019). Some suggested that it is necessary not only to define what is meant by musical care but also to note what kinds of musical experiences should not be considered caring, and indeed examples of potential negative effects of musical activities in particular social contexts and from different historical perspectives (Daykin et al., 2017; Fischer & Greitemeyer, 2016; Gouk, 2017b; Saarikallio & McFerran, 2022).

Cultural Context in Understanding Musical Care

Discussions of definitions of musical care highlighted the importance of understanding musical care practices within their cultural context. Discussants shared examples of musical care activities within different cultural contexts, ranging from specialized interventions in response to specific medical conditions to spiritual practices and other everyday music making embedded in every stage of the life course. Discussions suggested that, while there may be shared aspects of musical care across these varied contexts, there is also a need to recognize the distinctive features of particular musical care contexts.

Examples of specialist musical care shared in discussion included contemporary music therapy practices in multiple countries (Aigen, 2014; Bruscia, 2014) as well as ritual healing practices in the Western Amazon region of Peru (Brabec de Mori, 2015) and the Caribbean (Schaffler & Brabec, 2016). Brabec highlighted not only the importance of cultural contexts but also the human, social, and broader environment that defines how musical care influences the states and circumstances of ritual participants and patients. Ontologies of sounds, their relation to spirits and other non-human agents, and therefore an understanding of what is being achieved by performing, listening, or dancing to music have to be considered when talking about "how music works" in societies like those in the Western Amazon region of Peru and the Caribbean. Brabec further noted that any attempt at trans-cultural research, and indeed transfer, of such musical care activities (like "shamanic singing," "trance drumming," etc.) has to see these

activities respectfully and with deep investigation in order to avoid epistemic violence and neo-colonial appropriation (Brabec, 2023). In addition, Sanfilippo shared her experiences of working in the UK and in West Africa, where contrasting ideas about the roles of music in social life produced strikingly different expectations and experiences in terms of music engagement.

While most of the examples discussed in the meetings involved live music making together with other people, in the context of the COVID-19 pandemic, graham-jackson put forward the notion of “virtual musical care,” in which people engaged in music sharing and listening as a form of care in the context of isolation (see also Granot et al., 2021). graham-jackson also introduced her term “sonic wellness,” which she uses to address the specific ways Black people expressed their struggles with the silence permeating their homes and neighborhoods during the COVID-19 pandemic. She explained that the music and sounds of events (shouts, claps, internal language, etc.) also offered a specific way to use sound or sounding to fill up these still spaces where they were located in order to feel well in this catastrophic moment. Focusing in, graham-jackson framed the role of virtual musical care as a response to the broader challenges facing Black and African Diasporic communities during the pandemic, particularly the way in which entrenched racial inequality manifests in unequal access to care (Alcabes, 2020; Bonilla & Rosa, 2015; Warren, 2016).

Related to this were broader discussions of how musical care practices are gendered, racialized, and expressed through placed-based orientation (Eaves & Al-Hindi, 2020). As discussed by graham-jackson, Black communities who are historically excluded and experience racial oppression in mainstream care settings curate various forms of musical care “to fill a void based on some of the structural care that people haven’t been able to receive.” Black digital communities understand that musical care and sonic wellness as a form of healing will not take the place of the health care that they need but instead offer an essential moment of respite. This issue highlights the limitations of musical care for underserved groups in need of adequate health care (Geronimus et al., 2006). At the same time, it reflects how marginalized communities rely on their music and sonic knowledge to develop alternative ways to care for themselves and their communities in moments of tremendous crisis.

An example from Australia was shared by Sunderland, who suggested that online musical engagements and recording could be understood as a form of musical care for First Nations musicians who have experienced ongoing marginalization and lack of access to resources to record and share their music (see also Budrikis & Bracknell, 2022; Maret & Barwick, 2003; Vaarzon-Morel et al., 2021). These examples indicate the diversity of forms that musical care may take, the ways in which it may respond to structural inequalities and histories of racism and colonization, and the significance of context in understanding musical care. These

examples also indicate the ways in which the social identity and background of participants in musical care shapes the activity and the ways it is experienced in context.

