

ARTICLE

Can music therapy and community music co-exist in a community-based music service? A qualitative inquiry into reflections and perceptions from professionals in the field

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ABSTRACT

This study contributes to the current discourse on music for health and wellbeing by exploring how music therapy and community music are delivered within a community-based music service. The paper takes Moss' (2016) continuum of music and health practice as a starting point, aiming to illuminate the benefits and issues involved in integrating music therapy and community music within one community music programme. This qualitative study used semi-structured interviews with three participants (a music therapist, a community musician, and a dual practitioner), all practicing in various community contexts in Ireland. Van Manen's (1990) hermeneutic phenomenology method was followed for the analysis of the data. Findings suggest recurring themes, which resonate with the existing literature. These include: a disparity in awareness and perception regarding the role of the two professions; a need for clear professional identity and roles for various music and health professionals; and an enhanced understanding of boundaries with regard to working territory. Despite this, there is a desire for increased collaboration between the two professions and potential to design a pathway between the distinct expertise of music therapy, community music and indeed music education, to meet the needs of service users in community music education services. Recommendations are made regarding collaboration and parallel working to better meet the needs of service users. A gatekeeper is important to manage referrals and communication is needed to ensure service users gain the appropriate intervention at the right time. This paper offers reflection and practical solutions to enhance practice in community contexts.

KEYWORDS

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BACKGROUND

The evolution of music therapy practice is based on both the vision of music therapy pioneers and conditions created by contemporary society. Music therapy has developed differently in each nation where it is practised. As music therapy becomes professionalised it develops in new and perhaps more socially engaged directions (Bunt & Stige, 2014). Currently in the Republic of Ireland, music therapy is still awaiting statutory recognition but, despite this, is widely being employed by many clinical facilities, hospitals, schools, and charitable organisations as a valued resource. Music therapists practise under the umbrella of The Irish Association of Creative Arts Therapists (IACAT).

This research began in response to several music therapists being employed by Music Generation which is Ireland's National Music Education Programme. Music Generation's stated aim is to transform the lives of children and young people through access to high quality performance music education in their locality. Skilled professional music educators are employed, across all musical genres and styles, to bring music education in many guises to the nation's children. Music Generation is co-funded by Music Network and philanthropic funding including U2 and the Ireland Funds and is delivered through local education programmes. Its emphasis is on music education for all. Many community musicians work in this organisation, as their approach to music education, creative learning and co-creation fit easily with the organisation's vision. In response to the needs of children and young people with intellectual disability, complex physical and mental health issues, Music Generation has employed music therapists to work in some of its regions (Music Generation, 2020).

The researchers in this study wished to explore how music therapists work alongside community musicians in this model and to reflect on benefits and recommendations for future working. Whilst this is not a new area of practice in some jurisdictions, it is in Ireland. The research aims for this study were:

- To explore how music therapists can integrate effectively into existing community music services
- To explore the issues and strengths of a service which combines both approaches alongside each other

This paper begins with definitions of music therapy, community music, music and health, and community music therapy before presenting the method and results of this study.

DEFINITIONS

Music therapy

For the purposes of this paper music therapy is defined as "a systematic process of intervention wherein the therapist helps the client to promote health, using music experiences and the relationships

that develop through them as dynamic forces of change” (Bruscia, 2014, p. xxii). The goal of therapy is to promote health and well-being. A proposed definition of health here “is the process of reaching one’s fullest potential for individual and ecological wholeness” (Bruscia, 2014, p. xxiv).

Community music

Developed in the early 20th century, around the same time as music therapy, a parallel Western tradition of working with people musically was underway, defined as community music (Ansdell, 2002). Higgins (2003) defines community music as “an intentional intervention, involving skilled music leaders, who facilitate group music-making experiences in environments that do not have set curricula” (p. 5). Here, there is an emphasis on people, participation, context, equality of opportunity, and diversity. Musicians who work in this way seek to create relevant and accessible music-making experiences that integrate activities such as listening, improvising, musical invention, and performing.

As part of a funded research network, involving the Arts and Humanities Research Council, Rimmer (2015) discusses ways in which to improve the understanding of the current, historic and potential roles that community music can play in promoting community engagement. Central to the development of community music is a philosophy of empowerment. The profession is extremely well developed and has explored its relationship with Community Music Therapy in several recent publications (Bartlett & Higgins, 2018).

