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Breaking Barriers: Using Music to Create Community in Orphanages

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Abstract

Community Music Therapy is a quickly growing subfield of music therapy that shows positive effects on groups of marginalized people. Although there is a large body of research surrounding the use of Community Music Therapy with some populations, there is little to no research about its use in orphanages. This thesis describes a community engagement project that took place in an orphanage in Vietnam, demonstrating the positive effects of music therapy on the children residing there. Interactive live music was played in the wards the children live on for two weeks and the experiences and results were documented by the music therapist. Results show the children communicated more with each other and the music therapist, forming a stronger sense of community and self while the music was playing.

Keywords: community music therapy, orphanages, music therapy, Vietnam

Breaking Barriers: Using Music to Create Community in Orphanages

During the summer of 2017 I found myself almost 9,000 miles away from home in Ho Chi Minh City, Vietnam. After over 24 hours of travel and an intense case of homesickness and nerves, I walked into the ward that housed some of the orphaned children with whom I would spend a bulk of my time over the next two weeks. The room was still; everyone was quiet, sitting in their cribs and beds. As soon I put my flute to my lips and started playing, the mood changed. The children lifted their heads, turned towards the music, eyes alive and smiles spread across their faces. Many began moving to the music, coming closer to me to explore this new sound. I heard voices and laughter and saw the children pulling the arm of their peers to draw them closer to the music. I turned to an aide who said something to me in Vietnamese and smiled at me. My translator later told me that she was telling me this is the most alive she sees some of these children, when they are listening to music. It was at this point that my nerves and homesickness evaporated. I was still almost 9,000 miles away from home, and music was transcending cultural and language barriers. I was witnessing the power of music therapy, specifically Community Music Therapy, first hand.

According to Gary Ansdell (2002), the concept of Community Music Therapy (CoMT) began forming its roots in the 1960s and 70s. For the first time, music therapy was consistently being used to create a sense of community between marginalized individuals. Instead of individualizing sessions for clients that might promote further isolation from the world, CoMT aims to bring these isolated individuals together to create a sense of community and to create a space for expression. There has been reported success using CoMT with adults with learning disabilities (Clarkson & Killick, 2016), teens and young adults (Gosine, Hawksley, & Quinn, 2017), vulnerable children and families (Kim, 2017), and with victims of sexual abuse (Schrader

& Wendland, 2012). Individuals participating in these groups report a stronger sense of community and support, along with a place to creatively express themselves.

Although there is research supporting the effectiveness of CoMT (Ansdell, 2002), there is a distinct gap in research on CoMT being used in the orphanage setting. I located only one article on the use of generalized music therapy in an orphanage that was written in the 1950s (Robison, 1957). Despite this gap, I believe orphanages are ideal settings to practice CoMT, filled with many who would benefit from the music. Most children living in orphanages are marginalized and spend a significant amount of isolated from the outside world. Many of the Vietnamese children I worked with have physical and mental handicaps that prevent them from frequently leaving the orphanage and confine them to their cribs or chairs, leading to a lack of interaction. This lack of interaction with the outside world and with one another makes them ideal candidates for CoMT.

The aim of my community engagement project is to illustrate the importance of using CoMT in the orphanage setting and the effects seen after the two weeks I spent making music with these children. Every morning I traveled to the orphanage with my colleague and translator and made music with the children on multiple wards. Although the specific goals varied from ward to ward, the underlying goal was to use music to create a connection between the children. I found there was a general increase in communication, an increase in children's vocalizations and movement, a positive change in affect, and a growing sense of community between the children who would otherwise be isolated. I felt the music created a motivating and accessible way to promote these positive changes.

This paper includes a literature review, presentation of methods, results, discussion, and conclusion. The literature review examines peer-reviewed articles, which thread together to show

how although there is a lack of research on the use of CoMT to promote socioemotional and psychosocial development in children living in orphanages, it is an important topic worth researching further and an important opportunity for growth in the field of music therapy. The methods section explores the work I did at the orphanage in Ho Chi Minh City, citing specific events that show positive results of CoMT. The results section synthesizes these moments and the project as a whole, and discusses my personal reactions and thoughts throughout the journey. Finally, the discussion addresses potential psychosocial and socioemotional benefits, problems of sustainability, and future ideas about my community project.

