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Community Music Therapy for Marginalized Middle School Students

Capstone Thesis

Lesley University

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Abstract

Community Music Therapy has been a recent development in the field of Music Therapy. Community Music Therapy occurs at the intersection of traditional Music Therapy and Community Music. Community Music Therapy incorporates principles of psychology, sociology, and ecology. Studies indicate that goals of self-efficacy, voice, social justice, and group cohesion are well met through the use of Community Music Therapy. This paper explores a project using Community Music Therapy with a group of self-selected middle school students in addressing concerns and emotions around equity, diversity, and inclusion. The results of this project demonstrated that Community Music Therapy is an effective method for addressing social justice issues with middle school students.

Keywords: Community Music Therapy, group cohesion, social justice, equity, inclusion, diversity

Community Music Therapy for Marginalized Middle School Students

Introduction

Community Music Therapy is a recent development in the field of music therapy that occurs at the intersection of the current model of Music Therapy and the practice of Community Music (Ansdell, 2002). Music Therapy was initially used within medical institutions. This service was generally delivered without patient participation. Music was used either medically or recreationally. Music Therapy was either used “in a variety of musical ways” or as “a therapeutic form of entertainment, implicitly addressing the social and psychological aspects of illness” (Ansdell, 2002, p. 15). Music ensembles performed in large hospitals for patients and sometimes were made up of patients in order to create an environment that mimicked society outside the walls of the hospital.

The second phase in the development of Music Therapy began with World War II. Music became an important intervention in the treatment of veterans returning from war with both physical and psychological issues. According to Ansdell (2002) musical interventions supported the efforts of those that entertained the troops. Medical personnel were witness to the significance of music’s relationship to morale and overall psychological wellness.

Ansdell (2002) explains, “British pioneers made parallel (if more modest) professional initiatives” and the Society for Music Therapy and Remedial Music was founded by Juliette Alvin “and in 1968, the first training at the Guildhall School of Music in London” (para. 17) was held. Music Therapy services began to be delivered to children with Intellectual and

Developmental Disabilities (IDD) and to adult psychiatric clients. Mary Priestley “developed her system of Analytical Music Therapy - attempting to place Music Therapy Practice and theory within individual psychoanalytic working methods and theoretical assumptions - not as adjunct, but as self-sufficient treatment” (Ansdell, 2002, para. 20). Nordoff and Robbins (2002 and as cited in Ansdell) began ground breaking work with children with disabilities and, as written by Clive Robbins, “It is in the nature of music that our musical journeys, from their very beginnings, can be both deeply personal yet have broad social implications” (para. 21). A synthesis of theoretical stances and practices in Music Therapy began to emerge.

The practice of Music Therapy could be observed moving toward participation rather than just receptive musicking. Common threads began to emerge. Music making was occurring in an improvisational way, placing the spotlight on the relationships occurring through the process of making music and augmenting the work between the individual client and clinician. Music was being applied to other therapeutic disciplines, validating Music Therapy through the relationships established within medical and clinical fields of practice. In 1999 Music Therapy became an officially recognized discipline when it became a state registered “Health Profession” in the United Kingdom.

As Music Therapy was taking shape as a profession, Community Music was developing in Britain. An intentional effort to define the practice of Community Music did not occur until the 1960s and 1970s. Prior to this, music making was more of a community activity involving

lay musicians playing culturally traditional music. The industrialization of the British landscape contributed to the development of Community Music (Ansdell, 2002).

Following the Second World War in Britain, the influx of immigrants brought the music of various cultures into the mix. This was also the catalyst for the development and rise of pop music among the young people. New kinds of relationships blossomed between music makers due to more 'democratic' genres of pop, rock and ethnic music. New groups of music makers became empowered, both socially and aesthetically. The rigid boundaries between 'high-brow' and 'low-brow' arts began to diffuse creating a more democratic predominance of 'no-brow'.

An ideology began to emerge in 'social art theorists' who advocated empowering minority groups (defined by ethnicity, disability or illness) by giving them a voice - especially the estranged or excluded from society. From this emerging ideology emanated equal political and cultural opportunities for minority groups. There was a notable difference between community musicians who involved themselves in making music for its own sake and those that involved themselves in music making to impact individuals facing issues of disadvantage or marginalization.