Music and health: Meeting at the edges of music therapy and community music

In her publication *Arts in Health*, Fancourt (2017) posits that the use of arts in health has recently blossomed as an area with a vast capacity for having a positive impact on individuals and societies. It is by nature an inherently inter-disciplinary field. It is an area that can provide a framework for its many varying practitioners to share their previous knowledge, and offer opportunities to contextualise new information. As research and practice are fundamental to the growth of any particular area, their close relationship and continued interaction is key to identifying clear healthcare needs, designing, testing and honing effective interventions and successful programmes that can be rolled out to benefit more people. “It is through this close relationship that the worlds of arts and health will bring the most to one another and provide the greatest value to individuals and societies globally” (Fancourt, 2017, p. xi). The recent World Health Organisation report provides significant evidence of the benefit of arts and health. Notably the evidence for music therapy is more significant and populous than any other arts approach (Fancourt & Finn, 2019).

Moss (2016) proposes a paradigm shift, one that would benefit policy makers, service providers, service users and practitioners by engaging with the arts in the many forms and approaches taken that can assist in improving health and well-being. Here the focus is on the skills of different practitioners and being open to a variety of approaches that help improve health and wellbeing. Bonde (2011) points out that some orientation tools are needed “as the field of music, culture and health is rapidly growing and becoming potentially confusing” (p. 113). Moss (2016) explains that, within her proposed theory, there is equality amongst all approaches to arts in healthcare (see Figure 1).

This paradigm aims to counter the artificial and defensive barriers constructed between practitioners and professional groups within the field, encourages greater respect and understanding between practitioners and assists in identifying training and development needs for the various arts professionals working in contexts related to health and well-being.



Figure 1: Music and health (Moss, 2016)

Moss' continuum of practice indicates that all approaches are equally important and valuable, but that distinct skill sets are required for each, as indicated in Figure 2.

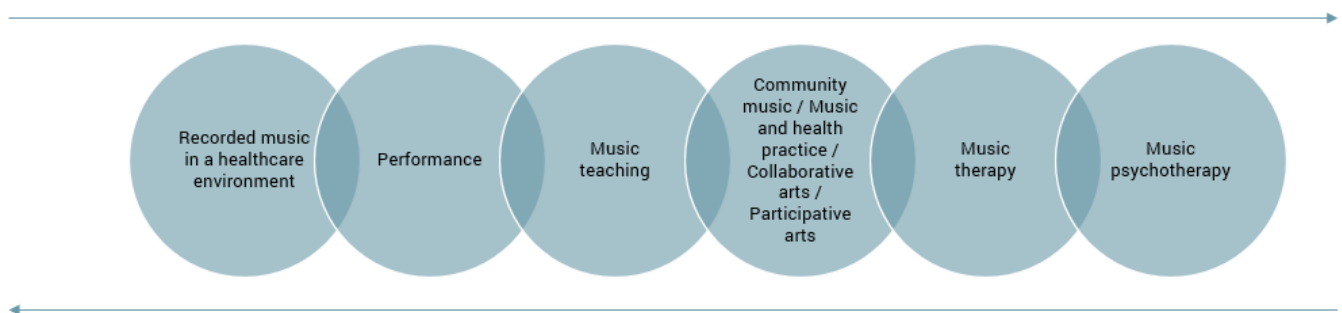


Figure 2: Music and health: A continuum of practice (Moss, 2016)

Community music therapy

Community music therapy can be considered as “a range of related ways of working, relative to each community” (Stige, 2012, p. 17). According to Stige et al. (2010), community music therapy has taken into consideration theories from fields such as systems theory, sociology, anthropology, and community psychology. Ghetti (2016) points out that music therapists have taken their practices from the more conventional private treatment setting, and placed these into communities to help promote

health and social change through active engagement. Stige et al. (2017) characterise community music therapy as collaborative and context-sensitive music-making, which focuses on giving voice to those who are disadvantaged in each context. It also relates to matters pertaining to human development, health, and equity. Community music therapy therefore involves what is called health musicing (Stige, 2002) as it focuses on the relationships between individual experiences and the possible creation of musical community (Ansdell & Pavlicevic, 2004). Ansdell (2002) points to the development in the 20th century of the two parallel professions of community music and music therapy and discusses their recent convergence into a similar landscape, suggesting possibilities of mutual accommodation in the future. Comprehensive overviews of community music therapy are explored in several seminal publications (Ansdell & Pavlicevic, 2004; O'Grady, 2012; Stige, 2012; Wood, 2016).

