

[More From This Issue](#)

[Current Issue](#)

[Back Issues](#)

[Guidelines](#)

Vol 7(3), November 1, 2007
mi40007000243

Collaborative Work: Negotiations between Music Therapists and Community Musicians in the Development of a South African Community Music Therapy Project

By Helen Oosthuizen [|Author bio & contact info|](#), Sunelle Fouché [|Author bio & contact info|](#) & Kerryn Torrance [|Author bio & contact info|](#)



Abstract

Music therapy in South Africa is slowly negotiating a practice that takes into account our continent's musical vibrancy, as well as contextual understandings of "health" and "illness." Although music therapy in the (so-called) developed world is situated within the paradigms of medicine, education, psychology and research - in the formal and often scientific sense - in South Africa, this practice needs to be re-defined to make it relevant to the contexts in which we work.

The Music Therapy Community Clinic (MTCC) is a non-profit organisation whose aim is to provide music therapy services to previously disadvantaged communities in Cape Town, South Africa. Socio-political problems such as poverty, unemployment, gang violence and HIV and Aids have lead to the fragmentation and disintegration of many of these communities.



The MTCC's *Music for Life* project emerged out of a need to provide after-school music activities and to reach a wider group of children than those seen for clinical music therapy sessions. As the project has developed and expanded, the music therapists have drawn in community musicians to offer an increasing range of musical activities to children. The collaboration between music therapists and community musicians has led to many questions about the roles and identities of each.

This article is based on a presentation given by the MTCC at a Symposium for South African Arts Therapists held in Cape Town in June 2007. The article discusses the merits and challenges of the *Music for Life* Project and offers reflections from both community musicians and music therapists pertaining to our negotiated and changing roles as we continue to develop the project together.

Introduction

Six adolescent boys sit in a circle with a drumming instructor, energetically tapping djembe drums held tightly between their knees, as they wait for their drumming session to begin. A music therapist joins the circle, sitting opposite the drumming instructor, who begins to introduce a beat to the group. The music therapist joins in with the drumming, looking around at the various boys in the group. At times she moves closer to one boy whose drumming rhythms are a little unsteady. She subtly sounds out the rhythms vocally, so that he can follow more easily without feeling embarrassed about needing special help. At one point

the therapist motions to the drumming instructor to slow his beat down a little. He obliges, but as soon as the boys begin to master the rhythm, he increases the tempo again, pushing them musically to achieve a product that begins to take shape, so that the resulting rhythms sound interesting, complex, even professional...

This vignette introduces a drumming circle, with a difference. The group is facilitated jointly by a drumming instructor and a music therapist, each taking on different roles. What is happening here? Why is it necessary to include both a drumming instructor and music therapist in this group?

Community music therapy work in any context needs to be negotiated in collaboration with other role players within the context, in order to ensure that our work can optimally serve the needs of a particular community (Stige, 2004). Collaboration with multidisciplinary teams of professionals, parents or staff members is of fundamental importance within most music therapy practices. As community music therapists are exploring options within various contexts, however, some are beginning to entertain the idea of working in collaboration, not only with parents or multidisciplinary teams, but with musicians - others who can make music, who know that music is powerful, and want to offer their musical skills to enhance the health of others. Kildea (2007) describes a pilot project in an adolescent hospital ward, where musicians from a local orchestra were integrated into group music therapy sessions. Through the collaboration between music therapists and musicians, patients attending music therapy groups were able to experience their own musical creations being supported and enhanced by the skilled accompaniment of professional musicians. This collaboration, Kildea notes, encouraged the music therapist and musicians to explore and negotiate new meanings and ways of workings. The *Music for Life* (MFL) Project shares some similarities with this project, as it also involves collaboration between music therapists and musicians. Only, in the MFL Project, the musicians run music activities, whilst music therapists take on the role of co-facilitating and supporting groups.

This article describes a project that the Music Therapy Community Clinic (MTCC) has developed within the past two years in collaboration with "community musicians"^[1]. The article then presents some possibilities, questions and challenges pertaining to the roles of community musicians and music therapists (particularly community music therapists working in South Africa) in such a collaborative project. These thoughts are based both on the experiences of the music therapists involved and those of some of the community musicians working alongside us, who were interviewed. Rather than a set of formulaic answers, this article offers an exploration into the possibilities of collaborative work.