It is important to examine Community Music through a lens of practicality and then through an institutional lens when contrasting it to Music Therapy. Through the lens of practicality, Community Music is project based rather than a continuing linear process; often includes performance; and offers the opportunity to be led by participants. Through an institutional lens Community Music contains some aspects that sit juxtaposed to Music Therapy.

The training and credentialing for Music Therapy is specifically prescribed and closely guarded whereas Community Music practitioners, while having a broad range of skills and experience, are not afforded the same organizational privileges. In order to be a practitioner involved in Community Music Therapy, one must be certified by the American Music Therapy Association.

Here we begin to see the intersection of Music Therapy and Community music. Atkinson made the following observations:

If Community Music is the making of music with people to meet their needs, it would not be unreasonable to suggest that music therapy falls within this category. In practice, I suspect few music therapists would wish for this as music therapy is a tightly organised profession which is seeking to define its practice, whereas Community Music appears to be avoiding any such move in some quarters. However, the notion that participatory music-making can be therapeutic is as old as the existence of music, and certain participatory music organizations are starting to move into the territory occupied by music therapists - i.e. working intensively with individuals to help them overcome their pathology (Ansdell, 2002, para. 34).

Traditional Music Therapy practices are referred to by Ansdell (2002) as the 'consensus model'; as "the accepted model of theory and practice which has developed over the last twenty years...as taught in training establishments and legitimated in current literature" (para. 93). Community Music Therapy developed as both traditional Music Therapy on one end of the continuum and its

intersection with Community Music at the other end of the continuum. Community Music Therapy is a blending of the dual roles of musician and therapist.

A contingency of music therapists found themselves working in the field in a way that moved away from strict adherence to the generally accepted model. Their practices stretched beyond the traditional boundaries of the work. Many of these clinicians questioned the legitimacy of their work as music therapists, wondering if their work really qualified as music therapy. Reflective questioning occurred. “What is my role? Where should I practice? What are my aims? What are my assumptions?” (Ansdell, 2002, para. 9). In addition, a comparison between the practice of music therapists and other musicians who work with people was contemplated.

While Music Therapy focuses on the individual, the therapeutic relationship, and the therapeutic process as an agent of change, Community Music Therapy focuses on fostering the creation of a music relationship that involves a community context with therapist and clients in a “social and cultural context” (Ansdell, 2002, para. 9). The aim of this project to determine if Community Music Therapy can accomplish the aforementioned goals with a group of self-identified middle school students who were struggling with social justice issues.

Literature Review

Community Music Therapy brings participatory approaches to Music Therapy practices, allowing for collaboration and exchange between participants and therapists. The relationship between participants and therapists is one of equality where the differing strengths and skills of

all participants are valued, promoting a balance of power. A mutual responsibility exists for the process of moving towards a shared goal or understanding. All decisions are made in a collaborative fashion. The opportunities of participants and therapists to accomplish choice, collaboration, voice, self-efficacy and group cohesion provide an avenue by which people can experience personal growth and have a positive impact on their communities and beyond (Bolger, 2015, pp 78-79).

The Power of Singing

Vaillancourt et al. (2018) discussed the benefits of singing, including psychological, social, and physiological benefits. The benefit of intergenerational groups was discussed. Empathy and understanding were noted to be hallmarks of intergenerational groups where individuals may be experiencing loneliness, isolation, depression and fear concerning the future. Participants were recruited “from specific neighborhood high schools, senior citizens’ and choir organizations, where bilingual recruitment advertisements were disseminated in poster form, as well as through email” (Vaillancourt et al., 2008, para.15).

Vaillancourt et al. (2008) conducted a qualitative phenomenological participatory inquiry that sought to involve and capture the essence of the participants’ experiences” (para. 13). Interviews and noted observations were used to collect data for the study. The guiding question was, “What is the experience of participating in an intergenerational community music therapy singing group?” (Vaillancourt et al., 2018, para. 14). The group consisted of thirteen women meeting for ten weeks for rehearsals lasting ninety minutes. The participants were French and

English speaking. Several of the participants dropped out of the study, leaving between four and six participants remaining for the duration of the sessions. Pre and post interviews were audio recorded while sessions were both video and audio recorded.

