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Community Music Therapy for Citizens with Developmental Disabilities

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Abstract



Examination of the lives of people with developmental disabilities in the 21st century highlights the need to formulate creative solutions for the challenge of providing meaningful community engagement. The Performing Arts Program described in this paper is representative of a new paradigm in clinical music therapy in its practice of Community Music Therapy. Adults with developmental disabilities of varying functioning levels participated in community-based performing ensembles — instrumental/vocal groups and American Sign Language (ASL) music interpretation groups. A variety of community engagement strategies were used within a Community Music Therapy approach, with sessions culminating in public performances. The results of this powerful program were examined using qualitative methods with procedural, therapeutic, and self-advocacy considerations. The Performing Arts Program was successful in fostering community engagement, social networking, and friendship building. Implications for the changing trends in music therapy are discussed.

Keywords: Community Engagement, Community Music Therapy, Performing Arts, Citizen Participation, Friendship Building, Social Networks.



Introduction

The profession of music therapy, along with other human services professions, is growing and changing rapidly to meet the demands of a rapidly changing world. Two emergent trends of particular note — Community Engagement and Community Music Therapy — reflect a convergence of ideas across disciplines. Both trends arise as creative responses to currently unmet needs. Community building is at the heart of each, and together they offer rich synergistic potential.

Community Engagement

Community Engagement is an emergent trend arising out of recognition of the failure of previous community integration efforts to meet the needs of people with developmental disabilities (Walker, 2001). Previously, success in community integration has been limited to geography — a physical presence in the community — and to community tolerance or, at best, acceptance (Amado, 1993; Walker, 1999). The importance of social context, of belonging, has been relatively ignored (Center on Human Policy, 2001; G. Allan Roehrer Institute, 1990). As a result, the lives of many people with developmental disabilities have been characterized by loneliness, with greater time spent in places for people with developmental disabilities rather than for the general public (e.g., at day treatment centers), in public spaces rather than private spaces (e.g., at the mall rather than in a friend's home), and in business transactions rather than social transactions (e.g., at work rather than at play) (O'Brien & O'Brien, 1993; Walker, 1999).

The current Community Engagement movement recognizes that community is an experience,

rather than a place (Amado, 1993; Walker, 2001). Three essential and interrelated components are required for true community engagement — place, people, and a sense of belonging (Walker, 1999). To belong to a community means to share lives and experiences with other community members, to participate in community organizations, and to contribute to that community (Bogdan & Taylor, 2001). Its focus on this sense of belonging and on friendship truly distinguishes the Community Engagement movement from previous ones (G. Allan Roeher Institute, 1990).

While it might seem to be a matter of common knowledge, the issue of friendship needs to be examined here since ideas about friendship change dramatically when taken in the context of the lives of people with developmental disabilities. We all want and need friendships — they enrich our lives and give us a sense of being valued (Amado, 1993; Lutfiyya, 2001). A friend is someone who shares our lives, our hopes, and our concerns. True friendship is characterized by acceptance, communication, and reciprocity (G. Allan Roeher Institute, 1990). A friend is not a volunteer; nor is a friend a human services professional (Amado, 1993). This is not to say that human services professionals or volunteers cannot be friends of people with developmental disabilities. Some human services professionals and volunteers may transcend their roles (O'Brien, 1999). If, however, all the friendships are solely within the confines of a formal structure, then that person's life can be impoverished.

People with developmental disabilities often do not have many true friendships. They are frequently clients; they often belong to the same "disabilities" group as others, but they are much less frequently friends (Lutfiyya, 2001). Human services professionals and family members alike often overlook the importance of friendship or even the possibility of friendship between people with disabilities and those without.