The Music Therapy Community Clinic^[2] and Music for Life Project

The MTCC is a non-profit organization that was founded by Sunelle Fouché and Kerryn Torrance, two music therapists, in September 2003. The primary aim of the MTCC is to render professional Music Therapy services to underprivileged and previously disadvantaged communities within the Greater Cape Town area. The broader vision of the organisation is to use active music-making to have an impact on the psychosocial fabric of the communities in which it works. The MTCC currently employs four music therapists as well as four community musicians and runs 5 separate projects. The *Music for Life* Project that will be discussed further in this article offers after-school music activities for children at schools in Heideveld and Nyanga, two of the many informal settlements or townships situated in the Cape Flats^[3].

Many of the people living in communities such as Heideveld can still remember being forcibly moved here in the 1960's from inner city Cape Town. The community of Heideveld is weighed down by high levels of unemployment, drug abuse, family fragmentation and gangsterism. The violence in this community has a profound effect on the children's emotional and psychological lives. Children are frequently witnesses to the ongoing violence and boys as young as 12 years become involved in gangsterism. The gangs provide the emotional support that their families often cannot provide and being a member of a gang gives them a sense of identity and belonging, a sense of power and purpose which these children so desperately need (Pinnock, n.d.).

The MTCC started a music therapy programme at one of the nine schools in Heideveld in 2003. Teachers from the nine schools in the area refer children for weekly group and individual music therapy sessions. Referrals focus on children who have been traumatised through exposure to gang violence, children who have been abused, have lost family members (often due to gang violence, HIV/AIDS, or substance abuse), or children whose parents are in jail. Soon after starting the music therapy programme, the MTCC realised that there was a need in the

Heideveld community for an after-school programme that could offer a wider range of children a positive social group to belong to. The MTCC therefore considered the possibility of initiating a structured musical activity based programme and the *Music for Life* (MFL) Project was born.

In 2006, the MTCC initiated a music therapy project at Etafeni, a centre in Nyanga offering support and resources to women and children affected or infected by HIV and Aids. The informal settlement of Nyanga boasts statistics of the highest murder rate, highest mortality rate, and the highest incidence of reported rape cases in the Western Cape (Gie & Haskins, 2007, p. 8). Despite the high murder rate, the primary cause of deaths in the community is due to Aids (Scott et al., 2003), showing that the community suffers not only from violence and poverty, but also HIV and Aids. The majority of people living in Nyanga have travelled from the Eastern Cape, in search of work (Statistics South Africa, 2001). The Eastern Cape remains their home, and so Nyanga lacks a sense of stability. Many children in Nyanga have experienced multiple losses in their lives. Some have been moved from one family to another as caregivers pass away, or are unable to care for them due to the severity of their Aids illness.

Although the MTCC had initially aimed to offer music therapy groups or individual sessions for those referred for specific needs at Etafeni, we quickly discovered that isolating "needy" individuals in this community was only reinforcing stigmatisation of those already stigmatised due to their HIV status or that of family members. We had to negotiate carefully how best to work in this community, balancing group and individual music therapy sessions with after-school music activities. Thus, we decided to expand the MFL Project to Nyanga.

The broader aim of the MFL Project is to "keep the children off the street" by providing them with a socially healthy alternative, a social group that they could belong to and a safe environment where they could build healthy relationships with their peers. Criteria for joining the MFL project is not based on a child's "musical ability," but instead the MTCC offers a place in the groups for children who we feel would benefit most from belonging to this social/musical group. The focus of this project is not on the product (the quality of the musical performance or the musical skills that children may acquire) but rather on the process (the social skills and life skills that they learn along the way).

The MFL Project began in Heideveld with a choir facilitated by the two music therapists working for the MTCC at the time. We were soon faced with a large number of children who were interested in attending the choir or other afternoon music groups. At the same time, the MTCC had musicians offering to help with some of our projects (some from communities in which we worked) and we considered that these community musicians would be able to facilitate music activities. Thus, part of our work began to include sourcing more musicians from these communities and learning how to utilise the skills of these musicians and share our own, so that we could expand and develop this project.

