International Journal of Community Music
Volume 6 Number 1
 doi: 10.1386/ijcm.6.1.33_1

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Two case examples using participatory music as a therapeutic metaphor in a community mental health setting in the United Kingdom

ABSTRACT

In this practice report we explore the application of community music in a drop-in community mental health setting. This report will map out how our practice of community music that was 'therapy-aware', used music as a personal metaphor and analogy for service users' mental health issues. Two brief case examples showing the application of metaphor and analogy will be outlined, followed by a wider discussion about the implications of this approach within community mental health settings.

KEYWORDS

community music
community music therapy
metaphor
ecotone

BACKGROUND OF THE PROJECT

Edinburgh University Settlement (EUS) is a social action centre which strives to enhance public provision for those individuals who are disadvantaged through circumstance or disability. EUS aims to help local people in and around Edinburgh bring about social change and regeneration for their communities. It is committed to providing effective and lasting social and community development that respects the whole person and the dignity and diversity of all people. Founded in 1905, EUS is an independent organisation, registered as a charity, but with close ties with Edinburgh University.

Stepping Stones is the Mental Health Programme of Edinburgh University Settlement (EUS). The Settlement is a social action and multi–project charity, providing adult and community education services, inclusive employment and vocational training projects and its daytime mental health resource 'Stepping Stones'. Stepping Stones is a community based project offering a weekly programme of arts, educational and social activities, and an art therapy service. People who come to Stepping Stones are coping with severe and/or enduring mental health problems. However, there is no official referral policy as Stepping Stones operates as a community drop-in resource. Stepping Stones supports and encourages people to look at themselves in a new, imaginative and creative light in order to promote positive mental health whilst raising awareness of mental health issues in the wider community.

BRIEF BACKGROUND OF THE SESSION LEADERS

We are community musicians who have extensive experience of working in all community settings. I am a composer and vocalist and my colleague is vocalist. We are not trained music therapists but we use music improvisation to allow our clients the means of self expression. As we had worked alongside trained and registered music therapists in hospital settings we were aware of the many of the clinical practices of music therapy. Our work in the sessions in this report, although not music therapy, very much lived at the edge between community music and community music therapy (CoMT). The metaphor of the 'edge' or ecotone (Vervier et al, 1992) where a porous boundary between two different ecosystems shares characteristics of the separate ecosystems but remains a distinct boundary between the two, is very important for understanding the nature of the interaction between our practice of community music and CoMT, as we found it. The professional issues around this 'edge' of practice will be explored later in the article.

BACKGROUND OF THE GROUP AND ITS OBJECTIVES

The group we worked with was an open group, as it existed within the Stepping Stones drop-in ethos. This meant that, as group workers, we were neither made aware of any referrals to our group nor were we made aware of the service users' case histories. This is an important point because it meant that we had to rely entirely on our creative and musical practice to facilitate the group activities. The size of the group was relatively small (five participants) and comprised mainly of men (four).

The main aim of the group was to provide a safe creative space in which the service users could explore creative music making. The media used were primarily voice and percussion. After guiding the users through a period of skills acquisition i.e.

vocal warm ups and basic drumming techniques, a more synthesised approach was developed as voice and percussion work often combined to form one discipline. However, because our sessions took place in a mental health setting and the service users did indeed live with mental health issues, we had to find creative ways of engaging with the mental health needs of the service users without directly knowing what they were. Beyond our usual safeguarding practices of confidentiality and appropriate aftercare (via referral to the (art) therapists working within Stepping Stones), we did not attempt to create a 'neutral' space or follow a 'neutral' practice in our sessions that was devoid of social and cultural references, as is the case for more traditional British psychodynamic music therapy approaches (Stige et al, 2010; Wheeler et al, 2010). Much of the training of music therapists in the UK "has evolved…psychoanalytical thinking…offering a coherent rationale for the function of the music and the ways it is employed" (Sobey & Woodcock, 1999:132) and it is this 'psychoanalytical thinking' that I refer to when characterising British psychodynamic music therapy.

We do acknowledge, however that part of the creation of the 'neutral' in space and practice is built on the establishment of boundaries, of which confidentiality is one. It is our contention that effective group work requires boundaries in order to create a safe and creative space for the participants but these safe and creative spaces do not necessarily make them 'neutral' therapy spaces. I will discuss this sometimes nuanced distinction in more detail later in the paper.

I will now outline our main conceptual frameworks and their application in our sessions.

