

Original Paper

Significance and Problems of Community-based Music Activity in Occupational Therapy

Junko TANAKA*¹

(Accepted July 2, 2019)

Key words: community, music activity, occupational therapy

Abstract

The purpose of this study is to examine the activity of "Imu's Music," a new community project started by the author, and discuss the significance of community-based music activities within occupational therapy. The purpose of Imu's Music was to provide accessibility to society for both the handicapped and the non-handicapped, and create the society which will not eliminate the handicapped or socially vulnerable. Some participants with mental problems participated frequently and even one among them without absence. The music that was practiced in Imu's Music was rather unorthodox and a minor genre from the standard values of our society. However, the author feels that it was meaningful for the participants, who had been slaves to the conventional idea of music, to escape from old values, get free and enjoy personal expression. The author believes this will lead them to change their fixed ideas and find a new identity. This is the most significant point of non-conventional music.

1. Introduction

There are groups who deal with community arts activities in Japan as well as in Western countries. They are for a broad range of people, from the mentally handicapped or the intellectually handicapped to even needy persons like homeless people¹⁾. In those cases, the actors involved are mainly case workers, artists or parents of the handicapped and not many occupational therapists are involved. These group projects vary depending on the purpose; employment support, amenity or social inclusion, or on the genre; painting, theater, music or dance. However, for almost all of them their aim seems to be obviously for social welfare, except in a few cases. In Japan, cases of arts activities which have been initiated by occupational therapists are increasing recently. However, for the handicapped, they have quite obvious social purposes such as livelihood support or employment support.

The author has been practicing music activities with professional musicians for the people with mental problems outside the hospital environment, pursuing the new field of occupational therapy practice beyond the medical model²⁾. There, I deliberately exclude the therapeutic goals and leave the music-making just for fun. As a result, some positive attitudes of the participants are recognized during the activity for the first time. The author has started a new project named "Imu's Music" concentrating on more intensive social inclusion and community building.

*¹ Department of Occupational Therapist, Faculty of Rehabilitation,
Kawasaki University of Medical Welfare, Kurashiki, 701-0193, Japan
E-Mail: jtanaka@mw.kawasaki-m.ac.jp

The purpose of this study is to examine the activity of Imu's Music and discuss the significance of community-based music activities within occupational therapy.

2. Community Music Therapy

Community music therapy began around 2000 in the music therapy field and has been widely discussed since. It can be considered as a movement toward the improvement of traditional music therapy which tends to put the patient and the therapist in an unequal relationship in a hospital-like setting. However, community music therapists seek to make music in an equal relationship, both musically and socially³. It is unique, as it focuses on the social and cultural points of view.

Wood et al.⁴ write on the significance of the shift from clinical music therapy to community music therapy; one that integrates the individual model and the social model to change the society in which patients belong. Some reports point out that community music therapy changes not only patients but also the staff or family members related, by changing the view of the concept of handicap and health^{5,7}. It means that both the agents who provide music and the recipients of music change in the course of music therapy which they describe as "ripple effect"^{4,8}. While traditional music therapy seeks the patients' adaptation to their society through solving the problems of the patients individually, community music therapy aims to change the society where the patients can live with less difficulties. It can be said to be the paradigm shift from the individual model to the social model of music therapy.

This movement has been prevailing mainly in North Europe and Britain. For example, SMART (St Mary Abbots Rehabilitation & Training)⁹ is one of the community centers for the mentally handicapped run by a mental hospital where various programs like gardening, cooking, knitting or employment support are provided. The SMART Music Project started in 2005 and they run a weekly music program including singing, instrument playing or listening in the cafeteria which they themselves carry on. The project is open to everybody. Besides, they encourage group activities such as SMART Band and SMART Singers who regularly practice and have opportunities to give performances. The SMART Music Project also holds short term music courses or workshops such as drum lessons or composition classes as a part of the rehabilitation program from time to time.