Barriers to community engagement in general and friendship in particular exist at both external and personal levels for people with developmental disabilities. They may experience such external barriers as: lack of opportunity, transportation difficulties, lack of money, lack of social groups and organizations, and problems stemming from the human services agencies themselves. The hierarchy of and control by these human services agencies often make community engagement and friendship building difficult, providing their clients little free time, few if any unsupervised outings, and little support. Societal misconceptions and prejudice represent further external barriers. People with developmental disabilities may have to deal with being stereotyped as the "eternal child" or the "menace to others". Attitudes of human services professionals as well as those of the public have focused on disabilities as the defining aspect of their lives. Yet the struggle for friendship is an important one. In the words of one self-advocate, "Our lives will always be in ruins because people don't take the time to be our friends" (G. Allan Roeher Institute, 1990, p. i). People with developmental disabilities may also face such personal barriers as: lack of experience and familiarity in forming friendships with those without disabilities; lack of confidence; lack of power and access; and fear of unfamiliar situations (G. Allan Roeher Institute, 1990; O'Brien & O'Brien, 1993). These personal barriers, in combination with external barriers, do make it difficult for people with developmental disabilities to make friends.

While friendship building can be difficult under current circumstances, proponents of Community Engagement, maintain that it should be a realistic expectation of people with developmental disabilities (Bogdan & Taylor, 2001; O'Brien, 1999). With adequate support and proper attention to change at both personal and sociocultural levels, people with developmental disabilities can and will form bonds of friendship and develop a true sense of belonging in a community. Making this a reality will not be a simple or short-term task — it will take time, concerted efforts, and a variety of individualized approaches. There can be no single, pre-packaged approach as the process is both complex and dynamic (Bogdan & Taylor, 2001). "Supporting friendships can be fragile, delicate, magical, and sensitive work" (Amado, 1993).

O'Brien and O'Brien (1993) suggest that endeavors to facilitate friendship building and community engagement will be most effective within a "community of resistance". Such a community is composed of a core support group with shared interests and shared understanding of the challenges facing people with developmental disabilities. Members of communities of resistance "purposefully seek people who join them in celebrating diversity" (O'Brien & O'Brien, 1993, p. 35). Together they create and share stories to resist sociocultural messages of devaluation of people with disabilities. These communities of resistance provide the necessary underlying support for their members to venture forth and engage in the wider community (O'Brien, 1999).

To foster friendship building and engagement in the broader community, a variety of guidelines

are proposed by those involved in the Community Engagement movement. In general terms, conditions which enhance the possibility of friendship include positive first impressions, shared interests, availability, and "chemistry" — that magical spark between friends (G. Allan Roeher Institute, 1990). Some of these conditions may require sociocultural change; some may require personal change; others may require both. Positive first impressions, for example, may require increasing community acceptance of people with developmental disabilities as well as increasing interpersonal skills development. People with developmental disabilities need to have greater opportunity for interaction with other members of the community. They need support in terms of transport, access, and availability. They need support in personal terms of developing experience and expertise in friendship building. It is crucial that this support not become an excuse to restrict or delay engagement in the community until conditions are "right". Having friends should not be a privilege withheld until one is deemed worthy. People with developmental disabilities need the opportunity to meet with a greater diversity of people and to maintain long-term relationships. They also need the opportunity for relationships which are freely given and chosen (Lutfiyya, 2001). Amado (1993) underscores the importance of cultural change in this process, indicating that it will require a move from an "us and them" mentality to an "all of us" one. O'Brien (1999) maintains that this important cultural change will occur as a direct result of community engagement itself: "The medium of cultural change is day-to-day life. Solving the problems of supporting people with disabilities to make real contributions as cultural, political, and economic actors works the necessary changes" (p. 10).

Those working to foster community engagement and friendship building do not prescribe specific strategies. Instead, they highlight those which they have found successful and encourage others to select, adapt, and create strategies which are best suited to their own individual circumstances. The most successful strategies identified include: 1) matching, 2) self-advocacy, 3) social networking, and 4) bridging (Amado, 1993; G. Allan Roeher Institute, 1990; Walker, 2001).

Matching is a strategy which involves pairing a person with disabilities with a person without who generally serves as a volunteer. While not new, this strategy has been successful, with the program "Best Buddies" being a prime example. The disadvantage of such a strategy lies in the formal nature of the relationship established (on a volunteer or course-credit basis) which can interfere with the natural process of friendship building (Amado, 1993; G. Allan Roeher Institute, 1990).