In Heideveld the MFL Project currently includes a choir of approximately 80 members run by two music therapists; two drumming circles (facilitated by Zweli Noto, a drummer from the neighbouring township Gugulethu); a Marimba group (facilitated by Ross Johnson, from the Marimba group AmaAmbush); and a rap group (facilitated by Mr Fat (Ashley Titus), a rap artist from a well-known Cape Town rap group, "Brasse Van Die Kaap"). In Nyanga, the MFL Project consists of an African music group where musicians Zwai Mvimbi and Vuyo Katsha teach the children a range of traditional African musical styles and songs, including gum-boot dancing, drumming, singing and playing the marimba. All the MFL groups are co-facilitated or supervised by one of the MTCC's music therapists to offer support for musicians and children.

Exploring Roles

In a collaborative project such as MFL, it is necessary to constantly reflect on and critique the process, which can at times be confusing or frustrating, yet also rewarding. Why are we, the music therapists, working together with community musicians? Is this the best use of our time and theirs or should we run groups separately to reach more beneficiaries? What are the roles of the community musicians and what are ours as music therapists? In order to grapple with these questions, we conducted informal interviews with two of our community musicians (Zwai Mvimbi who facilitates the African music group at Etafeni in Nyanga and Zweli Noto, who facilitates drumming groups at Heideveld) and one music therapist (Mandana Ahmadi, a music therapist who co-facilitates one of Zweli's groups). These interviews (of which extracts are quoted) offered ideas about our roles, those of the community musicians, and how we can and do work together, as well as highlighting some difficulties and struggles in this work.

The Role of Community Musicians

Zwai arrives at Etafeni and greets the caretaker loudly in Xhosa - a home tongue that they share. He greets us in English and we chat briefly, focusing on one subject that we both relate to – music and the power music has as a vehicle for expression and communication. Zwai does not yet fully understand our work as therapists, just as we are still getting around the complexities of certain African rhythms and the concepts that underlie these. Yet, we are able to work together and learn from each other as music therapists and community musician, our different skills and thoughts adding value to our collaborative work at Etafeni. As "white"^[4] music therapists we lack a sharing of cultural musical resources with the community.

Language barriers further prevent us from relating closely to those we work with, who speak Xhosa as a first language (although Xhosa lessons have become part of MTCC therapists' skills development, none of us can speak fluently, yet). Zwai moves between the Xhosa and English languages, between certain musical understandings he shares with us and cultural understandings he shares with others at Etafeni.

Cultural Knowledge

When questioned about his role as a music group facilitator in this context, Zwai responded:

I think my role in the group is to teach them (the children in the African music group) what I have, and to be able to make them...create their own thing. That's what I'm focusing on. But at first I need to show them, this is how you play the drum, this is how you sing. Then at the end of the day...the person can be able to be creative and they can compose her or his own song.

When Zwai said, "I teach them what I have", he gestured by placing his hand on his heart, suggesting that he offers *his* music, and also his knowledge and identity, as a black Xhosa man. Zwai is clear that his role moves beyond merely teaching musical skills. One of the unfortunate consequences of urbanisation and loss of family members amongst young people in Nyanga is that they often lose touch with their cultural and family traditions and thus lack this important basis for the development of their own identity. As Zwai brings *his* cultural and musical knowledge to this group, he also offers the children in the African music group an opportunity to reconnect with their traditional Xhosa music, cultural knowledge and values.

In the MTCC newsletter (September 2007), Mandana Ahmadi portrays some of the challenges and opportunities of young people in Nyanga. She says:

The townships form a melting pot of influences from different generations and cultures. Culture is not a static entity and therefore the children face the challenge of reconciling where their ancestors have come from and forging the way forward, creating a new culture that allows traditional values and more contemporary norms to live side by side.

Whilst Zwai teaches the group what cultural heritage and tradition he has to give, he intends that these adolescents should ultimately be able to create their own music. If "music can both reproduce the legacy of another and allow the performance of the self" (Ansdell, 2004, pp. 67-68), this implies that by learning traditional music that belongs to their cultural heritage, these adolescents can engage with and reproduce some of their past. By creating music of their own, they are able to fuse the traditional movements and sounds of gumboot dances with sounds from popular South African or African American hip-hop groups - and the meanings embodied in each musical form - and can generate and explore their changing culture and traditions. This empowers these adolescents, highlighting their role as active agents in the development of their culture and community.

