Community Music Therapy
A Pathway to a Sense of Belonging in a School
Environment

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ABSTRACT

This research investigated the intersection between a student's work in a special school, where one of the primary aims was to develop students' sense of belonging, and Community Music Therapy (CoMT). A sense of belonging was understood to be a feeling of safety and comfort that engenders a willingness to engage with the environment and the people within that environment. Narratives of work with two students in the school have been analysed to uncover themes relating to CoMT, especially with regard to 'belonging'.

Secondary analysis of the data was used in conjunction with a narrative enquiry. Data was collected using clinical music therapy notes; school documentation; Individual Education Plans; notes on group observations; notes on discussions with teachers support staff, parents and care givers; and video recordings. The music therapy student's experiences with each of the two students were described in narrative form, separately, and in chronological order to preserve meaning. The stories were then written again (restored) in relation to the characteristics of CoMT.

The findings suggested that in both cases, students displayed a greater willingness to take part in the organised and informal communal musicing that took place within various contexts of the school. It also showed that the student music therapist resourced the participants on a relational level, resourced their personal strengths and enabled them to access the wider community resources.

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INTRODUCTION

My interest in Community Music Therapy and the possibilities of eliciting social change for both individuals and groups within a school stems from the school's desire to build a sense of community as a basis for learning. I was conscious of the school strategic objective that states that all people (students, families and staff) will have a strong sense of belonging to the school community and that through rituals, ceremonies and processes, an inclusive culture will be reflected; everyone will feel that their culture is celebrated.

As my role changed from music specialist (of 11 years) to music therapy student I became interested in the concepts of Community Music Therapy (CoMT), and the linkages between these ideas and the school philosophy with regard to belonging. I believe that taking part in musicing brings us together as a school community, and I recognise the possibility that it might also foster a sense of belonging for a group of students who can have difficulty building relationships. The Community Music Therapy (CoMT) model takes into account groups and communal events, and recognises the importance of social and cultural perspectives.

Setting

The facility is a decile 2 special school in South Auckland. The school has a diverse ethnic makeup with students of Pasifika (44%), European/Pakeha (28%), Maori (21%), Asian (2%), Indian (2%), and other (3%) origin. South Auckland overall is a low socioeconomic environment mostly made up of immigrant families from the Pacific Islands and Maori families that have come to Auckland over the years looking for work. They are often without advocacy, awareness and empathy, and access to resources can be limited for this group of people.

School Population

The students at the school range in age from five years to twenty one, all are ORS funded (On going Resource Scheme), which provides support for children with the highest level need. The school population have a wide range of intellectual, social, emotional, physical, sensory, mental health, and behavioral needs, and student ability varies from those with serious developmental

disabilities to those who are considered bright but have behavioural challenges which have led them to be excluded from mainstream schools.

The students of the school can be further marginalised by public perception of disabled people. Wolfensberger (1992) suggests that there are common negative social roles imposed on societally devalued people including being viewed as ‘other’, ‘non-human’ (objectified), ‘menacing’ or threatening; being ridiculed or pitied, or considered a burden or a charitable case; or being treated as if younger than their years.

There are students even within the school community who, because of poor communication skills or challenging behaviour, can sometimes become marginalised.

School Philosophy

The “Circle of Courage” is the philosophy embraced by the facility I am working at and underpins the values and culture of the school as a community.

The circle of courage presents the idea that there are four essential needs that enable human beings to thrive, they are:

BELONGING: Developed through opportunities to build trusting bonds of human attachment.

MASTERY: Requires opportunities to creatively solve problems and meet goals for achievement.

(Success and mastery produced social recognition as well as inner satisfaction.)

INDEPENDENCE: is fostered by opportunities to grow in responsibility and autonomy. (Persons without a sense of autonomy come to see themselves as powerless in a world where others control their destiny)

GENEROSITY: is shown through opportunities to show concern in acts of kindness and altruism. (Young people increase their sense of self-worth by as they become committed to the positive value of caring for others.)

(Brendtro, L.K. & Du Toit, L., 2005, p.43).

Community Music Therapy

Community Music Therapy has an overall aim to cultivate musical community wherever the therapist and clients find themselves, and to negotiate this with an awareness of social and cultural context (Ansdell, 2002).

It is not always easy to articulate specifically how ‘musical community’ is cultivated and how musicing might contribute help students who are marginalised, to develop a sense of belonging at the school. I was therefore interested to examine the data I have generated as a music therapy student on placement at the school, to develop a thesis about the ways in which music therapy provided resources to enable the students of the school to participate in shared musical experiences, have greater interaction with the community, have a valued role in that community and develop a sense of belonging to that community.

LITERATURE REVIEW

Community

The notion of "community" is used in the literature of a range of disciplines (psychology, anthropology, sociology, biology) with no specific definition that covers them all. In relation to community music therapy Stige & Aaro (2012) recognize the distinction between the *geographical* (village, neighborhood) and the *relational* (quality of human relationships) notion of community and consider both to be relevant. They suggest "community" may be defined as a group of individuals interacting over time in a particular location, and go on to refine this definition by citing McQueen and associates (2001) who describe "community" as a varied group of people, linked by social ties who share common perspectives, and participate in joint action in geographical locations or settings. To these settings, "circumstantial communities" such as hospitals, prisons, refugee camps and schools mentioned by Ansdell (2010) may be added.

Sense of Community

The term "sense of community" engenders positive connotations toward psychological aspects of well- functioning communities and the wellbeing of individuals within that community (Osterman, 2000). This statement is supported by Stige & Aaro(2012) when they say that well-functioning communities lead to a "sense of community" and go on to describe four important components that lead to the development of a sense of community. They include *membership* (feeling that you belong and relate to others on a personal level), *influence* (a sense of being important or making a difference to the group), *integration and fulfillment of needs* (feeling that group members needs will be met) and *shared emotional connection* (the conviction and commitment that group members have and their shared history, common settings, shared time and shared experiences). Common to the various definitions and perceptions of "community" and "sense of community" is the concept of belongingness. Osterman (2000) states that belongingness as a psychological phenomenon is a key concept that has major impact on human motivation and behavior, and further suggests that community is not present until members experience feelings of belonging, trust in others, and safety.

Belonging

Experiencing a sense of belonging and community is recognised as a basic psychological need, important to healthy overall development and an essential component in the wellbeing and resilience of human beings. Kitchen, Williams and Chowhan (2012), support the importance of a sense of belonging when they refer to Maslow's Hierarchy of Needs (1954) which identifies a sense of belonging as a fundamental human need, placing it third in his hierarchy behind physiological needs (hunger and thirst) and the need for safety and security. Kitchen et al. (2012) go on to describe a sense of community belonging as being a concept linked to degrees of social attachment among individuals which indicates a level of social engagement and involvement within communities. The concept of social belonging is also defined by (Parker, 2010; Hylton, 1981) as the desire of an individual to participate and interact with the community.

Alongside the importance of social attachment to individuals and groups Gorman-Murray (2011) points out a second aspect essential in creating a sense of belonging when he says that at a basic level a sense of belonging includes an emotional attachment to 'place' or 'social locations' and stresses that since feelings of belonging can be variable, it is important that positive place attachments be created and maintained. Belonging, in this sense, is the emotional connection between subject and space, fostering feelings of comfort, identity and becoming (Gorman-Murray, 2011).

Belonging in Schools

It has long been recognized that the need to feel connected with others and experiencing a sense of belonging are essential for successful student learning (Sancho & Cline, 2012).

Osterman (2000) cites the work of Dewey (1958) who views education as a social rather than individualistic process. Dewey's thinking emphasizes the interpersonal needs of children and the importance of collaborative activities to facilitate learning, and that students should function as a social group. Tillery (2009) suggests that the degree to which a student feels accepted, respected, included, and valued by others within the school social environment creates variable levels of a sense of school belonging and states that this has a number of implications for school outcomes,

especially among adolescents. A positive outcome is mentioned by Demanet & Van Houtte (2012) when they say that when students feel emotionally connected to their peer group, teachers, and school, the likelihood of misconduct among students is reduced. Sancho & Cline (2012) further propose that the development of an internalized perception of belonging could lay the foundation for strong pupil engagement. For students, when the needs of connectedness and belonging are not met in educational environments the result is often diminished motivation, impaired development, alienation and poor performance (Osterman, 2000).

A central factor to establishing feelings of belonging is the development of friendships, relationships and peer acceptance in general, also relationships with teachers are considered to be an important factor (Sancho & Cline, 2012). This statement leads to the following where Osterman mentions that it is the school's responsibility to encourage the development of a sense of community by creating communal activities which provide opportunities for all members to contribute.

Music Therapy in Schools

The existing literature seems to suggest the majority of music therapy involving children and adolescents takes place in schools, with many of those involved in Special Education.

Throughout the world governments are advocating for inclusive education systems and although there are still Special Schools, many children with special needs are in a mainstream educational environment. As a result of this diversity of environment Oldfield (2012) states that depending on the age and needs of the children, if the school is mainstream or a special school and whether the family is also involved, the role of the music therapist may vary from school to school.

Rickson (2012) mentions that an aspect of having music therapy in schools is that there is existing potential for music therapists to work with educators, support staff, therapists from other disciplines, family, and other team members, to assist them to use music in the support of student learning and development and in turn support student inclusion. Oldfield (2012) supports the above when she says that it is clear that music therapists are working effectively with other staff members and parents and are willing to learn from as well as contribute to multidisciplinary

teams. Oldfield goes on to say that although music therapists strive to be adaptable to the changing requirements of different schools, they must maintain a clear identity and role within the teaching team. She adds that music therapists provide particular approaches and techniques and that they have become very flexible and creative at finding ways to use their abilities to meet the changing needs of individual children. There is often confusion around the role and practices of the music therapist within schools and Langan (2009) touches on this when she says that one of the challenges for music therapy in schools is that it is often confused with music education. Langan therefore defined music therapy as:

The use music and sounds within a dynamic relationship to facilitate communication and development according to the needs of the student. (Langan, 2009, p79)

Harrison (2012) also states that music therapy is such a flexible intervention that it may continue to meet the needs of young people at various stages of their development. Harrison mentions the range of young people she works with have difficulties in a variety of areas that include communication, interaction, sensory input, emotional and behavioural issues as well as physical disabilities.

