Argo Ergo Sum - I Perform, Therefore I Am: An Art-Based Community Engagement Project

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Abstract

This community engagement project set out to explore how the musicianship identity impacts a musician’s overall sense of self through participation in a mental health focused community orchestra. Currently, in the field of music therapy there is little emphasis on using orchestral music in active music making or connections between music and musicianship identity. This researcher combined the theories of community music therapy and resource-oriented music therapy to develop approaches to this investigation. Phase one consisted of researcher journaling and visual art making prior to and following orchestra rehearsals and one concert. Phase two consisted of a group mandala with members of the mental health focused community orchestra. Arts based research methods were used to interpret and display the results. It was found that the themes of (a) community, (b) laughter, (c) support (silence your inner critic!), (d) “stigma-free star”, and (e) differences are okay came from participation in group processing. Individual reflections implied that participation in a mental health focused orchestra had an impact on professional identity.

Keywords: music therapy, community music therapy, resource-oriented music therapy, orchestra, identity.
Introduction

The orchestra sits before the audience, all eyes turned to the woman approaching the conductor’s podium. She introduces the orchestra, explaining that about half of the members have a mental health diagnosis while the other half do not. However, what brings them all together is a love of playing music and that is what they have come to share tonight. She walks off and the conductor, dressed in a black dress shirt that is open over a black t-shirt, black jeans, and gray sneakers, takes the podium. The concert begins, with stops and starts, jokes from the conductor to the players, as well as the sharing of personal stories by orchestral members. Half-way through the concert the audience, who this whole time have been sitting maybe two feet away from the first row of the orchestra, is offered the opportunity for a question and answer session with the whole orchestra as the panel. The repeated message from orchestral members as well as their leaders is that a person’s disability does not define them, and that music has helped each one of them remember that.

The orchestra I describe above is a performance by a Boston-based orchestra who’s focus is on erasing the stigma around mental health, of which I am a proud member of the bassoon section. Throughout this research I will refer to this ensemble as The Orchestra. Before beginning my studies as a music therapist, I was a classically trained bassoon player for ten years. My undergraduate degree is in bassoon performance and I am the principal bassoonist for an Army National Guard band. There are 28 members of this unit and through our resilience, together we create a wind ensemble, marching band, brass band, woodwind quintet, acoustic cover band, and rock band. Having the opportunity to continue participating in this area of my identity as a musician through both ensembles has offered me support throughout developing my
identity as a music therapist. Playing with The Orchestra provides, for me, a breath from the heavy implications of developing a professional identity and allows a reprieve into an older sense of self within my musician identity.

While it is unquestionable that being a musician is part of being a music therapist, the application of music therapy to musicians is limited and outdated when it comes to the research. Most studies coming from before the 1990s (Rider 1987; Gregoire 1988) compare perceptions of musician's vs non musician’s (McElwain 1979; Hadsel 1989). It seems disconnected that music therapists, who had to be musicians in some capacity first, have not applied music therapy to more musicians. A likely result of this disconnect is that active music making is favored over receptive music listening and it is rare to see a music therapist using orchestral instruments. Music therapists are expected to gain proficiencies on guitar, piano, voice, and percussion in order to practice (AMTA, 2015). These proficiencies are developed through a clinical lens which can lead to a different type of musical identity for the music therapist. There might even be a disconnect or split between a prior musical identity and the developing musical identity as part of being a music therapist. Without a concrete sense of self, a person cannot be expected to thrive.

Within this paper the term “identity” will be used to refer to “the overall view that we have of ourselves in which these different self-concepts are integrated” (Hargreaves, Miell, & MacDonald, 2002, p. 8). Self-concepts are the different ways in which we see ourselves. Our identity is a mosaic, with our self-concepts being the smaller pieces that make up the whole. In connecting music to identity development, Papoušek (1996) suggests that “speech, as a uniquely human form of communication, represents an unusually effective means of biological adaptation” as a way to relate early musicality to development (p. 38). Additionally, Trevarthen (1999) makes the claim that early interactions between parent and child develop into “narratives”
of mutually constructed meaning, which parallels the way in which adults understand and maintain their own identities. The development of musical abilities parallels that of speech development which at an early age is when the formation of identity narratives begin.

The practices and theories of both of community music therapy (CoMT) and resource-oriented music therapy (Ro-MT) offer possible ways to further explore musicianship identity. Community music therapy, born out of music therapists’ desire to have their clients put on performances in a therapeutic way, seeks to create connections between clients and their community (Ansdell & Stige, 2016). These community projects can serve to be a place of identity exploration and development/evolution based on theories that assume identity is informed by how our performed identities are reacted to by those around us. Resource-oriented music therapy, according to Rolvsjord (2016), seeks to use music to help a person identify their own internal strengths and resources (p. 567). Internal strengths and resources are defined as those character traits, such as flexibility, and positive memories, such as a time of happiness, that a person can draw upon when the external world is harder to navigate. These strengths and resources come through as parts of a person’s identity and are discovered through inner self-reflection guided by music and imagery.