Literature Review

The purpose of this literature review is to explore the research surrounding the utilization of CoMT to enhance the socioemotional development of children living in an orphanage. Due to the lack of literature surrounding this specific topic, I explore literature written about different aspects: I present research about community music therapy and discuss its effectiveness in different settings; I examine research analyzing the socioemotional and psychosocial development of orphans; I address the use of music therapy in Asia; and, finally, I present the minimal literature written about the use of music therapy in orphanages.

Defining Socioemotional and Psychosocial

Eduardo Bericat (2013) defines socioemotional well-being as an individual's perspective on their quality of life and their perspective on the relationships that make up their life (p. 600). Bericat explains that an individual's socioemotional well-being is made up of two components: the emotional, that measures happiness in life, and the cognitive, that measures satisfaction with current life. There are many factors that make up socioemotional well-being, with sense of community and connection being a large part.

Wright et al. (2015) define psychosocial well-being as satisfaction with life, ability to care for oneself, ability control impulses and act responsibly, success in having relationships, and ability to work effectively in work and school (p. 201). Those whose psychosocial well-being and development is positive will be able to function successfully in the world and have successful and meaningful relationships. A person whose psychosocial well-being did not develop well might struggle with negative affectivity, detachment, psychoticism, antagonism, and disinhibition, affecting their ability to connect with others and function in the world (p. 203).

Once again, lack of connection and socialization early in life can cause problems with the ability to develop psychosocially.

Community Music Therapy

Gary Ansdell (2002), one of the most prominent voices in the field of CoMT, explains the main purpose of CoMT is to create community through the use of music making. He states "the discourse is often a social and political one, setting an agenda for work with geographically or socially defined groups for suffer marginalization" (p. 7). In addition, he states, "an important strand of this thinking considers how the individual and the group relate to contemporary society, and what role music-making has in the changing relationship between them" (p. 7). CoMT blends traditional music therapy, usually practiced with individuals or small groups, and making music as a community with no intended therapeutic benefit. CoMT can, therefore, address and strengthen the relationships between community members. Since 2002 the field of CoMT has grown and gained respect from the field of music therapy, no longer seeing it as the field of community music invading music therapy (p. 10). A new model combining music therapy and community music is emerging (CoMT) and it is accepted as a new facet of the umbrella term music therapy (p. 10).

Stige, Ansdell, Elefant, and Pavlicevic (as cited in Steele, 2016) refer to music as "an active social phenomenon that can be used to help create flourishing communities in which the diversity of individual difference is celebrated, and support is shared" (p. 2). Steele (2016) discussed the PREPARE (participatory, resource-oriented, ecological, performative, activist, reflective, and ethics driven) method of practicing CoMT created by Stige and Aarø. This acronym presents the most important facets of CoMT that should be present for a successful program. People should easily be able to participate and the program should begin to spread and

draw others in. The programs should use resources found in everyday life so clients can easily access the interventions when they need them. It should be performative, fight for equality between people, and be ethical. Finally, the music therapist should always be reflecting on their experience, especially considering their privilege entering into the community's space. All of these considerations make for a successful CoMT program.

The Effectiveness of Community Music Therapy

Alistair Clarkson and Meta Killick (2016) write about their experience transplanting an established music therapy program, serving adults with learning disabilities, from one setting to another. The program began in the true essence of music therapy, music used in a private, confidential setting. When the program fell flat at its new location, they questioned why this happened. The concept of ecological music therapy came to mind, and they wondered if perhaps it was more effective to conduct these sessions in the community or homes of their clients. After all, the difficulties the music therapists worked on with the clients revolved around the difficulties of living in the world, not an office. As they state, "perhaps any issues that affected their lives would be better manifested in the places where those issues are actually happening" (p. 6).

Once the groups were moved to a community space there was a surge in clients discussing matters that truly mattered to them and that the rest of the group could relate to (Clarkson & Killick, 2016). They set up a new group in a residential community for adults with learning disabilities with a goal to develop relationships and communication and to enhance socioemotional development of the residents. After running these groups, one of the biggest takeaways was allowing the residents to address their suffering in the community. Although they were taken care of, their emotional needs were not taken care of and they were mostly

isolated. The group allowed the residents to communicate, to express themselves, and to make connections.