With regard to approaches and techniques Tomlinson (2012) speaks of imitative and reflective responses within a music therapy session and about the quality and intensity of interaction attained during this form of exchange. She further states that the technique not only nurtures and enhances relationships but enables the child to feel heard which in turn facilitates interaction and can evolve into reciprocal “attunement” drawing a previously isolated child into increased social participation. In regard encouraging participation Stige (2006) refers to the improvisational model of music therapy and suggests that participation involves relationships between individuals and between individuals and communities and may be viewed in interactional and relational terms.

Community Music Therapy (Music Therapy to Promote Belonging)

Much of the literature agrees that a sense of belonging, feelings of connectedness to other individuals, groups, places and communities are essential for human well- being and

development (Kitchen et al, 2012; Sancho & Cline, 2012; Stige & Aaro 2012; Gorman-Murray, 2011; Osterman, 2000;) and consequently that communal activities involving collaboration, co-operation and participation in social activities be facilitated where and whenever possible (Osterman, 2000; Dewey 1958; Kitchen et al, 2012).

A sense belonging is created through opportunities to form trusting bonds of human attachment (Brendtro & Du Toit, L. 2005). With the focus being on creating a culture of connectedness and the enhancement of mutual relationships (Stige & Aaro, 2012), Community Music Therapy (CoMT) provides fertile ground for marginalised individuals and groups to connect with members of their wider community and goes some way to meeting the idea of fostering a sense belonging as mentioned in the statement above. Stige & Aaro (2012) help support the idea of creating a sense of belonging through the use of music and the concepts of CoMT when they say that the focus of CoMT practice is the linking of individuals and communities through health promoting musicking. This early definition of CoMT is given by Bruscia when describes CoMT as having a twofold purpose: to prepare an individual to participate in community activities and become a valued member of that community; and also to ready the community to accept and embrace the person by aiding its members to understand and interact with those individuals (Bruscia, 1998).

In his definition of Community Music Therapy, Ansdell (2002) describes communities as not only a context for work, but a context to be worked ‘with’. He suggests that concepts of wellness are viewed in terms of the individual-in-context, and consequently the music therapy process is has expanded beyond the walls of the music therapy room. According to Ansdell the general aim of CoMT is to cultivate a musical community in which music and musical activities are used to “enable “ individuals and provide them with opportunities for social and cultural participation in the local community. He also makes the important point that through the lens of the community music therapy individual, group, or community work are not considered independently, but as complementary to each other. Thus individual sessions still happen within a context of community and can increase an individual’s confidence to move to more communal activities (Ansdell 2002).

As a basis for the use of music as a facilitator of human connectedness and communication Malloch and Trevarthen (2009) suggest that human beings are born with the innate capacity to appreciate and produce music (protomusicality) which they have labelled communicative musicality. Procter (2011) agrees with this notion saying that humans are “hard-wired” for musical participation and interact musically long before they interact verbally. Further, he suggests that this interaction is not necessarily something taught by parents but is something babies equally use to engage their parents. Ansdell & Pavlicevic (2009) expand this theory and add the notion of “collaborative musicing” suggesting that there is a link between musical and social development through cultural learning (musicianship) and social participation (musicing) and that collaborative musicing is the apparent and audible sign of musical community. ‘Collaborative musicing’ is the synergy of communicative musicality (a core facility), energised by the (social) activity of musicing and the appropriation of the musics (or cultural artefacts) of our cultural world (Pavlicevic, 2006). “Collaborative musicing builds community by making music together” (Ansdell & Pavlicevic, 2009. p364)

Musicing has been described as active musical participation and should be seen in relation to collaboration in wider contexts rather than just dyadic communication (Stige & Aaro, 2012; Ansdell & Pavlicevic, 2009). Small (1998), introduced the term musicing into music therapy nomenclature and defines it as follows:

Musicing is to take part in any capacity, in a musical performance, whether by performing, by listening, by rehearsing or practicing, by providing material for performance (what is called composing), or by dancing (Small, 1998, p.9).

Following difficulties in providing a single definition for CoMT Stige & Aaro, (2012) have identified seven qualities that characterize CoMT. These qualities cover musical and paramusical aspects that may be related to both practice as well as research. The seven qualities are presented under the acronym PREPARE (Participatory, Resource-oriented, Ecological, Performative, Activist, Reflective and Ethics-driven).

For example the participatory quality involves developing a culture of connectedness. Enabling an individual to belong to a community by sharing experiences, participating in and contributing

to the development and maintenance of that community, is key to Community Music Therapy. Where a person may have opportunities for individual and social participation it is important to ensure that their participation is valued and the notion of partnership is advocated. As part of a collaborative process the input of all participants would be acknowledged and valued which in turn would support the development of inclusion and positive self- image (Stige & Aaro, 2012).

Resources exist at several different levels, such as personal strengths or skills, on a relational level where resources include trust, hope and emotional support, and community resources such as arenas, artefacts and traditions (Stige & Aaro, 2012). Community Music Therapy draws on this resource-oriented approach. For example, Stig and Aaro (2012, cite Solli (2006) who identifies human protomusicality as a basic resource for participation and development. This resource enables creative interaction with others, in turn increasing possibilities for accessing resources that are socially and culturally produced. This could give access to opportunities for their participation in new contexts. In relation to having a valued social role it is well known that many cultures view music as a valued resource that may generate access to social relationships and social recognition (Rolvsjord, 2004; Pavlecevic 2006.)

Reciprocal relationships between individuals, groups and networks need to be considered in various social contexts. CoMT practice actively works with ecological relationships and needs to remain flexible concerning choice of context and the linking of contexts. This will also depend on the needs and resources available to the individual or group. Stages of change involve new possibilities, such as opportunities to access new resources and relationships thus creating a situation where individuals or groups are moving from a well- known to an un-known context. These stages are known as ecological transitions (Stige & Aaro, 2012).

People interact through music. Community music therapy recognises music as a communicative medium and looks at human development within the action and performance of relationships; i.e. the performative quality of music. CoMT practice takes a proactive role in relation to health and development and focuses on the prevention of health issues and how individuals, groups and communities live with and manage health issues, viewing the advancement of good health and quality of life as crucial (Ruud, 2002; Stige & Aaro, 2012).

The sharing of music (musicizing) and the collaborative use of musical affordances (the ability of music to create mood, affect energy levels and give messages) and how those affordances are used (appropriation), create a shared focus of attention and move the participants emotionally. It is assumed that changes will be accompanied by musical and social change and that a circular process can occur where wellbeing depends on and leads to social resources and enjoyable music (Stige & Aaro, 2012; Ansdell, 2004).

CoMT looks at issues of awareness and social change. Therapists take an activist approach, looking at how discrimination, repression unequal access to resources and injustice are imposed by society, and limit people's participation. Vaillancourt,(2012)) states that community music therapists are interested in removing social differences that create barriers of marginalization and exclusion and goes on to say that music can also be seen as a positive social factor that grants equal access to resources when used in a CoMT context.

Community music therapists reflect on “real world” challenges where the music therapist is not seen as an expert but works collaboratively with others in a climate where parity and solidarity are essential. They aim to create a situation in which everybody has a voice. A climate of mutual respect and acknowledgement is needed for participation in shared reflection (Stige & Aaro, 2012). Music therapy is able to provide enjoyable experiences that connect people, build networks and create opportunities for participants to reflect upon their situation (Stige & Aaro, 2012).

Responsiveness and responsibility are key ethical principals in CoMT. Collaborative efforts are necessary to ensure dignity and a suitable life for people when challenging events occur at both a personal and communal level (Stige & Aaro, 2012). CoMT practice, theory and research is rights-based and values such as freedom, respect and equality are fostered (Stige & Aaro, 2012).

The issues related to the ethics driven quality sum up a central point: To work with relationships between individuals and communities, helping people to mobilize resources and instigate social change, could be viewed as an acknowledgement of their

right to a life with dignity and equality. This reveals that CoMT is a participatory, relational, and ecologically oriented practice. (Stige & Aaro, 2012, p.172).

Literature Review Summary

The importance of community and having a sense of belonging to that community no matter how large or small has been recognised as a fundamental need in the growth and development of human beings. Feelings of belonging to a community are manifested by a desire to interact with individuals and participate in community activities and are fostered by developing an emotional connection not only to the people but also an emotional attachment to the 'place'. This attachment to 'place' stems from having shared time and experiences in a particular context (Parker, 2010; Hylton, 1981; Gorman-Murray, 2011). In school situations this feeling of belonging has been recognised as having a direct effect on school performance and having a strong sense of belonging lays a foundation for pupil engagement. For marginalized isolated students who have difficulty accessing resources, opportunities to experience or develop emotional attachments to a school community are few and conscious steps need to be made to ensure these individuals are motivated to engage with their environment. It seems that the innate human capacity to make and respond to music makes the sharing of music an ideal context to facilitate human connectedness, and the concepts of CoMT that focus on resourcing individuals and groups in various ways to connect, collaborate, form relationships and make music together is an ideal approach to developing a sense of belonging in individuals who have difficulty in forming relationships. This research looks at how a music therapy student might facilitate students' sense of belonging in a special school setting.

METHODOLOGY AND METHODS

Research question

What links can be found between the concepts of Community Music Therapy and Belonging in a music therapy student's work.

METHODOLOGY

Secondary analysis:

In qualitative research, secondary analysis is used to study data derived from previous investigations such as fieldnotes, observational records, video recordings and transcripts of interviews and focus groups. In the case of life stories or narratives, they are data that tends to be collected primarily for use as part of a research study investigating a specific question (Heaton, 2004). In this case the data is examined to answer the above question and is looking for indications of students' developing sense of belonging.

Narrative Inquiry

Narrative can be both a method (way of studying stories) and phenomenon (a story to study) and is useful for capturing detailed stories of the life experiences of a single person or a small group. As a qualitative design 'narrative' is described as a spoken or written text and data is gathered through the collection of stories, reporting separate experiences and ordering the meaning of those experiences chronologically (Cresswell, 2007). Narrative inquiry is stories lived and told (Clandinin & Connelly, 2000). In this exegesis, the narrative is my own. I am aiming to tell *my* story of my interaction with the students I was working with.

AIM

Data was examined for indications that students' were developing a sense of belonging in a school community. Belonging is understood to be a feeling of safety and comfort that engenders a willingness to engage with the environment and the people within that environment.

METHOD

Data Sources.

Data came from clinical music therapy notes; school documentation; Individual Education Plans; notes on group observations; notes on discussions with teachers support staff, parents and care givers; and video recordings.