As community music therapy has grown and the desire to erase the stigma around mental health has come forward in society different musical groups have formed. In 2011, the first of three Orchestra’s was created in Burlington, VT, with the goal of erasing mental health stigma especially within the music industry. The mission of The Orchestra is to “erase the stigma surrounding mental illness (including addiction) through supportive classical music ensembles and inspiring performance” (Me2/: Classical Music for Mental Health, n.d.). The ensembles are made up of musicians who are either diagnosed with a mental illness or someone who cares for
someone with a mental illness. Caring for someone with a mental illness can entail either experiencing a loved one living with a diagnosis or working in the mental health field. About half of The Orchestra members have a diagnosis such as anxiety, depression, dissociative identity disorder, or bipolar disorder. A repeated statement made by The Orchestra members has been that their diagnosis is just a part of who they are, but it is not defining of their identity.

In doing this exploration I seek to inform future research exploring the use of resource-oriented music therapy within community settings. It explores how the musicianship identity impacts a musician’s overall sense of self through participation in a mental health focused community orchestra. My hope is that these findings will encourage other music therapists to apply their clinical musicianship outside the scope of current clinical instruments and into the world of orchestral music making. The continuation of my bassoonist identity has shaped my professional identity as a music therapist by broadening my own sense of self and ability. I discovered one of my internal resources through continuing to perform, so I am interested in seeing if this is true for others.

The following study is a community engagement project developed through a qualitative approach called art-based research (ABR). I chose to follow an ABR research methodology because it would allow the musicians and myself to use the arts as a way of research, reflection, and expression. I seek to create a multimodal environment where musicians both with and without an official mental health diagnosis could explore what sort of impact involvement in a mental health-based community orchestra had on both their musicianship identity and their sense of self.

Stage one consisted of myself using journaling, visual art making, and personal musical improvisation to reflect upon what being in The Orchestra meant for my own personal identity.
Reflections occurred pre and post both rehearsals and concerts. This initial reflection allowed me to identify salient features of being in The Orchestra that influenced the group art making I invited members of The Orchestra to participate in. Stage two involved inviting members of The Orchestra to participate in creating group and individual unstructured mandalas. We had a group discussion surrounding what inner resources participation in the orchestra has provided as well as the impact it has had on their sense of self. Results are presented in the form of my own art and music making as a reflection of the group process.

**Literature Review**

The purpose of this literature review is to explore the research and writings available on music therapy musicianship requirements, community music therapy, resource-oriented music therapy, applications of music therapy to musicians and identity formation, and background information on The Orchestra. Art-based research (ABR) is discussed to make a case for the method in which progress and development was made. My intention was to provide the reader with a foundational understanding of the relevant research to assist in an understanding of the presented research and the theoretical underpinnings.

**Musical Competencies of Music Therapy**

The American Music Therapy Association (AMTA) states that music therapy involves using music to strengthen client’s abilities in all areas of life (2019). This music can include “creating, singing, moving to, and/or listening to music” (AMTA, 2019). While this seems to be a broad definition of music therapy interventions, the AMTA does describe expectations of professional and advanced music competencies. Because I am interested in the musicianship identity, I will only closely examine the competencies related to musical ability.
Under Professional competencies there is a section dedicated to functional music skills where it is stated that music therapists are expected to “demonstrate a basic foundation on voice, piano, guitar, and percussion.” Under Major performance medium skills, it is expected that the music therapist “demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice.” Additionally, it is expected that the music therapist will perform in small and large ensembles (AMTA, 2013). There currently are no checks in place to ensure that this continuation of performance is happening.

The advanced competencies expand upon the foundation set by professional competencies by listing musical and artistic development and personal development and professional role. Under musical and artistic development, the advanced music therapist is encouraged to “apply advanced musical skills in the clinical use of at least two of the following: keyboard, voice, guitar, and/or percussion” (AMTA, 2015). From both the professional and advanced competencies listed by the AMTA the musical skills of a music therapist are grounded in their ability to clinically utilize a guitar, piano, voice, and/or percussion. There is no mention of using other musical instruments or recorded music.