Despite the development of community music therapy, there is still often a division between the two professions of community music and music therapy in Ireland. These divisions concern resourcing, working territory, theoretical maps, and institutional legitimacy. There is relatively little contact in Ireland *between* the two professions, a surprising fact given their basic affinity (Ansdell, 2002), however some countries have developed strong working alliances, for example USA, Australia, and UK to name a few. Nonetheless, funding is often stretched between approaches with professionals vying for similar funding streams. In order for collaboration to take place, there needs to be mutual awareness and respect between the two professions (Moss, 2016; Tsiris, 2014). Murphy (2018) highlights that while there is a broad recognition of the overlap between music therapy and community music, there is a mixture of sympathy and suspicion in relation to each other's professions, with several of the music therapists interviewed admitting that they did not feel confident that they really understood community music. Murphy also interestingly pointed out that since in Ireland both of these groups study at the University of Limerick, it could offer a landscape for the cross dissemination of information.

It is possible that professions are getting too hung up on what Ansdell (2005) calls *definition anxiety*, thus becoming preoccupied with the identity and importance of their profession, as opposed to moving towards a more collaborative approach where working side by side for the betterment of society is the ultimate goal. We should be alert to shifts in societal needs, question the possibility of what music therapy can bring to our communities, and be willing to explore collaboration through the arts-based professions. Although the term collaboration appears frequently in music therapy literature, the concept as a process remains underarticulated and relatively unexplored (Bolger et al., 2018). This highlights a paucity in the literature. This paper arose from this gap in the literature, namely how can music therapy and community music co-exist in a community-based music service?

METHODOLOGY

The aim of the research was to gain first-hand knowledge from practicing music therapists and community musicians working within a community music education service, with the hope that this information may help further integrate the music therapy profession into community arts services. Given the nature of the study, a phenomenological qualitative approach was chosen. Phenomenology is a methodology used to describe lived experience. Van Manen's (1990) hermeneutic phenomenology was chosen as it is commonly used in health sciences research and acknowledges that one always

holds prior knowledge of a subject and proposes that there is no such thing as uninterrupted or uninterpreted data. The six steps of this qualitative approach are: (1) Turning to a phenomenon which seriously interests you and you want to study; (2) Investigating experience as it is lived rather than as it is conceptualised; (3) Reflecting on the essential themes which characterise the phenomenon; (4) Describing the phenomenon through the art of writing and re-writing; (5) Maintaining a strong orientation to the original question; and (6) Balancing the research question by identifying parts and the whole.

Purposive sampling was used to identify suitable study participants. Those chosen were selected from a list of potential community musicians and music therapists working within Music Generation and were practitioners who were engaged in teaching and research at the University of Limerick where the researchers were based. Researcher 1 (Joyce) conducted interviews and was unknown to the participants to increase impartiality in collecting data. Information about the project was sent to potential participants with 14 days given to consider whether they wished to participate. Informed consent was then given. This process ensured that participants chose freely to participate. Inclusion criteria were as follows: a) participants must have significant experience of working within a community arts service; b) be a qualified music therapist, or an experienced, trained community musician. It was hoped that, by including participants from both professions, this would offer an opportunity to explore the commonalities, resistances and possible biases encountered by both professions while working at a community arts service.

Semi-structured interviews were conducted with three participants: one music therapist; one community musician; and one dual practitioner (community musician and music therapist). The field of both community music and music therapy in Ireland is small and this study aimed to capture the lived experience of a small number of practitioners. All three practitioners live and work in Ireland, with a minimum of five years' experience in their respective professional field. Whilst being known to each other they did not work together. Two were female and one was male. The dual practitioner was selected as their experience was believed to be particularly rich, given her understanding of both professional practices. The study was approved by the University of Limerick Ethics Committee. Informed consent was obtained from all participants and a list of questions was supplied prior to interview (see Appendix).

Interviews were recorded and transcribed, verbatim. They lasted for a duration of between 21 minutes to 27 minutes. All data was stored on a password protected computer, accessible only to the researchers. All interview transcripts were anonymised to maintain participant confidentiality.

Data analysis was an iterative process, reading transcripts several times and developing themes using Van Manen's (1990) approach to data analysis: (1) Open coding; (2) Creating initial themes; (3) Grouping these into units of relevant meaning; and (4) Presenting the emerging themes.

A daily reflective journal was also used by researcher 1 (Joyce) to help process the information emerging from each analysis of the data, and through the coding process the main themes and sub-themes were identified.

Trustworthiness of data analysis was ensured by a) having two researchers review data independently, develop themes and discuss results and b) each participant was sent a transcription of their interview and were given one week to respond with any necessary changes. No changes were made by the participants.

FINDINGS

In this section, the results of the data analysis will be presented and discussed. Four themes were identified: awareness, identity, boundaries, and collaboration (see Figure 3).