Analysis

The focus was on my work with two individuals. Contextual information regarding their history, culture and school community was gathered. Using information from observations (clinical notes), reports from staff/family members, school documentation, group observations and video recording, multiple episodes of both individual's personal experience' in the community context were examined and descriptions of events were collected then configured into a story or "field text" giving accounts of an event or a series of events and actions that were connected chronologically and linked to a sequence or process. The stories were told taking into account three areas, they were personal and social (interaction), considering past, present, future (continuity) and context (the school);

The field texts were then summarised and the summaries were rewritten ('restory') identifying significant events again in chronological order. The restory process took place looking through a community music therapy lens weaving the characteristics and qualities of CoMT into the story. During this process key elements and turning points were identified and viewed from a ComMT perspective.

I was not able to collaborate with the music therapy participants for the research but I have had a significant relationship with participants as a clinician, and "both parties (have) learnt and changed in the encounter". Meaning has been negotiated in the clinical process.

Ethical Considerations.

- Informed consent was gained from the facility for the use of data.
- Informed consent was gained from individuals for the use of data.

- No other individuals or group members are identifiable in my exegesis.
- An information sheet was provided to the person/ parents/ caregivers/ advocate of the participants.

ETHICAL APPROVAL: HEC: Southern A 11/41 15/082011

Ethical Concerns

One of the students whose data was used for this study was in the care of Children and Young Persons and Families service (CYFs). Verbal permission was granted by a staff member from the agency to use the data, and written consent was promised. After several reassurances that the written consent would be forthcoming, I began to review the data for my study. Unfortunately the staff member who was liaising with me was misinformed, and late in the research process I was advised that I would not be able to obtain informed consent for the use of Carol's data. At that point I had done considerable work on my dissertation and the data was crucial to the finished product. In consultation with my supervisor I have decided to enable the examiners of my dissertation to view Carol's data (which will be marked 'Highly Confidential') but to remove it from the published dissertation. Findings are based on the narrative from two cases - only one will be visible to the public in the published version. This decision was made easier because the narrative focused on me. These are my stories of my work with students. Although some discussion of student's responses is important to contextualize the work, the emphasis was on the music therapy approach.

IN ORDER TO COMPLY WITH ETHICAL CONDITIONS, NARRATIVE OF CAROL'S CASE WILL NOT BE INCLUDED IN THE FINAL PUBLICATION.

FINDINGS

This section begins with narrative of music therapy with two students, generated from an analysis of case notes (see Appendices 1 & 2). The narratives were analysed further, using a Community Music Therapy Lens, to describe how music therapy can promote participation and resource students to develop sense of belonging to their school community.

My Work with Denise.

Denise is a 7 year old girl of Samoan descent with a diagnosis of global developmental delay and Autistic Spectrum Disorder. She attends a Special Needs School in South Auckland that caters for students from age 5 through to 21. Denise is ORS funded (Ongoing Resource Scheme) and her needs status is 'very high'. Denise is currently one of six students in the class with a similar range of ability.

I had worked with Denise before this story began, when she was a new entrant. At that time, she liked to climb and could often be seen standing on the crossbar of the swing or up a tree, staying just out of staff members' reach. When I facilitated music she often refused to join remaining distant from the group, frequently engaged in ritualistic behaviours, such as tearing paper. She could, however, sit on a staff member's knee close to the group for a short period, and during one session climbed onto the back of my chair putting her arms around my neck. Although the teacher asked her to get down, I felt positive about the connection she had made with me. I was later asked to work with her individually.

My aim during the initial sessions was, using shared musical experiences, to attempt to make a connection with Denise, create a therapeutic space where she felt safe and to provide opportunities to cultivate a relationship. Though Denise wrapped herself in the curtain upon entering the room the use of a familiar song stimulated her to move in time to the music and eventually respond vocally by changing pitch with chord changes I played on the guitar. These early, almost subconscious, responses displayed an innate musicality and her looking from

behind the curtain to see what was happening when I stopped playing provided an indication that she was interested in what I was doing.

A turning point came when instead of going behind the curtain on arrival she leaned against my leg with her back to me and gently moved in time as I played our greeting song. This period of engagement enabled a move from the greeting song to the introduction of an improvisation (The Baby Song) that was to become a mainstay of future sessions and somewhere familiar to return to if Denise became upset. The Baby song has a calming/containing effect on Denise. Later I discovered using a ¾ time also had a similar effect. These improvisations went on for up to ten minutes which provided extended periods to share a musical experience and strengthen our relationship.

Over the next sessions I was able to establish a routine using familiar songs initially and then gradually introducing new songs and improvisations with the idea of expanding the range of elements in Denise's environment with which she could interact as well as enabling her to experience a variety of moods and energy levels.

During these sessions Denise began to initiate interaction herself, for example on arrival in the music room she began to go to my guitar, hand it to me, give eye contact and sit ready to start. On occasion I would try to change instruments and Denise would take them out away from me and place my hand back on the guitar showing a reluctance to stray from the familiarity of our now established routine. We had come from a situation where I was initiating activities, hoping to engage Denise, to one where Denise was becoming the initiator.

With Denise beginning to take the role of initiator and after some discussion with my supervisor I made a conscious decision to follow a more child centered approach allowing Denise's mood, her level of arousal and expression set the tone for the session. This was a far more collaborative approach and allowed Denise more influence and control over her environment.

Denise's natural responsiveness to music was noticeable from the beginning sessions and as time progressed she continued to use music to initiate and influence our interactions. I would follow her dynamics and get louder and faster with her, then I would initiate a change in volume

and tempo, which she followed and then again she would lift the intensity which I in turn followed – Denise found the changes in dynamic stimulating, the influence on the dynamic was shared as the role of initiator changed within the interaction.

As Denise became more comfortable in the environment she was less insistent/dependent on following routines and more accepting of change within the therapeutic space. Once, for example, she demonstrated that she felt safe enough to allow me to tap the tambourine on her foot as she lay on the floor. In subsequent sessions, when she arrived she handed me the tambourine in order to repeat the experience.

During the last session of term Denise displayed that she was at ease with change, and was curious about what might happen next. I had put down the tambourine and Denise had picked it up and was going to give it back to me when she hesitated as I reached for my guitar and waited to see what I was going to do, I began to play the greeting song and Denise held onto the tambourine. What followed was a sustained period of interaction using the Lala song and Denise vocalizing (Her vocalizations had become more tuneful), me following her intensity and then her following my change in dynamic. Eventually Denise was playing the percussion instruments along ‘with’ me. I interpreted this as the coming together of developing sociability, developing musicality, feeling safe and consequent willingness to explore her environment.

In parallel there were also indications outside of the music room that suggested Denise and I were developing trusting relationship and a positive association with me and other parts of the school environment was emerging. One involved collecting her from the classroom. Initially Denise was often sitting under a table refusing to come and I had to get her teacher to bring her to the music room, followed later by her being willing to come with me when I held out my hand, then turning around and smiling when she heard my voice and approaching me. Denise had moved to a new class and was screaming when I arrived yet she still came to me when I held my hand out to her - I was a familiar, trusted face in a new environment. Denise would often be upset when I collected her from class but she would mostly come with me and settle once we got into our routine in the music room.

Another situation outside of the music room was that I organized with her teacher to bring her to culture group practice where she started by sitting on the periphery of the group and eventually sat amongst the performers, then sat next to the drummers, and on another occasion came and sat at my feet as I played the drums. Whenever Denise was at culture group I always made a point of acknowledging her. And during the last Culture group session Denise danced with her teacher and then accepted dancing with a teacher aide who she was not familiar with. By attending this group over a period of time Denise was expanding her social network.

Finally when I was on duty in the Wharenuui and playing the guitar for the students Denise entered the area and went to run out onto the field as she usually does. When she heard the music she stopped and came over to the group and moved in time to the music. On another occasion when this happened Denise took my hand, led me to the music room door and put my hand on the handle.

The case example above demonstrates how a process of musicing enabled us to make a connection. Through musical interaction we were able to build a relationship, and develop routines which were varied and expanded over time. Eventually we were able to use this relationship to work together with and in the wider school environment. This process mimics what I now understand to be a community music therapy approach.

My Work with Carol

Carol is a 12 year old girl of Maori/ European ethnicity with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), for which she takes medication. Added to this, owing to pre natal alcohol and possible drug abuse, Carol also has been diagnosed with Fetal Alcohol Spectrum Disorder (FASD).

In her early years Carol was subject to post natal neglect and suffered physical abuse resulting in Post-Traumatic Stress Disorder and has difficulties forming attachments. Carol came under Child Youth and Family Services care at the age of 3 years and in the first year had 15 foster home placements. She attends a Special Needs School in South Auckland that caters for students from age 5 through to 21. Carol came to the school in 2009 under section 9 of the Education Act, which allows a student to receive special education, as a result of displaying severe challenging behaviors while attending a mainstream school. Carol is currently one of nine students in a class of diverse ability levels, but all are described as having challenging behavior.

Prior to this story I had worked with Carol in large group situations where I made a connection with her during rehearsals with the school performance group. Carol was initially happy to be involved but became uncooperative after a short while. Over a six month period of rehearsal for the school production where Carol was part of a clowning routine we began to develop a relationship. I was a familiar person to Carol and with this in mind was asked to try some individual music therapy sessions with her.

This student was often anxious when she came into the room and thus found it difficult to concentrate and focus. She fiddled with equipment and asked incessant questions without waiting for an answer. With this in mind I used the setting up of the equipment as a way of providing a positive, productive routine (ritual) at the beginning of the session and as a way of establishing some boundaries. Carol was able to develop new skills and was more focused when setting up equipment. Packing the equipment up at the end of the session was also part of the routine. As the sessions and the routine became more established these segments provided a

valuable time for having a 'chat' about good things we did, things that were annoying her or songs we might try next.

From the beginning the sessions were guided by Carol. Her preferred activity was singing and she chose most of the songs we sang. As we engaged in singing activities, which included many repetitions or extensions of songs at times, it was easy to feel a 'connection' between us. Our relationship continued to develop, Carol came to the music room with increasing enthusiasm and her vocal confidence began to increase. Specifically, her volume of voice increased and she began to sing with more freedom.