Musical Skills

Part of Zwai's role is to teach the members of the African music group musical skills, such as drumming and singing, as these are the tools through which Zwai can pass on his musical and cultural knowledge, and through which the group members will be able to create their own music, and identities. The MTCC's community musicians are experts, trained informally in particular cultural musical styles. As music therapists, we too have prior musical training and are skilled in performing certain musical styles. We have also gone to some effort to learn traditional cultural songs and musical styles of the communities in which we work, in order to remain sensitive to these contexts. However, though we can probably render reasonable performances of some well known traditional songs, our ability to master this music remains limited. Our Western-trained musical ears struggle at times to catch some of the poly-rhythms and different harmonic structures of music that is different to what we are used to. Often we find ourselves learning rhythms and melodies together with the children in MFL groups (and at times, the children's own musical-cultural backgrounds allow them to master these styles before we do). Thus, we require the community musicians to take the lead in offering this music

Male Role Models

Mandana commented on Zweli's role as a drumming facilitator in their group, saying:

Well, ... I wouldn't be able to run this group on my own. On a very practical level I'm not a drummer and Zweli brings something special there, and rhythm just seems to be very much a part of these children's lives. You can hear it in the way they bang on walls and everything. And, he's got the energy and dynamics to be able to pull the group together.

Mandana again refers to the musical knowledge that Zweli can teach the children (she mentions that she is not a professional drummer). Drumming is a part of these children's cultural tradition, so Zweli brings something that they can relate to, affirming their identity through the musical skills they learn.

Mandana also mentions the "energy and dynamics" that Zweli utilises to "pull the group together." This possibly refers to Zweli's energy as a male, which Mandana noted at other points in her interview. Here, Mandana touches on another very important point about the role of the community musician. All the music therapists involved in the MFL Project are female (in fact, there are only two male music therapists in South Africa). Our experiences of working within communities such as Nyanga and Heideveld often highlight the paucity of helpful male role models that participate in children's development. Many children have lost their fathers due to Aids or violence, many have fathers who are absent – perhaps in jail, or having to work long shifts far away from home (such as those who work as fishermen and are required to be at sea for months at a time). Gangs and gang related violence predominantly involves men or boys, offering young people negative male role models. The daily upbringing and nurturing of children seems largely left to the responsibility of women – mothers, and quite often grandmothers.

In contrast to this picture, the MFL Project invites men such as Mr Fat (Ashley Titus) to work with young people in these communities. The children in Heideveld all know Mr Fat – he is admired and esteemed. At the same time, he is a coloured man (like most of the children in Heideveld). He grew up in a very similar community, not far from where these children live. Each week, Ashley takes the time out of his schedule to facilitate rap workshops. His presence at the school, the mentoring role he plays in these children's lives and the conversations they have about life as they compose their own raps offer the children a model, an example. Here is a man from a community like theirs who has chosen *not* to participate in gangs or drugs. Ashley offers the rap group the possibility that they can make something of their lives, they can choose to express their experiences – both positive and negative - through clever, thoughtful poetry rather than shootings or stabbings. Ashley encourages his group to use their rap songs not only to describe their lives, but also to offer hope to others, leading others towards a positive community and world. Choices such as whether to join a gang or not may seem simple to an outsider, but in these communities some children do not see alternatives. The community musicians thus serve as much needed positive role models for the children in MFL groups, whilst bringing male energy to the often boisterous groups that can "pull the group together."

Product and Performance

As music therapists, we often tend to focus on the value of the *process* of MFL groups rather than the *product* or performance. For community musicians, a natural part of any MFL group process includes performances. MFL groups regularly perform at community events, or may travel to other communities to perform. Community musicians are experienced performers themselves and value the event of a performance. It is often the community musicians who will "push" MFL groups to achieve skilled and polished products to be performed. One of the challenges of co-facilitating MFL groups has been trying to find a balance between focusing on producing products and allowing time for the group to reflect on their process. Zweli comments:

It is a challenge because...sometimes you want to accomplish something, so that at the end of the day, to say this is what I have achieved... this must be ready now, this should have been there, this should have been this way... although I think that I am learning from that.....in terms of the perspective of a "flexi" kind of a pace, and my expectations with the children, so I've been adjusting myself ...But still, I have to demand these things...Someday, I want to see some product here... or something like that...because it makes me feel good as a musician.