In Japan, Kobe-based The Otoasobi Project¹⁰ works for intellectually disturbed children. The group consisted of improvising musicians, volunteers, music therapy students and parents. It is notable that the famous musician and guitarist Yoshihide Otomo joined from the beginning of the project. They hold workshops two times a month and actively perform in many places, including Great Britain, which has got attention socially^{11,12}.

One common feature of these musical groups is, instead of the purpose of therapy or recovery based on the medical model, the priority is placed on making music and enjoyment itself. Therefore, the role of the staff is not therapeutic intervention but facilitation to let the participants enjoy music fully. Though they ignore the therapeutic aim, the project induces many secondary effects like building human relationships, release from the stress of work or interpersonal relationships, and recovery of confidence.

3. Community Occupational Therapy

There is a field called "community occupational therapy." It is, however, basically occupational therapy practiced in a venue outside a medical facility for the handicapped or the aged in order to improve their lives, through environmental coordination, for example, the renovation of a house, improvement of daily life abilities or adaptation to the environment that they live in^{13,14}. In other words, it can be understood as occupational therapy practiced in the community instead of in a medical venue^{15,16}.

Williams¹⁷ argues that occupational therapists tend to stay away from music activity though music has great resources for occupational therapy with its potential for social, physical, cognitive and of course musical development, and that this is simply because occupational therapists regard it as exclusively belonging to the musical therapist's profession. She greatly recommends occupational therapists to practice

music activities because it includes various aspects of occupations in one field. However, her aim of musical activities seems to be mainly for social participation, and music is just one of the tools for it.

American occupational therapists, Cohn et al.¹⁸⁾ examine the role for music and its benefits for occupational therapy through literature study and interviews with the practitioners. As a result, they mention (1) music as a means of increasing group cohesion toward common goals, (2) music as a means of increasing socialization, and (3) music as a meaningful occupation that can empower individuals to enhance and embrace wellness and recovery. But again, the discussion remains within the individual model with health promotion or recovery from impairments. Which is to say, occupational therapy has not yet developed the area of study conceiving of the social change beyond therapy.

Abberley¹⁹⁾ points out that disability studies denounce the monopolization of music by music therapists. The author likes to affirm that there is no reason to prevent occupational therapists without the qualification of music therapy from engaging in music activities. Here I would like to propose a new approach in occupational therapy by taking account of the scope of community music therapy.

4. Imu's Music

4.1 Purpose

The purpose of Imu's Music is to provide the accessibility to society for both the handicapped and the non-handicapped, and create the society which will not eliminate the handicapped or socially vulnerable.

The author set the following three points for the first stage; (1) providing an exciting experience with music making, (2) creating the scene for mutual understanding between the handicapped and the non-handicapped, and (3) offering the opportunity for the Hikikomori or the people who feel difficulty with daily life.

4.2 Participants

Normally the session takes place with a professional musician as a facilitator, the author as a sub facilitator, the people with some sort of mental problem and the average everyday person and musicians who would like to join. The project is publicized by posters and flyers. The age of participants varies from teens to seventies, and 30% to 40% of the participants, with the exception of one-time participation, were people with mental problems. We have had sessions 18 times so far and the number of participants reached to 149 in total with the average number of participants in one session at 8.3 (Table 1).

4.3 Ethical considerations

Approval for this study was granted by the Ethics Committee in Kawasaki University of Medical Welfare (No. 17-093) and consent was obtained from each participant. Confidentiality with anonymity were ensured by using ID in the data analysis process. No risks or discomforts associated with participation in the study were anticipated. The members were informed that a refusal to participate in the study would have no impact on their acceptance in the music activity.

4.4 Venue, frequency and time

The venue is a room of a classroom size on the first floor within a Christian Church. Though this is a non-religious activity, the church kindly offers us a room with piano and aid gratis. We hold a 2-hour session every month on Saturday from 4 to 6 p.m.