Gosine, Hawksley, and Quinn (2017) discussed their results of a community music therapy program created to serve teens and young adults. Their mission was, "to engage, inspire, and empower by providing life-changing programs and services for persons with disabilities" (p. 1). The participants were mostly diagnosed with cerebral palsy, required some assistance to play instruments, and could vocalize. The group was meant for participants to share aspects of their lives and to communicate with others in the group. This allowed the participants to form friendships and engage in music-making to facilitate that. The music therapists aimed to make the music making accessible and to use it to engage with the community through performances.

Gosine et al. (2017) created four workshops that invited community musicians to facilitate music therapy sessions for the group members. This allowed community members to meet, accept, and interact with group members. These four groups were well received and addressed the goals the music therapy group was working on. They had a positive effect on the participants, allowing them to experience music in a new way, but also allowed them to become part of the community through performances. Many of these participants were so isolated because of their conditions, preventing them from experiencing much outside of their small community. These workshops and performances allowed these connections and creative moments to happen.

Community Music Therapy in an International Setting

Jinah Kim (2017) researched the effectiveness of music therapy with vulnerable children and their families in South Korea. Centers and programs for vulnerable children in Korea are growing in popularity, but the use of CoMT in these programs is still rare. Kim's goal was to

track the effectiveness of these groups. These groups were available for children of families that are working class and poor. Previous research shows that many of these children suffer emotional and physical abuse and neglect. This study divided participants into two groups, one receiving music therapy and the other not. Those who participated in the music therapy groups were noted to have a decrease in anxiety, depression, attention problems, and withdrawnness while the children without music therapy increased in these categories. Although the sample was small these was a marked improvement in the children who received music therapy.

Claire Ghetti (2016) addresses the use of CoMT internationally and the international reaction to this new field of music therapy. CoMT is most prominent in British and Scandinavian countries; however, since the early 2000s it is spreading in popularity throughout the world. Ghetti explains that CoMT most naturally appears in countries with strong social activism, as the practice focuses on working with those who are marginalized and typically ignored in their society. This causes some societies to reject the practice of CoMT because it does not align with their preconceived definition of music therapy. Acceptance of CoMT can vary in different regions of countries, depending on the diversity of the area's culture. Therefore, one city might accept the practice but a rural area elsewhere in the same country might reject it.

Elizabeth Schrader and Jennifer Wendland (2012) shared their experience working in Phnom Pehn, Cambodia with young girls who were victims of sexual abuse. They spent six months with the girls making music and educating the staff about music therapy and how it can be used to help the girls heal after their trauma. The girls participated in singing, lyrics analysis, song-writing, music listening to relax, dance, and instrument play. These interventions were well received by the girls in the program. They encouraged the girls to interact with one another and express themselves in a creative way. It provided safe environments for these girls to

discuss events and emotions that were otherwise difficult for them to access. The interventions also had positive physiological effects on the girls. Most importantly, the girls were able to work through these traumatic events and creatively express themselves in a safe space.

Life in an Orphanage

There has been a significant amount of research conducted about the socioemotional and psychosocial development of children living in an orphanage. Tom Disney (2017) shared this excerpt of his fieldwork diary while he researched orphans in Russia:

> It struck me that the conjoined rooms that the children essentially live in are deeply associated by the children with discipline and passivity. Walking past any of these rooms down the long corridors it is always possible to see the children sitting in there, in silence, often rocking back and forth. (p. 1905)

Disney (2017) explored the physical space and layout of orphanages in Russia, concluding that they do not represent a typically everyday space (p. 1909). Therefore, the children are physically isolated, potentially contributing to disruptions in their psychosocial and socioemotional development.

Nagy Fawzy and Amira Fouad (2010) presented their research on orphans in Egypt. Their aim was to determine how the children in the orphanage were developing emotionally and to assess the rate of developmental disorders. Out of the 294 children from ages 6 to 12 from four different orphanages, 21% reported high levels of anxiety, 45% depression, 23% low self-esteem, and 61% were diagnosed with a developmental disorder (p. 61). These findings indicate there is a high level of stunted socioemotional and psychosocial development.