She also began to accept her mistakes, and was willing to repeat activities to improve her ability as a singer. This suggests that our relationship was well established and the music room was a safe place for her. It was necessary though to continue to support her growing self-esteem by reinforcing that making mistakes is part of learning. Moreover, she began to understand that 'learning' is hard work. This understanding enabled her to engage in further repetition, and to take more risks by engaging in solo parts (albeit brief). I also modeled making mistakes, as a way of equalising and supporting our relationship. From tentative beginnings her confidence, concentration and engagement in the learning process improved. This in turn drew compliments from me. I was able to give her more responsibility to lead the activity, and to take ownership of the song, which left me a supporting role. Her success enabled her to feel more confident to learn new material. Most significantly she began to request repetition specifically to improve the musical product. Thus she had begun to develop a work ethic. At this stage the process felt less like an intentional learning experience; instead we had begun to share and enjoy music together as equals.

A further sign of her growing confidence was when Carol expressed a desire to perform a song at the school assembly. During our rehearsal we developed a solo part for Carol while I played the guitar. The solo was a challenge that Carol accepted and she began to feel anxious as her solo approached, so I stepped beside her in support. This enabled Carol to regain her composure and I was able to withdraw my vocal support during the second solo.

As part of the process of rehearsal we decided to also look at the meaning of the song which was essentially about friendship and support. Subsequently Carol related the sentiment of the song to another song we had learned and we went on to have a discussion about what being a friend was. We later took these ideas and wrote our own song where Carol contributed the key phrases and I helped with the arrangement and chords. This creative process was stimulating for Carol and I also felt that collaborating on the song played a part in strengthening the bond between us. The song writing was a source of pride for Carol and had a strong motivational effect to the point where she wanted to perform the song and went so far as to the print copies of the lyrics and hand them out so the others could join in.

Outside of the music room Carol's confidence and enjoyment of making music again showed when I was on duty in the play area and singing with a group of students. Carol joined us and asked for the school song. She was able to lead the group, organising her peers to sing and engage in actions associated with the music.

Overall the sessions were song oriented but the learning of songs and the creation of our song was a basis for collaboration, building trust, providing a safe space where Carol was able to feel at ease and express herself and create opportunities for success.

The Narratives through a Community Music Therapy Lens

Viewing my work with Denise through a CoMT Lens

The early sessions where Denise wrapped herself in a curtain and then became interested, through musicing, in what I was doing, were the first steps in the process toward social engagement and a level of participation in the school community. I saw these initial steps as a way of building a reciprocal and eventually collaborative relationship using Denise's innate (proto) musicality (tuneful vocalizing and rhythmic movement) and curiosity as strengths that presented opportunities for us to connect. This connection led to being able to resource Denise at the level of building trust and providing a space where she felt safe and had positive associations with both myself and the music room. These associations quickly manifested themselves in her willingness to accompany me to the music room without support from classroom staff.

The path to building a trusting relationship was enhanced by the sharing of our common interest, music, and her sensitivity to musical affordances. The creation of mood and energy levels using variations in pulse, tempo, accent, melody, volume and silence, as part of our improvisations (Baby Song, Lala song) aided the initial connections and led to sustained periods of engagement and shared musical experience that strengthened our bond.

Outside of showing interest and being physically closer, Denise's first step in actively participating in our relationship was to hand me my guitar upon entering the room sit in her chair and give eye contact as an indication of preference and that she was keen for us to make music. The move from me initiating our interactions in order to engage and connect with Denise, to Denise taking the initiative was a shift toward empowering her to influence the nature of the interactions.

At this point I feel the early stages of Bronfenbrenner's hypotheses on the ecology of human development describe the process thus far.

- *Once two persons pay attention to one another's activities, they are more likely to become jointly engaged in those activities. Hence observational dyads tend to become transformed into joint activity dyads.*

- *Once two persons participate in a joint activity, they are likely to develop more differentiated and enduring feelings toward one another. Hence joint activity dyads tend to become transformed into primary dyads.*
- *The developmental impact of a dyad increases as a direct function of the level of reciprocity, mutuality of positive feeling and a gradual shift of power in favor of the developing person'*

(Bronfenbrenner, 1979, p.59)

A further step toward Denise having a greater influence on our musical interaction was as a result of reflection and a change in my own practice with a shift to a more client centered, rather than directive approach. This method gave Denise's contributions to the musical interactions greater acknowledgment and promoted a situation of collaboration, equality and empowerment. Within the musical environment Denise's willingness to interact was accompanied by a developing musicality where her vocalizing became more tuneful, her movement reflective of what was being played or influencing what was being played, and a connection occurring as our rhythm and tempo became more synchronized.

The change at an individual level for Denise later enabled access to other relationships with staff and students as she began take part in communal musical activities, such as the culture group rehearsals and performances as well as informal music making in the playground. As a result of our now established bond I was able to resource Denise as a common link between the various contexts of the school. This resulted in an expansion of Denise's social network and enabled her greater participation in the school community.

Viewing my work with Carol through a CoMT Lens

The foundation of our music sessions was built on developing a sense of connectedness and forming a relationship that engendered feelings of safety and trust between Carol and my-self. Carol felt comfortable in the music room and was gaining in confidence, this resourced her into bringing out one of her strengths, her underlying desire to be helpful, which in turn, I was able to

use as a resource and establish a routine where we worked together at setting up the equipment in the music room. This provided us with a productive ritual that had the dual effect of presenting a point of focus from where to begin the session and gave Carol the opportunity to contribute to the session as a whole.

The music sessions were of a collaborative nature from the beginning. This followed another one of Carol's strengths, her enjoyment of singing, which led to her choosing songs she liked and the two of us going through the process of sourcing the lyrics, learning the lyrics and phrasing together and eventually, at Carol's request, taking those songs from the music room and performing them in front of the school assembly. The support I was able to give Carol during these public performances strengthened our bond, showed Carol that I was reliable and she could trust that I would be "there" for her if she got into difficulty. This enabled Carol to feel confident about trying something new. Some of the songs were popular with other students and Carol readily accepted them performing with us. Carol would later join these other students in informal music making during break times as we sang songs everyone knew and she collaborated with her peers on working out actions that suited the songs. The group as a whole were getting a great deal of enjoyment out of this process and although I was providing the guitar accompaniment I was able to stay in the background and resource Carol by creating a situation that enabled her to connected positively with her peers. From an ecological standpoint our musicing expanded from the music room and just the two of us, to linking with the wider school community in communal contexts such as assembly, the playground and the formal welcoming of guests to the school.

During the learning of the songs I was able to acknowledge Carol's efforts and worked to promote an atmosphere of equality where I stated that we were learning the songs together. This feeling of equality manifested itself when I purposely made a mistake, showing her that I made mistakes as well and Carol felt confident about correcting me. The song writing aspect of our interaction reinforced our parity with equal contributions from both of us being important. We reflected on the meaning of friendship (the theme of the song) together. We also connected as we repeated the songs many times and got in the "groove" together. Although we were in sync Carol had her eyes closed and was lost in the musical moment.

The whole song learning, song writing and performance process ran in parallel with the process of relationship building where we shared learning, shared music, creatively collaborated on song writing, enjoyed each other's company and had some success when we shared our efforts with other members of the school community. The success we had with our song writing and performance and also the contribution Carol made to this process gave Carol feelings of being valued and impacted positively on her overall sense of well-being.

Answer to the Research Question:

What links can be found between the concepts of Community Music Therapy and Belonging in a music therapy student's work.

A sense of community belonging is a concept linked to degrees of social attachment among individuals which indicates a level of social engagement and involvement within communities (Kitchen et al. 2012).

The concept of social belonging is defined as the desire of an individual to participate and interact with the community (Parker, 2010; Hylton, 1981).

A sense belonging is created through opportunities to form trusting bonds of human attachment (Brendtro & Du Toit, L. 2005).

At a basic level a sense of belonging includes an emotional attachment to 'place' or 'social locations'. Since feelings of belonging can be variable, it is important that positive place attachments be created and maintained. Belonging, in this sense, is the emotional connection between subject and space, fostering feelings of comfort, identity and becoming (Gorman-Murray, 2011).

CoMT has a twofold purpose: to prepare an individual to participate in community activities and become a valued member of that community; and also to ready the community to accept and embrace the person by aiding its members to understand and interact with those individuals

(Bruscia, 1998). It has also been described as having seven qualities –i.e. it is participatory, resource oriented, ecological, performative, activist, reflective, and ethics driven (Stige & Aaro, 2012).

The *participatory* characteristic involves creating opportunities for connecting with individuals by sharing experiences (musical), participating and contributing. By collaborating with Carol in a songwriting activity, acknowledging her ideas, contribution, and hard work at rehearsals, I was able to resource her to perform in assembly, i.e. to participate in the wider school community. The success of the performance, i.e. positive feedback from staff and peers and the pride she demonstrated in her work suggests she was accepted and valued in this context.

The qualities of PREPARE often overlap. The *performative* quality which looks at human development within the action and performance of relationships and the *resource* quality of providing (relational) emotional support and trust were manifested in in our public performance. The trust Carol had that I was there to support her had the effect of strengthening our relationship (*performative*). Through this experience Carol was able to experience feelings of support and success, resulting in positive associations to people and place. She asked if we could do it again next week showing a desire to participate and interact with her community – developing a sense of belonging.

The sharing of music (musicing) and the use of musical affordances (properties that effect the mood, energy levels and messages of music) are viewed as a *performative* quality of CoMT. Affordances have the ability to create a shared focus of attention and move the participants emotionally. Sharing music on this emotional level can lead to the building and enhancement of a relationship as the participants ‘music’ together. Musicing in this sense can foster strong emotional connections to people and places; feelings of belonging ‘with’ (people) and ‘to’ (place).

The *resource* quality identifies resources existing at different levels, they include relational (trust, hope, support), personal strengths (skills), community (traditions, artifacts, traditions) (Stige & Aaro, 2012). With regard to Denise who is generally isolated, her innate musicality

(protomusicality) is viewed as a *resource*. During our initial sessions she was able to use this resource to connect and interact with me. This initial connection progressed to sustained periods of one to one interaction in the music room and moved on to attending rehearsals for the school culture group, where her presence was highly valued. By collaborating with her teacher I was able to arrange for her to be present and to participate at her own level. Initially she was on the periphery of the group then spontaneously walked into the middle of the group and stood amongst them as we rehearsed and finally took an active part and danced with one of the teacher aides. This displayed an increased willingness to engage with the community and those in the community, providing opportunities to expand her social network and develop positive associations to the 'place'.

Both Carol & Denise were interacting and developing new relationships with other individuals, and groups within the school community (ecology). The development of connectedness and positive associations with 'place' may occur on different levels, at different rates of progression and in various contexts but the flexibility of music as a medium and an awareness of the concepts of CoMT can be used to afford a sense of belonging.