4.5 Condition of the room

A grand piano, conference tables and chairs are in the room and the setting of the room varies according to the activities, normally tables are placed in square form. The participants can freely choose where to sit. Next to the room is "Imu's Cafe," which is open every Saturday evening for communication among the community members. Usually many of the participants in the project stay there and enjoy chatting after a session.

4.6 Session program

2 professional musicians facilitate the sessions in rotation. The program of each session differs according to the facilitator and there is no fixed form. Sometimes we write a song together and sometimes we play

Table 1 Participation records

Participants(n=45)	Supposed diagnosis	Church member	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th	Total	
Ms. A	Schizophrenia	○					○	○	○	○	○	○	○	○	○	○	○	○	○	○	14	
Mr. B		○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	17	
Mr. C	Depression									○	○	○	○	○					○	○	7	
D	Autism spectrum		○	○	○	○	○	○	○	○	○	○	○	○			○	○	○	○	13	
E		○					○	○	○	○	○	○						○	○		8	
F				○	○		○						○					○			5	
G		○	○			○	○													○	4	
H					○		○														2	
I														○		○					2	
J	Autism spectrum	○			○																1	
K	Autism spectrum	○			○																1	
L		○			○																1	
M					○																1	
N						○															1	
O		○	○																		1	
P			○	○																	1	
Q			○	○																	1	
R	Depression		○																		1	
S		○					○														1	
T								○													1	
U								○													1	
V								○													1	
W									○												1	
X											○										1	
Y											○										1	
Z	Hikikomori										○	○									1	
a											○	○									1	
b											○										1	
c												○									1	
d												○									1	
e												○									1	
f												○									1	
g													○								1	
h														○							1	
i														○							1	
j		○															○				1	
k		○															○				1	
l																	○				1	
m																		○			1	
n																		○			1	
o		○																	○		1	
p		○																		○	1	
the author			○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	18
musician 1			○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	16
musician 2									○	○	○	○	○	○	○	○	○	○	○	○	○	10
Total		11	9	5	10	6	10	9	8	8	9	10	11	7	8	5	9	10	7	8	149	
Mean																					8.3±1.7	

Supposed diagnosis: Diagnosis assumed by the author from speech and behavior

and sing the participants' favorite songs and talk around the song. Or sometimes we play some simple ethnic music, play games using sound and instruments, or we improvise. The music genres we have used in this program are diverse. However, it can be defined generally as creative music activity.

Songwriting is a recently developed music therapy technique for creating a song with the patient. We start with the theme of the song that we will make, for example, the rain or a sad memory. Then we discuss and make the lyrics to sing together. The sub facilitator writes down the lyrics on the white board and the facilitator sings it improvisationally. Then we sing it again and again to improve the song and finally sing the completed version together with the accompaniment of the facilitator. Sometimes the song is arranged with added parts for the participants to play.

As for ethnic music, we sang Indonesian or Mexican folk songs, played Gamelan instruments and other ethnic instruments from around the world. As for the games, we guess the instrument without seeing it, or played the game with rhythms. As for improvisation, we play free improvisation without rehearsal; for example, we played instruments interpreting the traffic movement outside the room.

The important thing that I have to point out here is that all this music can be done without any skills of music performance, i.e. music reading or instrumental technique, and everybody can participate at will. The participants can join or just watch at will. Neither the facilitator nor sub facilitator asks the participants to play or speak, however they sometimes speak to the silent members to help alleviate their loneliness.

4.7 How to evaluate the activities in Imu's Music

I have tried to evaluate the activities in Imu's Music in order to discuss the problem and how we can improve. Each session was recorded with a video camera and the completed works we made were recorded with a video camera and audio recorder. They were checked after each session and written down as text documents. At the end of 18th session, participants were interviewed on Imu's music by the author. The questions consist of 8 items including what the motivation of the participant in Imu's Music is, what the participant expects from it, and whether the participant knows the purpose or not.