The self-advocacy strategy involves people with disabilities who form a group and who speak out on their own behalf to educate other community members. It honors the abilities of those with disabilities and permits them to interact on a more equal footing with others. It can run the risk of creating its own community, isolated from the broader community (G. Allan Roeher Institute, 1990; Walker, 2001). An effective example of this self-advocacy strategy can be seen in Disabilities Arts — a recent development in the U.S. and the U. K. which involves cultural arts organizations run by and for people with disabilities (Corbett, 1999). Not only does this allow the people with disabilities the opportunity for creative development (essential for everyone), it makes it possible for their long-silenced voices to be heard by the community at large. Disabilities cultural art is an "art that expresses the dreams and realities of a person" (Wade, 1994, p. 29). While some argue that it ghettoizes disability artists, others recognize it as a marvelous medium for challenging and changing societal views and values. It is particularly effective because of the non-threatening nature of creative arts performances. "At their most innovative and powerful, disabilities arts can offer a more empowering energy than the overt force of political activism" (Corbett, 1999, p. 178).

Social networking can be a natural or planned strategy. It involves connecting people with disabilities with existing social networks (e.g., school, church, cultural arts programs, etc.) or with newly-created ones. It focuses on interests and abilities, rather than disabilities, as the defining aspect of the lives of people with developmental disabilities. It also recognizes the importance of social relationships, in addition to that of friendships. While the success of this strategy can be limited if professionals or strangers play too prominent a role, with careful planning it can have a wide-reaching positive impact (G. Allan Roeher Institute, 1990; Walker, 2001). An example of such an impact can be seen in a community arts project designed to increase community acceptance of people with developmental disabilities through planned social networking (Sigmon, 1995). Musicians and visual artists with developmental disabilities and community members interested in the arts engaged in meaningful arts events for 18 months to showcase the talents of the artists with disabilities. By completion of the project, a significant shift toward more personal relationships was seen with the common interest of the arts serving as the catalyst.

The strategy of bridging pairs a person with disability with a community member who serves as a bridge to their community. This bridge builder introduces their partner to new places, social networks, and people. This strategy can be either formal or informal, bridging to either existing social networks or newly-created ones. The success of such a strategy depends on the skills of the bridge builder and the degree to which they are involved in the community themselves (Amado, 1993; G. Allan Roeher Institute).

Not only does Community Engagement hold much promise to dramatically improve their lives, this review of Community Engagement strategies indicates that it can and should be a realistic expectation of all people with developmental disabilities. With an understanding of the importance of inviting all members to participate fully and with focused and skilled efforts to ensure this, communities will be greatly enriched. Complete success will be seen when such concepts as normalization and inclusion become irrelevant as they are replaced by spontaneous, natural acceptance (Bogdan & Taylor, 2001). "People caring for people; people being welcomed and revered for their uniqueness and their contributions; people building better communities — that is the promise for all of us" (Gretz, 2001, p. 42).

Community Music Therapy

At the same time that human services professionals working with people with developmental disabilities have been witnessing the emergent Community Engagement trend, music therapists have been witnessing a trend in their own discipline with a similar focus on community — Community Music Therapy. This emergent trend arises out of the need for a new theory to reflect the broadening practice of music therapists (Ansdell, 2002).

In presenting a theory for and a practice of Community Music Therapy, Ansdell (2002) suggests that the discipline of music therapy is undergoing a paradigm shift. Traditionally, music therapy has been practiced in the context of the individual rather than the community and within the confines of the therapy room rather than wider social contexts. This has been reflected in traditional definitions and theories of music therapy. Recently, some music therapists have seen a broadening of their practice, along with a broadening understanding of their client and of the concept of well-being. Music therapy clients are individuals, but they also belong to a community. Well-being is experienced individually, but it is also affected by sociocultural factors. Additionally well-being hinges on an individual's place within their community. Music therapists work with individuals within the context of therapy, but they also work with individuals within the context of their community. As they assist their clients, they may accompany them from the therapy room to the wider social context. Music therapists work to accomplish personal change, but they are also finding themselves challenged to accomplish social change. "Community is not only a context to work in; it is also a context to work with" (Kenny & Stige, 2002, p. 10). With a lag between this change experienced by music therapists in their practice and change in definitions and theories of music therapy, some music therapists have been left "wondering if their work was *really* music therapy" (Ansdell, 2002, p. 3).