Understanding Musical Care as Influenced by Political, Educational, and Health Systems

Discussions provided insights into how musical care is influenced by political, educational, and health systems. To better understand this, discussions touched on the importance of a historical understanding of musical care. This included attention to the longer histories of musical care practices (Bohlman, 2000; Brust, 2001; Gouk, 2017a; Horden, 2020; Kennaway, 2014; Koen et al., 2008; Meymandi, 2009), the development of interest in musical care practices over the past several decades, and the way in which musical care may relate to historical injustice and structural inequalities. Discussions also considered how musical care practices sit within broader, changing political economies of care and how divisions between areas of practice may reflect processes of professionalization and commoditization of culture. Neoliberal justifications for musical care were noted, for example by Camlin, where music may be promoted as a means to “ameliorate some of the impact of the economic system” rather than making structural changes (see also Jackson, 2011).

Dumbauld and Morrison spoke from a perspective of music education in the USA and explained that in that context, proponents of music education often feel the need to justify continued music programming at schools by emphasizing music’s role in reinforcing other subjects often deemed more “important” (as seen in claims that “Studies show students in music classes do better on their math tests,” etc.). Dumbauld’s interpretation of such arguments is that the inherent social, cultural, and developmental assets music education offers are devalued. Music as a subject becomes a corollary to subjects that serve as the basis of educational assessments (usually reading and mathematics), which in turn determine the level of funding and/or oversight a particular public school receives. In fact, Morrison highlights that more recent advocacy work has expanded on the value of music as a means to promote social and emotional learning, though often still viewing these constructs as resulting from or ancillary to music rather than as fundamental and inherent elements of musical interaction (as discussed in OECD, 2021).

De Wit emphasized the way musical care practices can become politicized and “flagged as an opportunity or solution” in discussions around “humanization of healthcare spaces” (Lehikoinen, 2017). These kinds of justifications for musical care may provide opportunities, but they may also reinforce constraints on the kinds of musical practices that are considered “care” and the groups of people that can access them. Van Buren observed that the application of music and other arts may be understood by some but in a restricted form. Music and other arts may be seen as

valuable in contributing to the environment (e.g., making hospital spaces more engaging) or to general well-being (e.g., through reducing boredom or relieving stress for patients, family, staff, or others). Yet the potential for artistic approaches also to impact clinical practice—to help create a future healthcare workforce that is creative, empathetic, innovative, flexible, cognizant of socio-cultural issues, and working to promote health equity—is not always recognized or supported.

In some discussions, musical care was considered as a way of caring for the natural environment. For example, as discussed by Mollison and others, for First Nations and Indigenous communities in Australia and New Zealand, music is closely connected to practices of relationship to and caring for Country (MacLean et al., 2017; Rakena, 2018). Sunderland also discussed how musical care may intersect with efforts toward decolonization and remedying of wrongs from the past that reproduce inequality and injustice (Sunderland et al., 2017, 2023).

Considering the Social Nature of Musical Care

A point of agreement across many of the discussions was the importance of social aspects of musical care. Generally, discussants articulated an understanding of musical care as taking form through a process of social interaction and communication, rather than inhering in a specific musical product. The social aspects of musical care were discussed in relation to the literature on music and social bonding, emotion, and social identity (including, among many, DeNora, 2000, 2013; Juslin & Sloboda, 2001; MacDonald et al., 2017; North & Hargreaves, 2008; Savage et al., 2020; Turino, 2008).

Multiple terms were used in the discussions to describe the social dynamics of musical care practices. Discussants described the way musical care may foster social “synchronicity,” “entanglement” (inspired by Barad, 2007), or “love” (Camlin et al., 2020; Silverman, 2012). Indeed, Camlin further elaborated that musical care may foster social “synchronicity” (Brabec, 2022) and strong feelings of emotional attachment to fellow “musicers” through the sense of “communitas” or “collective joy” that often accompanies collective music making (Camlin et al., 2020, pp. 10–11). As the “performance” of an idealized form of relationship (Small, 1998, p. 314), the notion of musical care emphasizes the possibility of experiencing authentic social intimacy without some of its attendant complexities—a kind of psychological “safe danger” for exploring interpersonal connection (Camlin et al., 2020, p. 11).