The researchers noted that the participants' love of singing was the primary motivation for joining the group. Data revealed that the singers began the sessions anxious, nervous, shy and apprehensive. The participants appeared to relax more over time. A sense of pride and accomplishment was expressed by the singers. The music provided a container in which human connection could occur. The freedom with which the participants sang was connected in some cases to the simplicity or difficulty of the music, the support of a piano accompaniment and the language of the text. The comments from the participants were in reference to a sense of flexibility, simplicity, conviviality, and that they were being listened to by the co-researchers.

Interviews revealed further comments that warm-ups helped break the ice before singing, singing skills and breath capacity increased, different energies were brought to the sessions by the three co-researchers, the mix of ages and cultures was positive, new friendships were formed and a sense of community was created.

Busch and Gick (2012) provided quantitative data to support the hypothesis that singing in a choir provides increased psychological well-being. Well-being was examined through two lenses; hedonic and eudaimonic. While hedonic well-being involves happiness and current mood state, eudaimonic well-being has a loftier goal of growth and potential as a human being. The

authors refer to the difference in the two states of well-being as “pleasure versus purpose” (Busch & Glick, 2012, p. 46).

Two chorus ensembles studied were made up of differing groups and had directors that differed in their rehearsal procedures. One chorus was made up of only women while the other was made up of both men and women. The first chorus director had a down-to-business approach to rehearsal while the other interjected humor into the rehearsal as well as provided a break with refreshments and a time for socializing.

For general information the Ten-Item Personality Inventory (TIPI) and Multidimensional Scale of Perceived Social Support (MSPSS) were used. In the area of hedonic well-being Positive and Negative Affect Scale (PANAS) and Satisfaction with Life Scale (SWLS) were used. To assess eudaimonic well-being the Flourishing Scale (FS), Vitality Scale (VS), and two subscales from Ryff Scales of Psychological Well Being (RPWB) were used. They were administered before and after each rehearsal.

Results indicated that even one rehearsal of two hours was enough to provide a statistically significant improvement in both hedonic and eudaimonic well-being. This study provides quantitative support for the hypothesis that participation in just one choral rehearsal can have a positive effect with regard to wellbeing.

According to Pawley & Müllensiefen (2012) from an evolutionary perspective, sing-along activities are thought to promote group cohesion, expression of personal identity as well as aligning the mood of the group. The effect of group sing-along has also been considered as

neo-tribal from a perspective of ethnomusicology where group sing-along is considered to promote “social bonding and positive social interaction” (Pawley & Müllensiefen, 2012, p. 130). An anthropological perspective views group sing-along in the context of clubbing, driven by adrenaline resulting in revelry and frenzy.

The term ‘singalongability’ was used by the researchers to refer to the qualities of a particular song that might be significant in motivating an individual to participate in group sing-along. This study is the first to approach an empirical study of singalongability. The researchers approached this study as observers who participated in group events in five different venues over nine months with a total of thirty evening events, including a wide range of ages and a variety of venues. Two categories of data were collected - the context of the sing-along and the musical characteristics of the songs of which thirty-two were identified.

The empirical results demonstrated that “the prominent use of a high chest voice, increased vocal effort, the preponderance of a male singer on the recording, a greater clarity of consonants, the lesser use of vocal embellishments, melismas and other forms of vocal ornaments all help to increase sing along behavior” (Pawley & Müllensiefen, 2012, p. 141). The context of the sing-along and its positive effect include “larger venues, a younger audience, a weekend night, songs that are played later in the set, and more popular songs” (Pawley & Müllensiefen, 2012, p. 140).

The Power of Song

Veiga and Baker (2017) presented the use of two research methods, analytical and

arts-based approaches, to analyze songs written by clients with neurological injury. The researchers posited that, while lyric analysis has value in providing insight into the issues and problems of the client, the lyrics performed in the context of the musical setting offer additional information as it conveys emotions, feelings and intentions. Veiga and Baker (2017) state that “in contrast to the more cognitive meaning making within constructivist approaches to song and music analysis, arts-based approaches seek an aesthetic and embodied understanding of the lived experience of the people they work with in therapy” (p. 237).

In this study, clients each wrote three songs. The instructions were to compose their first song about their past self, their second song about their present self and their third song about their imagined third self. As they composed their three songs, the participants were asked to reflect on their personal self, social self, physical self, moral self, academic self, and family self. The participants were given four sessions to compose each of their songs totaling twelve sessions. Garage Band was used by the participants to aid in the composition process.