Community Music Therapy is a trend occurring internationally which embraces this broadening practice of music therapy and which validates the new work of music therapists (Ansdell, 2002). Beginning thoughts on this new concept of music therapy have been addressed — sometimes in different terms such as ecological or culture-centered music therapy — by Stige and Aasgaard in Norway, Bunt and Ansdell in the U.K., Kenny in North America, and Bruscia in the U.S. (Ansdell, 2002; Bruscia, 1998; Bunt, 1994; Kenny & Stige, 2002; Stige, 2002). Community Music Therapy redefines music therapy as a process of working musically with people in context (Ansdell, 2002). It is context based and music centered. It recognizes that community is at the heart of individual life and well-being, of musicking^[1], and of music therapy. It reflects a dramatic change in music therapy: "The territory [of music therapy practice] is not only growing, it is changing and changing rapidly" (Stige, 2002, p. 315).

In describing the changes reflected in Community Music Therapy, Ansdell (2002) identifies four major areas — identities and roles, sites and boundaries, attitudes and assumptions, and aims and means. The community music therapist's identity is equally that of musician and therapist — making music with the client can be an important part of the therapy process. They work within the sociocultural context in an egalitarian relationship with their clients. Stige (2002) adds further that the community music therapist's role is more political than that of traditional music therapists, indicating that social change could be part of the therapist's responsibilities. Indeed, at times it not only could but *should* be. With traditional barriers removed, the site for Community Music Therapy can be found anywhere along the continuum from the therapy room to the full community. The underlying assumption is the importance of the social context. Community Music Therapy involves musicking to enhance well-being of individuals, relationships, and communities. The ultimate aim in Community Music Therapy is to move

clients from therapy to the community and to do so through building music communities. As a result, performance on the part of both client and therapist can be an important part of Community Music Therapy. "Performance is often a natural event within the communal end of the continuum, bringing to others what has been achieved during more private work. Performance events can also be enactments of the spirit, values, and hopes of a . . . community" (Ansdell, 2002, p.46).

In discussing the need for Community Music Therapy, for a new theory and a redefinition of music therapy, Ansdell (2002) contends that despite its increasing practice, to date there has been little writing, research, or public validation of it. Stige (2002) concurs, highlighting the questioning of some of its practitioners. "But is it music therapy? Yes it is music therapy, but maybe it is not therapy the way you define the term" (p. 182). Ultimately, the defining of music therapy rests not just with writers and researchers; it lies in the hands of all those who practice music therapy. In presenting a new model of Community Music Therapy, Ansdell (2002) and those who led before provide an opportunity to explore and validate the practice of many of us. They provide a forum for others to think about and present their work, to start a dialogue among all of us whose practice may have had, until now, no name. This new way of looking at music therapy reflects dramatic change. It represents, however, a broadening of our view of music therapy, rather than a substitute for previous views. "Changing the way of looking at the world does not mean that every detail changes though. When humans learnt that the world is round like a ball, the lawn of their backyard could still be flat enough" (Stige, 2002, p. 150). It will be in the sharing of music therapists' different practices in Community Music Therapy that areas of convergence and divergence will be highlighted and that the field of music therapy will be enriched.

Community Music Therapy & Community Engagement

To stimulate further dialogue among those who practice Community Music Therapy, we would like to present here a program from our practice which reflects an integration of Community Music Therapy and Community Engagement. The program — a performing arts program for adults with developmental disabilities and adults without disabilities — reflects an enactment of the theory and practice of Community Music Therapy for the purpose of community engagement and friendship building. In keeping with Community Music Therapy principles, we worked as music therapists with our clients along the full spectrum from the individual to the community context. Our roles reflected a balance between that of musician and that of therapist. Our aims included personal change — on the part of our clients, other non-disabled participants, and ourselves. Our aims also included sociocultural change — change in our clients' place in the community and change of the community itself. Our means were performance-based — both in rehearsals, in intentional communities, and in the wider community. Our work as community music therapists involved a creative combination of community engagement strategies. Communities of resistance were created — both performance groups and support groups — whose members were people with and without disabilities who shared an understanding of the challenges facing those with disabilities and shared a desire to celebrate diversity. Matching and social networking were used in engaging performers with disabilities in separate and in community performing arts groups. Self-advocacy also played a role where performing artists with disabilities not only enjoyed the pleasures of performance, but also used their performances to educate the wider community. The specifics of this Community Music Therapy program and its impact will be explored in detail as we describe our Performing Arts Program in the section which follows.