The rich language used to describe the social experience of musical care indicated that, for many discussants, this was a topic of central importance in their understanding of how musical care works. The notion of musical care as “co-occupation” (de Jong et al., 2020) was put forward to describe the way music may function within occupational therapy care contexts as a form of shared meaning and

shared occupation requiring another person. A broader understanding of musical care as a “culturally particular form of affiliative communicative interaction” was proposed by Cross.

While many of the musical care activities identified involved making music with other people, individual music-making and listening were also shared as examples of musical care (see also DeNora, 2000). Some discussants suggested that individual music engagement should also be understood as relational and communicative, helping people connect to themselves and others. For example, Cross discussed how music can “bind us back to the social world.” The importance of self-care was also emphasized, with attention to the challenges experienced by musical care practitioners due to the nature of their work (Harrison, 2023; Warren & Rickson, 2016).

For some discussants, the social dynamics of musical care were explicitly linked to understandings of music and emotion. For example, Camlin suggested that musical care shares similarities with the emotion of love because it can involve “expressing ourselves and listening at the same time,” resulting in a feeling of being “not just connected but transcended” and leads to “feelings felt” (Camlin, 2021, 2022). Examples of musical care and emotion were shared by Bonini Baraldi. Drawing on his research with the Roma community in Romania (Bonini Baraldi, 2021), he suggested that care involves “empathy plus action” and that music can support the development of empathy (understanding and eventually feeling the emotions of others). Bonini Baraldi also contributed a contrasting example from research on Maracatu “*de baque solto*” Carnival performances (Pernambuco, Brazil), where sounds are employed as a tool to protect people against others’ negative emotions (particularly envy) (Bonini Baraldi, 2022a, 2022b). The varied examples shared indicate that, across different cultural contexts, musical care practices may be associated with negotiating emotional responses to others. At the same time, the social and emotional meanings attached to musical care practices may vary considerably based on social, cultural, and geographic contexts (Trehub & Russo, 2020) as well as an individual’s “interpersonal emotional history” (e.g., Robledo, 2020).

The importance of social identity in musical care contexts was emphasized. This relates to the foregoing discussion of music and social connection. It also intersects with discussions of social inequality and stigmatization, and the role that music may play in negotiating “hierarchies of social difference” (Chapman, 2010, p. 241; McConnell, 2020). Discussants highlighted various ways in which musical care may serve to support the development of a positive social identity for groups that have been marginalized due to racism, colonial oppression, disability, chronic disease, socioeconomic status, or other factors. This intersects with understandings of musical care as a means to

move beyond deficit models of care to emphasize strengths, coping, and resilience.

An emphasis on strengths-based approaches (e.g., Batt-Rawden, 2010) in musical care was a recurring theme in discussions. That is, rather than viewing musical care primarily as an intervention to “fix” a particular problem, many discussants saw this work as a process of nurturing, enhancing, or encouraging the existing capacities of individuals or groups. Whereas certain musical care practices may indeed target people living with particular health or other challenges, understanding the recipients of musical care as active participants was emphasized as important to developing coping and resilience, and to avoid stigmatization. Indeed, a frequent theme in discussions was the idea that musical care is not a one-directional activity from carer to recipient, but rather it is a reciprocal activity that is done “with” rather than “to” other people.

Positioning Musical Care

Positioning emerged as a key issue facing both practitioners and researchers in these discussions. It encompassed three areas: (1) the role of community consultation and collaboration in practice and research; (2) the identity (or more often *identities*) of those working in musical care, including notions of professionalism, legitimacy, and expertise; and (3) the position of musical care researchers, practitioners, and research-practitioners in and across academic disciplines and practice contexts.