The materials used for the evaluation are behavior observation, the statements, interviews, musical works made, and the text documents mentioned above. For the methodology of analysis, the qualitative research method of the episode description with the phenomenological perspective and narrative analysis are used. Also the musical expressions of the participants are regarded as his or her narratives in the research.

4.8 Participants' responses

There are adaptive participants who can manage to join these improvisatory activities without difficulty and speak actively, however they are quite few. Most of the participants have a preconceived notion that only school music or pop music is music. This sometimes causes problems at the free improvisation session in that they cannot deviate from the traditional manner of music making. However, with the guidance of the musician or sub facilitator, they gradually get used to the free improvisation and become courageous in making sounds. Songwriting seems a friendlier activity than other programs. They could propose the words or lyrics with less hesitation. The discussion while songwriting is always sociable and with a lot of laughs.

One participant who is a Hikikomori played the guitar quite delicately with the song we made, in a nervous attitude, but he could not continue to participate. However, some participants with mental problems participate frequently and among them one participant (here onward Ms. A) participates without absence.

After the sessions, most of the participants stayed and enjoyed chatting at the Imu's Cafe which is next to the session room, as mentioned above. The coffee time itself is regarded as the extension of Imu's Music and is an important opportunity for the participants to understand each other.

As a response to the flyers posted and my speech on Imu's Music in the church, 11 people including the pastor and the evangelist participated until 18th session. This might show the change of consciousness on the people with mental problems in the church community.

4.9 Summary of interviews

Figure 1 shows the results of the interview including three case studies discussed in *5. Case Study*. The answers were specifically on what they felt and thought.

5. Case Study

Since this study is not primarily aimed for the behavior modification of the participants, quantitative evaluations, as in psychological testing, are not deployed. However, it can be considered to be meaningful for the reflection of Imu's Music to discuss the following cases of three participants.

5.1 Ms. A

Ms. A is around 60 years old and seeing a doctor regularly for her mental disease. Her diagnostic name is unknown but as I discuss later she shows symptoms of schizophrenia. She has no job and lives alone in a room a 5-minute walk from the venue. She joined from the 5th session and since then has attended