Ahmad et al. (2004) focused their longitudinal study on the socioemotional development of Iraqi girls with a history of trauma who either lived in orphanages or were in foster care.

Their aim was to see if there was a difference between the development of the two groups. After years of research, their follow up concluded that over time the socioemotional development of girls in foster care was more positive than that of girls in orphanages. This indicates there is room for orphanages to improve their approach to helping children develop socioemotionally. It also indicates that there might be an overall trend in children who live in an orphanage being underdeveloped socioemotionally.

Music Therapy in Orphanages

As stated earlier, there is little research about the use of music therapy in orphanages. In 1957, Doris Robison wrote an article about her experience using music therapy in an orphanage. She explained that music therapy allowed the children to process some of their feelings of abandonment and to address their lack of self. She noted specific cases of children who were withdrawn using music to become part of the group and to interact more with their peers (Robison, 1957).

Patricia d'Ardenne and Moses Kiyendeye (2014) conducted research in Rwanda with orphans of the Rwandan genocide in 1994. The participants are now entering adulthood but are still working through the trauma they suffered. The authors used music to help the participants make changes in their lives. They concluded that at the end, participants believed music changes their past, that it gave them a safe place, and is a personal resource to view their futures.

Call to Action

There is little to no research specifically about the use of CoMT in an orphanage setting to help improve the children's socioemotional and psychosocial development. The above literature presents the success and usefulness of CoMT in different settings, illustrates the need for intervention to help these children create a community in which to interact, and presents the

success of general music therapy used in orphanages. I hope that my community engagement project in Vietnam will help illustrate the usefulness of CoMT in an orphanage and prompt more research to be done in this area.

Method

A few years ago, a friend and colleague asked if I was interested in traveling to Vietnam to volunteer at an orphanage where he frequently volunteers. He travels there about four or five times a year to make music with the children who live there. He told me many stories of how powerful the effect of music was on the children and as a studying music therapist this sparked my interest. I decided I would make the trip before I graduated with my master's degree. During the winter of 2017, I raised money for my airfare to Vietnam and purchased my ticket to spend two weeks in Ho Chi Minh City making music with some of the most unforgettable children I will ever meet.

The orphanage was a building made up of two separate wings that connected to a common area, two classrooms, and a dining room where volunteers, staff, and visitors ate. Each wing had four floors, with an open patio space running the length of the floor. Each floor was divided into different rooms that held children of similar age and diagnosis. For example, the fourth floor of one wing held neurotypical infants in one room and the next room held neurotypical toddlers. I spent most of my time on that floor, the palliative care infant floor, and with the children with developmental and mental disabilities from ages 5 to 18. For the purposes of this paper I will focus on my time spent with the children with developmental and mental disabilities.

During my time spent with the children my goal was to use music to connect the children living there. The first day I noticed many of the children on the ward were isolated. As my colleague entered the area, he began to play his recorder. The children who were mobile started moving toward him and smiles spread across their faces. This motivated me to focus on creating

a sense of community as my goal for this floor, as music would allow people to express and communicate, no matter the language or ability.

Traveling to Vietnam and finally entering the orphanage was an intimidating experience. I had thought about that moment for a few years and was still unsure of what to expect. I brought my flute, some scarves, and a few eggs shakers with me. Other than those preparations I had no expectations and planned to spend my first two days observing and deciding how each group of children would benefit most from the music. I arrived early in the morning at the orphanage with my colleague, his friend, my sister, and a translator. We met with the woman who runs the orphanage and because my colleague volunteered there many times before, we were allowed to navigate to the fourth floor of the left wing.

After spending about an hour with the infants and toddlers my colleague told me we were going to visit "the children who have a three-hour lunch" with a smile on his face. He explained the group of children who live on this floor have vastly different diagnoses but that they were all housed together due to limited space. Due to the language barrier he was unsure of the specific diagnoses, but that some of the children were not mobile, many had an intellectual disability, and some were non-verbal. He also told me that the children respond positively to music whenever he visited them.

I entered the space before my colleague. It was slightly chaotic in the open hall due to lunch finishing up. There were a few children in chairs finishing their meals, a couple walked around, and most of the children were in their cribs and beds, silent and still. I felt an acute sense of isolation and dismay. I had never seen children this age so sullen. My colleague walked in a moment later playing his recorder. As soon as the children heard the music, the mood of the room shifted. Children who were mobile gathered around the bench he sat on.