These students have the right to participate in their community, and my role to facilitate opportunities for their participation was important. The activities I engaged in preserved the dignity of the individuals. Collaboration was essential, and everyone was listened to. Thus the practice was *ethics- driven*.

The *activist* quality looks at ensuring there is equal access to resources especially for those who are unable to advocate for themselves. The *reflective* quality states that a climate of mutual respect and acknowledgement are required for shared reflection. Music therapy has the ability to create moments where participants may be able to reflect on and share thoughts about their personal situation (Stige & Aaro, 2012). All of these qualities work toward ensuring that a person or group have a pathway to being part of a community and developing a sense of belonging to that community resulting in positive health and well- being.

CoMT practice is the linking of individuals and communities through health promoting musiking. (Stige & Aaro, 2012).

DISCUSSION

A sense of community belonging with its links to degrees of social attachment, levels of social engagement and involvement, and the desire of an individual to participate and interact with the community (Kitchen et al. 2012; Parker, 2010; Hylton, 1981) fitted well with the CoMT notion of building a culture of connectedness and focusing on enhanced mutual relationships (Stige & Aaro, 2012). These two CoMT concepts struck me immediately and became central in my thinking when I was reviewing my clinical data to discover how I, a student music therapist, might be able to contribute to the development of a sense of belonging for people who have difficulty establishing and maintaining positive relationships with other individuals or taking part in communal activities. For various reasons both of the music therapy participants were in positions of isolation and marginalisation within the already societally marginalised community of a low decile special school.

PREPARE

The CoMT characteristics of Participatory, Resource, Ecological, Performative, Activist, Reflective and Ethics – driven qualities, PREPARE (See literature review) not only provided a framework with which to analyse my clinical data but also affirmed areas of my previous practice with regard to the importance of connectedness, relationship building and moving from individual to group situations. This interest in facilitating group interaction stems from prior work with regard to importance of peer models in a young person's development. The qualities of PREPARE expanded my interpretation of the terms that make up the acronym, for example performance (performative) which I always viewed as simply the performance of music; and have now expanded to the performance of relationships within musical interaction. I also now view music therapy in an ecological sense where the focus is on promoting well –being within layers of the sociocultural community and the environment. It involves working with individuals, families, communities and societies, where all of these entities are linked and the aim is to influence therapeutic change in the system and the individuals within that system (Bruscia, 1998). It is these participatory, relational and ecological concepts underpinning CoMT that make this model a suitable approach to developing a sense of belonging in a school environment.

Working Across Contexts.

My findings identified a process that could be described as an ‘individual – to communal’ continuum within which music therapy takes place (Ansdell, 2002). This is a flexible approach and may be viewed in ecological terms as it concerns contexts, the linking of contexts and takes into account level of need.

I was familiar to both of the music therapy participants in other contexts (group sessions, production rehearsals) and although the level and nature of need were quite different, the initial one to one sessions were an opportunity to make a connection through sharing music (musicng). I was able to build a trusting bond between us that would resource the participants in a relational sense and lay the foundation for creating a space where positive associations with the music room and myself would be established.

The concept of therapy continuing to take place at different levels in different contexts according to need is important, especially in a community that has developed a strong musical and performance culture. Participation in communal musical activities is valued by the school community and there is a great deal of collaboration between students, teachers, teacher aides and visitors during these occasions. In my previous role as a music specialist I was involved in the development of this culture and as a result take an active role in musical activities, both organised and spontaneous. The music brings us together as one. The data indicated that as an active member of the musical culture of the school I became the common factor (human) in the various contexts of the school community and thus I was able to resource both individuals into greater participation in the community and facilitate the expansion of their social networks.

For both individuals the initial interactions took place in the music room. Then one person moved on to eventual public performance where the performance of the song ran parallel to the performance of our relationship regarding issues of trust and reliability. Our relationship was enhanced as I enabled Carol (participant) to have the opportunity to take the risk of performance and get some positive feedback from other community members. A positive musical culture creates an atmosphere within which people feel able to take risks and experience reciprocation in ways that lead to a sense of ‘being with others’ (Procter, 2011).

For some full participation in a community of practice can be virtually impossible and consequently participation can be at first legitimately peripheral and then increase in engagement and complexity over time (Stige, 2006). This was the case for the other participant where her presence, with the support of a teacher aide, at communal gatherings was a step in the move from a well-known context, (music room) to a new context (culture group). Although initially remaining on the periphery of the group, opportunities occurred which enabled us to acknowledge her being with us and to value her presence. Gradually over time she began to spontaneously get up and move amongst the culture group performers and eventually danced (holding hands and moving in time) with members of the group. This showed a willingness to make steps toward participating in and interacting with her community.

A Changing View.

A significant change occurred during the course of this research as I began to reflect on my own practice and to make a conscious shift from a behavioural to a client centred model of practice. This awareness of my behavioural approach came from feedback discussion following a practical assessment mid-way through the research process. Within my efforts to build relationships with the music therapy participants my efforts were unconsciously behaviourally based in which music is used by the therapist to increase or modify appropriate behaviour or reduce inappropriate behaviour. Music in this model may be seen as a positive or negative reinforcer (Wigram, Pederson & Bonde. 2004). This approach in reflection seemed inevitable considering my previously behaviourally oriented teacher training.

My move was from this directive model to one where the nature of the session is established by the participant and as a therapist I follow the mood or direction set by them. This empowered the participants and created a more collaborative environment not only for those who were able to negotiate verbally. It also allowed the non-verbal individual to be heard.

“Safe Space”: a launching pad.

The study highlighted the importance of individual music therapy sessions in the safe space of the music room. Both participants at some stage had moments of anxiety or were having difficulty managing before coming to the session; and soon after arrival settled into the familiarity and security of the routines and rituals that we had established. These rituals and the

context of the music room provides safety and boundaries especially for those who have difficulty in regulating their emotions. CoMT does not mean ceasing individual sessions. There remains a valid need for the traditional 'safe space' of the therapy room and the boundaried therapeutic relationship (Pavlicevic & Ansdell, 2004). The building of feelings of trust and safety in the therapy room can act as a base for support and the enabling of individuals to interact in different or changing contexts. The CoMT approach encourages continuing therapeutic work with the individual within the context of communal events.

There is often a time to be private, and a time to be public in music therapy; a time for the nurturing of intimate communication; and a time for the performance of the fruits of achieved communication, skill and confidence. (Pavlicevic & Ansdell, 2004, p.23)

Connecting Emotionally

The data indicated the effect of musical *affordances*, resources provided by music e.g. moods, energy levels, messages and actions (Palicevic & Ansdell, 2004) on the emotions of the participants and the many ways I used them (*appropriation*) to connect with the individuals and also influence or match their mood. For example to calm, stimulate, bring a session to a close or containment. Affordances facilitate the development of relationships between person, music and the environment through appropriation in a given situation (Stige & Aaro, 2012).

Affordances and their use allowed the participants and myself to connect on an unspoken but powerful emotional level and develop bonds, enhance positive associations and create feelings of safety and security.

These feelings of security and the emotional influence of the music often led to musical attunement, the self-forgetful concentration and fixed attention on music and musical activities (Wigram, et al. 2004).

This state of attunement signified the participant's feelings of safety in the context and provided opportunities for greater expression and connection on an equal footing. There is an equality engendered from us getting lost in the music together, creating oneness.

Further research – “Culture Group”

The culture group is an open group that learns, rehearses and performs songs and dances from the various Pasifika and Maori ethnic groups represented in the school population. It contains core group of older students and staff members that come together once a week to rehearse and regularly perform at school functions (Powhiri, local community events). The older students are familiar with the songs and dances and have opportunities to become leaders in performances and contribute by selecting songs and also assisting younger students to take part.

This group could be viewed as a ‘community of practice’ or a ‘community of musical practice’ within the school community where the relationships between individual and community; identity and belonging; communication, collaboration and negotiation, may be explored (Ansdell, 2010).

The CoMT model would fit well into this possible study and could be related to the “Circle of Courage” (see introduction), the model that underpins the school philosophy. Also Wolfensberger’s concept of Social Role Valorisation where the enablement, establishment, enhancement, maintenance and defence of valued social roles, using where possible culturally valued means, (Wolfensberger, 1992) could be taken into account.

Limitations

Despite the reading I had done my understanding of the concepts of CoMT was initially limited, and it was through the process of carrying out this study that I deepened my understanding. I feel this may have influenced my focus on certain qualities described under the PREPARE acronym. In particular, the performative quality and its focus on the performance of relationships mentioned in the earlier part of this discussion could be investigated.

Using a narrative approach and writing stories from my own perspective, whilst limiting my description of student responses was difficult and limits the richness of this study. This was especially true in the case of Carol, where I was unable to obtain permission to present her individual case in these exegesis. However, because the emphasis was on the work of the student music therapist rather than the student, this seemed to be an acceptable compromise.

CONCLUSION

Community music therapy (CoMT) aims to cultivate musical communities in which music and musical activities are used to “enable “individuals and provide them with opportunities for social and cultural participation in the local community (Ansdell, 2002). In the context of the special school where this study took place, links between the general concepts of CoMT were identified. For example CoMT was well suited to resourcing students to develop a sense of belonging to the school they attend.

The literature states that developing a sense of belonging depends on degrees of social attachment, levels of social engagement and involvement, and the desire of an individual to participate and interact with the community (Kitchen et al. 2012; Parker, 2010; Hylton, 1981). After making the initial connections with the participants in the music therapy room, where a trusting relationship was built, based around shared musical experiences, I was able to support them into taking part in musical activities across various contexts within the school environment where both of the participants were able to expand their social network. Both participants showed an increased willingness to interact with their community: the expansion from individual to communal contexts was apparent.

On a personal level becoming more familiar with the concepts of CoMT has changed my practice and has activated a more collaborative, flexible approach to my work. Overall I think that the concepts of CoMT with the focus on building relationships through communal musicing are ideal to employ when attempting to build a sense of belonging with any marginalised individuals or groups of people.