Using the analytical approach, the lyrics were assessed and placed into the categories of personal, physical, moral, academic, or family self. Using the experiential arts-based approach the songs were listened to repeatedly to determine if the musical elements were in consonant or dissonant relationship to the lyrics. Veiga and Baker (2017) indicated that combining both approaches proved to be “more useful to reveal developmental processes and the leveled experience of those in therapy, and retrospectively gain insights into the role of music in the songwriting process” (p. 246).

The Power of Community

Because of the isolation that has become more and more prevalent in our society, the need for opportunities for group participation that foster a sense of belonging has intensified. Community Music Therapy provides these opportunities and is a powerful tool for promoting group cohesion and a sense of belonging. “Theorists in community music therapy discourse argue that music is an active social phenomenon that can be used to help create flourishing communities in which the individual difference is celebrated, and support is shared” (Steele, 2016, para. 2).

Community Music therapy is an outgrowth of the consensus model of music therapy where “therapists, who describe themselves as clinicians, adopt an individualistic focus on the achievements of people (typically described as clients) through a process in which their relationship with the therapist and music is critical” (Steele, 2016, para. 5). Gary Ansdell (2002) introduced the idea of Community Music Therapy in his article, *Community Music Therapy and the Winds of Change*. Community Music Therapy “provides important understandings about the uses of music to enhance connectedness and support communities, through both individual and group work” (Ansdell, 2002, para. 9).

Stige and Aaro (2011) describe Community Music Therapy using an acronym PREPARE (participatory, resource-oriented, ecological, performative, activist, reflective, and ethics driven). The acronym helps us understand that clients have the opportunity to share either musically or

verbally in a supportive environment with shared responsibility for its structure; Community Music Therapy builds on client strengths; Community Music Therapy has potential to radiate and permeate throughout societal structures with its wider influence; performances within Community Music Therapy are not limited to the generally accepted meaning, but refer to a broader meaning of creating relationships within its context; Community Music Therapy has potential for “contributing to a wider social change agenda” (Stige and Aaro, 2011, para. 24). Reflection between therapist and others allows for awareness of issues around power, privilege and oppression; Community Music Therapy is mindful of ethical guidelines.

The Power of Collaboration

Bolger’s curiosity about the power of the collaborative process and the collaborative experience led to a study that included marginalized youth. Bolger (2015) “sought to understand and articulate the process of collaboration in participatory music projects, and to investigate the meaning of collaboration for the young people involved” (p. 77). Collaboration has been encouraged for empowerment as well as involvement in “personal, social and environmental factors that impact ... well-being” (Bolger, 2015, p. 78). While collaboration is key to community engagement in the context of Community Music Therapy, little research has been done. Collaboration has had a generalized connotation and has been used to “describe any and all interaction, irrespective of considerations of power and purpose” (Bolger, 2015, p. 79).

A more authentic picture of collaboration is one that represents participants working together to pave the path that their music therapy experience will take. Bolger (2015) and

participants became co-researchers in the project itself “and in examining what happened when we collaborated and what it was like for them (participants)” (p. 87). Bolger’s goal was to determine what was meaningful about collaboration for the participants. “These players were asked to reflect on their personal experience as collaborators and prompted to consider the most important parts for them, their role, and what they liked and disliked” (p. 93).

The data resulting from this study was divided into two categories which included the meaningful aspects of the participants collaborative experience and the players’ meaningful outcomes. In the collaborative experience, the participants reported being allowed the choice whether or not to participate and being part of work that led towards a concrete result. The participants also reported that their experience of collaboration was supported by the music therapist’s contribution to the project and they were able to begin to experience autonomy. The meaningful aspects of outcomes reported by participants included a positive shift in self-worth, group cohesion, the development of music skills and proficiency and the experience of being acknowledged.