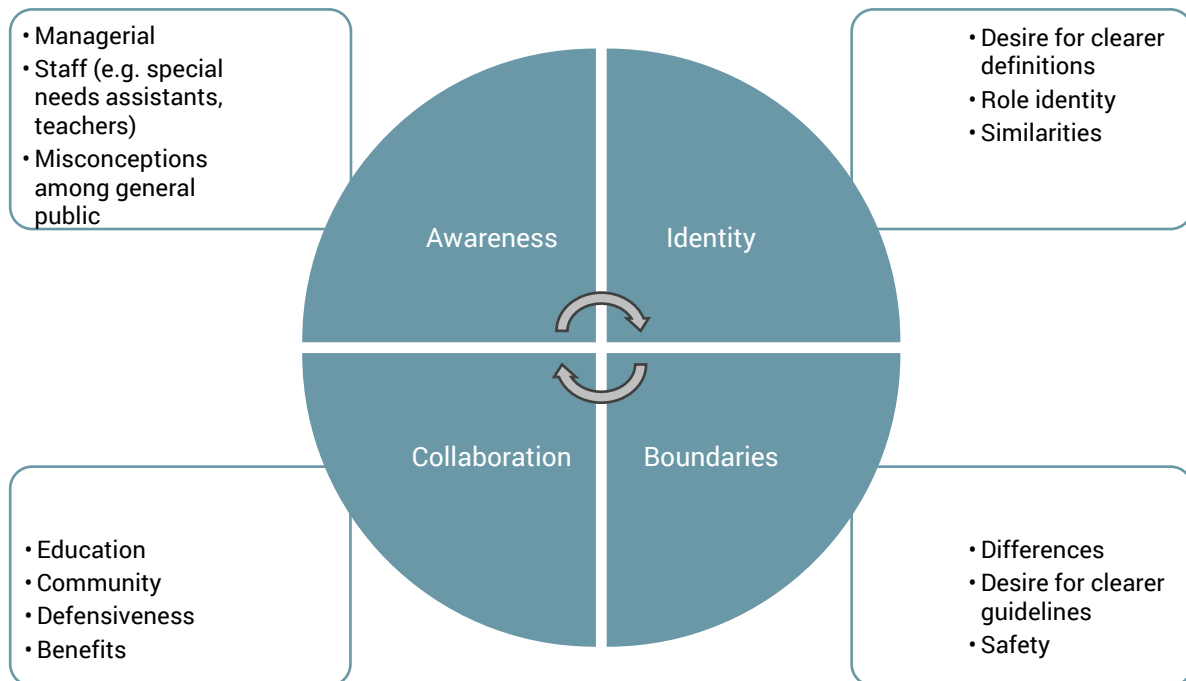


Figure 3: Themes and sub-themes

Awareness

A strong theme that emerged among all three interviews was the desire for a better awareness and understanding of each profession, namely community music and music therapy. This presented itself in many forms across all interviews and the general consensus was that there is a perceived confusion on a multitude of levels, from managerial to grass roots, as to the actual working descriptions of both professions in communities today. Both the community musician and music therapist expressed that their awareness and understanding of each other's professions "could be better." This point was particularly highlighted by the community musician who stated: "it even gets me agitated talking about it every time, because I don't have a clear concise understanding of... the differences and similarities." While the music therapist noted: "I wish I knew more about community musicians to really go into the nitty-gritty differences."

The music therapist also alluded to the fact that this confusion was also prevalent among the general public, as she stated: "I think any profession where there's confusion amongst the general public maybe as to what it is, can lead to a sort of defensiveness within the profession," a point which will be discussed further in the themes below. Although there now seems to be a growing awareness among the general public as to what music therapy can offer communities, there is still some

confusion surrounding it, as noted by all interviewees. The music therapist noted: "I think that it's moving in the right direction but very slowly." The community musician stated:

...there are several occasions over the years that we've had to explicitly state that we're not music therapists. But somebody running a group that we're with would go, 'Yeah, but it's kind of music therapy?' But it isn't at all, and we're not music therapists, just to let you know that.

This was also noted by the dual practitioner on an occasion where a proposal for a music therapy programme was suggested by a friend to a nursing home manager:

I have a friend who's a music therapist, I'm going to get her to do a proposal. And they said - 'Oh no, we do music therapy during the week'. And of course they don't do music therapy, they do some music during the week, be that community music or maybe it's just even playing music. So I think that awareness isn't always there and we have to keep, as music therapists, explaining often what the differences are.

A similar misconception was evident at two facilities providing services for people with disabilities. Again the dual practitioner was working with groups as a community musician, and had noticed that "people would often call it music therapy, so you have to be really careful of that too... I'm not sure if the awareness is really there with service managers and support workers."