They reached toward the recorder, smiled, and vocalized. They looked around at each other, seeming to ask the others if they were excited as well.

After sitting by my colleague and the children I decided to take my shoes off to enter into the room in which the children live. There was a wide age range of children. Some still slept in cribs, probably around age four, and some children had clearly gone through puberty. I understood what my colleague meant when he said the children were housed together based on loosely related diagnoses rather than age like the other wards. I noticed the heads of some of the children turned towards the music in the hallway. It was clear that many of these children could not walk. They seemed to be curious about this sound and interested to hear more of it. As I walked over toward the older kids I noticed some older boys sitting on their bed with their heads down. Although peers surrounded them, they seemed isolated.

At that moment I was inspired to take out my flute and start to play music as well. I chose to start on the left side of the room, between three cribs. As soon as I began playing, the children's heads turned towards me and I saw their faces light up. Their eyes searched around them, and one girl moved her hand out of the crib and touched my hand and then my flute. Something was changing in a positive way. I decided this was my goal for these two weeks -- to continue to create movement and positive change in affect. I began to move around the room and play for the older kids. They responded similarly. Children started to vocalize and smile at one another. One boy grabbed his friend's hand and my hand and guided us to sit on his bed. I continued playing and the two smiled and laughed at each other. This interaction made me realize music was bigger than getting kids to smile and move. It had the ability to create a new community, to connect these children who appeared isolated as I entered the floor. Over the next two weeks my goal was to create as much community as possible.

Every morning we visited this floor as the children finished up their lunch. These visits were split into two distinct parts, playing for the children on the open patio and playing for the children in their room. I always visited the children on the patio first. I would start playing flute as I entered the area. I would sit on a bench near the children who were finishing their meal. The first few times I did this, a few of them would gather around me similarly to how they reacted to my colleague. They would smile and show enthusiasm for the music. I mostly improvised in many different keys, matching the movements and vocalizations the children made. I observed how they reacted to the different types of music and different keys I played. I played a few pre-composed American children's songs as well, but kept them to a minimum because I was unsure if they were familiar to the Vietnamese children and I felt uncomfortable imposing my music on them. They kept a polite distance from me the first few days but early in the second week something remarkable happened.

I decided to play "Twinkle, Twinkle Little Star" as my first song of the day. Instead of children slowly coming over, the children quickly formed a circle around me. A few of them started vocalizing along with the song. Some sang in Vietnamese, some in English, and some just followed the melodic line with their voice. I decided to try something different. I put my flute in my lap and started singing the song myself. Immediately the children made eye contact with me and began singing with more power behind their voices. After we sang through the song a few times, I picked my flute up again and started accompanying the children singing. Our little circle felt completely connected on a deep music level. It was one of the most powerful connections I have felt in my life. It was a perfect example of how music can transcend language barriers.

After I made music with the children on the patio I moved into the room the children slept in. I made an effort to make music with as many of the children as I could. Early on I was able to figure out which children enjoyed and benefited from the music and which were indifferent. There was a group of young boys who would sit on one bed with me and move and vocalize to the music. They were a lot of fun to play with. The only time I saw them together was when we were playing music. If I put my flute down to take a break one boy would hold my flute and bring it back to my lips, asking me to continue playing.

I also worked with some of the children who had repetitive movements. These children were especially isolated and barely vocalized. They presented as being in pain and discomfort. I chose to play slow, metric music that I hoped would calm them. Many times, it appeared the music did calm them. Their movements slowed and the children vocalized along with the music. They made eye contact with me and held it for close to 30 seconds. Although it was a one-to-one interaction, I felt connections between these children and myself as well.

One of the other powerful moments I felt was with a younger child confined to her crib. She had limited speech and limited movement. I only saw her in her crib, never walking around or in a chair. I sat between her crib and two other children's cribs. The three of them reacted positively to the music, but this little girl showed a special interest in the music. She would roll on her side, reach her arm out of her crib, and touch my face or the flute and blow air through her lips. When I noticed this special connection and all of the mirroring I made sure to spend a significant amount of time with her. During our second week together, I started playing a melody and she spontaneously vocalized for the first time, saying "bah." I played the melody again, paused, and sang "bah bah bah" to her. I started playing the melody again, paused after a few phrases and the girl sang "bah bah bah." We repeated this pattern a few times and soon we

had our own song. Every time I passed her crib on the following days she would sing "bah bah bah," calling me over to make music. Once again, I felt a powerful and deep connection between us because of the music we made.