Community Consultation and Collaboration

Musical care was seen to need to respond not only to an individual’s needs, but to their context, preferences, and voiced feelings about their care. This role of individuals within the community in decisions concerning their care was noted by discussants as being of increasing interest and importance in academic and practice discourse (Masterson et al., 2022; Mulvale et al., 2019). This includes having a community voice in policymaking, research, and program design (Cardoso, 2014; Ocloo & Matthews, 2016; Stige, 2002). Often described as the processes of “co-design” or “co-production,” the arts in care have often been at the forefront of developing collaborative processes where practitioners and communities/clients/consumers have equal voices in the process of designing and developing programs and practices (Ribeiro, 2017). For example, Frid and Falkenberg discussed how they used participatory design methods in their latest work, in which they co-designed musical instruments with children using vocal sketching and other participatory methods (Falkenberg et al., 2020; Frid et al., 2022).

Another strong theme related to the agency of the “receiver” of care. Many discussants shared examples of ways to overcome the medical model of one-directional care from a “giver” to a “receiver.” Pike-Rowney gave the example of “co-occupation”⁵ as a means of breaking down

traditional practitioner/client (or clinician/patient, musician/audience) barriers (de Jong et al., 2020). Discussants also revealed concerns about cultural appropriation in musical care, particularly in situations where musical traditions or repertoire associated with specific communities were being used by outsiders in potentially inappropriate ways. At the same time, some discussants described music as a powerful means of decolonizing care.

A tension specific to medical contexts was identified concerning the intention of medical models to “fix” specific diseases or issues, rather than acceptance and celebration of difference. This theme also relates to those raised above concerning the importance of musical care in enhancing wellbeing, broadening the traditional deficit model of medicalized care (for a discussion of deficit models in medical care, see e.g., Fullagar & O’Brien, 2014; Tsiris, 2013). This move away from the deficit model is championed by many researchers and practitioners who themselves have lived experience of care (Gillard et al., 2021; Harrison et al., 2019).

Identity and Expertise

A range of complex issues concerning the identity or identities of those working in musical care practice and/or research, the role of the “expert” in musical care, and targeted interventions vs. everyday embeddedness were discussed. Identity or identities described by discussants working in and across musical care contexts encompassed some or all of the following (and more besides): carer, musician, health provider, community worker, social worker, educator, researcher, scientist, practitioner, and therapist. There were inherent tensions described between these different identities and a sense that some individuals protected and defended boundaries between these aspects. Discussants generally felt the need to work together more effectively across these various identities and boundaries—while retaining their respective scopes of practice—finding that these discussions and the resulting international network was a positive move forward in this direction.

Discussants celebrated the notion of community members and other health professionals engaging in the arts as a part of their care toolkit, such as parents or occupational therapists. Indeed, discussants across different countries and contexts emphasized that musical care should not only be the province of professional music therapy⁶ and regardless of musical care activity, this work should be practiced safely and ethically.

Discussants described the role of the “expert” in musical care. The role of the expert was seen to depend on the intention of the musical care practice and context. It can be understood as two different, sometimes overlapping categories. The first is where the “expert” has specific knowledge and skill necessary for effective and safe musical care, e.g., in certain cultural or social contexts (e.g., Kanyeleng groups in The Gambia, see Sanfilippo et al., 2020) or in using certain targeted interventions in explicit health care contexts

(e.g., music therapy in the Neonatal Intensive Care Unit). The second is where the “expert” is able to support new ways to embed music in other practice (e.g., music in occupational therapy). Cardoso gave one example from Brazil where “music workshops” were used to expand the therapeutic practice of mental health services. Many practitioners described themselves as practicing within both of these categories.

The role of the expert and expert knowledge in this broad field was also debated and spoke to issues related to legitimacy and efficacy of musical care practices. Discussants expressed the importance of considering the perspectives of all the individuals involved in musical care practices, not just those traditionally seen as “experts” involved in a particular context, including their position, power differentials, knowledge and expertise, and identity with musical care—“who is in the room and why are they there?” These considerations varied depending on cultural, social, and professional contexts.