It is worth taking note that the original competencies developed by Bruscia, Boxill, and Hesser (1981) placed more emphasis on principal instrument skill development than the current competencies express. However, in the current field of music therapy there is no requirement for the music therapist to utilize orchestral music or performance. While some expectation that the music therapist will be proficient in their own primary instrument and will continue to play in groups exists, there is no way to ensure that this is happening nor is there an explanation as to why it is important. The clinical application of primary instrument and being an ensemble member is not made apparent in the AMTA list of competencies.
Community Music Therapy (CoMT)

Community music therapy (CoMT) was founded by a movement within music therapy where music therapists felt frustrated that the groups they were leading, such as choirs and rock bands, did not technically fit into the theoretical model of music therapy at the time (Ansdell & Stige, 2011, p. 597). These music therapists were leading groups that had strong foundations in community outreach at a time that music therapy did not officially acknowledge social and community dimensions. These music therapists found push back from the strong emphasis throughout the music therapy community that music therapy is not a performance. This emphasis arose out of music therapy’s beginnings when, music therapists insisted upon the boundaries between their discipline and others, such as music education and community musical practices (Ruud, 2004, p. 11). What CoMT argues is that performance is best used as an option within music therapy when it is advocated for by the client (Pavlicevic & Ansdell, 2004, p. 29).

The name community music therapy can lead to the misinterpretation that it is just adding a community element to the music therapy. However, there is a much more creative mission. Ansdell and Stige (2011) state that CoMT plans to rethink and re-practice music therapy from a contemporary ecological and sociocultural stance, and to take seriously the idea that music therapy can blend music with social activism while being individually therapeutic (p. 597). Community music therapy certainly does add a community aspect to the therapy, acknowledging that in playing music together participants create their own small community. More importantly, CoMT provides a level of social outreach and activism as part of the therapeutic process. On the surface, the final product of CoMT is a performance by the music therapy group members in front of an audience. This provides moments for social activism and visibility for the group members.
Community music therapy is a music therapist’s call to allow space for social action within the music therapy toolbox. Music therapists have clung tightly to the notion that what we do is not performance but about the process of making music separate from an audience. However, Small (1998) makes the claim: “Performance does not exist to present musical works, but rather, musical works exist in order to give performers something to perform” (p. 8). This falls in line with the modern theories of community orchestras discussed in a later section. Community orchestras serve to model and exemplify areas of society or how the performers wish for the society to be. In this way, performers are taking the music as a starting point and using them as a platform for social activism and awareness. This follows Godlovich’s (1998) theory on personalism, which holds that our ideas of social conduct, to include rituals, forms of communication, and human benefit and reciprocity, is at its core performance (p. 145). Everything a person does as a conditioned member of society is a performance of the role social conduct as assigned, the same way a musician is performing the music assigned to them.

**Resource Oriented Music Therapy (Ro-MT)**

Resource oriented music therapy (Ro-MT) is both a conceptualization and a style of intervention for music therapists. As a conceptualization, Rolvsjord (2009) explains Ro-MT as the nurturing of strengths, resources, and potentials of the individual while viewing them within their context. The focus becomes increasingly about the individual's awareness of their own internal resources to empower them. A resource is defined as “a natural feature of phenomenon that enhances the quality of human life” and can offer the possibility of relief or recovery (Merriam-Webster, n.d.), which is how I define resources within this study. Resources have been found to be connected to a person’s ability to cope with stress and the prevention of mental health challenges (Rolvsjord, 2009, p. 76). It also has been found that if a person is able to access
their own inner resources, they then are more capable of accessing universal resources (Venture, 1994, p. 19). This overall is a concept of how the music therapist can approach their work with various individuals in order to empower them.

Resource oriented music therapy is also considered to be the first of the three stages of the Bonny method of guided imagery and music (GIM). The Bonny method of guided imagery and music is a music-centered therapy, which uses specifically programmed classical music to stimulate and support a dynamic unfolding of inner experiences to gain an understanding of the self (Association for Music and Imagery, 1990). The distinction between Ro-MT and GIM was first made by Lisa Summer in her application of GIM to a client diagnosed with depression. Both Ro-MT and GIM are founded on the goal of “transcendence of the external reality in which we are all immersed, with its practical limitations, in favor of the internal world which has no limitations but that of the individual’s imagination” (Summer, 2010, p. 486).

While GIM was initially meant for well adults with no official mental health diagnosis, Ro-MT has been expanded to be used with multiple populations with various mental health diagnosis. What has been found to be the main therapeutic element in Ro-MT is how allowing a growing awareness of positive internal resources positively impacts overall well-being. In a study of using Ro-MT with musicians, Trondalen (2016) found that participation in Ro-MT sessions resulted in a strengthening of identity and a nurturing of personal and professional resources and therefore could be considered a health resource for professional musicians (p. 13). This insight into a person's internal world comes from the intermodality of supportive music and creating unstructured mandalas.

**Supportive music.** There are three categories of music used within GIM: (a) the supportive level addresses the development of positive internal resources, (b) the re-educative
level directly addresses the client’s specific symptoms, and (c) the reconstructive level goes to 
the root of the resources and symptoms within the unconscious” (Summer, 2010, p. 488). The 
supportive level is the one that corresponds with Ro-MT and is the one that I utilize in this study. 
Supportive music and imagery work to assist the client in identifying positive resources within 
themselves and can be anything that has had a positive influence on the client (Paik-Maier, 
2010). Within this stage, the music used by the therapist is predictable, repetitive, and has little 
harmonic tension (Summer, 2010, p. 486). What counts as supportive music will be a little 
different from person to person, because it is influenced by musical preferences and listening 
history. In general, the music will have a grounding effect for the client with no unexpected 
changes.