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APPENDICES

APPENDIX 1: The story of individual music therapy with Denise

I gathered information from Denise's file, discussions with her teacher and mother, and her Individual Education Plan (IEP). Significant adaptation was required in all areas of the NZ curriculum, and priority had been given to the Key Competencies (KC). Specifically, under 'Managing Self' the aim would be for Denise to initiate and/or participate in a familiar activity and, under 'Using Symbol Language & Text', to respond to familiar word symbols with visual prompts, e.g. "quiet". Denise had difficulty connecting with others. She was non-verbal, but vocalized and babbled to herself at times. I observed Denise in her classroom and noted that she was also isolated, and unable to interact with classmates. She also reportedly had limited awareness of her environment, although she was able to communicate her needs by standing near something she wanted. In the classroom setting Denise would scream, yell, tip items (such as chairs), tear up paper, throw herself on the floor, and run away. She was also known to scratch and bite others. According to school records Denise was incontinent and showed no awareness of toileting needs. Her mother shared that Denise enjoys listening to island music, music of the 60's and 70's, and watching island dance videos, all of which were frequently played at home. She also liked Christmas songs, and music from Lion King, and Abba. Team members were working to increase Denise's motivation for involvement in activities, ability to follow routines, and acceptance of change.

The music therapy sessions were based on the Relationship Development Intervention approach to working with people with autism, an early step in the process, Experience sharing, is described as follows:

Experience sharing occurs when we interact with no end point in mind other than sharing some part of our mutual world with others. People engaging in experience sharing are motivated by the potential for new discovery and creation, through careful, mutual, introduction of novelty. ES is one of the major reasons for social interaction. (Gutstein, S.E. 2000, p174).

Experience sharing fits well with using music and musical improvisation as a vehicle to engage young people with autism.

Session One

I went to the classroom to collect Denise for our first individual session she was under the table and when I held my hand out to her she refused to come out. With the thought of creating a positive beginning to the music sessions in mind, I asked her teacher, with whom Denise was familiar, if she would mind bringing her to the music room.

Denise came into the room, did a brief circuit checking the room out and then wrapped herself in the curtain. I began by playing the (familiar) greeting song I use in the group sessions. I wasn't sure if she was listening but when I stopped playing she turned, looked and gave brief eye contact. I acknowledged her (said ahh Denise, there she is) and continued. Denise came out from behind the curtain and pulled the drum closer to her and wrapped the curtain around her and the drum, I think to have a closer look at the drum and still feel secure.

In an attempt to maintain some connection with her I began to play the chords quietly of another song she might be familiar with, "Stand by Me", this is a popular song at school assemblies. I could hear her vocalizing and then noticed that when I changed chords she changed pitch and although it was not in tune the change of pitch followed the pattern of the chord changes. The engagement was almost at an unconscious level and Denise was being influenced by the music.

Session Two

For the next session I again went down to Denise's classroom and found her to be upset and clinging to a large soft toy. Her teacher coaxed her from where she was sitting and when preparing to leave the room was trying to get her to put the soft toy down. I suggested we bring the toy, a large dog which she had wrapped around her neck and incorporate it into the session. Once we were outside the classroom Denise came the rest of the way to the music room with me.

In the music room I began to play the greeting song and instead of going to the curtain Denise leaned against my knee with her back to me and gently moved in time to the music. When I

mentioned that the toy was like a baby Denise briefly gave eye contact and so still using C and G chords of the greeting song I improvised (in falsetto) and sung ‘it’s a baby, a little baby’. This had a calming, holding effect and we remained like this for around five minutes, Denise was all the time leaning against my knee. At one point I left a gap and hit the large ride cymbal with my hand and she became interested to the point of reaching out and touching the cymbal. Denise began to keep her hand on the cymbal which was not loud but had a very strong tactile element to it – multi sensory. Denise watched me hitting the cymbal with my hand and made a tentative attempt at hitting it herself.

Because Denise was comfortable and engaged and the opportunity of further establishing our relationship had presented itself I continued the session past the 30 minute time frame and we were there for 45 minutes.

Session Three

The following session Denise would not leave the class and was screaming loudly. Her teacher said to give her a chance to settle and she would bring Denise later. When Denise arrived she went to the chair, sat down and gave eye contact. The eye contact and body language were an indication was ready to begin.

We went through our usual routine with the greeting song, Lala song (an improvisation on a Samoan song called Tago I Le Ipo), G to C improvisation (Baby song). This routine was becoming established and familiar to Denise and at the beginning of the next two sessions, upon entering the room she picked up my guitar, handed it to me and sat down on the chair ready and waiting.

When I made any attempts to introduce new instruments (maraca, djembe, tambourine) Denise would take them out of my hand and put my hand on the guitar – showing definite preference and throughout the rest of the session I tested her by stopping and she would put my hand on the guitar.

I noticed any song or playing in $\frac{3}{4}$ time had an effect on Denise and she responded by moving in time and quietly vocalizing. I had now discovered two pieces of music that had a calming effect

on Denise (3/4 time and the Baby song) and that were useful to return to if she was distressed or became over stimulated.

At this point the fact that Denise was previously upset and became settled once in the music room indicated that she associated being in the room with me as something good and that she felt safe in this context. A trusting relationship was forming based around our mutual interest – music.

Occurred Out of Music Room Context

I had to go into Denise's classroom to see her teacher and when she heard my voice she turned and gave a definite look of recognition which was also noted by the OT present in the class at the time.

Session Four

The format of the session had become established with Denise, significantly, allowing me to take her hand and coming to the music room without anxiety. We had extended the repertoire of songs and added Roimata, a Cook Island song and I also introduced the ABBA song Mama Mia.

I did not know how to play Mama Mia on the guitar and chose to sing it and use the tambourine for rhythmic accompaniment. Denise's response was immediate she smiled and held her hand out and I tapped her hand with tambourine, she then lay down on the floor with her foot up wanting me to tap the tambourine on her feet as I sang and all the time giving good meaningful eye contact. I also added a song called Le Pepe, which is a Samoan song about butterflies that Denise had heard during group sessions, her response was exuberantly jumping up and down and vocalizing loudly.

I thought the first session after the school holidays would be a point where we could see how well Denise had remembered her time in the music room and associated the room, the songs and myself with good feelings and memories. The new variable this term is that Denise has changed classrooms to a room where there were greater expectations around structured class routines such as putting her own bag away on arrival, coming to morning circle, using a visual timetable, activities at the table and waiting her turn.

Occurred Out of Music Room Context

I went to the class to find Denise throwing a tantrum over not wanting to put her bag away. Very noisy! Her teacher aide (T/A) assisted her to put the bag away. After this I went to her, held out my hand and said “Come Denise”. Denise looked at me, took my hand and we went to the music room where I began with our familiar songs.

Session Five

Denise was engaged from the time we entered the room, went to the percussion instrument bucket and took out a drum stick and went behind the curtain as she had in the earlier sessions. While she was behind the curtain she was gently moving in time to the music and began to vocalize. I mirrored her vocalizations and introduced the guitar by playing G and C chords in support.

Denise then came out from behind the curtain, went to the bucket of percussion instruments and found the tambourine which she handed to me and sat in the chair with her feet in the air wanting me to play the tambourine on her foot – this interaction was initiated by Denise and she became very loud.

Towards the end of the session I began to use the $\frac{3}{4}$ time rhythm in an attempt to calm her before ending. Her response was a decrease in volume followed by her jumping and getting loud again. I sensed she understood the session was coming to a close and did not want to finish. I followed her dynamics and got louder and faster with her. I then reduced the volume and tempo again and she responded in the same way – Denise found the changes in dynamic stimulating and the influence on the dynamic was shared.

Session Six

Denise arrived at the next session very subdued. I found such a change in behavior unusual wondered if there had been any change in her medication. Her teacher aide (T/A) confirmed that she had just begun a new medication regime.

During this session she gave eye contact during the “Baby song” but did not vocalize and although she had her back to me most of the time she remained physically close to me throughout the whole session. I thought I would try songs that usually raised her level of arousal in an attempt to get things going but when I got out the tambourine and sang Mama Mia she took the tambourine off me and put it back in the bucket. Denise then put my hand on the guitar and every time I stopped playing she put my hand back on the guitar, so I took the “feel” down and created a quiet, containing, calming atmosphere which seemed to match her mood.

Session Seven

The following session was much the same with Denise being quiet and wanting to be close to me so I again kept the atmosphere low key.

Session Eight

Denise was much more alert in this session but when I tried the usual routine of songs, her response was minimal. I put my guitar down and sang the “Baby song” with a body percussion accompaniment. Denise began to vocalize; I maintained the rhythm and copied her vocalization. I stopped and held my hands up and Denise hit my hand so I went into the body percussion again. We carried on this interaction for an extended period (10 minutes). This was a complete change in the usual routine on the previous sessions. I felt that Denise was becoming less reliant on the security of familiar routines and was feeling comfortable in the environment.

Session Nine

This session was a turning point for Denise who on arrival at the next session went to the chair, sat down and looked at me ready to start, she was immediately engaged gave good eye contact and vocalized. At one point she came up to me and put her head on my forehead. When I went to put my guitar down she started, as usual, to stop me and give it back, she then hesitated and waited to see what I was going to do – she was curious and this was a conscious decision. Denise showed a high level of engagement for the whole of the thirty minute session.

Occurred Out of Music Room Context

After this session I suggested during an informal chat with Denise's teacher that Denise come to the Wharenuī later that morning and experience the culture group rehearsal. The culture group is an open group where we rehearse the songs and dances of the various ethnic groups at the school and prepare for performances. The rehearsal can have up to forty people involved and there is lots of singing, dancing (movement) and drumming. We agreed that it would be interesting to see how Denise responded to being in a multisensory environment with such a large group and at any time she would be able to leave.

Denise actually stayed for the whole hour. She mostly sat on the edge of the group on a foam squab and rocked in time to the music, during one of the songs I went over to where she was sitting, said hello and sung her name. She got up and walked into the middle of the performers.

Session Ten

I found Denise unfocussed and difficult to engage in the next session and she got all of the drumsticks out and began to pick them up and drop them on the floor and then shuffle them around on the floor in a self-stimulatory manner. Any attempts at engagement lasted no longer than thirty seconds except for a brief spell where she started hitting the cymbal hard, she seemed to be exploring. I was able to re-engage her by changing songs but again only briefly.

Occurred Out of Music Room Context

I was on duty in the Wharenuī and playing the guitar for the other students (informal Culture group rehearsal) as Denise entered the area instead of running straight through the area as she usually does she stopped and came and sat on the bench. She stayed for the whole of the fifteen minute play time moving in time to the music. I made a point of going closer to her (the other students followed) and carrying on with the music. Denise put her head on my shoulder.