The emergence of the discourse of community music therapy has stimulated much debate around the value of performance as part of a therapy process (Ansdell, 2005). Whilst conventional music therapy practices might view a public performance as counter-productive or

possibly unsafe for clients, community music therapists have found that performances can be valuable and acceptable aspects of a therapy process. Performing for others allows clients to explore relationships, to perform and thus affirm their identities within their community. As Zweli's drumming group performs for others, their loud, strong drumming becomes a channel to hold and express their aggression and anger. At the same time, as these group members drum together, keeping the beats they have practiced, leading or supporting as required, they present to others their capacity for commitment, motivation, for listening and working together with others. In communities enveloped in social problems such as Heideveld or Nyanga, parents often lose hope for the future of their children. Performances give parents and other community members the opportunity to witness the potential, vibrant energy and resilience of their children, whilst also allowing children to enjoy the communities' enthusiastic response to their accomplishments. Through performances, the MFL Project moves out into the community, and those who are members of MFL groups become leaders of their community as they become a voice offering parents and children alike a positive social experience, offering possibilities for what their community can be.

When community musicians prepare groups for performances, we are often surprised by what they achieve. The community musicians demand far more "professional" products than we would from these groups as music therapists. This enhances the value of each performance and allows both community musicians and group members to "feel good as musicians," and also to feel good about themselves, about who they are in the community.

Community musicians are thus not an optional extra when working with MFL groups, but are vital, allowing the MTCC not only to reach more beneficiaries, but to connect more appropriately with young people's identities - within and outside of the music. Community musicians can offer group members cultural knowledge and encourage them to create and explore their music and identity for themselves. Community musicians are role models for young people and empower those in their groups as they encourage them to create aesthetic products that offer a message of hope to their communities.

The above discussion of the roles of community musicians hints at the possibility that these community musicians themselves offer something that may seem similar what we offer as music therapists. Both Zweli and Zwai suggested in their interviews that they were doing more than teaching children musical skills. Through music, these community musicians are able to work to enhance the social development of the young people with whom they work and their communities. As music therapists, we may struggle at times to offer what we sense these communities need due to language and cultural barriers. Why can the MTCC then not leave these community musicians to facilitate groups on their own? Could we not focus on offering more intensive training courses to community musicians, if they require such training at all? What is the role of music therapists in the MFL groups?

The Role of Music Therapists

Some of the first rap groups initiated by the MTCC consisted of young people who had completed a process of short term music therapy, and their therapists felt they would benefit from being in a long-term music group. Although a community musician joined these groups to teach the boys the finer skills of rap and Hip-Hop, it seemed apt for the group's music therapist to continue to attend these sessions, to offer group members a sense of stability within a long-term relationship. As with these group members, who had been referred for therapy due to their aggressive behaviour or difficult home situations, group members referred by teachers for most of the MFL groups are those perceived as "difficult to handle" or "not motivated", or as "behaving inappropriately." Therefore, we felt that our skills as music therapists might be required in these groups to handle difficult situations that occurred, to manage behaviour and group dynamics and to support the community musicians as necessary.

Just as we need to adapt to find different ways of working as music therapists in every context, we often experience moments where we question our role as co-facilitators in the MFL groups. At times we may take on an important role in groups, but at other times we seem to do very little. What is different about this work, that it requires music therapists and musicians to work so closely together? We thought it would be helpful to discuss our role with the community musicians. Do they feel we offer something of value to these groups, or do they think we attend to check up on their skills? Do they notice any of the music therapy skills we feel that we utilise in sessions, and do they feel that these skills are different to what they could offer?

Relationship

The community musician, Zwai described the role of Kerryn Torrance (the music therapist) as a co-facilitator in his African music group, as follows:

The role of Kerryn...since she already started with these kids before I came on board, is to facilitate in terms of ...the way we deal with the kids and giving us some advice, because she almost knows some of them... better than we do...