Leaving was one of the hardest things I have had to do, especially after all of the connections made during the second week. I wanted to continue my work to see what further changes and connections might be made. What made leaving so difficult, was that there was no way for me to actually say goodbye because of the language barrier. By the second week we no longer had a translator with us. Our final day I said goodbye to everyone but I knew that no one understood that I would not be returning the next Monday. It was heartbreaking realizing that all of the connections and bonds we formed over the past two weeks would cease to exist after I left. In a way I felt guilty for not being able to say a proper goodbye.

In addition, I was uncomfortable leaving no sustainable music behind for the children, save for the pre-recorded CDs they played before we arrived. It was incredible to watch all of the changes made in the different wards, but I knew deep down that this would all be gone in less than two weeks for the children. I worried that being there to begin with was more harmful than helpful. It felt almost cruel to bring in something that created so much connection and then suddenly take it away without any explanation. Although the lack of sustainability was difficult to cope with, it helped me decide to return again soon, this time with better understanding of the setting and clients, and a plan to make music more sustainable in their orphanage.

Results

The community engagement project I implemented in the orphanage aimed to create a greater sense of community and to improve the psychosocial and socioemotional well-being of the orphaned children produced positive results. I saw a positive change in affect and an increase in communication between the children as they engaged with the music. The children I worked with who are diagnosed with motor and cognitive disabilities were notably more vocal and interactive with one another. The children confined to their cribs move their heads toward the music and smiled and looked at the other children around them. I felt the music enhanced the general atmosphere of the floor and positively affected the psychosocial and socioemotional states of the children.

One of the most interesting stories to come from this project is about a young male who was isolated for most of his day. I previously heard about this boy from my colleague a few years before my trip. My colleague rarely showed video recordings of his previous trips to Vietnam out of respect for the children. He made an exception this time, and before showing me this video explained that this boy lived on the terminal floor of the orphanage. His diagnosis of hydrocephalus made it hard for him to move, to sit up, and to vocalize which caused him to stay silent and isolated.

After telling me this, my colleague showed me a video of the boy. My colleague played the recorder and the boy was sitting up next to him on his bed, smiling, swaying from side to side, and vocalizing along with the music. With music present this boy was able to break through the isolation and connect with another person. This video inspired me to set my goals focused on community and enhancing psychosocial and socioemotional well-being. Every

musical choice I made had this goal in mind. During my trip I had the pleasure of making music with similar children and the experience was more powerful than any video footage.

One of the most challenging parts of completing my social engagement project outside of the United States was feeling like I could easily turn into an imposter who pushes her own culture. As I prepared for the trip I spent a lot of time thinking about the implications of a young white woman entering a Vietnamese orphanage to practice music therapy. I wanted to be as culturally sensitive as possible while still practicing a field of work that is more prominent in Western culture.

I spent a lot of time in my journal writing about how I felt like I am imposing myself in the orphanage. I constantly questioned my choice of music. Was it okay for me to play "Twinkle, Twinkle Little Star" or was that culturally inappropriate? This question bothered me a lot as I prepared for the project. I worried about the white savior complex and how troublesome it is and has been in the world. I believed strongly that music can universally connect and heal, but was it appropriate for me to bring this concept directly into the orphanage? After a lot of conversation, I decided with the right approach it would be okay for me to conduct this project.

I resolved my worries around the choice of music by improvising most of the time I was in the orphanage. I chose to play in many different keys and modes so I was not relying solely on Western music theory. This choice also allowed me to musically respond to and match the reactions of the children. Instead of feeling stuck playing the same 30 children's songs, I was able to flow musically with the children. If someone hopped, I could respond. This caught the attention of the child, prompting them to hop again. I could see a sense on the child's face that knew someone was watching and listening to them. Then another child might begin to hop.

Having the ability to play the music that was needed in the moment allowed me to create more meaningful moments and connections.