Related to the inherent tension between the need to enable others while respecting and protecting professionalism and expertise, strong debate ensued concerning targeted “interventions” vs. embedded musical care activities. Targeted programs were described by some as requiring a trained professional in a specific musical care practice, with some discussants feeling that this model promoted a deficit model of care that can be seen as problematic. These individuals were often advocates for programs that facilitated everyday engagement in music for wellbeing that could take place independent of a trained professional. The interactions between targeted activities and everyday engagement are complex and nuanced, and many practitioners and researchers described working across both types of activity.

Position within and across Research and Practice

Discussants described themselves as coming from a broad range of academic and practice backgrounds, and most felt that the range of paradigms and perspectives was important to maintain, due to the inherent interdisciplinarity of musical care. Along with the positioning across both research and practice, musical care’s interdisciplinarity supported knowledge translation and impactful practice and research, breaking down traditional disciplinary and practice boundaries (Spiro & Sanfilippo, 2022). Discussants used a range of creative terms and phrases to describe this position as not always comfortable or straightforward, including “doing the splits” and being “on the edge” of disciplines. Musical care practices themselves were commonly described as an alternative voice—not usually the first choice in traditional medical contexts but rather a complementary tool alongside other therapeutic practices. This was particularly the case for those working in medical and healthcare contexts.

Some negative aspects of this complex positionality were also expressed by discussants, including imposter

syndrome and limited legitimacy or recognition, particularly by some medical professionals. Some of those positioned across research and practice also felt a lack of recognition, as they were perceived as neither a legitimate practitioner nor a legitimate researcher. Despite this, some discussants described a sense of growing acceptance by medical and health practitioners as well as policy makers (House of Lords, 2019). Cardoso discussed an example in which new policies were created and awards given by the Brazilian state in support of a project that had musical groups, choirs, bands, and radio teams leave the context of the hospitals and therapy rooms to perform for the public. These opportunities were run and supported by the mental health services and open to patients at these institutions. Participating individuals were no longer just patients occupying artistic spaces outside the walls of the institutions, but gained autonomy and became the protagonists and managers of the activities (Cardoso, 2014).

Discussants described the position of musical care in relation to three levels of scope: the macro, meso, and micro. The macro level included global considerations. This global scale has become of particular concern during the shared global phenomena of the pandemic and concerns about climate change, serving as a potent backdrop to these discussions. The meso level included local, cultural, and social considerations, and the micro level included individual and personal considerations. These levels were not mutually exclusive, although most discussants described their position within the meso level, with some highlighting the importance of macro considerations such as the current global economic context.

Impact and Evidence

This theme explores the possible areas of impact of musical care, as well as processes and methodologies for gathering evidence in three areas: (1) the breadth of research foci encompassed by musical care, (2) the need to consider negative impacts of musical care, and (3) challenges and complexities concerning methodology and interdisciplinary collaboration.

Research Foci

Discussants shared a wide range of research foci and priorities, stemming from several disciplinary perspectives. Conversations included exploration of questions about musical care practices, the social and cultural contexts of musical care practices, and the different levels of impact. Within the context of musical care practices, discussion focused on the music itself. In discussing the social and cultural aspects of musical care practices, questions included those about social interaction, modes of participation, and the importance of context. Indeed, some discussants were exploring the culture and history of musical care in a variety of contexts, including ways in which musical care can be embedded in cultural practice. Impact was discussed

from the individual to the global level: The individual level includes self-care and physiological and psychological impacts; the group level includes social, familial, and cultural aspects; and the global level includes broad geographical, economic, and social aspects, such as the social determinants of health (Harrison, 2013, 2020).

The need for research on both long- and short-term impacts was also discussed. In broader terms, the possibility that research can take a life course perspective and can thus help explore the long-term or longitudinal impact of musical care was highlighted—for example, the potential long-term impact of music engagement in childhood on wellbeing later in life (e.g., Hsu et al., 2022). Research on targeted interventions was discussed, with examples from health-related contexts where the efficacy of musical care was being explored both as a form of targeted therapy for specific groups or populations and as a means of preventing ill-health and enhancing general wellbeing. Furthermore, discussants noted that it was more difficult to find funding for prevention research, as it is sometimes more challenging to provide evidence. Some tensions were notable, such as the pressure by funding bodies and universities to demonstrate specific impacts on specific diseases or with specific populations, and a lack of support for exploring musical care as a resource for the enhancement and maintenance of wellbeing.