The Power of Performance

The opportunity to perform is typically reserved for the most talented of musicians. In the context of working with marginalized youth, the power and oppression that this promotes continues to reinforce the marginalization of this population. Small (1998) states,

Our present-day concert life whether ‘classical’ or ‘popular’ in which the ‘talented few’ are empowered to produce music for the ‘untalented’ majority is based on a falsehood. It

means that our powers of music making for ourselves have been hijacked and the majority of people robbed of the musicality that is their right by birth. (p. 8)

Community Music Therapy, by contrast, focuses on the therapeutic benefits of the experience/act of performing rather than the quality of the performance. Previous to Community Music therapy, there has been hesitation to attach performance to Music Therapy. It is in the context of performance that therapeutic benefit can occur since the concept of public performance in Community Music Therapy eliminates the pressure and competition that exists traditionally (Ansdell, 2005).

According to Bailey and Davidson (2005) the sharing that occurs in performance has benefits for not only the performer, but also the audience. “The public performance arena provides a platform to instruct the larger society about the world of poverty and homelessness” (p. 289).

Aldrich’s (1996) theoretical perspective on performance stated that patients “perform their lives before us” (p. 27), their health and illness, who they are and who they can be. Aldrich (1996) continued to say that “they perform themselves and their lives how they are with their illness and health mixed together, but they also perform how they can be; their hopes and aspirations, the achievement of personal and social connection” (p. 9). Performance has the capacity to intervene in the disruption of one’s ‘self-performance’ and promote healing of self.

Turner (1982) further expanded this idea by offering that “a performance, then, is the proper finale of an experience” (p. 13). Turner suggested that performance is necessary for

completion. The process of personal and social transformation is carried out through performance. Rudd (2004) explains that Community Music Therapy uses performance “to negotiate the space between the private and the public, the client and the institution/other staff, or the client and the community” (p 63).

Ansdell (2005) referred to Newman’s theoretical framework which posits that individuals are best able to perform themselves when given the opportunity to participate ‘in concert’ with others; that they rise to occasion which is beyond that which they themselves are capable of on their own; that they become who they are not.

Mitchell (2019) examined the experience of the researcher/music therapist and adolescent residents, ages twelve to eighteen, in a treatment facility in Southwestern Ontario, Canada. The music therapist began the Coffee House to fulfill the request of her clients who requested to have an opportunity outside of the music therapy walls for performance. In addition, the Coffee House provided a creative outlet for those that were not able to be served by the music therapist’s overly full caseload. The researcher stated:

Acknowledging that issues such as burnout and vicarious trauma were significant for staff members, it was my vision that participation could offer a source of enjoyment and expression for all members of the community as well as an opportunity through music for interaction with one another distinct from the hierarchical nature of institutional relationships. (Mitchell, 2019, para. 8)

The Coffee House utilized what Turino (2008) referred to as participatory performance. Mitchell (2019) stated:

Participatory performance settings define success primarily by the act of participation and thus they are characterized by inclusivity. This allows Coffee House performers to engage in risk-taking and overcome anxiety while experiencing increased self-efficacy and confidence along with a levelling of institutional relationship dynamics (para. 16).

In Mitchell's study, data were collected using interviews. Questions used for the interviews were provided in an appendix. Themes, topics and key categories were identified. The interviews were administered to seven adolescents aged twelve to seventeen, four of whom were in day treatment and three of whom were in residential treatment and eleven staff members. The interviews reflected the success of the Coffee House event. Comments from the interviews indicated that the adolescents recognized that they were emerging from their comfort zone, they were able to face their fears with the realization that they would not be judged, their accomplishment resulted in positive feelings about themselves, they had the opportunity to demonstrate what they were able to do, and staff had the opportunity to witness what the adolescents were capable of.

Community Music Therapy and Social Justice

Leaders in the field of Music Therapy have contributed to developing an understanding of Community Music Therapy. Ruud (2004) defines Community Music Therapy as “the reflexive use of performance-based music therapy within a systemic perspective” (p.1). Bruscia (2008)

looks at Community Music Therapy as an “ecological practice [that] includes all applications of music and music therapy where the primary focus is on promoting health within and between various layers of the socio-cultural community and/or physical environment” (p. 229).

From a desire and passion for those who are marginalized, Vaillancourt (2011) wrote about social justice and its potential to be addressed through Community Music Therapy. Social justice can be examined through several lenses; psychology, sociology, leadership theory, and music therapy. Social justice is referred to as “inclusive principles where every class of people participates in control and decision-making processes through institutions such as families, schools and workplaces” (Vaillancourt, 2011, p.173). Vaillancourt (2012) offers a personalized definition of Community Music Therapy as “the use of music therapy approaches in the community to increase social and cultural awareness and bring a sense of societal participation to all concerned” (p. 175). Ansdell refers to music as “a natural, human activity, but at the same time as a symbol of social, political and ideological processes...The link between music and healing has always been heavily reliant on contexts (social, political, economic, ideological)” (p. 3).