Music Therapy Method and Data Collection

Purpose

The purpose of the Performing Arts Program was to provide performing arts experiences for people with disabilities within intentional communities and within the broader community in order to meet the following goals:

1. To increase community engagement of people with developmental disabilities.
2. To increase community awareness of and appreciation for the strengths of people with developmental disabilities.
3. To provide quality performing arts experiences.
4. To increase self-advocacy opportunities for people with developmental disabilities.
5. To meet specific therapeutic needs of individuals.

Participants

Participants in the Performing Arts Program included people with and without developmental disabilities. Those participants with developmental disabilities were adults living in the community and attending a non-profit community service center. The service center provides daytime training in vocational skills, community living skills, daily living skills, social and leisure skills, self-advocacy skills, and citizenship skills. Individuals attending the service center range from 21 to 65 years of age, with functioning levels ranging from being in need of Intermittent Support to Extensive Support. They may volunteer for programs or be placed in specific programs according to need.

Participants with disabilities were referred by the service center staff for inclusion in the Performing Arts Program. The criteria for referral included interest in music, interest in sign language, and an identified individual need of self-advocacy, community living skills, self esteem, or leisure skills. Approximately 20 individuals regularly attended the program. They chose each week whether they would attend and which group they would attend.

Participants without disabilities included undergraduate students, music therapy faculty, and members of the community. Students, faculty, service center staff, and community members volunteered to be part of the group and to assume roles of group member, co-leader, and leader. Students and faculty were asked to make a commitment to attend for an entire semester.

Setting

Groups were held in a university setting. Participants from the service center were transported to the university by service center staff. Music therapy classrooms were used for the groups, with each room equipped with a variety of percussion instruments, a piano, and a stereo system. Performances were held in the university auditorium — one which is used regularly for university and community events.

Procedures

The first step in the design of the Performing Arts Program was to conduct an informal feasibility study in the community and within the program area of the university. There was significant interest on the part of the service center staff and consumers in participating in the program. The university agreed to provide space, equipment, and faculty and student time for planning and participation.

The second step was to define the scope of the program. A performance format was designed with a program goal established to implement at least one performance each semester. The university faculty agreed to facilitate two groups based on each faculty member's area of expertise. The first group involved a handbell choir and chorus while the second group involved a sign language and music performing ensemble. Specific group therapeutic goals and objectives were formulated by each group facilitator. Each group met once weekly for 1-hour sessions.

Data Collection

The program was assessed by means of multiple types of data, congruent with qualitative research methods. This included observational and anecdotal information, self-report from participants with disabilities and their care-givers, and self-report from the general public attending performances. The self-report form, using a Likert scale, was developed by the authors. It was administered by means of an oral interview for the participants with developmental disabilities (See [Appendix A: Performing Arts Evaluations\(74 KB/pdf-format\)](#)).

Group Descriptions

Handbell Choir and Chorus

There was an average of 10 participants with disabilities and 5 participants without disabilities in the handbell choir and chorus each semester. Handbell and choral techniques were both used to meet the physical, cognitive, and verbal strengths and needs of the individual group members. Music was arranged for all handbells, for a combination of handbell choir and chorus, or for chorus with percussion accompaniment.

The handbell choir used a special lighting system^[2] for cueing. This system converts an electronic keyboard by means of attached light boxes for light production instead of sound production. Each light corresponds to a note on the keyboard. Each group member had a light in front of them and the note's corresponding Suzuki Tone Chime. The leader played the silent note on the keyboard and when the group member's light came on this cued playing the tone chime one time. The leader directed by playing the keyboard instead of conducting, pointing to the person, or using color-coded charts. Individual tones and chords could be played and group

members could play one or two chimes. This method allowed the director to become an equal partner in the group process and in the performance.

Music was chosen according to the predetermined theme established for the upcoming performance. Handbell music was used that best represented the range and tonal qualities of the tone chimes. Choral music was chosen for repetition of lyrics and simple melodic form. Familiar music was used to appeal to the participants' interests and unfamiliar music was used to expand their repertoire. Styles included popular, folk, and gospel music. Music performed included such songs as *Under the Boardwalk* (Resnick & Young, 1964) arranged for choir and small percussion instruments, *Today* (Denver, 1974) arranged for handbells alone, and *Day by Day* (Schwartz, 1971) arranged for choir and handbells.