My primary goal was to create connections and a sense of community between the children using music as the catalyst. My first couple of days there I aimed to observe but instead it felt more natural to jump straight into the music. The atmosphere was full of intense curious energy, almost as if the children had been expecting us to come to make music with them. As I started playing I decided to spend time working through different key signatures and modes to see which ones the children best responded to. I found that different types of music created different responses for different situations. When I improvised in a major key (especially in A major and E major) and played at a fast tempo I noticed the children were more likely to create connections between each other, building their own community. When I played music one-on-one with a child I tried to musically match them, and felt that slower, more delicate music created a bond between us.

Playing in the major keys created a fun, energetic atmosphere. The children seemed attracted to the major intervals and the positive mood I created with this music. I noticed a lot of movement when playing in major keys. Many of the children would gather together and dance, smiling and laughing. One boy in particular brought children who presented as reserved over to me as I played and tried to get them moving. He made intense eye contact with the children, motioning for them to move, sometimes holding their arm and swinging it to the beat of the music. More times than not these children began smiling and moving to the music as well.

I also noticed the most vocalizations when I played more upbeat music. The faster and more rhythmically involved the music I played, the more likely the children were to vocalize with it. Sometimes this would be saying a few syllables, sometimes it was simply laughing

along to the music or letting out a positive sounding "ahh." It was a lot of fun to watch the connections being made and to feel the room's atmosphere and energy change so drastically. It also gave me a sense of satisfaction when a dancing child turned to me after realizing that the music I played was meant to match their movements and that someone was acknowledging them.

I felt my improvised music differed when I was making music one-on-one with a child. This gave me the opportunity to match the child, for me to react to their likes and dislikes, creating music that was only between us. These improvisations varied greatly depending on the child I was working with at the time. Some children with high energy would continue to crave the upbeat movement music, but many children confined to their beds would latch onto a sweet lullaby like tune. I improvised flowing melodies, trying to create an image rather than prompt movement. At these times I felt a genuine connection between the child and me. We made intense eye contact and it felt like the music linked the two of us together. The child would vocalize in a more conversational and calm manner. Although we were not speaking the same language, I felt that the music and vocalizations allowed us to communicate and gain an understanding of each other.

Although I improvised for most of my time spent at the orphanage, I did include some pre-composed songs that I knew the children had been exposed to before. I asked our translator to ask the nurses and aides if the children had any favorite songs. "Twinkle, Twinkle Little Star" was on that list, which is why I used that melody multiple times. The most meaningful time I used it was the story I told in the methods section. This moment illustrated how deeply music is within us, and how one simple tune can transcend many barriers to create a little community, even if only for a moment.

As I planned for this trip I was convinced that music would create a connection between the children in the orphanage and a connection between them and me, despite the language barriers. Although this is what I set out to observe, I knew there was a possibility that it would not happen. I feel that after reviewing the trip that music did indeed create community and connection. I felt that when working with the children their sense of self was enhanced. I felt their psychosocial and socioemotional well-being was enhanced and they danced, moved, and sang together. The results noted above occurred every time I played music with the children. By the end of the two weeks I knew how many of the children would react to the music.

Discussion

This community engagement project intended to illustrate how the use of Community Music Therapy in an orphanage setting can create a sense of community and connection and can help to positively develop an orphaned child's psychosocial and socioemotional well-being. I conducted this project by playing improvised music with orphaned children with motor and cognitive disabilities in an orphanage in Ho Chi Minh City, Vietnam. The project showed that playing music with the children positively enhanced their affect, potentially enhancing their sense of self. It showed that the music was a way for the children to interact with one another, instead of sitting isolated in their beds for most of the day. It also helped the children work on their motor, verbal, and communication skills. Finally, it showed that music has the ability to transcend language barriers and create connections and community.

There are limitations to my project. One limitation is that I was unable to ask the children directly how they felt before and after the music making. The conclusions I drew were my own observations and opinions and are therefore biased. Moving forward in this research I would want an interpreter with me at all times, allowing me to communicate more directly with the children and have their own opinions, reactions, and experiences to present. Another limitation is how short a time I spent at the orphanage. Two weeks is not a long time to introduce a new idea and to see lasting change. Moving forward I would want this project to turn into a longitudinal study. I would spend more time there and implement a sustainable music therapy program to allow more time for information to be gathered and to measure how permanent the changes in the children are. This would allow me to see if there was true change in the children's psychosocial and socioemotional development.