**Mandalas and Resource-oriented music therapy (R-oMT).** Mandala is a drawing 
concept that tells a story, it is a sacred space, often a circle which reveals some inner truth about 
yourself and the world (Watts, 2000, p. 6). Mandala rituals evolved from early Buddhist 
practices based on the belief that the world exists on two disconnected planes; enlightenment 
comes once you can see past the illusion to the absolute truth (Small, 2006, p. 17). Mandalas 
were first introduced to the Western counseling realm by Carl Jung (1965), who used to draw 
them as part of his exploration of archetypes. Jung felt that the mandala was “...the self, the 
wholeness of their personality, which if all goes well, is harmonious” and therefore used it as a 
way to bring the thoughts, feelings, and ideas of a persons’ unconscious mind into their 
consciousness (p. 165-166). Mandalas are most often used as a part of art therapy, which Slegelis 
(1987) notes is due to its use as a basic tool for self-awareness (p. 301).

There are two styles of mandala: predrawn (structural) and created (nonstructural) (Bi & 
Liu, 2019, par. 2). Within Ro-MT it is traditionally created mandalas that are used. This consists
of the outline of a circle on a blank piece of paper, the circle serving not as a restriction but to focus the client's attention. In fact, the therapist might encourage the client to expand beyond the outline if that better fits their unconscious image. It is important to note that the created mandala is not to be evaluated by the therapist or anyone other than the creator. The therapist acts as a witness and reflection of the process and artwork the client/subject has created.

Because mandalas work to bring the unconscious to the conscious mind, I predict that they will serve as a good way for the musicians of The Orchestra to explore the impact playing in the orchestra has had on their sense of self. It is a gentle exploration of the parts of identity that we do not typically think about in a way that is familiar to the participants. The self-directed interpretation of the created image also corresponds to the judgement free attitude of The Orchestra.

Identity Formation

Identity has been speculated by psychologists since psychology became a field. It is typically identified that adolescence is the time of strongest identity formation, however this does not mean that identity does not change throughout a person’s life span. This ever-changing sense of identity is currently aided by the ever-changing language that cultures use to describe and differentiate groups and/or persons. William James (1890) and George Herbert Mead (1934) are credited with being the earliest persons theorizing about identity, its development, and its impact (Hammack, 2014, p. 13). James felt that personal identity was a consciousness of personal sameness and was constructed by our internal perceptions of the world, as well as the external feedback received. He would reference what he called the social self, which was the concept that for every person that an individual knows they have another social self (Hammack, 2014, p. 13). Mead, as cited in Hammack (2014), had a similar theory of identity, both men feeling that
identity relied on a sense of continuity and sameness. However, Mead felt that we can only comprehend ideas and concepts through our engagement with our world (Hammock, 2014, p. 14). The primary difference between James and Mead’s theories of identity is that Mead places more emphasis on how society affects a person’s identity concept.

The works of James (1890) and Mead (1943) inspired Erik Erikson (1959) as he was creating his own stages of development. Erikson considered the ego identity to be “the accrued confidence that one’s ability to maintain inner sameness and continuity...is matched by the sameness and continuity of one’s meaning for others” (as cited in Hammock, 2014, p. 17). If a person’s internal identity can remain the same, while also remaining the same for the people they interact with, then Erikson would consider them to have a strong ego identity. Unlike Mead, who thought that society shapes identity, Erikson theorized that identity is responsible for creating and remaking social orders and therefore is how social and political change could be understood (Hammock, 2014, p. 18).

Identity is another way in which humans seek out to categorize the world by organizing things into sameness and difference. Today, social scientists understand identity to also be “a product of the modern project of social organization on the basis of categories such as race, ethnicity, gender, nationality, sexual identity, religion, and the like” (Hammock, 2014, p. 25). This means that everyone is made up of multiple smaller identities. These smaller identities can come out stronger in certain situations (i.e. when with friend's vs at an interview), creating a different perceived identity for every person an individual meets. A person’s individual identity does not have to be perfectly congruent with the different identities that they present throughout the day; it is possible to have the feeling of disliking who you become when around an
individual. However, for a person to be satisfied with who they are, their sense of individual identity should be close to the perception and feedback from those closest to them.

**The role of music in identity.** Music is a method for people to mark or identify different times in their life as significant, making the sharing and playing of music a form of identity expression. In music therapy a common intervention to examine a person’s identity over time is a musical bibliography. When asked to create a musical bibliography the client is creating a list of songs they feel represent significant areas of their life. In one study, Ruud (1997) found that when asked to explain the significance behind each song, participants found that the moments they identified as significant might not have been what would be considered by society to be monumental (p. 5). Music therefore serves to identify the moments that have shaped our identity, even if those moments are not the obvious ones. It is therefore possible that those with intimate music experience will have an easier time exploring their own identity through sound and music. Even Ruud (1997) explains this as to be musical is to master a cognitive system where sound represent memories, associations, and histories. Their internal world and understanding of the external world can be represented through music (p. 11).