Session Eleven

With Denise beginning to pull the percussion instruments randomly out of the bucket I decided to cut down the amount of choices available and set up the room with only the maracas, drumsticks and bass drum as a start. It turned out to be a bad day for Denise and she arrived

unhappy and proceeded to scream and cry for all but the last five minutes of the session. She came over and sat on my knee, pulled my arms around her and would not let go. I mentioned this to her teacher and she said that was how she deals with Denise when she has a tantrum. During this part of the session I was able to reach my guitar and plucked the E and A strings alternately which had the effect of Denise becoming a little quieter and crying in tune with the guitar. I thought she might eventually settle but as the session was due to end I began to try to find a way to finish on a positive note. I moved over to the piano (my seat has wheels) and played a chord in time with bouncing her on my knee – she went quiet – I then bounced her once fairly vigorously and played the chord with increased intensity – she laughed – I did this four or five times and Denise laughed each time and I saw my opportunity to end the session. I went into the countdown till the finish of the session – “Music is finishing in, 5,4,3,2,1 and music is finished.

Occurred Out of Music Room Context

Later that morning Denise arrived at culture group with her T/A and sat in front of the group moving in time. She came and sat among the group during the Sasa which is a seated form of Samoan dance involving hand clapping and body slapping.

Session Twelve

This morning Denise’s teacher described her as being oppositional and felt that she was battling against the greater expectations placed on her in the new class. On arrival at the music room she took my chair and started screaming. Over the first ten minutes of the session I tried to engage her using the vibraslap which was one of her favorite instruments but to no avail. I then played the “Baby song” quietly on my guitar and the crying became intermittent and as I moved back on my chair Denise held on to my leg and pulled herself toward me. I began to sing “Ten in the Bed” a song they sing in class, Denise put her feet on my knees and when the song said “roll over” I tapped her feet. We continued in this manner for around ten minutes and created a secure/holding situation, I gradually introduced the guitar into the song and tried to introduce the maraca, Denise took the maraca and put it away but stayed physically close and we had a period of containment. At the end of the session she was quiet and when it came time to finish she didn’t want to move.

Session Thirteen

Denise was in a much better mood for the next session, she came in and got the drumsticks and scattered them over the floor and then collected them up to scatter them again. She engaged with me when I began the greeting song and moved in time to every song that was played during the session. Our interaction around the snare drum and cymbal developed into a turn taking interaction, I would stop playing the drum and Denise would hit the cymbal to make me start again – she understood the cause and effect.

Session Fourteen

A little quiet on arrival but so I kept the music low key and played in $\frac{3}{4}$ time and sang the baby song, she slowly rocked in time to the music and when I stopped she put my hand back on the guitar. Something she had not done for a while. I tried to raise the intensity level to see how she would respond and she put her hand on the strings and stopped me. I went back to the quiet songs and she vocalized quietly and rocked. The vocalizing is musical and almost singing. I carried on in the session with just quiet songs as was her mood.

Denise didn't arrive at the music room today so went down to her class to see what was happening and as time was running out we decided to have an impromptu session in class. Denise was screaming when I got there but settled once the music was underway. Denise began to vocalize musically and her teacher said it sounded like singing. Wanting to see how Denise would respond I stopped playing and looked at her, she vocalized so I started again, I tried this pattern 6 times and each time she responded in the same way. Denise understood that to make me sing again she needed to make a noise.

Occurred Out of Music Room Context

When I was on duty she tried to take me into my room. She led me to the door and put my arm on the handle.

Session Fifteen

The first session back after the holiday break saw Denise in a happy mood. Denise went to the snare drum, picked up the sticks and began to hit the drum randomly, I copied her patterns and

she responded by eye contact and laughing. I then picked up my guitar and played the Lala song, Denise was hitting the snare drum in time with me and moving in time – this seemed a natural reflex to the music. Engaged for the whole of the session and her vocalizing has become quite tuneful. At the end of the session Denise did not want to finish and stayed sitting at the drum when I went to the door – she hit the drum hard and looked at me as if wanting me to start again, she did this twice and appears to be developing an understanding that something she does has an effect on me – I picked up my guitar and played for another five minutes as Denise swayed in time.

Session Sixteen

I started the next session with my guitar in my hand but Denise took it off me and picked up the drum sticks and began to hit the cymbal – I followed her lead. I sang “Ten in the Bed” and tapped on the stool, Denise played along in time. She held her sticks up and I tapped her sticks and carried on singing. I then moved onto the guitar, playing Lala song and Denise kept playing on the stool, I don’t think she was consciously playing with me but the music was influencing her.

Denise was vocalizing throughout the session and when she did vocalize I dropped behind her (guitar) and when she got louder I followed her. Went to $\frac{3}{4}$ tone and she started to jump and vocalize, I followed her on the guitar going up and down as her intensity varied – Sustained period of engagement.

Occurred Out of Music Room Context

I went to the Wharenui this morning and when Denise saw me she came to me as I held my hand out – a first.

Sessions Seventeen and Eighteen

During the next two sessions Denise initiated the activities and was very interactive. She selected the two tone wood block and went from tapping it quietly to hitting it hard, vocalizing loudly and jumping up and down. I gave my guitar a loud single strum every time she hit the ground; she then began to jump towards me laughing and eventually put her forehead against mine. Denise vocalized for most of the sessions and is playing with her sounds which are becoming more

tuneful. The two tone block has become a favorite instrument. Denise's began to make a "be be" sound during her vocalization and I answered her with the same. I began to improvise around the sound on the $\frac{3}{4}$ time which has been the rhythm that most consistently elicits a response from Denise. Denise began to say "Ha" on the first beat in perfect time with me. She then started to shake her legs rapidly and I changed to a rapid strum to follow her. Denise associated the fact that if she went fast so would I and she repeated the pattern several times. I then took the lead and initiated the rapid strum and she shook her legs – definite association. Her teacher said that Denise had said the word "baby" clearly in the classroom.

Session Nineteen

When I went and collected her from the classroom she looked up, smiled and got out of her seat – she was happy to come. Denise vocalized happily all the way to the music room. She took out the two tone blocks and shook them with the stick inside and looked at me, initiating an interaction. I began to play the greeting song and she smiled and gave eye contact, we have established a ritual that brings us together. Denise then took the vibraslap out of the bucket and tried to use it – nearly got it right. I modeled how to use it and held my hand out; she hit my hand with it, and then tried hitting the drum with it and various other things – experimenting. Denise is using instruments (sticks, two tone blocks, drum) to make purposeful sound, which is enabling me to join her on the guitar – she is aware of this interaction.

Occurred Out of Music Room Context

Denise came to culture group with her T/A. On arrival Denise went over to the drummers, her T/A tried to keep her with her but I said it was ok to let her go. She stood next to one of the students playing a drum and had her hand on the drum. She stayed that way for around fifteen minutes as we practiced our drum dance. At the end of the culture group session she danced briefly hand in hand and stepping from side to side with her T/A.

Session Twenty

Again turned around when she heard my voice and came over to me. Denise was in a quiet mood today and I used the Maj 7th chords again which reflected her mellow mood. She picked up the

vibra slap and had remembered how to use it and used it appropriately, when I held my hand out she hit it on my hand.

Session Twenty One

During the next session we spent a long time on the $\frac{3}{4}$ time and I followed her dynamics/intensity and when she went quiet I kept the rhythm going but stayed very low in volume – made the music a holding, supportive tool and then went up with her intensity. She went from quietly vocalizing to jumping and shaking her body. We went around this cycle several times. Denise also put her feet on my feet and we moved together to the music, when I stopped playing she pushed harder on my feet to get me going again – association/initiation. Throughout the session she would spontaneously get up and put her forehead on mine. Toward the end of the session she was still vocalizing it sounded exactly like E Te Atua, a song we perform as a prayer and one that Denise would have heard many times, I started to play the song but she showed no significant response.

Later she looked for the vibraslap and used it appropriately by hitting it on her hand - I had been modeling this during the last sessions. Her vocalizing is becoming more tuneful and has the sounds of speech – she was looking closely at my mouth and tongue when I was singing the Lala song. I felt she was low in energy so I went back to quieter, holding music and had a relaxed end of the session.

Occurred Out of Music Room Context

Came to culture group and sat at my feet during the drumming.

Session Twenty Two

I went to collect Denise from the Wharenui (the music room is connected to it) she was screaming and refused to come in to the music room. I gave the vibraslap a hit and she came running to the door of the room but didn't come in. She stood outside crying and occasionally screaming, I carried on quietly playing the guitar inside the room and I could hear her crying in tune and changing pitch when I changed chords. Twice when I stopped she peeped in to see what was happening, she still didn't come into the room.

Session Twenty Three

Very vocal today and following the pitch of the music, she also made the sound weee today which is new. Denise has worked out how to play the vibraslap and spent 5 mins actually playing it in time with me, hitting it on the drum and her leg and hand. Came up and put her head on my head and laughing – very interactive.

Session Twenty Four

The term ended with a very good session. Denise went to bucket on arrival and got out the vibraslap and instead of handing it to me waited to see what I was going to get out of the bucket. I got the tambourine out and began create a rhythm that mega began to rock to, she kept the vibraslap in her hand. I put the tambourine down and Denise picked it up to give it back to me but hesitated when she saw me reach for my guitar and waited to see what would happen next, I began to play the guitar (greeting song), Denise smiled and held onto the tambourine. What followed was a sustained period of interaction using the Lala song and Denise vocalizing, me following her intensity and then her following my change in dynamic. Eventually Denise was playing the percussion instruments along with me.

Occurred Out of Music Room Context

Denise also attended the final culture group session of the term with her teacher and stood among the dancers and moved in time to the music with her teacher holding her hands. At the end of the session we have developed a ritual where I play a waltz and ask the students to take a partner. Denise danced with her teacher and then swapped and danced with a T/A that does not work with her, I thought this was a sign that she felt comfortable in what was becoming a familiar environment with the common factors being the music, her teacher and myself. The T/A she danced with was not a familiar person and this was an expansion of her social network.

Future for Denise

Denise will continue to attend individual music therapy sessions at this point. Added to this, after consultation with her teacher, Denise will attend only one individual music therapy session and

her second one will be replaced by being in a small group consisting of two other boys and Denise.

The idea stems from my previous work relating to using peer role models as a method of facilitating, developing and encouraging play and interactive skills. The two boys are verbal; of a similar age; interact with each other and those around them. One of the boys in particular is also of Samoan decent, loves to dance and sing and very likely to initiate interaction with Denise. Both of the boys attend culture group regularly as will Denise.