Additionally, upon examining the issues involved in social justice, the appropriateness of using Community Music Therapy to address social justice within an educational setting became clear. According to Vaillancourt, “democracy responds to inclusive principles where every class of people participates in control and decision-making processes through institutions such as family, schools and workplaces. Vaillancourt (2011) examines Community Music Therapy under

the umbrellas of “psychology, sociology, leadership theory and music therapy for support of the use of music for social justice in a community music therapy context” (p. 173).

In a sociological context, music can be seen as part of a social movement which serves to promote social change. Thus, Community Music Therapy, in a social justice context, can provide meaning and identity... fostering strong emotional engagement. Music inherently “creates a gathering space for working toward the common good” (Vaillancourt, 2011, p. 177). Community Music Therapy can change the way in which individuals perceive and accept one another. Vaillancourt makes reference to music sociologist, DeNora, when stating that “music is like social glue that allows for communication and socialization for almost all individuals” (2011, p. 174). Music can be a tool for levelling the playing field as it eliminates differences and unites individuals who have experienced marginalization, isolation, and exclusion. Community Music Therapy serves as a vehicle for enhanced understanding and empathy as it seeks to heighten awareness of social justice issues to those that are witnesses to Community Music Therapy projects.

Methods

The method for this Capstone Thesis project was created in response to an incident that occurred in the school district in which a teacher was racially targeted in her classroom by students. The administration failed to properly respond to the situation and a lawsuit resulted. School Administrators across the district became hyper-vigilant due to negative press coverage

and negative community response. As a response to public outcry, school administrators began a campaign for the purpose of educating staff and students about inclusion, equity and diversity. District wide training was scheduled. The Civil Rights Team at school made presentations to the staff about various racial and gender slurs that students had experienced, the school participated in a “Step Forward” Activity and the Straight and Gay Alliance (S.A.G.A) group was formed.

Community Music Therapy seemed to be the perfect way to address these issues. This thought developed into excitement and a passion to bring Community Music Therapy to the marginalized students and their supporters at school. It was important to investigate Community Music Therapy to determine its efficacy and appropriateness in meeting goals in working with middle school students around social justice issues. The needs that were identified were: developing voice to be used as an agent of change, self-efficacy, personal expression, a sense of belonging, and group cohesion.

In preparation for this project, a meeting was held with the building principal. This meeting was followed up with another meeting that included both the district Superintendent and the building principal to discuss this project and seek approval. Two days later word was received that approval had been granted.

Presentations describing the project were made to the Civil Rights Team, to S.A.G.A., and to each grade level lunch (grade six, seven and eight). During the presentation to S.A.G.A., one of the students suggested the word ‘musically’ as we discussed creating a catchy name. The resulting project name became ‘Music Speaks’. Interested students would be using music to

address issues of social justice, including equity, diversity and inclusion. Students would have the opportunity to express emotions and concerns around social justice issues through music. Students would be encouraged to compose, use instruments, perform, and share their music with an audience if they so desired. The project would begin February 3, 2020 and would take place after school. The group was to be self-selected.

On the day of the first session, a reminder about the project was announced during the school's morning announcement time, however only two students attended. It had been a week since the project had been officially promoted. It is likely that students forgot due to the lapse in time, the frequent inability to hear school announcements as well as the many activities and sports that students are engaged in. Following the first week, the number of students attending weekly meetings of Music Speaks increased, ranging between two and six.

Each session began with a fifteen-minute snack time and then a group activity. Group activities included improvisation, drum circle games and activities, lyric analysis, and group singing using word substitution, and composition.

The students were given musical choices with which they could proceed to make decisions about creating a project. They were given access to ukuleles, guitars, keyboards, percussion equipment and technology. Suggestions were made to the students about how they might proceed in the music making process. These suggestions included writing lyrics, learning guitar, ukulele, or piano chords in order to support their projects with harmonic accompaniment, choosing a

pre-composed song to learn, creating a modern music ensemble, etc. This researcher was available to support, facilitate, and be a resource for students.