Music can further be used to identify and bring out a person's true and false selves/identity:

Listening to music or playing an instrument seems to lead to an awareness of a space within oneself which is totally distinct and not accessible to other people. Sometimes this is called the true self, which maybe dramatically met by a sudden mood in the music or by a voice or an artist...a false self may appear, as in the stories told about being forced to practice, perform or play an instrument which was not felt as their own chosen activity (Ruud, 1997, p. 8).
To explore a person's musicianship identity, music needs to be involved in some way. Music can and has been used in this exploration and the identification of why certain music feels false can be applied to other areas of the person’s life and identity.

Musicianship identity is one of the smaller identities that creates the whole personal identity. Considering how our different “part” identities combine in different ways to match the necessary presentation at various moments follows a theory that “we are performed beings” (Aldridge, 2006, p. 13) and the way that “we reveal and realize ourselves in the world--mentally, physically and socially, as performances” (Soshensky, 2011, p. 29). Performance is the way in which we express, as well as test our identity. This constant performance, however, can mean that during certain times a person will not be able to express what they consider to be an integral part of their identity, due to anxiety that their partner/other members of the performance will criticize them for it. William James (1902) explains this in his lectures on human nature:

But when other people criticize our own more exalted soul-flights by calling them ‘nothing but’ expressions of our organic disposition, we feel outraged and hurt, for we know that, whatever be our organism’s peculiarities, our mental states have their substantive value as revelations of the living truth (James, 1902, pp. 15-16).

Because the performance of identity is so reliant on the feedback from other beings, it can be an action of what feels like high risk. It therefore is not difficult for me to see how some people may find that it is best to hide away their music or musicianship identity out of anxiety that they may be criticized either for their preference or for their ability as a musician.

Being a musician implies a strong emotional and cognitive connection to music in some way; whether it be playing an instrument, composing songs, or listening. In his research on music and identity, Even Ruud (1997) identifies that “to be musical...is to master a cognitive
system where sound represent memories, associations, histories” (p. 11). Because of this Ruud feels that identity exploration through music is essential to the development of music therapists: “To know the role of music in some of our significant experiences in life may increase our sensitivity towards our own cultural background and personal history” (p. 12). Since this research was published in 1997, little research has been conducted to expand upon Ruud’s claim that music therapists should explore and understand their own musical identity. However, in a study on undergraduate music student identity formation, McClellan (2018) found that when compared to music education and performance students, music therapy students had the largest inconsistency about their self-concept as music therapists (p. 41).

**Community Orchestra**

The beginning of what would be recognized as a modern orchestra came about in the 18th century when the voices of instruments began to be used to mimic singing (Spitzer & Zaslaw, 2004). Spitzer and Zaslaw credit Mozart with beginning the use of orchestration, “that is, the division of a musical composition among the instruments of the orchestra for artistic effect” (p. 439). Modern orchestras are made up of four main sections: strings, winds, brass, and percussion. Sometimes a soloist will come to the front of the orchestra to have the orchestra play the accompanying part. Outside of an educational setting, there are two levels of orchestras: professional and amateur or community. A professional orchestra would be the Boston Symphony Orchestra or the New York Philharmonic. The players are professional musicians and get paid for their rehearsal time and concerts. An amateur or community orchestra would be a local orchestra made up of nonprofessional musicians who do not get paid and may be required to pay fees to the orchestra.
Community orchestras have become a setting to explore and promote social awareness as they reach out to new audiences (Gall, 2000). Rammarine (2011) makes the claim that because orchestras can reach out to new communities, they therefore “become aware of issues around inclusivity and social relevance” (p. 328). The model of the orchestra, a conductor leading the players, has been compared to a reflection of the society the orchestra is found in. Faulkner (1973) described the orchestra as an “exemplary model of collective action” (p. 156). This description was influenced by the way in which different conductors utilize various leadership styles and therefore serve as an example of the styles of leadership seen in society.

In writings exploring the sociological application of community orchestras there is mention of how community orchestras are an example of communication. Barenboim (2009) explored the thought that “playing music is the art of simultaneous playing and listening” (p. 65). He goes on to make the claim that the way in which music requires both production and listening could model potential ways of cultural understandings. The inherent nature of playing music in a group lends itself to promoting better interpersonal understanding among persons.