HOLDING

K. Aigen (2002) combines C. Keil and S. Feld's (1994) metaphors of 'Groove' and 'Vital Drive' to describe the process of 'holding'. Keil and Feld describe the situation of playing in a jazz band with a rhythm section and a soloist. They maintain that the important role of the rhythm section is to keep a supportive and responsive rhythmic backdrop to allow the soloist to explore their own melodic phrasing. Keil and Feld identify the rhythm section as 'holding' the process. Aigen uses this metaphor to ascribe the role of rhythm section to the musical therapist and the soloist, the client.

We used this 'holding' process throughout our group improvisation sessions when we explored West African traditional calls involving multiple layers of rhythm and melody. This required the group members to develop the ability to hold their own parts or support each other in holding the parts, whilst other members sang or played something quite different. We used a similar rhythmic process where the rhythm of a song would be transferred on to percussion and held by the group as a whole. On top of this rhythm, group members would be encouraged to 'talk' using only the rhythms of their drums. The rest of the group would feed back on the 'conversation' by interjecting short rhythmic comments although never totally veering away from the background rhythm. We rotated this process around the group, giving everyone a chance to converse with one another.

This process was extended to include the singing of close backing harmonies with a lead solo voice. The harmonic work was supported by using tuned percussion. The users were encouraged to choose which notes they wanted to work with and in so doing, create their own harmonies in conjunction with the rhythmic work that had already been developed.

Sometimes, we would start the session with vocal call and response fragments, which we would layer into a rhythmic texture composed of the initial calls and responses. This rhythmical vocalising or chanting would then lead to pure percussion work using the vocal patterns as rhythmic frameworks. This percussion exercise would then sometimes combine the original vocal call and responses (chants). These processes constituted the most basic forms of singing, where the users did not have to 'sing' but rather use their voices as an extension of speech.

METAPHOR AND ANALOGY

Basing their work on G. Lakoff & M. Johnson's (1980), cognitive theory, H. Jungaberle et al. (2001) talk about the 'music as a landscape' metaphors, as their study analysed the verbal reports of clients who were describing their musical experiences, using such sets of metaphors. This is significant because Jungaberle et al describe a circle of metaphor where:

1. Extramusical structures influence the music experience, when we hear or project specific qualities from our life world into the music

2. Intramusical structures (the music experience) have an impact on our life experience when we extract or transfer qualities from the music that gives meaning to our life.

(Bonde 2007:68)

As these structures are interdependent the 'music as a landscape' metaphors would appear to provide a 'map of music experiences' (Bonde, 2007:68) that both therapist and client can use in improvisational group therapy sessions.

In our work, this was mirrored by an exercise where a participant would lead the group through their own verbal visualisation using sound to depict imagined images. A sonic journey was created using sounds voiced by the other group members, to represent the sights and sounds the participant encountered whilst on a walk around the footpaths in Edinburgh. In our sessions we noticed that giving the participants the opportunities to use images and metaphors seemed to enhance their self awareness and personal creativity. Although they did not always want to go into exactly what their issues were, we did notice that the participants were beginning to take gradual ownership of the group improvisation process by being very specific with their directions of the musical parameters in the improvisation, in effect, conducting the group. Over time, this ownership of the improvisation process very much began to resemble H. Smeijsters' (2005) ideas around 'sounding the Self'.

SOUNDING THE SELF

Smeijsters' asserts that there is a connection between a person's lived internal experience and their 'musical' expression of that inner world. Smeijsters posits that central to music therapy theory is the concept that there is a correspondence between intra and interpersonal experiences and musical expressions which for L. Bonde (2007:78) is 'music as metaphor' where 'music therapy evokes and stimulates images and metaphors that may enhance the client's self insight and creative potential'.

Although Smeijsters recognises the use of metaphor as described by Bonde, he goes further to develop the theory of Analogy. Smeijsters believes that there is a direct correspondence between the client's feelings and the sounds that represent them. Smeijsters' theory of Analogy builds on G. Gregg's (1991) work which seeks to construct a structural theory of personality where certain musical structures represent certain aspects of the personality. Gregg (1991:46) states that the Self is a system of meaning and representation that, 'by encoding sublime abstractions in concrete symbols infuses the endlessly fluctuating concrete minutiae of daily life with ontological significance'. Gregg writes that the very processes of encoding and self representation equates to the processes of perception and cognition.