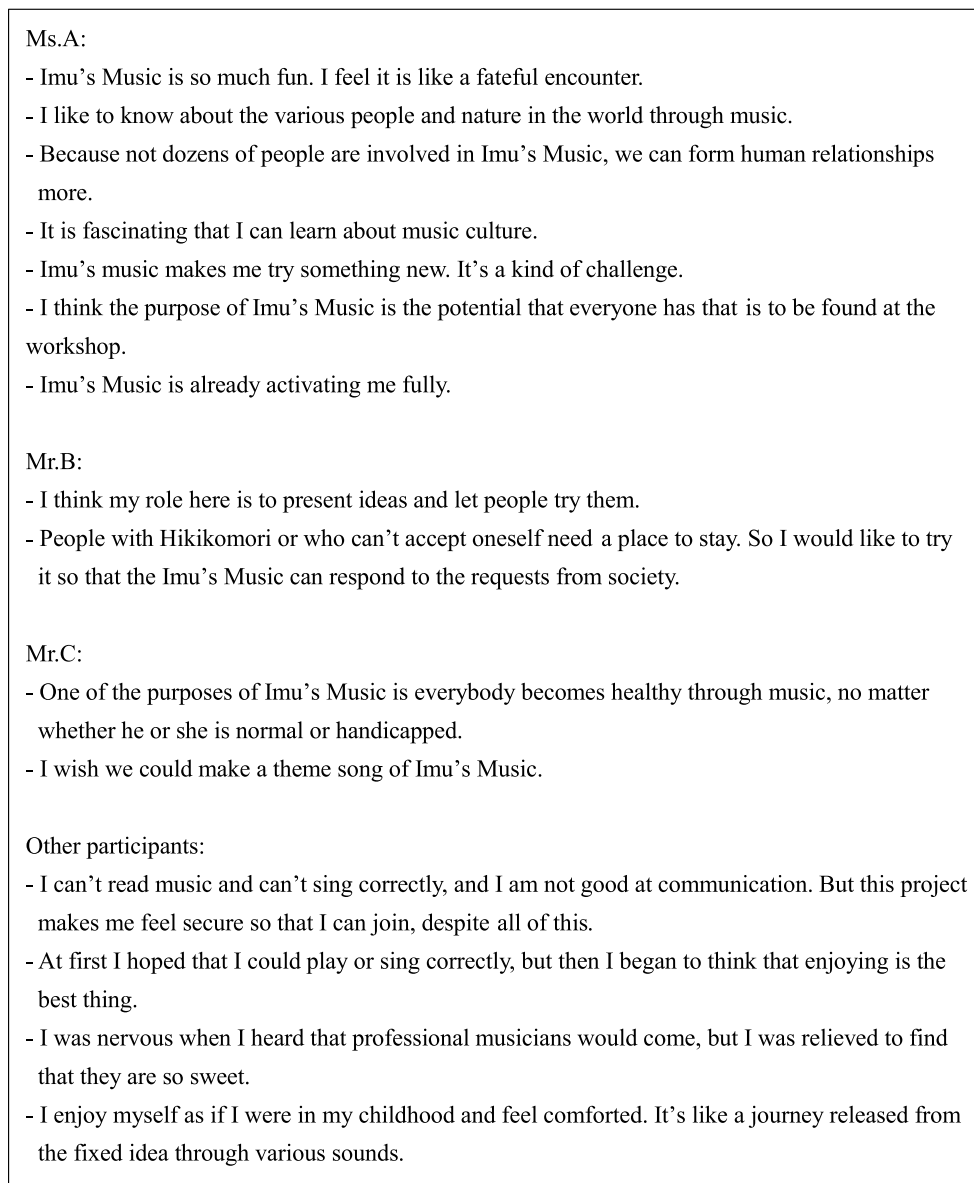


Figure 1 Excerpts from interviews of the participants

all the sessions. She always wears a dress with many remnants stitched together and her hair is weaved with knitting wool. She pencils her eyebrows excessively and pencils a curious pattern on her forehead. She does not seem to wash herself or her clothes and has an offensive smell at close hand, and holds some crumpled paper bags. She looks quite abnormal and easily-noticeable at first sight and is somewhat known to the neighborhood. She has an outgoing personality and can speak to others and has a wide range of interests like world affairs, religions, cultures and arts. While her conversation shows a scent of culture, it is sometimes pointless with loosening of association.

She has the experience of choral singing and can read music and is greatly interested in Imu's Music. She sometimes forgets the date and time of the session and has asked the author to call before it. Though at first she showed hesitation when she was requested to play even simple percussion instruments, saying "I'm not willing to do that today" or "it's too difficult for me," she could talk actively and sing without hesitation. As the sessions went on, she seldom refused to play. However, her performance was monotonous, just repeating the same rhythmic patterns.

Sometimes she shows unique responses in a rhythm game or songwriting and they attract the staff and other people a lot. So she has become a key person of this project. In the 11th session of Gamelan music she showed an active attitude in instrumental playing. After this session, her attitude toward the instrumental playing gradually changed, and at the 13th session she could play with confidence. Now she gradually shows activeness and is becoming more logical and understandable with less loosening of association in her talking. Also her appearance has become a little more moderate than before.

Though it is not clear whether these changes could be traced to Imu's Music, it seems clear that Ms. A could find her place in her life and enjoy life more than before, through her attitude of regular attendance and her interview.

5.2 Mr. B

Mr. B is a pastor of the church who offers the room for the project, aged in his 40s. When the author talked to him about this project, he showed great interest and offered the venue without charge, as a part of Imu's Cafe. He has attended throughout from the first session to the present 17th session except one time when he had a trip for work. He has been interested in contemporary arts and regional activation from a young age.