Zwai commented further on Kerryn's role saying:

She has...experience in terms of doing...therapy and had this kind of a music background, ...so, what specifically I can mention is that when we do the workshops, we come across, certain....kids, in terms of the way they behave, their response, and she ...knows exactly... how to deal with them... - so that at least they don't feel offended. So she's guiding us so that ... we're able to deal with them in a proper way.

It is interesting that Zwai noted that Kerryn had been working with these children for longer than he had, and so knew them very well. In fact, Kerryn and Zwai met this group at the same time. This reflects Zwai's recognition of Kerryn's acute intuition about children within his group – she has a way of knowing each individual, of sensing their needs and responding on a musical or relationship level. Kerryn is able to sense the meaning behind the behaviour and music that group members make and can reflect these meanings back to Zwai, so that together, they can respond to group and individual needs appropriately. Zwai's reflections of Kerryn's role in the MFL groups directly reflect some recognition of the music therapy skills that she uses in this context.

Zwai's leading role in group sessions requires him to guide the group as a whole towards creating music together. By taking a more supportive role in the MFL groups, Kerryn is able to come alongside individual group members, particularly those who may be on the margins of the group, who may not fit in, who cannot keep up with others musically, or those who display behaviour that is difficult to manage within the context of a group. She may simply sit next to a group member and play her drum loudly so that he or she can hear a rhythm more clearly, or may be able to take a group member who is distracting others aside and spend extra time with them. Her music therapy skills equip her to relate to these group members and to draw them back to the group's music, without "offending" them.

As co-facilitators of MFL groups, sometimes joining groups to learn musical skills together with group members, we are further enabled to build mutual relationships with both group members and community musicians. We ourselves may have to ask the community musician to slow down or help us, or may get a beat wrong. In this way, we can mediate between the group and community musician. We communicate to group members that it is OK to struggle with the music, whilst also notifying community musicians that they may need to adjust or simplify what they are teaching. Occasionally, group members will be able to help us to learn a rhythm, or may rehearse a performance piece for us to hear. In this way, we offer group members respect and dignity as we allow them to share their learning with us. This empowers the whole group – they are not simply young people learning from their "teachers," but can at times help to teach others.

Holding the Group Process

Mandana comments on her role as a co-facilitator for Zweli, saying:

Part of our training as therapists means that we have to sometimes sacrifice the music a little bit just to keep the group strong and so it may mean making an intervention in a way that is not musically related, or simplifying something for the greater good.

Just as Zweli is primarily a musician and challenges the group members musically, Mandana is primarily a music therapist in this group and her therapy skills enable her to reflect on various group dynamics that are played out in the group's music through the process. Mandana needs to keep a check on both the long-term and immediate process of the group and decide whether to intervene and how, even if this means "sacrificing the music...to keep the group strong." If Mandana does not hold the group process, certain group members might easily be neglected or undervalued, or group tensions may threaten to break up a group.

A group's process, does not only manifest during sessions, and can be impacted by other factors and people, just as their process can impact others. Thus, our role of reflecting on and holding the group's process extends beyond session times. As co-facilitators, we may be required to discuss the process of the group with group members themselves or community musicians, or with parents, caregivers or teachers of group members. Sometimes we as music therapists may be required to arrange an outing or camp for a group, to negotiate with

community members, or arrange performances. Some of these tasks may seem like administration or management rather than therapy – but each is played out in response to our reflections about what the group needs, where the group needs to go. We need to ensure that this process holds value for group members, so that through their participation in music groups, members can learn skills that will serve them in their lives outside of the music group.

Mentoring

In further reflections about Kerryn's role in the African Music Group, Zwai commented:

She's also guiding us, saying, "OK, this will be this kind of a kid", and reminding us of some of the things that we've learnt also through our workshops^[5] that we had last time, so probably it's a matter of guiding us as facilitators during the process of the workshop (or music group rehearsals) as we're going along.

Zwai suggests that Kerryn serves as a guide or mentor to the community musicians. After working with the first community musician, the MTCC initiated a training course for these musicians. This short course equipped them with basic skills drawn from music therapy for working musically with groups, whilst remaining sensitive to the individual and social needs of group members and their communities. The aim of the training course was *not* to encourage these musicians to do the work of music therapists, but rather to offer them skills that would be useful for facilitating any music group. The training course also served to inform the community musicians of the principles of the MTCC, highlighting our emphasis on enhancing the social development of group members through music, and the importance of the process of a group rather than the musical products achieved.