Results

Data was recorded through observation and recorded in a journal each week. It was evident that students were engaged as they worked together in small groups for the length of each session. Student interest was evidenced as they asked if meetings could take place more than once a week, suggesting that they also meet on Fridays.

Drum circle activities were part of our first session and then subsequent sessions. The drum circle began with ‘rhythmic telephone’ where a rhythmic pattern was passed from one student to the other until all students had a turn. Next, the students performed rhythms in the form of a round. Lastly, rhythms were performed in a call and response format with students leading the call portion of the activity. One particular student was empowered to lead the call and response portion of the drum circle activities. It was expressed by that student that the Community Music Therapy environment was the only place that control experienced. The success of the group went beyond the initial goals as students requested to repeat the drum circle activity and took responsibility and initiative for setting up percussion equipment with no prompting.

Students also spontaneously created songs to express their concerns and emotions around social justice issues. One student completed a song completely on her own and initiated working on it with the help of her private music therapist. This student was successful at composing a

melody and adding guitar accompaniment. A final performance of this student's song was recorded. Two other students completed lyrics for a second song. They began to work on the melody and the accompaniment, experimenting at the piano. A third student used notation software to write the melody for the second song.

One of the members of the group asked to take a ukulele home to practice and learn chords. School instruments are not normally loaned out for students to take home, however in this case, permission was granted. This student returned the ukulele to school every morning and then checked it out again at the end of each day. The development of this skill will be one that will benefit future musical engagement.

Leadership skills emerged as one of the students led the group in deciding what their public performance would look like and what pieces they would perform. This student gathered the group around the digital white board and began consulting with members of the group to determine the musical pieces that would comprise their public performance. This group member led an organized and effective 'meeting of the minds' which resulted in a clear direction for the program that they would present in public.

The cohesion of the group led to deep discussion in reference to the issues experienced in identifying as non-binary. The students' conversation included discussion around their challenges with family acceptance and episodes of suicidal ideation. During this conversation, it was observed that one of the younger sixth grade students who identified as female exhibited behavior that was in dissonance to her verbal response to a question about her comfort level with

the discussion. While she expressed that she was not bothered by the conversation, she quietly distanced herself from the conversation and began drawing on the digital whiteboard.

Six sessions were held with the Music Speaks group on Mondays from 2:00 p.m.-3:45 p.m. The sessions came to an end when school was closed due to COVID-19. The students had planned to perform their music in a public setting. The students had planned to perform the two original compositions they had created as well as three existing songs that they felt represented their concerns and emotions around social justice issues. This would have occurred at the school's Fine Arts Night scheduled in May. The data that would have been collected following the performance would have been important to the completion of this project. Even without project completion, enough data existed to support the benefit of Community Music Therapy in addressing social justice issues with middle school students.

The duality of my position as music educator and music therapy student provided distinct perspectives. An interdisciplinary approach to this work made it unique. As an educator, years of experience provided ease and comfort in working with students as well as the musical skills to facilitate the musical choices of the students. The school provided a musical workspace, access to students and access to instruments and technology.

The integration of Music Therapy into an educational setting was a distinguishing factor in this project. It was necessary to step out of my role as educator and view the students and the process through the lens of therapy. The transition of the educator mindset to therapist is one that

continues. It has been enlightening to integrate Community Music Therapy principles into an educational setting. This integration has brought an elevated level of meaning to my work.

Discussion

Response by students to the Music Speaks Capstone Project was positive as evidenced by their desire to meet more than once per week. Data revealed that students experienced empowerment, group cohesion and self-efficacy which, according to the literature, are important aspects of Community Music Therapy. The collaborative process as outlined in the literature was a significant part of the work of the students as they formed relationships and created music together. A diverse group of students along with myself transcended any existing social boundaries in the context of Community Music Therapy, providing for equality and balance of power.

Future research needs to be done to further address social justice issues with middle school students. Community Music Therapy offers an engaging modality with which to attract students. It would be important to implement Community Music Therapy in additional educational institutions to determine its efficacy across a larger sampling.

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Student's Name: Karen Mathews

Type of Project: Thesis Option#3 - Community Engagement Project

Title: Community Music Therapy for Marginalized Middle School Students

Date of Graduation: May 16, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Sarah Hamil

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