Identity

The desire for clearer working definitions among one's own chosen profession was a theme that emerged, as the community musician stated that: "the hardest thing in community music, in terms of academia, is finding a definition of community music, there is none... you know, there's no kind of, well this IS what it is." The community musician also recognised the importance of clearer role identity as this can help the general public, care workers and other professionals in identifying each profession, because it was also noted by the community musician that: "...there's sometimes a misconception that community musicians offer the same thing as music therapists, and we know they don't. We just need to... find a clear way of explaining to people why we're not."

The dual practitioner also expressed similar experiences stating that:

Community musicians I think walk the space between music therapists and music educators so they're kind of somewhere in the middle, they're working with like kind of similar groups maybe to music therapists. And I often think as well, like in my own work, my community music work, some of my sessions can look very similar to my music therapy sessions. And maybe if somebody was to come into the room, say a support worker and observe both, they mightn't be able to tell what the differences are.

With such similarities present, it can lead to uncertainty among staff and care workers, making it difficult to identify the role of a community musician or a music therapist within a service.

Boundaries

Further issues surrounding boundaries and resistance between the professions of community music and music therapy were encountered by all professionals. The dual practitioner stated: "I think things are changing a little bit but I do feel like before people were... possessive of their stance and their views on music therapy, and equally on community music. And there would be a resistance."

There were references within the interview to traditional music therapists wanting to be separate from community musicians as the dual practitioner informed the researcher: "Traditional music therapists would want to stay very far away from community music and be very separate." Instances of competitiveness also surfaced within the data when the dual practitioner expressed:

Though there is kind of the politics around 'music therapists can do community music but community musicians can't do music therapy.' And I think that's kind of a key thing, and if you say that to community musicians that mightn't go down so well if you know what I mean?

The community musician was also aware of these defensive boundaries and stated: "that people have strong opinions in these areas... and do make assumptions and are presumptuous and do kind of disregard one over the other."

Though reflections on competition and defensiveness surfaced within the data, there was still a strong awareness that the two professions have much in common, as illustrated by the community musician:

People say the only thing they have in common is music. But then with any kind of afterthoughts, I'm like - that's really not true, there is quite a lot in common. They can be quite similar pathways for different outputs, for different kind of ends and things like that.

This was echoed by the music therapist, who stated: "I would say that it is perhaps something that is getting better... I think we have to work with other professions, and we should be willing to work with other professions despite there being differences."

The issue of safe practice was also raised in terms of ensuring appropriate expectations of the work by clients. The community musician, for example, noted that clarity is needed that their work is not therapy. Their work in a mental health facility needed to be carefully curated to ensure no misunderstanding arose with clinicians.

Collaboration

Despite there being differences, resistance, and elements of perceived defensiveness between the professions, there are also clear indications of a desire for collaboration.

Community musician: Music therapists have a lot to offer like the field of community music. And community music has a lot to offer the field of music therapy.

Interviewer: Would lyric analysis be something that could be handed over to let's say a music therapist, to work towards the clinical goals perhaps?

Community musician: Yeah, absolutely. You see that again, that's a perfect example actually. So that would be outside the community music remit so...we'd do the lyrics, inspire them and talk about them... we will be looking for kind of flags... especially working in that kind of work [prison setting]. But yeah, for lyrical analysis then you would absolutely pass on to a music therapist.

The dual practitioner, having a qualification in both community music and music therapy, shared valuable insight regarding this:

...it would be amazing for music therapists and community musicians to get to collaborate all the time. The more musicians and people with an understanding of what's going on in the room, be that from a music therapy point or a community music point, like, the better. Community musicians can be so creative and have all these great ideas for activities. And then the music therapists have this unique way of framing what's happening and minding the space and kind of deepening the work as well. To have the two together...it'd be ideal.

The music therapist also experienced a similar desire for collaboration through her work as a music therapist at Music Generation specifically in terms of working with children with special needs:

There is a little bit of nervousness that I found with some [community musicians]... and how to... work with children with special needs.

But to have... a music therapist there, you know it breeds confidence...it adds a whole other layer so I think there's definitely room to learn from one another and collaborate with one another.

A similar scenario was evident in the interview with the community musician. When asked about collaboration and the possibility of referring a client to music therapy within the same service, the community musician stated:

...if someone asked me of course ...but I wouldn't presume to approach someone about music therapy for that kid... It's not my position to do that... I'm a community musician.

DISCUSSION

This research aimed to capture the opinion, through the lived experience, of three professionals working within their respective communities as music therapists and/or community musicians. It was hoped that the findings would help to illuminate the ongoing discourse in this developing area of practice, and thus help music therapy develop its 'pathway' (Aigen, 1998) among the creative arts services within communities. By conducting semi-structured interviews and analysing the rich and reflective content, the researchers extracted four main themes from the data, which resonated with the existing literature. This research suggests that community musicians and music therapists can co-exist effectively. This contributes to literature demonstrating the benefits of mutual respect and diversity of practice in terms of meeting client needs in varied contexts.