Negative Impacts

The need to acknowledge the possible negative impacts of musical care emerged as a theme in a number of the discussions. The lack of research into negative impacts was seen as a result of the need to fight for funding and support. To rectify this lack, some discussants called for more specific research into the harm that can be caused by certain musical experiences and/or musical care activities. Others called for a more general awareness by both practitioners and researchers that not all musical experiences and musical care are necessarily positive or beneficial.

During the meetings and in the subsequent process of writing this paper, discussants explored research about potential for harm caused by a range of musical care practices (e.g., Gattino, 2015; Murakami, 2021; Silverman et al., 2020). Studies exploring and reporting positive experiences of musical care far outnumber those that do not, but exceptions concern a range of musical care practices. For example, a study from Germany reported negative social and/or musical/aesthetic experiences from singing in a choir (Kreutz & Brünger, 2012).

Other work has focused on musical care in the context of refugees and as part of conflict resolution (Lenette & Sunderland, 2014; see also Sunderland et al., 2022). Bergh's research on musical activities in a refugee camp in Sudan, involving displaced participants from various ethnic groups, contrasted two approaches to music making (2010, 2011). Casual and informal musical activities were felt to contribute to building relationships

among different ethnic groups. More formalized activities led by an international non-governmental organization (NGO) and involving payment for performing were felt to create a divide between those that were chosen to be musicians and those that were “reduced to spectators,” leading to tensions around music in a place where “music previously had reduced conflict” (Bergh, 2010, p. 183).

Research in the context of music therapy has highlighted the possible negative consequences of inappropriate musical choices (such as of repertoire or instrumentation) (Brandalise, 2014) and negative affective and social consequences (Davison da Silva Júnior & Craviero de Sá, 2007). Research on music listening has highlighted the possibility that some music listening habits and choices can contribute to the intensification of negative emotional states through rumination and isolation for adolescents experiencing unhappiness or depression (McFerran & Saarikallio, 2014), which can be addressed by increasing adolescents' awareness of their music use, such as in a music therapy intervention (McFerran et al., 2018). Purpose, context, social relationships, and connection with the everyday lives and expectations of participants thus seem essential to the ways in which musical care activities can be ethically and appropriately developed and experienced.

Indeed, the potential of learning from mistakes, especially within music therapy practice, was discussed (see Gilboa & Hakvoort, 2022). Additionally, negativity was also described as an interesting and unexplored experience and/or concept, encompassing the nature and valence of negativity, such as the difference between catharsis and distress (e.g., Gulliver et al., 2021) and the potential positive effect of this experience.⁷

Discussants highlighted the potential negative impact of engagement in music, specifically in the context of professional presentational practice. For example, discussants acknowledged that musicians' wellbeing is not always optimal, with the study of music performance being associated with complex health and wellbeing factors including physiological and psychological issues as well as opportunities (Ackermann et al., 2012; Altenmüller & Jabusch, 2009; Araújo et al., 2017; Ascenso et al., 2018). More exploration of the harms of musical training and performance, and ways of overcoming those harms, might be of particular relevance to musical care researchers and practitioners. More broadly, discussants highlighted the importance of care for musical care practitioners. For example, Pitts highlighted that not all musical care practices have in-built supervision and that there is also a need for “care” for the musicians working in projects in the community (Belfiore, 2021).