At first he seemed to attend the project out of obligation. However, he became involved and engaged more and more as the sessions progressed, proposing many ideas, for example, "let's put this miserable situation into the lyrics!" Also he is keen to introduce and let the people join this project. However, considering from his answers at the interview, it can be understood that he participated not as a participant but rather as an executive member.

5.3 Mr. C

Mr. C is a patient with depression. He comes to the venue by a one-hour train ride. He has attended 6 times but he enjoys the communication after the session at the Imu's Cafe. Though at first he only sat with diffidence during the session, saying "I don't know what to do at all", gradually he became active in expressing himself, i.e. stating his ideas at songwriting.

Mr. C came to visit the Imu's Cafe on the day other than Imu's Music to talk with people, even with someone for the first time. This might be a good example that this project serves as the catalyst of making relations with the community. This shows that Imu's Music triggered the expansion of the interpersonal relationship for Mr. C.

6. Discussion

6.1 Some remaining issues for Imu's Music

Imu's Music just started in 2017 and is still in the process of trial and error. We still do not have a firm method and most of the participants stay passive like guests. There is communication between the staff and the participants but little among the participants. Music itself could play a role as a kind of communication but it seems to be not enough for forming a friendly feeling among them. More time is needed for the group to mature and develop.

To reflect on the first stage goal mentioned above, as for "(1) providing exciting experiences with music making," it can be possible to conceive of it as a success from the reports by the participants and the observations. However, the author hopes to have the participants get more confidence through music. For that purpose, the author is thinking of holding a live concert of the music we create in this project.

As for "(2) creating the scene for mutual understanding of the handicapped and the non-handicapped," it has to be understood as insufficient because the number of the participants stays too small for the handicapped and non-handicapped to communicate in various ways. However, for the everyday person who has not had a chance to know the mentally disturbed, this could be a good opportunity of mutual interaction, and help the understanding more than the typical image. However, it is not easy to conclude something because it is considered to be a delicate issue; the border between the handicapped and non-handicapped is vague and it is not discernible whether the participants recognize him or herself as the

handicapped. Therefore, the discussion has to depend on the narrative analysis.

As for "(3) offering the opportunity for the Hikikomori or the people who feel difficulty with daily life," there were a few participants for this target but no one could continue to attend. This is due to the author's lack of understanding of how hard it is for them to go out and join an unknown group.

For (2) and (3) publicity should be important as well as taking account of the use of the internet.

6.2 Significance of Non-Conventional Music

As I discussed before, the aim of Imu's Music is to focus on the aspects that have been ignored by the traditional occupational therapy and try to explore the new field of community-based occupational therapy. And so that its significance can be understood as meaningful. Imu's Music seeks not the reform of methodology or technique but that of proposing the shift of the idea of care.

The most important feature of Imu's Music lays in the music used. The music is not restricted within the conventional idea of music, with various music genre which is sometimes regarded as avant-garde or radical music like free improvisation or atonal music. This is almost beyond the conventional music activity like pop song singing or music appreciation normally practiced in occupational therapy.

This freeness of music allows any participant to join without any condition of musical ability or training and provide the opportunity of expressing themselves in their own ways.

7. Conclusion

Imu's Music Project was introduced and discussed. It has been conceived as a new model which can be called the phenomenological model and tries to introduce the idea of community music therapy to make a step beyond the existing model of community occupational therapy²⁰. To say it simply, this can be conceived as the social-inclusion model.

Acknowledgements

I thank Yu Wakao, a musician and professor emeritus of Hiroshima University, and Shouichi Iwamoto, a musician, for their collaboration in every aspect of this study. Especially Wakao not only collaborated in holding the sessions, but also offered numerous suggestions during the writing of this paper.

This study is supported by a grant-in-aid for scientific research C [subject No. 16K02351].