Our work borrowed aspects of the 'Sounding the self' process when my colleague taught songs that had different emotional qualities so that the group would recognise the powerful link between the voice and emotions. The first method used to encourage personal expression was 'composition'. Using songs, that my colleague had taught the group as the basic material, we guided the group members through ways in which they could create something new from this starting point. We employed simple techniques such as dragging. This ancient process, first used by the communities living in the Outer Hebrides involves the sustaining of notes in the melody at will, creating multiple drones, before returning to the melody. The participants had the freedom to 'drag' any of the notes of the melodies they wanted to, thus creating sometimes quite unexpected harmonies. We paired this process with vocal manipulation of timbre as we sung the drones. Associating a colour with the sonic gesture (which was borne out of previous warm up exercises) and sometimes a movement, the group was able to project colour/sound/movement sculptures into the middle of the room. This would become a group composition, as the sound, movement and the visualised colours would be in a constant state of flux.

This link between using the voice to sound different emotions (colours) within the context of song led us to develop this sounding process into more abstract constructs of the inner-scape. Once the group had achieved this level of freedom and autonomy, we discovered that we had created a space where it was safe to explore the abstracted personal concerns of the participants or the "Sounding of Self" in group improvisations. The following case examples illustrate our application of Analogies.

CASE EXAMPLE 1

One of the members wanted to explore their tinnitus that was very severe and caused mild depression. The participant was able to describe the sound (which was of a rough sea and of the waves crashing onto the rocks) that they heard in their inner ear and translate that to the sounds available to them in the group, which in this case were our voices. The participant then made a visual association with the sound (asking us to hold the image with them) and proceeded to conduct the ensemble taking control of the external representations of the sound they were hearing – we sang different variations of representative sea and crashing sounds such as, sshhh, kkeee and ssss at different dynamics as directed by the participant.

For the first time the participant was able to take control of the sound they were hearing and able to find ways of internalising this process of sonic manipulation using the visualised image they had created. This form of sound manipulation and visualisation helped the group member gain some control of the actual condition from which they suffered by helping them to zone out the sounds they were hearing in their

inner ear.

CASE EXAMPLE 2

A participant had been experiencing feelings of frustration and mild anxiety attacks during the week before the session and wanted to find better coping mechanisms. The group, led by the participant, decided to explore structures of order and chaos and the relationship (transition) between the two. Using our voices and later the drums, tuned percussion and recorders, we were able to construct outward representations of frustration and anxiety as directed by the participant. Once we had constructed these external representations, we were able to manipulate them creatively forming sonic structures, which were either chaotic or ordered. The image visualised by the participant was one of a ringing telephone on a table next to an armchair in an otherwise empty room that had only one window. Outside the window was the foreboding sound of the wind. Through an extended improvised session, which was characterised at times by a strong pulse with complex surface textures, the participant led the group composition into focusing on the window and the wind outside. The participant found that if they opened the window and 'rode' the wind, their feelings of anxiety due to the ever-ringing telephone would be reduced. This was represented in the composition by much calmer textures and harmonies, as directed by the participant.

The actual process in which a chaotic structure became ordered and vice versa became very important to the participant, as this enabled them to take complete control of their aural environment, which led to a greater awareness and control of their inner-scape.

DISCUSSION

Defining the "Edge": Finding the Ecotone between Community Music and CoMT

Much of what I have previously described as our in-session practice superficially resembles aspects of British psychodynamic music therapy or more specifically, community music therapy where Gary Ansdell describes it in part as,

> An approach to working musically with people in context: acknowledging the social and cultural factors of their health, illness, relationships and musics. It reflects the essentially communal reality of musicing.. The aim is to help clients access a variety of musical situations, and to accompany them as they move between 'therapy' and wider social contexts of musicing...
>
> (2002: 120-121)

It would appear that our practice is in part prevented from being characterised as a therapy due to our musical training, as we were not trained or registered music therapists. Within the UK, music therapy is a state registered allied health profession with training at a post-graduate level only (Magee, 2005). A significant unifying factor of Music therapy in the UK is the use of interactive improvised music between the therapist and client which differs from some other national approaches where many are defined by their clinical use of pre-recorded material (Sobey & Woodcock, 1999).