There is one final perspective I would like to discuss. The aides and nurses continually told us how much of a difference we were making in the children's day. We were thanked many times by the director of the orphanage. She expressed her gratitude and told us how different the children are when live music is around. It was this feedback and the positive changes I noticed on each floor that encouraged me to explore the use of music in orphanages more deeply and to ultimately write this paper. If so much positive change is seen when music is present, why is music therapy not seen in orphanages more often and why is more research not being conducted on it? I hope this project encourages music therapists to reach out to orphanages and begin using music to create the little communities I saw this summer in Vietnam.

References

Ahmad, A., Qahar, J., Siddiq, A., Majeed, A., Rasheed, J., Jabar, F., & von Knorring, A. L. (2004). A 2-year follow-up of orphans' competence, socioemotional problems and post-traumatic stress symptoms in traditional foster care and orphanages in Iraqi Kurdistan. *Child: Care, Health, & Development, 31*(2), 203-215. http://doi.org/10.1111/j.1365-2004.00477.x

Ansdell, G. (2002). Community music therapy & the winds of change. *Voices: A World Forum for Music Therapy, 2*(2), 1-33. http://doi.org/10.15845/voices.v212.83

Bericat, E. (2013). The socioemotional well-being index (SEWBI): Theoretical framework and empirical operationalization. *Social Indicators Research 119*(2), 599-626. http://doi.org/10.1007/s11205-013-0528-z

Clarkson, A. R., & Killick, M. (2016). A bigger picture: Community music therapy groups in residential setting for people with learning disabilities. *Voices: A World Forum for Music Therapy, 16*(3), 1-14. http://doi.org/10.15845/voices.v16i3.845

d'Ardenne, P., & Kiyendeye, M. (2015). An initial exploration of the therapeutic impart of music on genocide orphans in Rwanda. *British Journal of Guidance & Counselling, 43*(5), 559-569. http://doi.org/10.1080/03069885.2014.954237

Disney, T. (2017). The orphanage as an institution of coercive mobility. *Environment and Planning, 49*(8), 1905-1921. http://doi.org/10.1177/030851X17711181

Fawzy, N., & Fouad, A. (2010). Psychosocial and developmental status of orphanage children: Epidemiological study. *Current Psychiatry, 17*(2), 41-48.

Ghetti, C. M. (2016). Performing a family of practices: Developments in community music therapy across international contexts. *Music Therapy Perspectives, 34*(2), 161-170. http://doi.org/10.1093/mtp/miv047

Gosine, J., Hawksley, D., & LeMessurier Quinn, S. (2017). Community building through inclusive music making. *Voices: A World Forum for Music Therapy, 17*(1), 1-13. http://doi.org/10.15845/voices.v17i1.893

Kim, J. (2017). Effects of community-based group music therapy for children exposed to ongoing child maltreatment & poverty in South Korea: A block randomized controlled trial. *The Arts in Psychology, 54, 69-77*. http://doi.org/10.1016/j.aip.2017.01.001

Robison, D. (1957). Story from an orphanage. *Music Educators Journal, 43*(3). 42 + 44, 46.

Schrader, E. M., & Wendland, J. M. (2012). Music therapy programming at an aftercare center in Cambodia for survivors of child sexual exploitation and rape and their caregivers. *Social Work & Christianity, 39*(4), 390-406.

Steete, M. E. (2016). How can music build community? Insight from theories andpractice of community music therapy. *Voices: A World Forum for Music Therapy, 16*(2), 1-15. http://doi.org/10.15845/voices.v16i2.876

Wright, A. G. C., Calabrese, W. R., Rudick, M. M., Yam, W. H., Zelazny, K., Williams, T.F., Rottermanm J. H., & Simms, L.J. (2015). Stability of the DSM-5 section iii pathological personality traits and their longitudinal associations with psychosocial functioning in personality disordered individuals. *Journal of Abnormal Psychology 124*(1), 199-207. http://dx.doi.org.ezproxyles.flo.org/10.1037/abn0000018