Over time, some of the community musicians have begun to develop some of the skills they learnt at this course, and may reflect on the behaviour and gestures of group members, or slow down their music when they feel that the group can't keep up. However, it is often our role as music therapists to offer clinical insights and reflections to community musicians, guiding them towards helpful ways of working with their groups. This expands the way we utilize our therapeutic skills. In our own music therapy groups, we would most likely react and respond spontaneously to instances where a child is not keeping up or when we notice a group member offering a spontaneous musical idea. In this situation, each reflection needs to be held in mind and discussed with the community musician at an appropriate time.

In some instances, our roles as mentors to the community musicians have also included offering debriefing. Though community musicians are from similar communities to those in which we work, there are children in MFL groups whose life stories can shock or upset community musicians, or whose behaviour is particularly difficult and community musicians can find this taxing to deal with. As music therapists we may then need to offer support not only to group members but to the community musicians themselves.

As music therapists, we then bring to the MFL groups our music therapy skills – a way of listening intuitively to the meanings behind the behaviour and music of group members, reflecting and responding to our intuitions, holding a group through the process and building relationships with group members that serve to empower them. This work then requires the same skills we would use as when doing "proper" therapy sessions. Is our role within the MFL groups then any different to working as a music therapist in a therapy session? When asked whether Mandana reflected on her drumming group differently to how she would reflect on a therapy session, she responded: "I don't know if there is a huge difference to be honest - the way I think about it is probably not that different." Mandana suggests that in these groups, we continue to utilise the same skills, only these skills are applied in different ways. In describing her experiences of a rural community in South Africa, where community members made music together spontaneously and had little use for the conventional music therapy skills she had to offer, Mercédès Pavlicevic (2004) offers similar reflections. She stated that "conventional music therapy skills were useful, but in a new way that needed to be negotiated." (p. 46).

Conclusion

The collaboration between music therapists and community musicians can be difficult, and yet this work has immense value for the communities where we have begun to work together. As white, female music therapists who struggle to come to terms with the complexities of communities who share different languages, socio-economic circumstances and cultural nuances to our own, we cannot presume to offer optimal services to these communities alone. The male community musicians who work alongside us bring themselves, their musical skills, and cultural knowledge to the MFL groups. As music therapists, we can enhance the work of each group through our awareness of and responses to group dynamics and interpersonal

relationships played out through the music.

In writing this article, it was interesting to discover how easily we could define the skills and roles of community musicians within the MFL Project, whilst we struggled to think about our own value and roles. Community musicians bring concrete, defined musical skills and cultural knowledge to the project. On the other hand, we often find ourselves as therapists taking on many roles – reflecting like therapists, sometimes facilitating, project managing, making suggestions to the musicians, learning from them, offering behaviour management advice, consulting – the list is endless...In fact, at times we may be required to do no more than taking roll call, connecting briefly with children in the group, and leaving the rest of the session to the community musicians! Our roles seem to shift with every new MFL group, and even at different points through a group process and have led to constant reflections around how we could offer most value in each specific context. As the discourse of community music therapy has grappled with questions such as "Is this music therapy?", "What is the value of performance?" or "What is our role here?", we have asked similar questions regarding this collaborative project.

Pavlicevic and Ansdell (2004) offer an alternative to these questions and musings, suggesting that we should be asking "not 'what is music therapy?' and 'what is a music therapist', but 'what do I need to do, here, now?'" (p. 30). Brynjulf Stige (2004) notes that community music therapy cannot be defined by procedures, but there is rather a set of values and assumptions that underly the work that takes place. Community music therapy work is defined by context. Whilst the main aim or goal of the work could be social change, the way this is carried out can take on many different forms. Stige (2004) states that "the way I look at community music therapy, the music therapist is a musicking community worker – a person whose job is to promote social welfare in and through a community." (p. 92). Perhaps this is a more helpful consideration of our role as music therapists, whether we achieve this through leading a group musically, or just listening to their performances, guiding group facilitators or letting a group go on without us. Further, it seems that it is sometimes others who need to take the forefront in our work - sometimes it is when we step back and merely offer quiet support, hints or guidelines as necessary rather than running the show...that, through music-making, the social welfare of communities can be enhanced.