Although much of the individual sessions will still be based around Shared Experiences, as mentioned previously, Denise has developed aspects of Co-regulation which is described by Gutstein as:

The essential part of a relationship. Individuals in a social encounter are constantly evaluating the degree of novelty that is entering their shared system and regulating the flow of new information; at times increasing it to add more excitement and interest and at other times limiting it to prevent misunderstanding and chaos. Co regulatory actions include communication and self regulatory action like slowing down or speeding up, which are enacted to increase the level of coordination. (Gutstein, S.E.2000, p173)

APPENDIX 2: The story of individual music therapy with Carol

Data was provided for examiner but has been removed from published exegesis to comply with ethical conditions.

Appendix 3: Information Sheet

Project Title:

Community Music Therapy: A Pathway to a Sense of Belonging in a School Environment.

INFORMATION SHEET (Parents/ Guardian/ Participant)

Dear

My name is Gary Davidson and I am a music therapy student doing my placement at xxxxx School. As part of the requirements for the degree of Master of Music Therapy I need to complete a research project.

I am interested in how, through taking part in music therapy sessions, a student at Mt Richmond may develop a sense of belonging to the school community.

I am writing to you because I would like to use data that was collected as part of my clinical practice, and which relates to xxxxx, in my research project. The data will be analysed along with data from video recordings, to answer my research question which is as follows:

What links can be found between the concepts of Community Music Therapy and Belonging in a music therapy student's work. **HOW CAN A MUSIC THERAPY STUDENT CONTRIBUTE TO A STUDENT'S SENSE OF BELONGING IN A SCHOOL ENVIRONMENT?**

I have chosen xxxxx as a participant in my project because she has been attending individual music therapy sessions since the beginning of this year and the information recorded in my clinical notes and on video may help me answer my research question. I will also access notes from school records.

I will be writing about xxxxx directly in a narrative form and to maintain confidentiality and protect her identity will change her name, and the name of the school.

I will be discussing my project with my examiners, lecturers and classmates as part of the process toward completion of the degree.

The data is stored as part of the school records and will remain part of the school property.

You are under no obligation to give your permission for the data to be used for research purposes. If you decide to allow it to be used, you have the right to:

- ask any questions about the study at any time until it is completed;

- provide information on the understanding that xxxxx name will not be used unless you give permission to the researcher;
- be given access to a summary of the project findings when it is concluded.

When the project is finished the families/caregivers or the participant may request a summary of the research findings. You may get a copy of these findings through Mt Richmond School.

A completed copy of the project will be left at xxxxx School and a copy lodged in both Victoria and Massey Universities.

This project has been reviewed and approved by the New Zealand School of Music Postgraduate committee. The Massey University Human Ethics Committee has given generic approval for music therapy students to conduct studies of this type (Approval HEC: Southern A Application 11/41). The music therapy projects have been judged to be low risk and, consequently, are not separately reviewed by any Human Ethics Committees. The supervisor named below is responsible for the ethical conduct of this research. If you have any concerns about the conduct of this research, please contact the supervisor or, if you wish to raise an issue with someone other than the student or supervisor, please contact Professor John O'Neill, Director, Research Ethics, telephone 06 350 5249, email humanethics@massey.ac.nz".

If you have any further questions please feel free to contact either myself:

Gary Davidson,
 Email: garhythm@hotmail.com
 Or my research supervisor:
 Dr Daphne Rickson
 New Zealand School of Music
 PO Box 2332,
 Mt Cook Campus,
 Wallace Street,
 Wellington.
 Ph: 04 4635233 x35808
 Email: Daphne.Rickson@nzsm.ac.nz

Appendix 4: School Consent Form

MUSIC THERAPY PROGRAMME (MMus Ther)

Research Title: Community Music Therapy: A Pathway to a Sense of Belonging in a School Environment.

Consent Form for xxxxxxxx School

I am applying for consent to use the data that was collected as part of my clinical practice, and which relates to both xxxx and xxxx.

Also to use information from the school files relating to both of these students.

Consent may be withdrawn by contacting my supervisor Daphne Rickson at:

04 4635233 x35808

Email: Daphne.Rickson@nzsm.ac.nz

Signed: _____

Print Name: _____

Date: _____

Appendix 5: Participant Consent Form

MUSIC THERAPY PROGRAMME (MMus Ther)

Research Title: Community Music Therapy: A Pathway to a Sense of Belonging in a School Environment.

Consent Form for young people

I have read the information sheet. Yes/No

I have had the opportunity to discuss this information, and know I can ask questions at any time.
Yes/No

I, _____ (name) give consent for Gary to write about the music therapy sessions participated in. Yes/No

I, _____ (name) give consent for Gary to talk about the music therapy sessions participated in, with his examiners, lecturers, and classmates.
Yes/No

Consent may be withdrawn by contacting my supervisor Daphne Rickson at:
04 4635233 x35808

Email: Daphne.Rickson@nzsm.ac.nz

Signed: _____ Participant/ Parent/ Guardian

Print Name: _____

Date: _____

Appendix 6: Case Study Consent Form

MUSIC THERAPY PROGRAMME (MMusTher)

Consent to Participate in Music Therapy Case Study

I understand that as part of the requirements for his/her Music Therapy Clinical Placement, _____ (name of Student) will be completing an in-depth Case Study detailing the music therapy process with a Music Therapy Participant(s) over the course of the Clinical Placement. This Case Study may include background information concerning the Participant.

I understand that clinical information about the Participant may be shared with the Student's Music Therapy Tutor and examiners at the New Zealand School of Music, with Supporting Music Therapists and other professional visitors invited to a seminar when this case study will be presented, as well as with other students enrolled in Music Therapy Clinical Placements during supervised classes.

I understand that Clinical and background information shared as above will remain confidential and will not be shared with anyone outside the above group of persons without the expressed permission from the Participant/parent/representative.

I understand that a Case Study will be written up and submitted to the music therapy department and will be read/reviewed by examiners both internal and external to the New Zealand School of Music.

Anonymity will be protected whenever possible. I understand that any and all personal identifying information regarding this Participant will be kept confidential. At no point in the Case Study report will the participant's name or facility/treatment location/residence location be revealed.

I understand that if I request it, I can receive a copy of this Case Study after it has been completed and examined following the conclusion of the placement.

I understand that if consent to photograph, audiotape, or videotape the Participant is desired by the Student, it will be requested separately and in writing.

I give consent for _____ (person) to be a Participant in this Case Study.

This consent expires on _____ and may be withdrawn at any time by contacting the Music Therapy Programme Director at 64 4 801 5799 x 6410

Signed _____ Participant on _____ Date

_____ Parent/guardian/representative

_____ Facility representative

on _____ Date

Appendix 7: Photography, Audio, Video Recording Consent Form

MUSIC THERAPY PROGRAMME (MMusTher)

Consent to Photograph, Videotape, and/or Audiotape

I _____ (person) give consent to be

____ Photographed ____ Videotaped ____ Audiotaped ____ Interviewed

by _____

at _____ (location)

on _____ (date)

The ____ original of the above will be stored at _____ and:

____ Must remain on-site at all times

____ May be taken off-site to be used by _____ for
(check all that apply)

____ Sharing with New Zealand School of Music (MMus Ther) staff/students

____ Sharing at professional conference

____ Sharing in public educational forum

____ copies of the above will be stored at _____ and:

____ Must remain on-site at all times

____ May be taken off-site to be used by _____ for
(check all that apply)

____ Sharing with New Zealand School of Music MT Programme staff/students

____ Sharing at professional conference

____ Sharing in public educational forum

This consent expires on _____ (date) and may be withdrawn at any time by contacting the Music Therapy Programme Director at 64 4 801 5799 x 6410

Signed _____ Person being photographed/taped

_____ Parent/guardian/representative

_____ Person photographing/taping

Appendix 8: Consent to Participate in Music Therapy Case Study

I understand that as part of the requirements for his/her Music Therapy Clinical Placement, _____ (name of Student) will be completing an in-depth Case Study detailing the music therapy process with a Music Therapy Participant(s) over the course of the Clinical Placement. This Case Study may include background information concerning the Participant.

I understand that clinical information about the Participant may be shared with the Student's Music Therapy Tutor and examiners at the New Zealand School of Music, with Supporting Music Therapists and other professional visitors invited to a seminar when this case study will be presented, as well as with other students enrolled in Music Therapy Clinical Placements during supervised classes.

I understand that Clinical and background information shared as above will remain confidential and will not be shared with anyone outside the above group of persons without the expressed permission from the Participant/parent/representative.

I understand that a Case Study will be written up and submitted to the music therapy department and will be read/reviewed by examiners both internal and external to the New Zealand School of Music.

Anonymity will be protected whenever possible. I understand that any and all personal identifying information regarding this Participant will be kept confidential. At no point in the Case Study report will the participant's name or facility/treatment location/residence location be revealed.

I understand that if I request it, I can receive a copy of this Case Study after it has been completed and examined following the conclusion of the placement.

I understand that if consent to photograph, audiotape, or videotape the Participant is desired by the Student, it will be requested separately and in writing.

I give consent for _____ (person) to be a Participant in this Case Study.

This consent expires on _____ and may be withdrawn at any time by contacting the Music Therapy Programme Director at 64 4 801 5799 x 6410

Signed _____ Participant on _____ Date

_____ Parent/guardian/representative

_____ Facility representative

on _____ Date

Appendix 9: Consent to Photograph, Videotape, and/or Audiotape

MUSIC THERAPY PROGRAMME (MMusTher)

Photography, Audio, Video Recording Consent Form

I _____ (person) give consent to be

_____ Photographed _____ Videotaped _____ Audiotaped _____ Interviewed

by _____

at _____ (location)

on _____ (date)

The _____ original of the above will be stored at _____ and:

_____ Must remain on-site at all times

_____ May be taken off-site to be used by _____ for
(check all that apply)

_____ Sharing with New Zealand School of Music (MMus Ther) staff/students

_____ Sharing at professional conference

_____ Sharing in public educational forum

_____ copies of the above will be stored at _____ and:

_____ Must remain on-site at all times

_____ May be taken off-site to be used by _____ for
(check all that apply)

_____ Sharing with New Zealand School of Music MT Programme staff/students

_____ Sharing at professional conference

_____ Sharing in public educational forum

This consent expires on _____ (date) and may be withdrawn at any time by contacting the Music Therapy Programme Director at 64 4 801 5799 x 6410

Signed _____ Person being photographed/taped

_____ Parent/guardian/representative

_____ Person photographing/taping