The findings suggest there is a growing awareness in Irish society as to the potential of music therapy, and therapists are now starting to find employment in more and more community-based services, such as Music Generation. Ruud (2004) suggests that music therapy should move out of its relatively marginal position in clinics and medical facilities in order to engage more directly with the problems and possibilities of music and health in societies. There is evidence that there are pioneering visionaries at managerial level in various Music Generation services around the country, who share that same ambition, as noted by the music therapist who stated: "I encountered a very on-the-ball kind of a director, just kinda knew exactly what she was talking about... and was very keen to get a music therapist on board."

Bruscia (2014) suggests that continued discussion and debate is required as changes occur in areas and settings of professional practice. The findings of the current study suggest there is also a desire among professionals to have an improved knowledge of each other's profession, with both reporting frustrations surrounding lack of understanding. There seems to be an awareness that there are similarities and differences but no concrete explanation of either.

There is a clear need to establish a stable foundation of identity to better inform the public perception of each profession. As there are already a myriad of new therapies developing to suit societal needs, it can be confusing for the general public, service managers and care workers to decide which therapy may be the most appropriate for their needs. This finding correlates with Bonde (2011) who pointed out that some orientation tools are needed as the field of music, culture and health is rapidly growing and becoming potentially confusing. In this context, identity plays a crucial role as an orientation tool, as it is clear from the interviews there are still misconceptions surrounding the identity of both community music and music therapy. Using music for health purposes is a relatively new phenomenon in this country, and any profession practicing without a strong identity can lead to confusion among the general population as to how to recognise it in practice. This resonates with Bunt and Stige (2014) who reflected upon the need for clearer definitions of roles and experiences between community musicians, music therapists and musicians performing in hospitals.

The research also revealed the existence of professional boundaries between community music and music therapy. There is an element of defensiveness over professional working territory, with both the community musician and dual practitioner expressing that lines can be crossed and boundaries blurred. Despite the availability of training at master's level, it is not a requirement in Ireland to have an official qualification to become a community musician and music therapy is unregulated in Ireland

currently. This can lead to defensive barriers as people can practice without adequate training. This finding would appear to resonate with that of Atkinson (2001, as cited in Ansdell, 2002) who suggests that music therapy is a tightly organised profession seeking to define its practice, whereas community music seems to be avoiding any such move in some quarters.

Ansdell (2002) discusses the development of community music and music therapy, and how there was an initial divergence but more recently a convergence into a similar landscape, which might suggest possibility of mutual accommodation in the future. Findings from the research would suggest that interviewees desire further collaboration and mutual understanding, and the potential benefits of such collaboration warrants further research.

Limitations include a small sample size, which reduces the generalisability of the findings as well as a lack of geographical or national spread. In both of these instances a larger sample size would be beneficial to gain a broader understanding of perspectives. Future studies may also benefit from including the viewpoint of managerial and service users of community arts services as their lived experiences are also central to this discourse.

CONCLUSION

The aim of this study was to gain insight into the lived experience of practitioners of community music and music therapy currently working in a community context in Ireland. The conscious decision to integrate extensive dialogue from the interview transcripts was indicative of the researchers' belief that the voice of the lived experience should remain at the centre of the debate, to allow practitioners to paint a true reflection of the current issues facing the professions pathway to development. This study is by no means a comprehensive review, but an interpretation of content to reflect and gain perspective within the current discourse. It is hoped that this data will help illuminate the pathways of future, more comprehensive studies in this ever-evolving area.

As disciplined practitioners of music therapy we are encouraged to embrace our responsibility as members of our societies and continue to ask the critical questions of how our profession can best serve our communities (Bunt & Stige, 2014). Further research regarding the role of music therapy and community music in community music settings is recommended. An interesting point was made by the community musician after the official interview had ended, and he reflected upon the importance of being involved in the interview process. He noted that he "was encouraged to think differently because of the questions, it's not something that I might just sit down and think about while I'm waiting for a session to start."