The Orchestra: A mental health-focused community orchestra. The Orchestra is a community orchestra founded in Burlington, VT in 2011 by two individuals who, for the purpose of this research, will be referred to as John and Jane. John was previously a world-famous conductor, but when his diagnosis of bipolar disorder I was made public he found himself shunned from the professional classical music world. Jane is the executive director of The Orchestra and has lived with a diagnosis of depression and anxiety disorder for over 30 years (“Staff and Board of Directors”, n.d.). Together, they founded The Orchestra, which holds the title of being “the world’s only classical music organization created for individuals with mental illnesses and the people who support them” (“Me2/ Classical Music for Mental Health”, n.d.).
Both John and Jane have worked to create an orchestra that would alleviate the factors that might deter musicians from joining a community orchestra. Some of these factors were identified by Krause, Kirby, Dieckmann, and Davidson (2019) in a qualitative exploration of why musicians drop out of musical activities: cost/finances, social exclusions, personal health, no opportunity available, and difficulty with practicing. John and Jane do not require an audition or any fees to be a part of The Orchestra and there is no experience required to be a member. The emphasis is on acceptance and the erasure of the stigma around mental health, actively trying to remove any social exclusions that a person might feel. The Orchestra is built on the model that “people with and without mental illnesses work together in an environment where acceptance is an expectation, patience is encouraged, and supporting each other is a priority” (Me2/ Classical Music for Mental Health, n.d.).

**Arts Based Research (ABR)**

Arts based research (ABR) is “a method of inquiry which uses the elements of the creative arts therapy experience, including the making of art by the researcher, as ways of understanding the significance of what we do within our practice” (McNiff, 1998, par. 10). Viega and Forinash (2016) further elaborate on ABR and emphasize that artistic and musical tools can be used by the researcher to not only represent the research findings but to also develop the topic and formulate research questions. This validates the use of art in every aspect of the research process to assist both the researcher, subjects, and future readers.

Currently, there is little application of ABR in music therapy. In one study examining the value of qualitative research within music therapy, Beer (2016) parallels the ABR method and the process of music therapy, pointing out that expression through art and music allow for deeper meaning to emerge when language becomes too limiting (p. 34). Music is as much an art form as
the visual art typically associated with ABR. Like the mandalas used in resource-oriented music therapy, ABR is “an integrative process with the flexibility to accommodate multilayered consciousness” (Arnason, 2017, p. 36). In a study examining the application of ABR and Guided imagery and music, Arnason (2017) expressed that this would be a natural research method because “ABR has the creative power to uncover conscious as well as unconscious dynamics thorough images” (p. 36).

I decided to use ABR to conduct this research, because the nature of ABR is to bring forth qualities through art that could otherwise be missed or misinterpreted through traditional speech. Because I will be asking musicians to identify what it is about being in a mental health focused community orchestra, I wanted to give them the opportunity to do this exploration in a multi-modal artistic manner. Their learned form of expression is playing their instrument and it is that area of their identity I wish to explore. ABR is a proven and effective way to develop and represent research in allowing the art to be a resource for all involved.

Method

This study set out to explore how musicianship identity impacts a musician’s overall sense of self through participation in a mental health focused community orchestra. This was done as a community engagement project using arts-based research methods. This research also explored how this might be further applied to music therapy students.

Participants

Focus group and sample participants were recruited by networking within The Orchestra community. An invitation was sent out to the entire community asking for participants who would be interested in taking part in a music therapy related art project followed by a discussion.
Criteria for involvement included availability as well as participation in The Orchestra. From this invitation six members of The Orchestra agreed to participate.

This focus group was compiled of six members of The Orchestra plus this researcher, ranging in age from 23-57 years. In this group there were two males and five females, all identifying as Caucasian. Musically, there were two string players, two brass players, three woodwinds. Two members, not including the researcher, had previous experience with expressive arts therapies.

Phase one consisted of this researcher. I identify as a Caucasian female who is 24 years old. At the time of this study, I was in my final semester at Lesley University studying music therapy and mental health counseling. I also identified as a bassoon player.

Setting

Phase one of this study occurred at this investigator’s home before and after three January rehearsals as well as a concert that occurred in February. Phase two occurred at a nonparticipating orchestra member’s house during a social event. It took place during the winter social event that happens in between the different concert seasons when The Orchestra changes what music it performs.

Materials

Materials used in phase one included notebook paper, black pens, and colored pens for art making and journaling. A piano was used for improvisation, which was recorded on this researchers iPhone. Materials used in phase two included a 18” x 6’ sheet of white paper with circles with a 12” diameter drawn in a zigzag pattern to allow for participates to have physical space while they participated. Participates used oil pastels, chalk, and watercolor paint to create
their mandalas. Researcher reflection was done with notebook paper with a circle drawn in the middle, oil pastels, and a bassoon.