Notes

[1] Community Musicians are musicians that the MTCC (Music Therapy Community Clinic) has employed on a part time basis to facilitate music groups within some of the communities in which we work. Importantly, these community musicians are from the communities in which they work, or from neighbouring communities that share a common language, history, value system, and infrastructure.

[2] For more information about the Music Therapy Community Clinic, visit our website at <http://www.music-therapy.co.za>

[3] The Cape Flats is the common name describing a flat plain of land stretching inland from the Western Cape's coastline, situated about 20km East of Cape Town's city centre. This area was demarcated for the housing of coloured and black people as part of the Apartheid Government's Group Areas Act.

[4] As South Africans our identity is often influenced or determined by the colour of our skin, and we therefore find it necessary to refer to certain people as being black, coloured, or white.

[5] This refers to a training course held for community musicians, facilitated by music therapists from the MTCC.

References

Ahmadi, M. (2007). Creating Cultures: Reconciling the Old with the New. *Music Therapy Community Clinic Newsletter*. 2(2), 1.

Ansdell, G. (2005). Being Who You Aren't; Doing What You Can't: Community Music Therapy & the Paradoxes of Performance. *Voices: A World Forum for Music Therapy*. Retrieved July 15, 2007, from <http://www.voices.no/mainissues/mi40005000192.html>

Ansdell, G. (2004). Rethinking Music and Community: Theoretical Perspectives in Support of Community Music Therapy. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy*

Gie, J. and Haskins, C. (2007). *Crime in Cape Town: 2001- 2006: A Brief Analysis of Reported Violent, Property and Drug-Related Crime in Cape Town*. Cape Town: City of Cape Town Strategic Development Information and GIS Department, Strategic Information Branch

Kildea, Clare (2007). In Your Own Time: A Collaboration Between Music Therapy In a Large Pediatric Hospital And a Metropolitan Symphony Orchestra. *Voices: A World Forum for Music Therapy*. Retrieved August 4, 2007, from <http://www.voices.no/mainissues/mi40007000237.php>

Pavlicevic, M. and Ansdell, G. (2004). Introduction: "The Ripple Effect." In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy* (pp. 15-31). London: Jessica Kingsley.

Pavlicevic, M. (2004) Learning from Thembaletu: Towards Responsive and Responsible Practice in Community Music Therapy. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy* (pp. 35-47). London: Jessica Kingsley.

Pinnock, D. (n.d.) *Gangs. Fighting fire with fire*. Retrieved April 12, 2005, from <http://tigger.uic.edu/~huk/Gang%20History/fightingfire.html>.

Scott V, Sanders D, Reagon G, Groenewald P, Bradshaw D, Nojilana B, Mahomed H, Daniels J. (2003). *Cape Town Mortality, 2001, Part II, An equity lens – lessons and challenges*. Cape Town: City of Cape Town, South African Medical Research Council, University of Cape Town, University of Western Cape.

Statistics South Africa (2001). *City of Cape Town - Census 2001 – 2006 Wards: Ward 037 - Nyanga, Nyanga East*. City of Cape Town: Strategic Development Information and GIS from 2001 Census data supplied by Statistics South Africa. Retrieved September 9, 2007, from <http://www.cape.gov.za/censusinfo/Census2001-new/2006%20Wards/2006%20Ward037.htm>

Stige, B. (2004). Community Music Therapy: Culture, Care and Welfare. In M. Pavlicevic & G. Ansdell (Eds). *Community Music Therapy* (pp. 91-113). London: Jessica Kingsley.

To cite this page:

Oosthuizen, Helen, Fouché, Sunelle & Torrance, Kerryn (2007). Collaborative Work: Negotiations between Music Therapists and Community Musicians in the Development of a South African Community Music Therapy Project. *Voices: A World Forum for Music Therapy*. Retrieved from <http://www.voices.no/mainissues/mi40007000243.php>

Moderated discussion

Add your comments and responses to this essay in our Moderated Discussions. Contributions should be e-mailed to either **Joke Bradt** or **Thomas Wosch**

View contributions on this essay: [yet no contribution]

Guidelines for discussions