Methodology and Interdisciplinary Collaboration

Many methodological approaches, stemming from a wide range of disciplinary and practice perspectives and contexts, were discussed throughout the meetings. Some discussants voiced tensions between medical models, such as randomized controlled trials or neuroscience research, and

more qualitative and consultative research processes. Emerging most strongly, however, was a general agreement that multi- and/or mixed-methods research could achieve the best outcomes for researchers, practitioners, funders, and the community. Though acknowledged as complex, the preferred research model involved collaborative processes across the humanities, the sciences, and the arts, and involved communities, practitioners, researchers and policy makers in consultative and co-designed research models (such as seen in Gillard et al., 2021; see also, Leavy, 2011; Nicolescu, 2010 for broader discussions of transdisciplinary research; and see Osbeck, 2018 for a discussion of the importance of researchers' epistemic values in interdisciplinary research, which concern "matters of truth or falsity, adequacy or fit of data, and the logic of inferential strategies" (p. 19)). Discussants also generally felt that it was vital to acknowledge social and cultural contexts in research processes, as well as the various power dynamics and paradigms at play in any given context (Leonard, 2020; Tsisiris & Ceccato, 2020).

Particular challenges were noted concerning the measurement of complex interpersonal mechanisms taking place in musical care contexts. These include the social, socio-cultural, temporal, and individually variable aspects of musical care participation and practice. The complexity of musical care was described as requiring an interdisciplinary methodological approach, to explore what one discussant described as the "entangled state" of multiple interacting mechanisms. This would allow research to reflect the full and variegated musical care experience. From a pedagogical standpoint, Van Buren highlighted the need to explore how training in arts and humanities practices and approaches might impact undergraduate and graduate medical students both in terms of their personal experiences and future professional practice.

Some discussants had experienced a problematic power dynamic between health professionals and musical care practitioners, with medical professionals "dominating the discourse" in musical care. Other discussants had experiences of more collaborative working relationships. Talmage described her work with aphasia choirs, which represent a shared field of interest for music therapists, speech-language therapists, community musicians, and others, with collaborative approaches including co-facilitation, consultation, referral, and engagement in communities of practice (Talmage et al., 2021, 2022). Overall, most discussants agreed that a shift toward more interdisciplinary methodological models was needed, with a general call for more collaboration across disciplines and practices.

Conclusion and Future Directions

Musical Care

Together with the original definition that highlighted the wide variety of areas in which musical care can play a role throughout the life course described by Spiro and

Sanfilippo (2022), this paper develops our understanding of musical care by highlighting the need to address the many factors connected to musical care practices around the world. Based on these discussions, we can conclude that musical care refers to context-dependent and social phenomena. Indeed, the key threads of context dependency and social aspects ran through much of the discussions.

Three key areas were highlighted in the inaugural meetings of the Musical Care International Network: (a) musical care as context-dependent and social, (b) musical care's position within the broader research and practice context, and (c) debates about the impact of and evidence for musical care. Discussants defined both music and care broadly and flexibly while acknowledging the importance of cultural, political, educational, and health contexts. This flexible and context-dependent aspect of musical care was discussed as having implications for the need to explicitly work to challenge narrow specialist conceptions of music and musicality. Discussions further suggested a need for advocacy and for clearly communicating what is meant by "music" in each context. This was relevant for appropriately supporting and advocating for musical care practices that are inclusive and that may diverge from assumptions about music as sonic entertainment. The discussions highlighted the role of community in the development of musical care practices and tools, and focused on the identities, roles, and positions of those working in musical care within and across academic disciplines and practice contexts. Finally, the discussions highlighted the breadth of research foci encompassed by musical care, including complexities connected with evidence, the need to consider negative impacts of musical care, and challenges of methodology and interdisciplinary collaboration.

Throughout the discussions, the term "musical care" was critically considered. Overall, discussants saw the term as helpful in seeking common ground across the various disciplines and practices. Discussants felt that this term was useful in talking across boundaries while simultaneously not taking away from individual disciplinary and professional expertise. Accepting the tension between the messy reality of musical care and the pragmatic need for clear definitions, the use of the term was seen to help balance the importance and place of multiple disciplines. The term was thus seen to be useful for the development of a collective identity of professions and disciplines within the network. This collective identity, and the term's use in bringing people from across disciplines and geographic areas together, was seen as important in advocacy for the work and professionals in this area, as well as helping to influence and shape policy.