As musicians, we naturally used improvised music as a means of self expression and applied this to the group we were working with. However, the setting in which we were working inevitably changed the context of our practice (if not our practice itself). I believe that the (surface) resemblance between our participatory music making practice and music therapy says more about the development of psychodynamic music therapy from a one to one 'neutral' session based on 'neutral' practice (in theory) devoid of cultural and social references to a CoMT that recognises group music making or 'musicking' (Small, 1998:193), setting and context of that group. To illustrate this point of merging practice, I will highlight some of the underlying processes we managed in our sessions.

Although, as workers, we had planned structures for the sessions, we would set aside a time at the beginning of each session where we would 'check in' with each of the users. This 'checking in' activity consisted of chatting with the group and its members with a view towards gauging their moods and assessing their readiness for the session's activities. In this segment, group members had the opportunity to decide what issues they wanted to bring into (or keep out) of the session. In the session, this would look like a 'pre-workshop' ten minute informal chat with the participants (sometimes with tea and biscuits) about their week up until that session. Due to the fact that these chats were an important part of the relationship building process, the participants would often share what had happened to them over the week and how it made them feel. We would ask the participants if they wanted to pursue any elements of what they had shared in the musical session. It was their choice whether to do so or not.

We established a 'creative' as opposed to a 'neutral' space delineated by group negotiated boundaries and relationship building (confidentiality, check-in time and appropriate post session referral to art therapists). However, the space we established was also not a 'neutral' space in the sense of B. Stige's et al (2010:37) discussion about 'traditional music therapy', consciously ignoring much of the social and cultural and heavily reliant on reporting and analysis (Wheeler et al, 2005) because the space we created was actually all about the cultural and the social and how the participants interacted with these elements in a musically improvised manner led by their personal interests. For us this distinction was very important because our practice very much used music an 'Arts for adjunctive therapy' model (Hughes, 2005) where the arts are used to explore personal and social development and where the outcomes can also be used to prepare the participants for specific therapeutic interventions (where appropriate). J. Hughes (2003) describes this process in TiPP's (Theatre in Prisons and Probation) behaviour programme Blagg that used drama to raise issues that were fed into one-to-one counselling/support sessions with participants, out of session. Using music as 'Arts for adjunctive therapy' meant that it was important that we avoided the temptation of providing an interpretation of what was produced. In this way our work also resembled aspects of C. A. Malchiodi's (2005) description of expressive therapists who try to guide the participant towards their own interpretations. However, any unavoidable interpretations that might have resulted from these activities were strictly group led and remained group/workshop specific. We found that supporting the participant to be aware of their own feelings and from where they originated, from their personal perspective (and on their terms using music as a creative process) had a transformative effect on their self outlook (Skaggs, 1997). We noticed greater self confidence and greater self esteem. Working in this way allowed us to use the issues brought into the group as creative starting points for music making but importantly, not therapy. It is interesting to note that whereas these

sessions were not intentional music therapy sessions (because we only planned to use visualisation for purely creative purposes), they did however, encourage the participant to become more aware of their inner world thus generating outputs akin to music therapy where 'Arts Therapies tend to look more explicitly at the personal processes involved, having this as their aim' (Liebmann, 1994:8).

Music therapy via its more recent development, CoMT seems to have moved closer to community music making in terms of its embracing the social and cultural parameters of music making and their potential for the therapy process. A. Turry (2005) describes in great detail how he transformed his music therapy practice into a dynamic therapy-based community music process by supporting his client's need to perform, to record and to publicly share the song that they had improvised and later wrote together in-session. He found that by allowing his client to focus more on the creative practice of song writing (about her issues) and supporting her desire to share this process with others in a communal setting this became an important part of the therapy process itself for his client.

Reflecting on our practice it is clear that our sessions existed within the 'ecotone' between community music therapy and community music. For us the edge or ecotone is found when considering the definition of 'therapy' and its difference to the 'therapeutic'. It was clear to us in our observations that our sessions had therapeutic value but were not therapy sessions. Turry (2005) describes how he 'therapised' the act of music making and recording, in so doing, extending the obvious 'therapeutic' effects of music making into the clinical setting of 'therapy'. K. Bruscia (1998) looks at the difference between therapy and the therapeutic; he believes that in addition to the 'neutrality' of practice described earlier, the former is also a process involving assessment, treatment and evaluation whereas the latter can often consist of just a single therapeutic encounter. Interestingly, I would characterise 'good' participatory practice as also consisting of 'assessment and evaluation', as these processes would often be conducted with the participants within an established relationship with the practitioner, where 'assessment' would take place in the pre-activity 'check-in' session, gauging the participants' mood and where 'evaluation' would be a reflective post-session warm down, encouraging participants to reflect on the session from their perspective (in addition to our own written post-session observations), whilst the 'treatment' element would be the participatory process itself.