References

1. Nakagawa S : Cocoroom. In Nakagawa S and Film Art Inc. editorial department eds, *Future art management: The way to "social share"*, Film Art Inc, Tokyo, 156-157, 2011. (In Japanese, translated by the author of this article)
2. Tanaka J : Effect and significance of songwriting for people with mental disorders: Pilot trial of collaboration between an occupational therapist and a musician. *Jasmim Journal*, **3**, 3-11, 2018.
3. Stige B : Community music therapy: Culture, care and welfare. In Pavlicevic M and Ansdell G eds, *Community music therapy*, Jessica Kingsley Publishers, London, 91-113, 2004.
4. Wood S, Verney R and Atkinson J : From therapy to community: Making music in neurological rehabilitation. In Pavlicevic M and Ansdell G eds, *Community music therapy*, Jessica Kingsley Publishers, London, 48-62, 2004.
5. Aasgaard T : A pied piper among white coats and infusion pumps: Community music therapy in a paediatric hospital setting. In Pavlicevic M and Ansdell G eds, *Community music therapy*, Jessica Kingsley Publishers, London, 147-163, 2004.
6. Maratos A : Whatever next? Community music therapy for the institution! In Pavlicevic M and Ansdell G eds, *Community music therapy*, Jessica Kingsley Publishers, London, 131-146, 2004.
7. Zharinova-Sanderson O : Promoting integration and socio-cultural change: Community music therapy with traumatised refugees in Berlin. In Pavlicevic M and Ansdell G eds, *Community music therapy*, Jessica Kingsley Publishers, London, 233-248, 2004.

8. Pavlicevic M and Ansdell G : Introduction 'The ripple effect'. In Pavlicevic M and Ansdell G eds, *Community music therapy*, Jessica Kingsley Publishers, London, 15-31, 2004.
9. SMART project : *SMART St Mary Abbots Rehabilitation & Training*. <http://www.smartlondon.org.uk>, [2011]. (February 1, 2019)
10. The Otoasobi Project : *The Otoasobi Project*. <http://otoasobi.main.jp>, [2005]. (February 1, 2019)
11. Numata R : A study of clinical musicology: A discussion referring to "The Otoasobi Project". *Japanese Journal of Music Therapy*, **17**(2), 124-139, 2017. (In Japanese with English abstract)
12. Numata R : The otoasobi project: Improvising with disability. *Music and Arts in Action*, **5**(1), 45-51, 2016.
13. Graff MJL, Vernooij-Dassen MJM, Thijssen M, Dekker J, Hoefnagels WHL and OldeRikkert MGM : Effects of community occupational therapy on quality of life, mood, and health status in dementia patients and their caregivers: A randomized controlled trial. *The Journals of Gerontology. Series A, Biological Sciences and Medical Sciences*, **62**(9), 1002-1009, 2007.
14. McColl AM : What do we need to know to practice occupational therapy in the community? *American Journal of Occupational Therapy*, **52**(1), 11-18, 1998.
15. Hasegawa K : Philosophy and theory of community occupational therapy. In Japanese Association of Occupational Therapists ed, *Community occupational therapy*. Kyodo Isho Shuppan, Tokyo, 91-100, 2009. (In Japanese, translated by the author of this article)
16. Okuma A : Concept of community occupational therapy. 3rd ed, In Okuma A and Katoh T eds, *Community occupational therapy*, Igaku-Shoin, Tokyo, 20-21, 2017. (In Japanese, translated by the author of this article)
17. Williams JQ : *Music and the social model: An occupational therapist's approach to music with people labelled as having learning disabilities*. Jessica Kingsley Publishers, London, 2013.
18. Cohn J, Swarbrick M and Kowalski ZK : Music as a therapeutic medium for occupational engagement: Implications for occupational therapy. *Occupational Therapy in Mental Health*, **33**(5), 1-11, 2017.
19. Abberley P : Disabling ideology in health and welfare: The case of occupational therapy. *Disability and Society*, **10**(2), 221-232, 1995.
20. Tanaka J : *Between patient and therapist: When a therapist lost her meaningful occupation*. Miwa-Shoten, Tokyo, 2013. (In Japanese, translated by the author of this article)