The themes highlighted in this study represent that of a profession that is still striving for recognition and a more definitive identity in Ireland. Ireland as a nation has known its own struggles with identity, and its senior citizens were raised in an environment of struggle, oppression, boundaries, and borders. Those same senior citizens in their younger years may not have ever imagined a time of peace, freedom and a land without borders or boundaries. But time and pioneering vision have afforded us the current landscape in which we stand proud, in our many shapes and interpretations of life, under our national flag. Ansdell (2002) spoke of an ever-increasing number of ways in which music therapy is currently being practiced, and posed the question as to which flag music therapists pin their colours to and sail under. He suggests there is an 'identity anxiety' among the professions of community music

and music therapy and recommends putting our energies into the betterment and well-being of our societies rather than focusing overly on professional issues. Nonetheless, this research presents a current example of how community music and music therapy are working alongside one another and it may be important to facilitate pauses in delivery to consider professional approaches from time to time. Presently, the profession of music therapy does not have statutory recognition from the Irish state, so perhaps an undercurrent of identity anxiety will remain in conversations until such time as the profession can stand proudly under its own flag of professional identity. Education and collaboration remain key components in disseminating knowledge of the possibilities of the profession, and realising its purpose of promoting health and well-being in societies. Procter (2001) suggests that music therapists must participate fully in their own communities if they are to assist people to live life to the full. This research concludes that music therapists need to be willing to explore what happens at the edges of the profession, particularly in the messy area of overlapping practice with other music practitioners, in order to ensure that their practice remains relevant and useful to the clients they serve.

REFERENCES

- Aigen, K. (1998). *Paths of development in Nordoff-Robbins music therapy*. Barcelona Publishers.
- Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum for Music Therapy*, 2(2), <https://doi.org/10.15845/voices.v2i2.83>
- Ansdell, G., & Pavlicevic, M. (2004). *Community music therapy*. Jessica Kingsley Publishers.
- Ansdell, G. (2005). *Music for life: Aspects of creative music therapy with adult clients*. Jessica Kingsley Publishers.
- Atkinson, J. (2001). *Survey of community music in the UK*. Unpublished report for the Speedwell Trust.
- Bartlett, B.-L., & Higgins, L. (Eds.). (2018) *The Oxford handbook of community music*. Oxford University Press.
- Bolger, L., McFerran, K., & Stige, B. (2018). Hanging out and buying in: Rethinking relationship building to avoid tokenism when striving for collaboration in music therapy. *Music Therapy Perspectives*, 36(2), 257–266. <https://doi.org/10.1093/mtp/miy002>
- Bonde, L. O. (2011). Health musicing - music therapy or music and health? A model, empirical examples and personal reflections. *Music and Arts in Action*, 3(2), 120–140. <https://doaj.org/article/4b067c80f83d4262bfc8d9c48980d32>
- Bruscia, K. (2014). *Defining music therapy* (3rd ed.). Barcelona Publishers.
- Bunt, L., & Stige, B. (2014). *Music therapy an art beyond words* (2nd ed.). Routledge.
- Everitt, A. (1997). *Joining in: An investigation into participatory music*. Calouste Gulbenkian Foundation.
- Fancourt, D. (2017). *Arts in health designing and researching interventions*. Oxford University Press.
- Fancourt, D., & Finn, S. (2019). *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. World Health Organisation. <http://www.euro.who.int/en/publications/abstracts/what-is-the-evidence-on-the-role-of-the-arts-in-improving-health-and-well-being-a-scoping-review-2019>
- Ghetti, C. (2016). Performing a family of practices: Developments in community music therapy across international contexts. *Music Therapy Perspectives*, 34(2), 161–170. <https://doi.org/10.1093/mtp/miv047>
- Higgins, L. (2003). *Community music: In theory and practice*. Oxford University Press.
- Moss, H. (2016). Arts and health: A new paradigm. *Voices: A World Forum for Music Therapy*, 16(3). <https://doi.org/10.15845/voices.v16i3.863>
- Murphy, L. (2018). The perception and practice of community music therapy in Ireland. *Voices: A World Forum for Music Therapy*, 18(2). <https://doi.org/10.15845/voices.v18i2.947>
- Music Generation (2020). *Who we are*. <http://www.musicgeneration.ie>
- Procter, S. (2001). Empowering and enabling. *Voices: A World Forum for Music Therapy*, 1(2). <https://doi.org/10.15845/voices.v1i2.58>
- Rimmer, M. (2015). "Doing what needs to be done": Understandings of UK-based community music – Reflections and implications. *International Journal of Community Music*, 8(2), 179–195. https://doi.org/10.1386/ijcm.8.2.179_1
- Ruud, E. (2004). *Foreword. Reclaiming music*. In M. Pavlicevic & G. Ansdell (Eds.), *Community music therapy* (pp. 11-14). Jessica Kingsley Publishers.
- Stige, B. (2002). *Culture-centred music therapy*. Barcelona Publishers.
- Stige, B. (2012). *Elaborations toward a notion of community music therapy*. Barcelona Publishers.
- Stige, B., Ansdell, G., Elefant, C., & Pavlicevic, M. (2010). *Where music helps: Community music therapy in action and reflection*. Ashgate.
- Tsirir, G. (2014). Community music therapy: Controversies, synergies and ways forward. *International Journal of Community Music*, 7(1), 3-9. https://doi.org/10.1386/ijcm.7.1.3_2
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. State University of New York Press.
- Wood, S. (2016) *A matrix for community music therapy practice*. Barcelona Publishers.