**Procedure**

The purpose of phase one was to allow the researcher to gather information to inform phase two. For phase one, the researcher sat in a quiet room and took a few moments to do a body scan of themselves. Then the researcher would journal about what they were experiencing in this body scan at that moment as it related to their identity, either as professional or musician. Journal entries concluded with a doodle drawing to allow for the expression of any unconscious emotions or thoughts. This exercise was conducted before and after three The Orchestra rehearsals in January 2020, as well as a concert in February 2020, all in consecutive weeks. After the concert, the researcher also conducted a piano improvisation, recorded on their iPhone, as a reflection of the different stories that are presented during The Orchestra concerts. The researcher then took this data and examined it in order to inform the guiding questions, supportive music, and reflection questions of phase two.

Phase two was based upon resource-oriented music therapy (R-oMT) activity of group mandala making. In this activity group members first reflect upon the following prompts:

1. What is identity?
2. What does it mean to be a musician?
3. Why did you join The Orchestra?

Group members were given a few moments to reflect internally about these questions and allowed to begin their drawings when they felt ready. Participants then created their unstructured mandalas on the same large sheet of paper. This allowed each person the space to create their own unstructured mandala while still sharing a community space. Typically, while drawing the
mandalas there would be supportive music in the background, which the researcher had selected based on the data from phase one. However, while the group was meeting, they could hear another group of The Orchestra musicians performing an improvisation in the next room and could also hear other orchestra members socializing. The group decided that they would prefer that this be their supportive music because it incorporated music as well as their community.

After all participants were done drawing the researcher invited them to provide a word or two that expressed what they saw in the group art or about the experience. Group members were then asked the following questions:

1. Do you feel a connection between music and your identity/sense of self?
2. Are there any themes you notice?
3. How do rehearsals/concerts affect mood/self-perception?
4. Would this have felt different if instead of making art we played music?

To represent and interpret the data, the researcher used art making and music improvisation based upon reflecting phase two.

**Results**

In reviewing the data collected from each stage of research, I discovered common themes of humor and connection through community. Due to the multiple reflections in phase one, there was a deeper exploration of identity in relation to playing in The Orchestra. Phase two demonstrated the strong support provided by being part of a mental-health focused orchestra such as The Orchestra.

**Phase One**

Prior to the concert there were themes of feeling the pressure to perform, as well as questions of identity as musician. Questions of identity came from considerations around when
time could be made to create or practice music, a struggle common to musicians who do not devote their entire lives to music. For music therapists, this question also encompasses when time can be found to make music for themselves, not just learning music for clients. It was found that this stressor caused the subject to feel like less of a musician, because they could neither find nor make time to create this kind of music. However, after the concert, the participant reported feeling calmer and more open. The participant felt that the act of performing music that she identified with as a classical musician allowed her to become grounded. There was also an experience of identity acceptance as a music therapist: After hearing the stories of how music had impacted individual The Orchestra members, the participant journaled that she felt a renewed purpose in being a music therapist, because it would allow her to bring music to those who need it.

My visual art reflection from before the concert (Figure 1) was filled with bold, sharp lines depicting external pressure on a small focal point. This image is a visualization of the different pressures I feel to perform as a student, music therapist, and musician. There are little feelings of stable safety in that image, despite the boundary I placed around the central figure.
This is a vast contrast to my visual art reflection from after the concert (Figure 2). This image is filled with light, swirling lines of varying colors all reaching up the paper. Unlike my pre-concert visual art reflection, this one gives me a feeling of openness and playfulness. This artwork is also the only one that incorporates the use of colored ink.
In addition to reflections surrounding a concert, this investigator also noted a change in their mental status before and after attending a rehearsal. These rehearsals do not include a scheduled time for orchestra members to share their personal stories in a formal way like the concerts do. Prior to the rehearsal, the investigator journaled about feeling overall anxious and disorganized. This was reported as being connected to stressors related to graduate school. After involvement in a rehearsal, the investigator reported feeling calmer and more grounded. She identified the use of humor within the orchestra members as something that was helpful in grounding her. The investigator also reported that she experienced a degree of mindfulness in listening across the orchestra while playing in order to stay in tune and play with the whole orchestra.

My visual art reflection from before the rehearsal (Figure 3) filled the page with black overlapping squiggles leaving little blank space on the page. The center of the image gives me the feeling of TV static and the numbing business of it. To me, this image portrays anxiety, which matches the journaling that accompanied it.

![Figure 3](image.png)

*Figure 3. Phase one reflection before rehearsal.*
My visual art reflection from after that same rehearsal (Figure 4) contains a similar business to the page, but in a more orderly fashion. In the center of the piece, I can identify what appears to be a bocal with a reed attached to it; essentially the two pieces that create the mouthpiece of the bassoon. It appears that the bocal is sitting within the bark of a tree. Within my own art trees typically represent growth and grounding.

![Figure 4. Phase one reflection after rehearsal.](image)

**Phase Two**

While in phase two, there were two changes that participants made to the traditional resource-oriented music therapy (R-oMT) exercise. The first change was that participants voluntarily decided that they would prefer to have the ambient music of the larger group event be their supportive music rather than researcher selected music. The second change made was that participants talked with each other during the process. Typically, during R-oMT participants do not talk during the art making process. After participating in the group mandala making the participants identified the following themes from their time together: (a) community,
(b) laughter, (c) support (silence your inner critic!), (d) “stigma-free star”, and (e) differences are okay.