Musical Care International Network

The Musical Care International Network was thought to address the need for respectful, cross-disciplinary, cross-cultural discussion in musical care. Delegates self-selected to join this event, and the wide range of perspectives of

the participants that joined is striking. There were limitations in terms of geographic and cultural range, disciplinary perspectives, and perspectives from service users and those with lived experience, which the Musical Care International Network is addressing through the diverse recruitment of scholars and practitioners, supporting events rooted in local musical care practices, and cross-disciplinary exchange on a global scale. The geographic aspect is fundamental: Geography is not solely a stage upon which musical care occurs or where scholars and practitioners studying music as a form of care are located. Scholars like graham-jackson draw from geography and Black studies to explore the relationships between racial identity and place and how racism and Black life are both produced through sociospatial processes. This includes colonialism and the ways Black people utilize creative approaches like musical care as a placemaking strategy that challenges their racialized marginalization. Still, Black people are not a monolith, and musical care for Black residents in Chicago may not be productive for Black people in South Africa simply because they are Black. As graham-jackson explains, spatial matters are Black matters, and any form of musical care for Black people is produced through a wide range of racialized histories, placed based music practices and traditions and geographic locations across the African Diaspora (see also McKittrick, 2006). Examples such as this illustrate the urgent need for work on musical care to include a wide range of disciplines and perspectives.

Discussants found sharing experiences from different cultural contexts enlightening and helpful in laying the foundation for further opportunities to share ideas, research, and practice, and feeling part of a community of researchers and practitioners. Through the establishment of an international network, some discussants felt that the reputation of their professional practice could be raised, especially in contexts where musical care practices are less well established or formalized. The Musical Care International Network was seen to have the potential to positively impact its members, others working in connected disciplines, and the wider community and society, by helpfully communicating about and elevating this work.

We ended each discussion with time to give suggestions for future activities and directions for musical care and the Musical Care International Network. Discussants called for more opportunities for discussions in a similar format, mentoring opportunities, and more regional meetings where discussions could be held in local languages and around locally relevant topics. There was also a call for a consolidation of evidence across disciplines and methodologies relating to musical care—developing a shared body of knowledge and evidence that would help with advocacy, policy engagement, funding, and research. There was also an invitation for members to coordinate local events supported by the network and feed back to the international group. To join the network, please visit the website (<https://musicalcareresearch.com/>). We end here with an

emerging mission for the Musical Care International Network.

The Musical Care International Network aims to bring people together to critically discuss, and advocate for, musical care throughout the life course from different disciplinary and cultural perspectives. Musical care practices occur around the world in very different contexts and are the topic of research in several disciplines. This network embraces these differences and addresses the need for explicit international and interdisciplinary collaboration on the topic. The network aims to support collaborative research projects as well as advocacy and policy activities essential for promoting ethical, contextually relevant musical care around the world. We invite all those interested to get involved.

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NS, KRS, and BBM co-founded the network and conceived the paper. NS and KRS wrote the first draft of the opening and closing sections, and edited and finalized the full text. GPR and BBMC summarized the conversation and wrote the first draft of those summaries. All authors contributed to the ideas in the paper and commented on the drafts. All authors reviewed and edited the manuscript and approved the final version of the manuscript.

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Notes

1. All discussants were invited to be co-authors. All named discussants are also co-authors and have given their permission to be named.
2. Tsisis pointed out that detailed consideration of each word was perhaps amplified in these international meetings where English was not the first or only language of many participants.
3. Infant directed speech and infant directed singing have been shown to play a role in mother–infant attachment and arousal modulation in infancy (for a recent summary of the literature, see Sanfilippo et al., 2022).
4. At the same, ritual can be seen as an important aspect of many music therapy practices (Stige et al., 2013).
5. Co-occupation refers to occupations that are shared by two or more people, occur naturally, and help to create a sense of shared purpose and meaning (Pickens & Pizur-Barnekow 2011; Pierce, 2011).
6. Discussants noted that even within the field of music therapy there can be different routes of training, education, research and recognition in different countries (Ridder & Tsisis, 2015).
7. We thank a reviewer of this paper who sparked a broader discussion of the potential for harm in musical care than originally represented in this section.

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