The therapeutic milieu of rehearsal was a crucial component of the group. Group leaders conveyed the importance of learning the music and being prepared for performances. Participants prompted each other when someone missed a cue or could not remember the words. Everyone shared ownership in the group and in the quality of the final performance. One of the participants with disabilities named the group the *Harmonettes Handbell Choir and Chorus*. This was printed on each lighting box for the handbells with a logo chosen through consensus of the group.

At the same time, group members and leaders joked and teased each other. Group cohesiveness developed in a safe, non-threatening atmosphere. It was stressed that rehearsal was the appropriate place for mistakes and correcting mistakes would make the group better on the day of the performance.

The professionalism of the group was underscored by the service center staff providing concert dress for all group members and leaders. The dress code for formal performances included a white shirt, black pants, and a matching bow-tie and cumberbund. Dress code for informal performances included a tie-dyed shirt and blue jeans.

American Sign Language (ASL) & Music Performers

On average, seven participants with disabilities and seven participants without disabilities were involved each semester in the ASL & Music Performers. While relatively new, ASL interpretation of music is a beautiful performance art which is gaining in popularity — first within the Deaf community^[3] and now in the wider community. Through ASL and movement, the performer expresses the meaning and emotion of both a song's lyrics and its music. "The evocative power of music is greatly enhanced by the moving beauty of ASL" (Curtis, 2004, p. 17).

The experience for this group was purposefully structured to move the participants with disabilities first to an intentional community and then to a broader pre-existing community. The intentional community was comprised of the participants with disabilities, service center staff, and the Music Therapy leader. They met on campus to learn and rehearse ASL-music interpretation. All were full participating members as performers in the group. The bond which served to connect them was their shared joy in this performance art. Within this intentional community, participants learned a set of songs which comprised half of the final performance program. They also developed skills and received the support necessary to move to the broader community. At the same time, the Music Therapy leader also met with the university class which comprised this broader community they would later join. Within this university-credit course, students learned a set of songs which formed the other half of the final performance program. They also gained the necessary skills and understanding to become a "community of resistance" - appreciating the challenges facing people with disabilities, as well as the gifts they had to offer.

Once both groups were sufficiently prepared, the participants with disabilities joined the broader university-course community. Meeting at the time and location of the university-credit course, they rehearsed as a single group once weekly for the remainder of the semester in preparation for the semester's end performance. Participants with disabilities and those without had the opportunity to be both expert and novice. Participants with disabilities were experts with the signed songs they had learned previously and were able to assist the participants without disabilities for whom these songs were new. Similarly, participants without disabilities were able to share their expertise with the others for the set of songs they had learned. All worked together collaboratively in preparation for their performance. In this way, opportunity for social networking and friendship building was enhanced.

In designing for success, careful attention was given both to music and performance dress.

Music was selected which was best suited for ASL interpretation - lyrics needed to be clear, with minimal repetition, and with beautiful visual images rather than references to sound. The tempo of the music and the rate of the signs needed to be sufficiently slow to accommodate participants who were all first-time signed-song performers. Music performed included such songs as John Lennon's *Imagine* (1990) and *Amazing Grace* recorded by Lady Smith Black Mambazo (2000). For performance dress, all participants wore classic solid black tops and pants. This enhanced the audience's view of the signing and group members' sense of belonging.

Performing Self-Advocacy

Each semester's work culminated in a combined performance of both the Handbells & Chorus group and the ASL & Music Performers group. These performances were essential to the Community Music Therapy program, reflecting successful community engagement and serving as powerful self-advocacy. As performing artists with and without disabilities, group members had an important story to share with the community — one which celebrated abilities and a common passion for the performing arts. Through their stage performances, they told this story in a convincing and compelling fashion. To ensure the power of this storytelling, careful attention was given to detail. Dress rehearsals and evening performances in a public space were essential, as was the importance placed on professionalism. Invitations were extended beyond the community of family and friends to the wider community for a "town and gown" event. Press releases and press conferences were also used to heighten community awareness. More powerful than any description are the performances themselves. It is on the faces of the performers and in the response of the audience that the true impact of community engagement, self-advocacy, and community music therapy can be seen.