S. Wood et al (2004:51) write about the tension that they feel between these practices: community music (participatory music making) and music therapy. They write that the ethos of community music is 'to open doors both to new participants and more literally in concert spaces and workshops. It also responds actively to the changing needs of it groups. Within community music emphasis is placed on participation'. They contrast this with music therapy 'that has developed a stronger frame, maintaining a high level of confidentiality and privacy…..the skills of co-improvisation in an on-going relationship are common'. They very much imply that music therapy or the therapy process itself is a closed process, in terms of the delineated space and boundaries of the session and is dominated by relationship building with the therapist, as opposed to the open, inclusive participatory experience of community music that (by implication) seems not to build relationships between practitioners and participants. In their study they very much wanted to combine the best of both approaches but recognised 'a tacit mistrust' between the two approaches.

In our team meetings we also found that there were creative tensions between participatory and therapeutic approaches in the setting. This porous edge between the practices is illustrated by the problems raised by Wood et al's singular community

music characterisation that 'it responds actively to the changing needs of it groups'. I would suggest that (community) music therapy also has to do the same in order to be of any use to its clients. In the same way, relating to Wood et al's equally problematic observations about music therapy, participatory music also has to develop 'the skills of co-improvisation in an on-going relationship' for it to be an effective participatory experience. The edge between these practices exists in the fact that participatory musical activity is not always 'open' and in itself must have its own delineated space and boundaries to do with relationship building between participants and practitioner for it to feel safe for its participants and the music therapy process is in its very essence a participatory and responsive experience for both client and therapist, even more so in a community (out of the one to one) setting. Even if we look at the methods of reporting and evaluation that are supposed to separate the two practices, we see that participatory musicking (community music) and CoMT both have methods of reporting, evaluation and analysis that are just looking at different aspects of the same activity (i.e. music making). I would suggest that the 'tacit mistrust' between the approaches that Wood et al observe can be attributed to the failure to recognise that CoMT and community music-making are describing the same activity just using different but equally valid and powerful tools.

CONCLUSION

Ironically, the 'ecotone' between CoMT and community music in our case was actually the setting or context not our practice. The drop-in nature of the setting required 'open' (in terms of no referrals and potentially transient group) participatory music making (which we were required to deliver) to exist within a potentially 'closed' (referral based, confidential etc) therapy setting. When music therapy departed from its initial setting and context by locating to 'open' community settings encompassing group improvisation it blurred its own boundaries and distinctions, as it morphed into CoMT. L. O'Grady & K. McFerran (2007) track this morphing of what they refer to as an agreed music therapy model into CoMT. They clearly describe the differences between music therapy and CoMT but have difficulty in finding the 'edge' between CoMT and community music. M. Pavliceciv (2004) seems to directly illustrate this 'ecotone' when she describes her initial feelings of trepidation and slight discomfort as a trained music therapist when she worked with a community group of women singers in South Africa. In her work with Thembalethu (a NGO organisation providing support for care workers (mostly female) caring for those living with AIDS/HIV), Pavliceciv discovers how powerfully therapeutic participatory musical activity can be when it provides a robust support system for the participants without the need of the boundaries and conventions associated with music therapy. In her piece, Pavlicevic often questioned the nature of therapy and its relevance to the setting in which she was working, as she found her way towards defining a new practice of music therapy rooted in the community and participation.

Similarly for us, we found that the mental health setting in which we found ourselves working changed the context of our participatory music making. We found that our usual safeguarding practices of confidentiality, check-in time and (setting) appropriate post session referral took on characteristics more associated with (community) music therapy than the community musicking we were used to in our other sessions based in non mental health settings. Perhaps due to our group's mental health needs we took even greater care to document our sessions and to more fully inform our therapy colleagues of our group work in staff team meetings. However, I

suspect that like Pavlicevic coming from the 'other side', as it were, as participatory practitioners we also felt initial trepidation and questioning of practice because of our sense of working within an ecotone.

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SUGGESTED CITATION

Clennon, O. D. (2013). Two case examples using participatory music as a therapeutic metaphor in a community mental health setting in the United Kingdom. *International Journal of Community Music, 6*(1), 33-43. doi: 10.1386/ijcm.6.1.33_1

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