**Community.** The theme of community came through most clearly in the way supportive music was selected as well as the overall supportive interactions throughout the process. Traditionally in resource-oriented music therapy (R-oMT) the therapist selects recorded music. However, in this instance, the participants chose to have the background music be the jam session happening in the next room, as well as the other The Orchestra members conversations be their background music. This came from a place of wanting to include everyone in the process.

**Laughter.** Focus group participants identified laughter as a theme and there was no question to this researcher as to why. Throughout the intervention participants were using laughter and humor to support each other in the art making process. When members seemed to become to ridged in their thinking or critical about their art, other participants would make a supportive joke. This seemed to help the other participants relax and become more authentic in their work. Also, the background supportive music chosen by the focus group consisted of laughter and humor from other The Orchestra members.

**Support and “Stigma-Free Star”.** The themes of support and “stigma-free star” are tied closely together; in fact, stigma-free star is more of an example of how support was a theme throughout. During the art making exercise one group member declared that they had misdrawn a star. The response from the group was that it was not misdrawn but rather a stigma-free star. The Orchestra boasts of being the only stigma-free orchestra in the United States, hence the significance of this identification within the group. This phrase is an example of the support given to each other.
Differences Are Okay. While this was the final theme that the focus group participants identified, this was the theme that was the most visually clear from the group art. The final art piece consisted of eight mandalas that were connected together through artwork. What is impactful about these eight circles is that The Orchestra members who had not been part of the focus group could correctly identify who had drawn each mandala. In group discussion, there was no negative criticism of each other’s work, only admiration of different techniques.

My visual art response to phase two of this research consists of distinct but swirling colors encompassed by a yellow circle and music notes. Each of the different colors start as their own circle then move to the middle to swirl, but not blend, with the other colors. This image gives me a feeling of external support from the yellow circle as well as internal support from the way that the colors do not blend together. Every color is remaining distinct and maintaining their own vibrancy even when they come together.

Figure 5. Reflection after phase two.
Discussion

This community engagement project sought to explore how the musicianship identity impacts a musician’s overall sense of self through participation in a mental health focused community orchestra. The focus group for this project was drawn from The Orchestra, a performance by a Boston-based orchestra who’s focus is on erasing the stigma around mental health. Research was conducted in two phases: phase one consisted of researcher reflection and phase two invited members of The Orchestra to participate in a group mandala. Phase one revealed that participation in a mental-health focused community orchestra provided a strengthening of professional identity for graduate level music therapy students. Phase two implied that having the mental-health focused environment within an orchestra setting provides a space for individuals to reaffirm their individual identities.

Limitations

In this research, there was limited access to participants from culturally diverse backgrounds. While there was variety of musical backgrounds, all participants were Caucasian and had some musical training as a child. Socioeconomic status was not considered when selecting the focus group, but there is an assumed level of socioeconomic status to have access to an instrument as well the music background in childhood.

Another limitation was the amount of time allotted for research to take place. It would have been beneficial to have the focus group meet multiple times, however due to social-distancing required by the COVID-19 pandemic there was no way for the group to meet again in person. This also was a small sample size, even when compared to the overall population of The Orchestras.
Implications for Future Research

Recommendations for future research include applying this community-based resource-oriented music therapy method to developing professional identity in graduate level music therapists. This is currently an area of research that is underrepresented in the field of music therapy. Also, music therapy students have been found to have lower perceptions of professional identity than their other musical degree counterparts. When entering the mental health field, it is important to have a sense of professional identity, so further research in this area would benefit the field.

Developing further methodology of combining community music therapy (CoMT) with resource-oriented music therapy (R-oMT) is another area for further research. Both of these music therapy methodologies lean on similar philosophies, yet are not frequently used together. Perhaps, resource-oriented community music therapy or community resource-oriented music therapy could be used to help develop strengths in different populations.

Expansion of orchestral music within the music therapy profession is another area for further exploration. At the current moment, there is little application of orchestral instruments or live orchestral music in music therapy. Applications of orchestral or classical music could open up music therapy to musicians who are trained in classical instruments. This also could be applied to further research in the musical identity of musicians participating in community orchestras.

Conclusion

Performing in an orchestra offers a unique musical experience that is difficult to replicate when listening to a recording. When sitting within the orchestra, the music becomes a safe space with minimal expectations upon the individual: they can blend to be a part of the group, while
still maintaining the separation of their own identity. In this way they can have a societally positive part of their identity emphasized and enlarged. My hope is that, moving forward, this experience can be incorporated into music therapy practice to merge community music therapy with resource-oriented music therapy.
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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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