Video 1: Amazing Grace (23,8MB)

Video 2: Imagine(17,0MB)

Video 3: Rainbow(15,3MB)

Results

Performing Arts Evaluations were given to consumers and care givers at the end of each semester. Five semesters were included for the purpose of this paper (See **Appendix A: Performing Arts Evaluations(74 KB/pdf-format)**). Forty five evaluations were completed by consumers during this 5-semester period. Of those, 100% were positive. Comments about favorite activities included: *"I liked it all"*; *"Sign language was my favorite"*; *"Bells were my favorite"*; *"I really liked singing"*. The consumers' suggestions for improvement included such comments as: *"We need to go twice a week"*; *"Have it on Friday too"*; *"Have it 2 or 3 times a week and during the summer"*.

The caregiver and guardian evaluations provided more in-depth information. (See **Table I** for individual ratings for each question.) Over the period of 5 semesters, 30 caregivers and guardians completed the evaluation. Overall, responses fell primarily in the *Strongly Agree* category. In response to questions about continuing music therapy services and offering more, 100% strongly agreed. Suggestions to improve services included the following: *"Services are excellent"*; *"Pleased with services"*; *"Need to continue services"*; *"Valuable asset"*; *"Practice music at home between rehearsals"*; *"Make sure consumers are doing the signs correctly and singing the right words"*.

Table 1: Caregiver and Guardian Evaluations

Question	5	4	3	2	1
	% of Responses				
1. Did the consumers seem to enjoy music therapy?	100	—	—	—	—
2. Were the consumers needs met in music therapy?	89	—	11	—	—
3. Did the consumers choose to be part of music therapy?	89	—	11	—	—
4. Did music therapy sessions begin and end as scheduled?	89	—	11	—	—
5. Were activities age and functioning level	78	—	11	—	—

appropriate?					
6. Were instructions clear and understandable?	89	—	11	—	—
7. Did consumers have choices during groups?	89	—	11	—	—
8. Did consumers help make decisions?	78	—	11	11	—
9. Were family members informed about sessions?	89	—	11	—	—
10. Were family members invited to groups or events?	89	—	11	—	—
11. Were opportunities provided for community inclusion?	89	—	11	—	—
12. Should music therapy services continue?	100	—	—	—	—
13. Should more music therapy services be offered to serve more consumers	67	—	33	—	—
Note. Rating Scale: 5=Strongly Agree; 4=Somewhat Agree; 3=Agree; 2=Somewhat Disagree; 1=Strongly Disagree					

The evaluations completed by the public attending performances (averaged over five semesters) were positive (n=60), with 100% stating that they enjoyed the performance and 100% reporting that they would attend another event by performers with disabilities. (See **Table 2** for mean ratings to all questions.) Comments from the public included: "It was far better than I expected"; "It is wonderful what you have done"; "They can do so much more than expected"; "This is testimony that people will achieve when given the opportunity." Additional comments were: "Excellent"; "Hope it continues."

Table 2: Evaluations by the Public

Question	Yes	No
	% of Responses Respondents (n=60)	
1. Is this the first concert you have attended that included performers with disabilities?	42	58
2. Did you enjoy the performance?	100	0
3. Was the performance what you expected?	75	25
4. Were you surprised at the abilities of the performers with disabilities?	58	42
5. Has your perception of persons with disabilities changed after the performance?	67	33
6. Will you attend another event by performers with disabilities?	100	0

Anecdotal and observational information were gathered from participants with and without disabilities, as well as from students attending performances, audience members, service center staff, and families of participants with disabilities. During the initial planning meeting, students in the Handbell and Chorus group verbalized their apprehension and unfamiliarity of both persons with developmental disabilities and the performing group format. Almost immediately after the first session, the students were brainstorming repertoire selections, arrangements of pieces and orchestration possibilities. Similarly with the ASL & Music Performing group, some initial hesitation could be observed among participants. As the semester progressed, the participants without disabilities in both groups began to form positive relationships with the participants with disabilities. They were observed discussing informal topics and joking with each other. During feedback sessions held after each weekly group, students would proudly comment on the musical and rhythmic abilities of their fellow participants.