APPENDIX: INTERVIEW QUESTIONS

1. As an experienced music therapist / community musician, how would you describe your profession?
2. Would you feel comfortable enough to offer a description of music therapy / community Musician?
3. In Ireland, do you consider there to be a healthy awareness and understanding between the professions of music therapy and community music?
4. What would you consider to be the areas of resistance / commonalities / differences between the professions?
5. Would you feel comfortable collaborating with a music therapist / community musician?
6. Given that Ireland is an island nation which prides itself on community, do you feel there is currently a shift towards offering alternative approaches to health and well-being within communities?

Ελληνική περίληψη | Greek abstract

Μπορούν η μουσικοθεραπεία και η κοινοτική μουσική να συνυπάρξουν σε μία κοινοτικά βασισμένη υπηρεσία μουσικής; Μία ποιοτική διερεύνηση των αναστοχασμών και αντιλήψεων επαγγελματιών στο πεδίο

Fabian Joyce | Hilary Moss

ΠΕΡΙΛΗΨΗ

Αυτή η μελέτη συμβάλλει στον τρέχοντα επιστημονικό διάλογο σχετικά με το ρόλο της μουσικής στην υγεία και την ευεξία διερευνώντας το πώς η μουσικοθεραπεία και η κοινοτική μουσική παρέχονται εντός μίας κοινοτικά βασισμένης υπηρεσίας μουσικής. Με σημείο εκκίνησης το συνεχές της πρακτικής της μουσικής και της υγείας όπως έχει διατυπωθεί από την Moss (2016), το άρθρο επιχειρεί να διαφωτίσει τα οφέλη αλλά και τα ζητήματα που προκύπτουν από την ένταξη της μουσικοθεραπείας και της κοινοτικής μουσικής εντός ενός κοινοτικού μουσικού προγράμματος. Για την ποιοτική μελέτη πραγματοποιήθηκαν ημι-δομημένες συνεντεύξεις με τρεις συμμετέχοντες (έναν μουσικοθεραπευτή, έναν μουσικό στην κοινότητα και έναν επαγγελματία που συνδυάζει και τις δύο επαγγελματικές ταυτότητες), όλοι εκ των οποίων δραστηριοποιούνται σε ποικίλα κοινοτικά πλαίσια στην Ιρλανδία. Η ανάλυση των δεδομένων ακολούθησε την ερμηνευτική φαινομενολογική μεθοδολογία του Van Manen (1990). Τα ευρήματα καταδεικνύουν επαναλαμβανόμενα θέματα τα οποία συνάδουν με την υπάρχουσα βιβλιογραφία. Αυτά τα θέματα συμπεριλαμβάνουν την ανομοιότητα στην κατανόηση και αντίληψη του ρόλου των δύο επαγγελμάτων, την ανάγκη για ξεκάθαρες επαγγελματικές ταυτότητες και ρόλους για τους διάφορους επαγγελματίες στο χώρο της μουσικής και της υγείας, και μία επαυξημένη επίγνωση των ορίων που αφορούν στο εργασιακό πεδίο. Παρόλα αυτά, εκφράστηκε η επιθυμία για περαιτέρω συνεργασία ανάμεσα στα δύο επαγγέλματα και η δυνατότητα για σχεδιασμό μίας οδού που θα συνδυάζει τις ξεχωριστές εξειδικεύσεις της μουσικοθεραπείας, της κοινοτικής μουσικής, αλλά και της μουσικής εκπαίδευσης, με στόχο να ανταποκριθούν στις ανάγκες όσων

επωφελούνται από τις κοινοτικές μουσικές εκπαιδευτικές υπηρεσίες. Καταγράφονται προτάσεις για συνεργασία και παράλληλη εργασία με σκοπό την καλύτερη ανταπόκριση στις ανάγκες όσων χρησιμοποιούν αυτές τις υπηρεσίες. Ο ρόλος ενός θεματοφύλακα είναι σημαντικός για τη διαχείριση των παραπεμπτικών και απαιτείται επικοινωνία ώστε να διασφαλιστεί ότι οι συμμετέχοντες θα έχουν την κατάλληλη παρέμβαση και στο σωστό χρονικό διάστημα. Αυτό το άρθρο προσφέρει σκέψεις και πρακτικές λύσεις για τη βελτίωση της πρακτικής σε κοινοτικά πλαίσια.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, κοινοτική μουσική