The participants with disabilities also began to develop on their part positive relationships with the other group members. For example, they would ask about university student members if they were absent from the group. They knew all of the students' names and which instruments they were studying at university. The participants with disabilities developed ownership of the group, feeling free to make constructive criticism and provide suggestions for improvement. As the semester progressed, they frequently initiated conversations about the performance. They

wanted to be sure they knew the details of the performance — who was invited, what refreshments would be served, what would be worn for the performance. Feelings of apprehension, frustration when rehearsals did not go well, and stage fright issues were shared and allayed by all participants as the groups progressed.

The reflections of students attending the performances were noteworthy. There was a general sense of amazement concerning the quality of the performances. Several times the students were observed stating that attending the performance confirmed their choice of major. More students volunteered to be in the groups after attending a performance. They asked specific questions during classes about the performance and about the participants with disabilities, requesting information about techniques. Videos of the performances were used, with permission, in university music therapy classes. These were valuable teaching tools for training music therapists and offered opportunity for feedback and suggestions for improvement of the performances.

Comments from family members and service center staff also reflected the powerful impact of this program on community engagement and friendship building. As one parent put it,

It's something that brings them all out. You think of them as sitting in a ward or building or somewhere doing nothing. Bringing them out like this and integrating them with the students, it was wonderful.

The service center executive director confirmed the positive impact in saying,

The way I saw it was it allowed our consumers to develop natural supports within the community. They developed friendships not only with just the professors, but also with the students. They were allowed to show the community what they could offer in terms of music and performance and artistic expression.

The powerful emotions this program evoked can be most clearly heard in the actual words and voices of those involved. [[Video 4: Interview](#) (5,93MB)]. Recognition of the success of this program — both at the personal and the community levels — is reflected in its nomination for the 2001 Jimmy Carter Community Partnership Award. The video resulting from this nomination portrays dramatically the program's effectiveness in community engagement. [[Video 5: 2001 Jimmy Carter Community Partnership Award](#) (18,7MB)].

Discussion

The power of the Performing Arts Program described in this paper rests in the convergence of two significant trends — Community Engagement and Community Music Therapy. In presenting this program, it is our hope to meet Ansdell's challenge (2002) of a new paradigm in music therapy about which little has yet been written, to continue the dialogue about the theory and practice of Community Music Therapy. Through Community Music Therapy, our program sought to foster community engagement and friendship building among those with disabilities, to allow them to claim their rightful place as full citizens in the community. The performance arts provided a uniquely empowering medium for this. A number of creative community engagement strategies, alone and in combination, were embraced within the Performing Arts Program: building music communities through performance; building communities of resistance among those with and without disabilities; connecting and engaging with broader communities — intentional and pre-existing — through shared passion for the arts; social networking; and self-advocacy through the very medium of performance itself.

It is our hope that this paper will serve as a stimulus for further dialogue among those who are discovering the power of Community Music Therapy. It is also our hope to encourage others as yet unfamiliar with it to consider this important new paradigm in the field of music therapy, to consider the importance of community and of community building for all. Finally, it is our hope that those working and sharing lives with people with developmental disabilities will gain valuable insight into innovative, creative methods for true inclusion and community acceptance. That cognitive ability does not dictate creativity has and will be validated whenever the opportunities are given.

It is in telling their own stories through the performance arts that the participants were their own most powerful self-advocates. No longer must people with developmental disabilities depend on others to stand up for their rights as citizens. Empowerment over one's own life and destiny may be the greatest gift we can bestow on the people we serve. All involved in the program — in the performing ensemble community and in the broader community — came to understand and celebrate our differing abilities, our gifts, our shared passion for the performing arts, and the

realization that perhaps we are more alike than different. Ultimately, this paper reflects a final act of storytelling and self-advocacy, taking the participants' experiences and performances to the global community of the world wide web.

Notes

[1] Stige (2002) defines musicking as music enacted and experienced.

[2] Patent pending. The system was designed using the concept of a system developed by creative arts staff at a state residential facility in North Carolina.

[3] The term Deaf community refers to an identity rather than a disability. It is comprised of people who share common values, beliefs and experiences. Their pride in their identity as Deaf is as important as their love for ASL (Wilcox, 1989).

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